

MEDICAL STAFF SERVICES

East Jefferson General Hospital

MEDICAL STAFF **BYLAWS**

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EAST JEFFERSON MEDICAL STAFF BYLAWS

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East Jefferson General Hospital MEDICAL STAFF BYLAWS

PREAMBLE

These Bylaws are adopted in order to provide for the organization of the Medical Staff of East Jefferson General Hospital and to provide a framework for the self-government of the Medical Staff in order to permit the Medical Staff to discharge its responsibilities and to govern the orderly resolution of those purposes. These Bylaws provide the professional and legal structure for (a) Medical Staff operations; (b) organized Medical Staff relations with the Governing Board and the Hospital; and (c) relations with applicants to and members of the Medical Staff.

DEFINITIONS

1. a. ALLIED HEALTH ADVANCED PRACTICE PROFESSIONAL (APP) means an individual, licensed in the State of Louisiana, who is not a Physician as defined herein, but who is qualified by academic and clinical training to provide direct patient care services. The APP who engages in medical diagnosis and management shall have a Collaborative/Supervising Practice Agreement as required by licensure and functions under the direction and supervision of a designated member of the Medical Staff. The Advanced Practice Professional (APP) includes licensed Advanced Practice Registered Nurses [Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Mid-Wife] and licensed Physician Assistants (PA). The APP's credentials and privileges are governed by the Medical Staff as provided in Bylaws Article 4.8
- b. ALLIED HEALTH – CLINICAL ASSISTANT (CA) means an individual (who is not employed by the Hospital and not a physician or APP as defined herein) but who is qualified by academic and clinical training to provide patient care services in a clinical or supportive role within approved practice guidelines while under the direct supervision of a member of the Medical Staff. The patient care services performed by Clinical Assistants are governed by the Allied Health Credentialing Committee (AHCC) in accordance with rules and procedures approved by the Medical Executive Committee.
2. ASSISTANT MEDICAL DIRECTOR – means a physician member of the Medical Staff, by whatsoever title he or she may be known or designated, employed by or under contract to the Hospital, whether on a full or part-time basis, assists the Medical Director with administrative duties for the Hospital with respect to the medical administration and operation of the Hospital. Those administrative functions, which are performed relative to Medical Staff affairs, are performed under the direction of the Medical Director and/or the Medical Executive Committee.

3. AUTHORIZED REPRESENTATIVE(S) or HOSPITAL'S AUTHORIZED REPRESENTATIVE(S) means the individual(s) designated by the Hospital and approved by the Medical Executive Committee to provide information to and request information from the National Practitioner Data Bank according to the terms of these Bylaws.
4. GOVERNING BOARD means the governing body of East Jefferson General Hospital.
5. CHIEF MEDICAL OFFICER means a physician member of the Medical Staff, by whatsoever title he or she may be known or designated, employed or under contract to the Hospital, whether on a full or part-time basis, with responsibility for planning, development and implementation of clinical programs with the Medical Staff to serve the identified health needs of the patient population; supervises employed and contracted physicians and other designated health professionals in their functions at the Hospital as assigned by the CEO; and supports the functions of the Medical Staff in their service to the patient population.
6. CHIEF OF STAFF means the chief officer of the Medical Staff elected by the members of the Medical Staff.
7. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to Medical Staff members to provide patient care and includes unrestricted access to those Hospital resources including equipment, facilities and Hospital personnel which are necessary to effectively exercise those privileges, unless otherwise restricted or limited in accordance with the provisions of these Bylaws. Privileges granted also means the right to exercise those privileges.
8. DAY means working day in all time intervals specifying days, and excludes weekends and national or state holidays.
9. DENTIST means an individual who has been awarded the degree of Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.)
10. EX OFFICIO means serving as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, without voting rights.
11. GOOD STANDING means a Medical Staff member has fulfilled all the obligations of membership and is not under a suspension of membership or privileges.
12. HOSPITAL means East Jefferson General Hospital, unless the context indicates otherwise.
13. INVESTIGATION means a process specifically instigated by the Medical Executive Committee to determine the validity, if any, to a concern or complaint raised against a member of the Medical Staff, and does not include activity of the Physician Health Committee.

14. LIMITED LICENSE PROFESSIONAL means an individual, other than a physician, who is licensed in the State of Louisiana to practice in one or more areas of independent healthcare delivery. To the extent authorized by the Governing Board, a limited license professional may apply for clinical privileges and exercise such clinical privileges as may be granted pursuant to these Bylaws.
15. MEDICAL DIRECTOR means a physician member of the Medical Staff, by whatsoever title he or she may be known or designated, employed by or under contract to the Hospital, whether on a full or part-time basis, to perform administrative duties for the Hospital with respect to the medical administration and operation of the Hospital. Those administrative functions, which are performed relative to Medical Staff affairs, are performed under the direction of the Medical Executive Committee.
16. MEDICAL EXECUTIVE COMMITTEE (MEC) means the executive committee of the Medical Staff which shall constitute the governing body of the Medical Staff as described in these Bylaws.
17. MEDICAL STAFF or STAFF means the formally organized self-governing body consisting of those physicians (M.D. or D.O.), dentists, podiatrists, and clinical psychologists who have been granted membership in the East Jefferson General Hospital Medical Staff pursuant to these Bylaws.
18. MEDICAL STAFF POLICY means those policies adopted pursuant to these Bylaws applicable to the Medical Staff organization, its operation, members, and interests.
19. MEMBER means, unless otherwise expressly limited, any physician (M.D. or D.O.) or other practitioner specified in these Bylaws holding a current Louisiana license to practice within the scope of his license who is a member of the Medical Staff.
20. OMSS REPRESENTATIVE means a physician member of the active Medical Staff who shall be nominated and elected for a two-year term in the same manner and at the same time as provided in Sections 7.1-3 through 7.1-4 for the nomination and election of Medical Staff officers.
21. PHYSICIAN means an individual with a M.D. or D.O. degree or their equivalent who is fully licensed to practice medicine in the State of Louisiana. "Their equivalent" shall mean any degree (*i.e.*, foreign) recognized by the licensing boards in the State of Louisiana to practice medicine.
22. PODIATRIST means an individual who has been awarded the degree of Doctor of Podiatric Medicine (D.P.M).
23. PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) means the person employed by the Governing Board to act on its behalf in an administrative capacity.

ARTICLE I
MEDICAL STAFF MEMBERSHIP

1.1 NATURE OF MEMBERSHIP

No physician, dentist, podiatrist, or clinical psychologist, including those in a medical administrative position by virtue of a contract with the Hospital, shall admit or provide medical or health-related services to patients in the Hospital unless he or she is a member of the Medical Staff or has been granted temporary privileges in accordance with the procedures set forth in these Bylaws. Medical Staff membership shall confer only such clinical privileges and prerogatives as have been granted in accordance with these Bylaws. Every qualified person who seeks or enjoys Medical Staff membership must continuously meet and demonstrate to the satisfaction of the Medical Staff the qualifications, standards and requirements set forth in these Bylaws.

1.2 QUALIFICATIONS FOR MEMBERSHIP

1.2-1 GENERAL QUALIFICATIONS

Only physicians, dentists, podiatrists, and clinical psychologists who:

- (a) document their (1) current Louisiana licensure, (2) experience, education, training, and current professional competence for the privileges requested, and (3) adequate physical and mental health status, so as to demonstrate to the satisfaction of the **Medical Executive Committee** that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work with others so as not to adversely affect patient care, (3) to keep as confidential, as required by law, all information or records received in the physician-patient relationship, and (4) to be willing to participate in and properly discharge those responsibilities determined by the Medical Staff; and
- (c) maintain in force professional liability insurance in not less than the minimum amounts presently required, or as may be determined by the Governing Board after receiving advice from the Medical Executive Committee. Qualification as a healthcare provider with the Louisiana Patients Compensation Fund shall satisfy this requirement.

1.2-2 PARTICULAR QUALIFICATIONS

An applicant for membership in the Medical Staff, must hold an M.D., D.O., D.D.S., D.P.M. or clinical psychologist degree or their equivalent issued by the applicable graduate school approved at the time of issuing by the pertinent accrediting body, and must also hold a valid and unsuspended license to practice their respective profession issued by the State of Louisiana, except for

the emeritus honorary staff. Medical Staff members who have had limitations or restrictions placed on their licenses by appropriate legal authorities may continue to hold membership on the Medical Staff, if recommended by the Medical Executive Committee and approved by the Governing Board.

1.3 **EFFECT OF OTHER AFFILIATIONS**

No person shall be entitled to membership in the Medical Staff merely because that person holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by any clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility. Medical Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, IPA, PPO, PHO, or other organization or in contracts with a third party which contracts with this Hospital.

1.4 **NONDISCRIMINATION**

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, sexual orientation, , national origin, or physical handicap unrelated to the ability to fulfill patient care and required Medical Staff obligations.

1.5 **BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP**

Except for the emeritus and administrative staff, the ongoing responsibilities of each member of the Medical Staff include:

- (a) providing patients with the quality of care meeting the professional standards of the Medical Executive Committee and these Bylaws;
- (b) abiding by the Medical Staff Bylaws, Medical Staff Rules and Regulations, and policies and Hospital Rules and Regulations. Hospital rules, policies and regulations which affect the clinical conduct of Medical Staff members or which, if enforced, could result in actions being taken against a Medical Staff member's privileges or membership, must be approved by the Medical Executive Committee and adopted in accordance with Section 14.7;
- (c) discharging in a responsible manner such reasonable responsibilities and assignments imposed upon the member by virtue of Medical Staff membership, including committee assignments;
- (d) preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Hospital;

- (1) providing a history and physical examination on all patients no more than 30 days prior to or within 24 hours after registration or inpatient admissions, but prior to surgery or a procedure requiring anesthesia services.

For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admissions, an update documenting any changes in the patient's condition is to be completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.

- (e) abiding by the lawful ethical principles of his/her profession and avoiding acts constituting unprofessional conduct under licensing laws and regulations of the State of Louisiana or fraud or other actionable conduct potentially subject to penalty or criminal sanction under Federal and State laws and regulations;
- (f) working with other Medical Staff members, nurses, Hospital administration and others so as not to adversely affect patient care;
- (g) making appropriate arrangements for coverage for his or her patients as determined by the Medical Staff;
- (h) refusing to engage in improper inducements for patient referral;
- (i) participating in continuing education programs as determined by the Medical Staff;
- (j) participating in Emergency Department coverage based on the needs of the Department within the area of the physician's professional competence and credentials.
- (k) discharging such other staff obligations as may be lawfully established from time to time by the Medical Staff or Medical Executive Committee;
- (l) providing information to and/or testifying on behalf of the Medical Staff or an accused practitioner regarding any matter under an investigation pursuant to paragraph 5.1-3, and those which are the subject of a hearing pursuant to Article VI;
- (m) paying all Medical Staff dues and assessments as may be set forth in these Bylaws or in the Rules and Regulations of the Medical Staff.
- (n) immediately (*i.e.*, within three business days) providing the Medical Executive Committee, and the credentials committee with:
 - (1) any action taken by a Hospital or health care institution to limit, restrict, deny, revoke, or suspend Medical Staff membership or clinical privileges;

- (2) limitations, restrictions, suspension, or revocation of the member's professional license issued by the State of Louisiana;
 - (3) limitation, restriction, suspension, or revocation of the member's narcotics license; or
 - (4) any other action adversely affecting the member's professional credentials, Medical Staff membership qualifications or ability to exercise clinical privileges.
- (o) being fiscally responsible as it pertains to providing quality care to patients in the Hospital and utilization of resources to provide patient care.
 - (p) providing a current physical address, mailing address, current phone number and electronic mailing address to the Medical Staff Office.

1.6 **LEADERSHIP TRAINING**

To hold Medical Executive Committee members, Department Chairpersons and Division Chiefs accountable for their respective duties and responsibilities and for the Medical Staff to have a reasonable expectation of a high level of performance, Medical Executive Committee members, Department Chairpersons and Division Chiefs are expected to have and document current leadership training. Current leadership training will be provided by the Medical Staff and the Hospital as more fully provided in the Medical Staff Rules and Regulations.

**ARTICLE II
CATEGORIES OF MEMBERSHIP**

2.1 CATEGORIES

The categories of the Medical Staff shall include the following: active, courtesy, telemedicine, affiliate, emeritus and administrative. At each time of membership renewal, the member's staff category shall be determined.

2.2 ACTIVE STAFF

2.2-1 QUALIFICATIONS

The active Medical Staff shall consist of members who:

- (a) meet the general qualifications for membership set forth in Section 1.2; and
- (b) regularly care for patients in this Hospital and/or are regularly involved in Medical Staff functions, as determined by the Medical Executive Committee and set forth in the Medical Staff Rules and Regulations;

2.2-2 PREROGATIVES

Except as otherwise provided, the prerogatives of an active Medical Staff member shall be to:

- (a) admit patients and exercise such clinical privileges as are granted pursuant to and in accordance the provisions with Article IV;
- (b) attend and vote on matters presented at general and special meetings of the Medical Staff and of the Department, Division and committees of which he or she is a member; and
- (c) hold Medical Staff, Division, or Department office and serve as a voting member of committees to which he or she is duly appointed or elected by the Medical Staff or a duly authorized representative thereof.

2.2-3 TRANSFER OF ACTIVE MEDICAL STAFF MEMBER

After two consecutive years in which a member of the active Medical Staff fails to regularly care for patients in this Hospital and/or be regularly involved in Medical Staff functions as determined by the Medical Executive Committee, that member shall be automatically transferred to the appropriate Medical Staff category, if any, for which the member is qualified.

2.3 COURTESY STAFF

2.3-1 QUALIFICATIONS

The courtesy Medical Staff shall consist of members who:

- (a) meet the general qualifications set forth in Section 1.2;
- (b) do not regularly care for patients in the Hospital or are not regularly involved in Medical Staff functions as determined by the Medical Staff;
- (c) provide evidence of clinical performance and patient care at the member's principal institution in such form as may be required by the Medical Staff in order to allow a judgment to be made of the member's ability to exercise the requested clinical privileges.

2.3-2 PREROGATIVES

Except as otherwise provided, the courtesy Medical Staff member shall:

- (a) be entitled to admit patients to the Hospital and exercise such clinical privileges as are granted pursuant to Article IV;
- (b) be entitled to attend in a non-voting capacity meetings of the Medical Staff and the Department and/or Division of which he or she is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings;
- (c) not be eligible to hold office in the Medical Staff.

2.3-3 LIMITATION

Courtesy Medical Staff members who admit or regularly care for patients at the Hospital shall, upon review of the Medical Executive Committee, be required to either seek membership in the appropriate Medical Staff category during the next membership period or discontinue membership.

2.4 **TELEMEDICINE STAFF**

The Medical Executive Committee makes recommendations regarding the medical staff specialty that can appropriately deliver telemedicine services.

2.4-1 QUALIFICATIONS

The telemedicine Medical Staff shall consist of members who:

- (a) meet the general qualifications set forth in Section 1.2;
- (b) provide telemedicine consultation for hospital staff to care for patients;

- (c) are not regularly involved in Medical Staff functions as determined by the Medical Staff.

2.4-2 PREROGATIVES

Except as otherwise provided, the telemedicine Medical Staff member shall:

- (a) provide service approved by the Division and Department of which he/she is a member;
- (b) be entitled to attend in a non-voting capacity meetings of the Medical Staff and the Department and/or Division of which he/she is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings;
- (c) are not eligible to hold office in the Medical Staff or admit patients.

2.4-3 LIMITATION

Telemedicine Medical Staff members are not eligible to seek change in status to Active or Courtesy categories due solely to patient activity.

2.5 **AFFILIATE STAFF**

2.5-1 QUALIFICATIONS

Affiliate members shall consist of members who:

- (a) meet the general qualifications for membership set forth in Section 1.2;
- (b) have had no patient contacts in the previous two years at the time of recredentialing.

2.5-2 PREROGATIVES

- (a) be entitled to attend in a non-voting capacity meetings of the Medical Staff and the Department and/or Division of which he or she is a member, including open committee meetings and educational programs, but shall have no right to vote at such meetings;
- (b) not be eligible to hold office in the Medical Staff, admit patients or exercise clinical priviled

2.5 **EMERITUS MEDICAL STAFF**

The emeritus status is restricted to those individuals the Medical Executive Committee wishes to honor. Such members are not eligible to admit patients or exercise clinical privileges in the Hospital. Emeritus members shall not be

required to pay dues or otherwise meet membership responsibilities. They may, however, attend Medical Staff, Department and Division meetings, including open committee meetings and educational programs but shall not have voting rights.

The emeritus staff shall adhere to the same basic responsibilities of medical staff membership as outlined in Article I, Section 1.5 (e) (abiding by the lawful ethical principles of his/her profession and avoiding acts constituting unprofessional conduct under licensing laws and regulations of the State of Louisiana or fraud or other actionable conduct potentially subject to penalty or criminal sanctions under Federal and State laws and regulations).

2.7 **ADMINISTRATIVE MEDICAL STAFF**

2.7-1 QUALIFICATIONS

Administrative Medical Staff membership shall be held by any physician who is retained by the Hospital, or the Medical Staff, solely to perform ongoing medical administrative duties.

The Administrative Medical Staff shall consist of members who:

- (a) are charged with assisting the Medical Staff in carrying out quality assessment functions, other Medical Staff functions, or coordinating administrative and clinical matters between the Medical Staff and the administration;
- (b) report to and are accountable to the Medical Staff committee responsible for quality improvement and quality assessment activities and to the Medical Executive Committee;
- (c) document their (1) current Louisiana licensure, (2) adequate experience, education and training, (3) current professional competence, (4) good judgment, and (5) physical and mental health status, so as to demonstrate to the satisfaction of the Medical Executive Committee that they are professionally and ethically competent to exercise their duties;
- (d) are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect their ability to carry out the quality assurance functions, and (3) to be willing to participate in and properly discharge those responsibilities determined by the Medical Staff.

2.7-2 PREROGATIVES

- (a) The Administrative Medical Staff shall be entitled to attend meetings of the Medical Staff and its various Departments and Divisions, including open committee meetings and educational programs, but shall have no right to vote at such meetings; and

- (b) Administrative Medical Staff members shall not be eligible to hold office in the Medical Staff organization, admit patients or exercise clinical privileges in the Hospital.

2.8 **LIMITATION OF PREROGATIVES**

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of these Bylaws and by the Medical Staff Rules and Regulations.

2.9 **GENERAL EXCEPTIONS TO PREROGATIVES**

Regardless of the category of membership in the Medical Staff, limited license members:

- (a) shall only have the right to vote on matters within the scope of their licensure. In the event of a dispute over the right to vote, that issue shall be determined by the Chair of the meeting, subject to final decision by the Medical Executive Committee; and
- (b) shall exercise clinical privileges only within the scope of their licensure and as set forth in Section 4.3.

2.9-1 **MODIFICATION OF MEMBERSHIP**

On its own, upon recommendation of the credentials committee, or pursuant to a request by a member in the Medical Staff under Section 3.6-1(b), the Medical Executive Committee may recommend a change in the Medical Staff category of such a member consistent with the provisions of these Bylaws.

**ARTICLE IIA
MEDICAL RESIDENTS**

2.10 MEDICAL RESIDENTS

2.10-1 QUALIFICATIONS

The Medical Resident shall consist of members who:

- (a) are enrolled in a residency or fellowship program based at East Jefferson General Hospital;
- (b) report to and are accountable to the members of the Medical Staff who are charged with overseeing their training and education;
- (c) are identified by presentation to the Credentials Committee and forwarded to MEC and the Governing Board by the respective Program Coordinators;
- (d) adhere to the respective program's rules and regulations and policies.

2.10-2 PREROGATIVES

- (a) The Medical Resident Staff shall be entitled to attend meetings of the Medical Staff and its various Departments and Divisions, including open committee meetings and educational programs, but shall have no right to vote at such meetings; and
- (b) Medical Resident Staff members shall not be eligible to hold office in the Medical Staff organization, admit patients or exercise clinical privileges in the Hospital, except as defined in the Hospital Policy "Medical Resident Practice Guideline" (MS-07).

**ARTICLE III
MEMBERSHIP APPLICATION PROCESS**

3.1 GENERAL

Except as otherwise specified herein, no person (including persons engaged by the Hospital in administratively responsible positions) shall exercise clinical privileges in the Hospital unless and until that person applies for and receives Medical Staff membership or is granted privileges as otherwise set forth in these Bylaws. By applying to the Medical Staff for membership (or, in the case of emeritus staff, by accepting membership to that category), the applicant acknowledges responsibility to first review these Bylaws and Medical Staff rules, regulations and policies, and agrees that throughout any period of membership that person shall comply with the responsibilities of Medical Staff membership and with the Bylaws, rules and regulations and policies of the Medical Staff as they exist and as they may be modified from time to time. Medical Staff membership shall confer on a member only such clinical privileges as have been granted in accordance with these Bylaws. The termination, granting, continuation or restriction of Medical Staff membership and privileges based on economic criteria unrelated to clinical qualifications, professional responsibilities or quality of care is prohibited, with the exception of state or federal statutory, regulatory, or judicial requirements, or other exceptions which may be defined in the Medical Staff Bylaws.

3.2 BURDEN OF PROVIDING INFORMATION

In connection with all applications for membership, advancement or transfer, the applicant shall have the burden of providing information for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and Medical Staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. The applicant's failure to sustain this burden shall be grounds for denial of the application. This burden may include submission to a medical or psychiatric examination, at the applicant's expense, if deemed appropriate by the Medical Executive Committee which may select a mutually agreed upon examining physician.

3.3 MEMBERSHIP AUTHORITY

Grants, denials and revocations of Medical Staff membership shall be made as set forth in these Bylaws, but only after there has been a recommendation from the Medical Executive Committee.

3.4 DURATION OF MEDICAL STAFF MEMBERSHIP

Except as otherwise provided in these Bylaws, initial membership in the Medical Staff shall be for a period of up to 2 years. Each membership renewal shall be for a period of up to two years.

3.5 **MEMBERSHIP APPLICATION**

3.5-1 APPLICATION FORM

A membership application form shall be reviewed and approved by the Medical Executive Committee. The form shall require detailed information which shall include, but not be limited to, information concerning:

- (a) the applicant's qualifications, including, but not limited to, professional training and experience, current licensure, current Drug Enforcement Agency (DEA) registration, and continuing medical education information related to the clinical privileges to be exercised by the applicant;
- (b) peer references familiar with the applicant's professional competence and ethical character;
- (c) requests for membership categories, Department, Division and clinical privileges;
- (d) past or pending professional disciplinary action, licensure limitations, current exclusion by any federal or state funded health plan, including Medicare and Medicaid or related matters;
- (e) physical and mental health status limited to information which affects quality of care and ability to provide patient care within the Hospital;
- (f) settlements, judgments or payments made in a medical liability action or potential action;
- (g) medical review panel findings in which the applicable standard of care was not met; and
- (h) professional liability coverage,

Each application for initial Medical Staff membership shall be in writing, submitted on the prescribed form with all responses provided and provisions completed (or accompanied by an explanation of why answers are unavailable), and signed by the applicant. When an applicant requests a membership application form, a copy of these Bylaws, the Medical Staff rules and regulations, the Hospital corporate Bylaws and summaries of any other Medical Staff policies relating to clinical practice in the Hospital shall be made available to the applicant.

3.5-2 EFFECT OF APPLICATION

In addition to the matters set forth in Section 3.1, by applying for Medical Staff membership each applicant:

- (a) signifies willingness to appear for interviews in regard to the application;
- (b) authorizes consultation with others who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
- (c) consents to inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
- (d) releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in good faith and without malice in connection with the investigation and evaluation of the applicant;
- (e) releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
- (f) consents to the disclosure to other hospitals, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding the applicant's professional or ethical standing that the Hospital or Medical Staff may have or later acquires, and releases the Medical Staff and Hospital from liability for so doing in good faith and without malice to the fullest extent permitted by law;
- (g) if a requirement then exists for Medical Staff dues, acknowledges responsibility for timely payment;
- (h) pledges to provide continuous quality care for patients;
- (i) pledges to maintain an ethical practice, including accepting no illegal inducements for patient referral, seeking consultation whenever necessary, and not delegating patient care responsibility to non-qualified or inadequately supervised practitioners;
- (j) pledges to abide by the Medical Staff Bylaws, Rules and Regulations and the Hospital and Medical Staff policies adopted in accordance with section 14.7, as shall be in force from time to time during any period of Medical Staff membership;

- (k) agrees to provide to the Medical Staff new and updated information regarding all questions on the application form.

3.5-3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the Medical Staff office and payment of Medical Staff dues or fees, if any is required. The Medical Director shall be notified of the application, review the application and makes a recommendation to the appropriate Division Chief and Department Chairperson.

In connection with such application, the Medical Staff office shall expeditiously seek to collect or verify the references, licensure status, and other evidence submitted in support of the application. The Hospital's authorized representative may query the National Practitioner Data Bank regarding the applicant or member and submit any resulting information to the applicant's or member's credentials file. The applicant shall be notified of any problems in obtaining the information required, and then it shall be the applicant's obligation to obtain the required information. When such collection and verification is accomplished, and the application file is deemed complete, it shall be transmitted to the Credentials Committee and the appropriate Department(s) or Divisions, where applicable.

3.5-4 DIVISION AND DEPARTMENT ACTION

After receipt of the application and other information relative to the applicant and his application, the Chief, or appropriate committee of each Division and the Chair of each Department of the Medical Staff to which the application is submitted, shall review the application and supporting documentation, and may conduct a personal interview with the applicant at the Chief's or Chair's or committee's discretion or shall conduct an interview at the request of the applicant. The Chief or Chair or appropriate committee shall evaluate all matters deemed relevant to a recommendation, including information concerning the applicant's provision of services within the scope of privileges requested/granted, and the applicant's participation in relevant continuing education and shall transmit to the Credentials Committee a written report and recommendation as to membership and, if membership is recommended, as to membership category, Department and Division affiliation, and clinical privileges to be granted, and any special conditions to be attached. The Chief or Chair may request that the Medical Executive Committee defer action on the application.

3.5-5 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review the application, evaluate and verify the supporting documentation, the Department Chair's and the Division Chief's report and recommendations, and other relevant information. The Credentials

Committee may elect to interview the applicant and seek additional information. If the applicant requests an interview, the Credentials Committee shall grant the request. As soon as practicable, the Credentials Committee shall transmit to the Medical Executive Committee a written report and its recommendations as to membership and, if membership is recommended, as to membership category, Division and Department affiliation, clinical privileges to be granted, and any special conditions to be attached to the membership. The committee may also recommend that the Medical Executive Committee defer action on the application.

3.5-6 MEDICAL EXECUTIVE COMMITTEE ACTION

At its next regular meeting after receipt of the Credentials Committee report and recommendation, or as soon thereafter as is practicable, the Medical Executive Committee shall consider the report and any other relevant information. The Medical Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant. The Medical Executive Committee shall forward to the Governing Board, a written report and recommendation as to Medical Staff membership and, if membership is recommended, as to membership category, Division and Department affiliation, clinical privileges to be granted, and any special conditions to be attached to the membership and the reasons for each recommendation shall be stated. The committee may also defer action on the application.

3.5-7 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

- (a) Favorable Recommendation: When the final recommendation of the Medical Executive Committee is favorable to the applicant, it shall be promptly forwarded, together with supporting documentation, to the Governing Board.
- (b) Adverse Recommendation: When a final recommendation of the Medical Executive Committee is adverse to the applicant, the Governing Board and the applicant shall be promptly informed by written notice. The applicant shall then be entitled and governed by the procedural rights as provided in Article VI.

3.5-8 ACTION ON THE APPLICATION

The Governing Board may accept the recommendation of the Medical Executive Committee or may refer the matter back to the Medical Executive Committee for further consideration, stating the purpose for such referral and setting a reasonable time limit for making a subsequent recommendation. The following procedures shall apply with respect to action on the application:

- (a) If the Medical Executive Committee issues a favorable recommendation, the Governing Board shall affirm the recommendation of the Medical Executive Committee if the Board reasonably determines that the Medical Executive Committee's decision is supported by the relevant facts.

- (1) If the Governing Board concurs in that recommendation, the decision of the Board shall be deemed final action.
 - (2) If the tentative final action of the Governing Board is unfavorable, the CEO shall give the applicant written notice of the **tentative final action** and the applicant shall then be entitled to and governed by the procedural rights set forth in Article VI. If the applicant waives his or her procedural rights, the decision of the Governing Board shall be deemed final action.
- (b) In the event the recommendation of the Medical Executive Committee, or any significant part of it, is unfavorable to the applicant the procedural rights set forth in Article VI shall apply.
- (1) If the applicant waives his or her procedural rights, the recommendations of the Medical Executive Committee shall be forwarded to the Governing Board for final action, which shall affirm the recommendation of the Medical Executive Committee if the Board reasonably determines that the Medical Executive Committee's decision is supported by the relevant facts.
 - (2) If the applicant requests a hearing following the adverse Medical Executive Committee recommendation pursuant to Section 3.5-8(b) or an adverse Governing Board tentative final action pursuant to 3.5-8(a)-(2), the Governing Board shall take final action only after the applicant has exhausted his or her procedural rights as established by Article VI. After exhaustion of the procedures set forth in Article VI, the Governing Board shall make a final decision and shall affirm the decision of the hearing committee if the Governing Board reasonably determines that the hearing committee's decision is supported by the relevant facts, following a fair procedure and hearing. The Governing Board's decision shall be in writing and shall specify the reasons for the action taken.

3.5-9 NOTICE OF FINAL DECISION

- (a) Notice of the final decision shall be given to the Chief of Staff, the Medical Executive Committee and the Credentials Committees, the Department Chair and Division Chief concerned, the applicant, and the CEO.
- (b) Notice granting membership shall include, if applicable: (1) the staff category of which the applicant is to be a member; (2) the Department and Division to which that person is assigned; (3) the clinical privileges granted; and (4) any special conditions attached to the appointment.

3.5-10 REAPPLICATION AFTER ADVERSE DECISION

An applicant who has received a final adverse membership decision shall not be eligible to reapply to the Medical Staff for a period of two years, unless the applicant can clearly demonstrate that the basis for the previous denial no longer exists. Any such reapplication shall be processed as an initial

application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

3.5-11 TIMELY PROCESSING OF APPLICATIONS

Applications for membership in the Medical Staff shall be considered and any action taken thereon shall be done in a timely manner by all persons and committees as required by these Bylaws. While special or unusual circumstances may constitute good cause and warrant exceptions to this requirements, the following time periods provide a guideline for routine processing of applications:

- (a) evaluation, review, and verification of application and all supporting documents: 30 days from receipt of all required documentation;
- (b) review and recommendation by the appropriate Department(s) and/or Divisions: 30 days after receipt of all required documentation by or from the Medical Staff office;
- (c) review and recommendation by Credentials Committee: 30 days after receipt of all required documentation from the said Department(s) and Division(s);
- (d) review and recommendation by Medical Executive Committee: 30 days after receipt of all required documentation from the Credentials Committee; and
- (e) final action: an action by the Governing Board at its next following meeting, or thereafter, if circumstances require, and after receipt by the Governing Board of any documents provided by the Medical Executive Committee.

3.6 **MEMBERSHIP RENEWAL AND REQUESTS FOR MODIFICATIONS OF STAFF STATUS OR PRIVILEGES**

3.6-1 APPLICATION

- (a) At least 4 months prior to the expiration date of any current Medical Staff membership (except for temporary membership), a membership renewal form approved by the Medical Executive Committee shall be mailed or delivered to the member. If a membership renewal application is not received at least 60 days prior to the expiration date, written notice shall be promptly sent by the Medical Staff office to the applicant advising that the application has not been received. At least 45 days prior to the expiration date, each Medical Staff member shall submit to the Medical Staff office the completed membership renewal application for the next reappointment cycle, and for the renewal or modification of clinical privileges. The membership renewal application form shall include all information required to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Section

3.5-1, as well as other relevant matters. Upon receipt of the application, the information shall be processed as set forth commencing at Section 3.5-3.

- (b) A Medical Staff member who seeks a change in his Medical Staff status or modification of clinical privileges must submit such a request in writing to the Medical Staff Office, except that such application may not be filed within 60 days of the time a similar request has been denied.

3.6-2 EFFECT OF APPLICATION

The effect of an application for Medical Staff membership renewal or modification of Medical Staff status or privileges is the same as that set forth in Section 3.5-2.

3.6-3 STANDARDS AND PROCEDURE FOR REVIEW

When a Medical Staff member submits an application for reappointment, or when the member submits an application for modification of Medical Staff status or clinical privileges, the member shall be subject to an in-depth review generally following, but not limited to, the procedures set forth in Sections 3.5-2 through 3.5-11 and other such applicable provisions of these Bylaws.

3.6-4 FAILURE TO FILE MEMBERSHIP RENEWAL APPLICATION

Failure to timely file a completed membership renewal application shall constitute a voluntary resignation of the member's admitting privileges and expiration of his practice privileges and prerogatives at the end of the current Medical Staff membership. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article VI shall not apply.

3.7 **LEAVE OF ABSENCE**

3.7-1 LEAVE STATUS

At the discretion of the Medical Executive Committee, a Medical Staff member may obtain a voluntary leave of absence from the staff upon submitting a written request to the Medical Staff office, requesting the approval of the Medical Executive Committee and stating the approximate period of leave desired, which may not exceed one year. This request must also document the member's plans for patient coverage during the leave and shall be forwarded to the Medical Director. During the period of the leave, the member shall not exercise clinical privileges at the Hospital, and his membership rights and responsibilities shall be inactive, but his obligation to pay dues, if any, shall continue, unless waived by the Medical Staff. A leave of absence will not be granted during any type of investigation.

3.7-2 TERMINATION OF LEAVE

At least 30 days prior to the termination of the leave of absence, or at any earlier time, the Medical Staff member may request reinstatement of privileges by submitting a written notice to that effect to the Medical Executive Committee. The Medical Staff member shall submit a summary of his relevant activities during the leave, if the Medical Executive Committee so requests. The Medical Executive Committee shall make a recommendation concerning the reinstatement of the member's privileges and prerogatives, and the procedure provided in Sections 3.1 through 3.5-11 shall govern and be followed.

3.7-3 FAILURE TO REQUEST REINSTATEMENT

Failure, without good cause, to timely request reinstatement as provided herein shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of his membership, privileges, and prerogatives. A member whose membership is automatically terminated pursuant to the provisions of this Section shall be entitled to the procedural rights provided in Article VI for the sole purpose of determining whether his failure to request reinstatement was unintentional or excusable, or otherwise. A request for Medical Staff membership subsequently received from a member so terminated shall be submitted and processed in the manner specified for applications for initial membership in the Medical Staff.

3.7-4 MEDICAL LEAVE OF ABSENCE

The Medical Executive Committee shall determine the circumstances under which a particular Medical Staff member shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. At the discretion of the Medical Executive Committee, unless accompanied by a reportable restriction of privileges, the leave shall be deemed a "medical leave" which is not granted for a medical disciplinary cause or reason.

3.7-5 MILITARY LEAVE OF ABSENCE

Requests for leave of absence to fulfill military service obligations shall be granted upon notice and review by the Medical Executive Committee. Reactivation of membership in the Medical Staff and clinical privileges previously held shall be granted, notwithstanding any contrary provisions of Sections 3.7-2 and 3.7-3, but may be granted subject to monitoring and/or proctoring as determined by the Medical Executive Committee.

ARTICLE IV CLINICAL PRIVILEGES

4.1 EXERCISE OF PRIVILEGES

Except as otherwise provided in these Bylaws, a member providing clinical services at this Hospital shall be entitled to exercise only those clinical privileges specifically granted. Said privileges and services must be Hospital specific, within the scope of any license, certificate or other legal credential authorizing practice in this State and consistent with any restrictions thereon, and shall be subject to the rules and regulations of the clinical Department and Division and the authority of the Department Chair, Division Chief and the Medical Staff. Except as otherwise provided in these Bylaws, Medical Staff privileges may be granted, continued, modified or terminated by the Governing Board only upon recommendation of the Medical Staff, only for reasons directly related to quality of patient care and other provisions of the Medical Staff Bylaws, and only following the procedures outlined in these Bylaws. The termination, granting, continuation or modification of Medical Staff privileges based on economic criteria unrelated to clinical qualifications, professional responsibilities or quality of care is prohibited, with the exception of state or federal statutory, regulatory, or judicial requirements, or other exceptions which may be defined in the Medical Staff Bylaws. When privileges are granted it shall include the right to exercise those privileges.

4.2 DELINEATION OF PRIVILEGES IN GENERAL

4.2-1 REQUESTS

Each application for Medical Staff membership must contain a request for the specific clinical privileges desired by the applicant. A request by a member for a modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience to support the request.

4.2-2 BASES FOR PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance, and the documented results of patient care and such other quality review and monitoring which the Medical Staff deems appropriate. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other hospitals, institutions and health care settings where a member exercises clinical privileges.

4.3 **CONDITIONS FOR PRIVILEGES OF LIMITED LICENSE PROFESSIONALS**

4.3-1 ADMISSIONS

- (a) Except as provided by subsection (b), when a dentist, oral surgeon, podiatrist, and/or clinical psychologist, who is a member of the Medical Staff, admits a patient, a physician member of the Medical Staff must conduct or directly supervise the admitting history and physical examination (except the portion related to dentistry, podiatry or clinical psychology), and must assume responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside of the limited license of practitioner's lawful scope of practice. A podiatrist certified for advance practice may perform an update to an existing history and physical for the purpose of pre-operative evaluation. The updated history and physical must be directly related to the podiatric procedure.
- (b) An oral and maxillofacial surgeon, who has successfully completed a postgraduate program in oral and maxillofacial surgery accredited by a nationally recognized accrediting body approved by the U.S. Office of Education, may perform a history and physical examination and determine the ability of his patient to undergo surgical procedures the surgeon proposes to perform. For a patient with existing medical conditions or abnormal findings beyond the surgical indications, a physician member of the Medical Staff must conduct the admitting history and physician examination, except the portion related to oral and maxillofacial surgery, and assume responsibility for the care of the patient's medical problems.

4.3-2 MEDICAL APPRAISAL

Each patient admitted for care in a Hospital by a dentist, oral and maxillofacial surgeon, podiatrist, and/or clinical psychologist shall receive the same basic medical appraisal as a patient admitted to other services; and, thereafter, dentists, oral and maxillofacial surgeons, podiatrists and/or clinical psychologists shall seek consultation with a physician member of the Medical Staff to determine the patient's medical status and need for medical evaluation whenever the patient's clinical status indicates the development of a new medical problem. Where a dispute exists regarding proposed treatment between a physician member of the Medical Staff and a limited license professional based upon medical or surgical factors outside of the scope of licensure of the limited license professional, the determination of the physician member shall control, pending resolution of the dispute. Any unresolved dispute shall be presented to a peer review committee, appointed by the Departmental Chair, for resolution.

4.4 **TEMPORARY CLINICAL PRIVILEGES**

4.4-1 FOR SPECIFIC PATIENT CARE/TREATMENT AND SERVICE NEED

Temporary clinical privileges may be granted to a person for a designated period by the CEO or his designee upon recommendation of the Chief of Staff or his designated Clinical Division Chief to fulfill an important patient care, treatment and/or service need for a physician, dentist, podiatrist, or clinical psychologist provided that current licensure and competence have been first verified for such person.

4.4-2 LOCUM TENENS

Temporary privileges may be granted by the CEO or his designee upon recommendation of the Chief of Staff or his designated Clinical Division Chief to a person serving as a *locum tenens* for a current member of the Medical Staff, provided that current licensure and competence have been verified.

4.4-3 PENDING APPLICATION FOR PERMANENT MEDICAL STAFF MEMBERSHIP

Temporary clinical privileges may be granted to a person by the Medical Staff during pendency of that person's application for Medical Staff membership and privileges, provided that the procedure described in Section 4.4-5 has been first complied with.

4.4-4 APPLICATION AND REVIEW

- (a) Upon receipt of a completed application and supporting documentation from a physician, dentist, podiatrist, or clinical psychologist authorized to practice in Louisiana, the CEO or his designee upon recommendation of the Chief of Staff or his designated Clinical Division Chief may grant temporary privileges upon request to an applicant who appears to have qualifications, ability and judgment, consistent with Section 1.2-1, but then only after:
- 1) the results from the National Practitioner Data Bank query regarding the applicant for temporary privileges have been obtained and evaluated;
 - 2) The applicant's current licensure, relevant training or experience, current competence and ability to perform the privileges requested and other criteria required by these Bylaws have been verified; and
 - 3) The applicant has established that there are no current or previously successful challenges to his license or registration that he has not been subject to involuntary loss of membership in any Medical Staff or to involuntary limitation, reduction, denial or loss of clinical privileges.
- (b) If the applicant requests temporary privileges in more than one Department or Division of the Medical Staff, written concurrence shall first be obtained from the appropriate Department Chairs and Division Chiefs and forwarded to and reviewed by the Chief of Staff before such request may be granted.

4.4-5 GENERAL CONDITIONS

- (a) If granted temporary privileges, the applicant shall be held accountable to the Department Chair and the Division Chief to which the applicant has been assigned, and shall ensure that the Chair, or the Chair's designee, is kept closely informed as to his or her activities in the Hospital.
- (b) Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated pursuant to these Bylaws or unless affirmatively renewed following the procedure as set forth in this Section 4.4 but shall be for a period not longer than 120 days. Should the application be withdrawn or denied, any such temporary privileges shall terminate automatically. Following termination of such privileges, a member of the Medical Staff shall be assigned, by the Department Chair or the Chief of Staff, to the applicant's patients, taking into consideration the wishes of the patient in the choice of a replacement.
- (c) Temporary privileges cannot be granted more than four (4) times per year to a temporary practitioner. Beyond that, further temporary privileges may only be granted after formal application to the Medical Staff.
- (d) Requirements for monitoring shall be imposed on such terms as may be appropriate under the circumstances upon any applicant granted temporary privileges by the Chief of Staff after consultation with the Departmental Chair or his designee.
- (e) Temporary privileges of any applicant shall be subject to the corrective action provisions of these Bylaws in the same manner as members of the Medical Staff. The denial or revocation of temporary privileges shall entitle the practitioner to and be governed by the hearing and appeal procedures as described in these Bylaws if the denial or revocation is based upon the professional competence or professional conduct of the practitioner.

4.5 **EMERGENCY PRIVILEGES**

In the case of an emergency, any member of the Medical Staff, to the degree permitted by his or her license and regardless of Department, Medical Staff status, or clinical privileges, shall be permitted to do everything reasonably possible to save the life of a patient, to save a patient from serious harm or to stabilize a patient. The member shall make every reasonable effort to communicate promptly with the Department Chair concerning the need for emergency care and assistance by members of the Medical Staff with appropriate clinical privileges, and once the emergency has passed or assistance has been made available, the member shall defer to the Department Chair with respect to further care of the patient at the Hospital.

4.6 **MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT ASSIGNMENT**

On its own, upon recommendation of the Credentials Committee, or pursuant to a request under Section 3.6-1(b), the Medical Executive Committee may recommend a change in the clinical privileges, Department assignment or Division assignment of a member.

4.7 LAPSE OF APPLICATION

If a Medical Staff member requesting a modification of clinical privileges or Department or Division assignments fails to furnish within 30 days the information necessary to evaluate the request, the application shall automatically lapse, and the applicant shall not be entitled to a hearing as set forth in Article VI.

4.8 ALLIED HEALTH – APP AND OTHER PROFESSIONALS

To the extent that classes of Limited License Professionals and Allied Health-Advanced Practice Professionals are authorized by the Governing Board to apply for clinical privileges, the Medical Staff, through the Medical Executive Committee, or its designee, shall establish the rules and procedures for considering such an application, detailing the required qualifications, duties and prerogatives of such applicants. These rules and procedures shall be approved by the Governing Board before they are effective.

ARTICLE V CORRECTIVE ACTION

5.1 CRITERIA FOR INITIATION

Any person may provide information to the Medical Staff about the conduct, performance, or competence of its Members. When reliable information indicates a Member may have exhibited acts, demeanor, or conduct reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care in the Hospital; (2) unethical; (3) contrary to the Medical Staff Bylaws, rules and regulations or Medical Staff policies; (4) below applicable professional standards; or (5) breach of a collaborative agreement or supervisory responsibility of a sponsored APP, a request for an investigation or action against such Member may be initiated by the Chief of Staff, a Department Chair, a Division Chief, the Medical Executive Committee, the CEO, and/or the Medical Director.

5.1-1 INITIATION

A request for an investigation must be in writing, signed by the requesting party, submitted to the Chief of Staff, and supported by reference to specific activities or alleged misconduct. If the Medical Executive Committee initiates the request, it shall make an appropriate record of the reasons for its request.

5.1-2 INVESTIGATION

If the Medical Executive Committee concludes an investigation is warranted, it shall direct an investigation be undertaken. The Medical Executive Committee shall assign the task to an appropriate Medical Staff officer, Department, Division or standing or *ad hoc* committee of the Medical Staff. The Medical Executive Committee, at its discretion, may appoint practitioners who are not members of the Medical Staff as temporary members of the Medical Staff for the sole purpose of serving on a standing or *ad hoc* committee, but not for the purpose of granting these practitioners temporary clinical privileges under Section 4.4 of the Bylaws. When the investigation is assigned to such an officer or committee, he or it shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the Medical Executive Committee as soon as practicable. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the investigating officer or committee deems appropriate. The officer or committee investigating the matter shall conduct interviews with any person involved; however, such investigation shall not constitute a "hearing" as that term is used in Article VI of the Bylaws, nor shall the procedural rules with respect to hearings or appeals apply. The report may include recommendations for appropriate corrective action. Despite the status of any investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including

summary suspension, termination of the investigative process, or such other action it may deem appropriate.

5.1-3 EXECUTIVE COMMITTEE ACTION

As soon as practicable after the conclusion of the investigation, the Medical Executive Committee may take action, which may include, without limitation:

- (a) determining no corrective action be taken and, if the Medical Executive Committee determines there is no credible evidence for the complaint in the first instance, it may order removal of adverse information concerning the investigation from the member's Quality file;
- (b) deferring action for a reasonable time where circumstances warrant;
- (c) issuing a letter of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude a Department or Division Chief from issuing informal written or oral warnings outside of the recommendation for corrective action. In the event such letter is issued, the affected member may make a written response which shall be placed in the member's file;
- (d) recommending probation or a special limitation upon continued Medical Staff membership or the exercise of his clinical privileges, including, without limitation, requirements for co-admission, mandatory consultation, or monitoring;
- (e) recommending reduction, modification, suspension or revocation of clinical privileges;
- (f) recommending a reduction of Medical Staff membership status or limitation of any prerogative directly related to the member's delivery of patient care;
- (g) recommending suspension, revocation or probation of Medical Staff membership; and
- (h) taking such other action deemed appropriate under the circumstances.

5.1-4 SUBSEQUENT ACTION

- (a) If corrective action as set forth in Section 6.2(a) through (j) is recommended by the Medical Executive Committee, its recommendation shall be reported to the Governing Board.
- (b) So long as the Governing Board reasonably determines that the recommendation is supported by relevant facts the recommendation of the Medical Executive Committee shall be adopted by the Governing Board as a final action unless, within 15 days following such final action, the member

requests a hearing, in which case a final decision in the matter shall be determined as set forth in Article VI.

5.2 **SUMMARY RESTRICTION OR SUSPENSION**

5.2-1 CRITERIA FOR INITIATION

Whenever a member's conduct appears to require that immediate action be taken to protect the life or well-being of a patient or to reduce a substantial and imminent likelihood of significant impairment to the life, health, safety of a patient, or other person, the Chief of Staff, the Medical Executive Committee, the Department Chair or Division Chief in which the member holds privileges, or the Medical Director with immediate notice to the Chief of Staff, may summarily restrict or suspend the Medical Staff membership and/or clinical privileges of such member. Unless otherwise stated, such summary restriction or suspension shall be effective immediately and the person or body responsible shall promptly give written notice thereof to the Governing Board, the Medical Executive Committee and the CEO. In addition, the affected Medical Staff member shall be provided with written notice of such action, which notice shall fully comply with the requirements of Section 5.2-2. The summary restriction or suspension may be limited in duration and, if so shall remain in effect for the period stated or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the member's patients shall be promptly assigned to another member by the Department Chair or by the Chief of Staff, considering where feasible, the wishes of the patient in the choice of the assigned Medical Staff member. When there is a summary suspension, no review action shall occur until the affected member shall have the opportunity to avail himself of all rights to the procedures and appeals set forth in these Bylaws.

5.2-2 WRITTEN NOTICE OF SUMMARY SUSPENSION

Within one working day of imposition of a summary suspension, the affected Medical Staff member shall be provided with written notice of such suspension. This initial written notice shall include a statement of facts demonstrating that the suspension was necessary because failure to suspend or restrict the practitioner's privileges summarily could reasonably result in an imminent danger to the health of his patient, another patient or another individual. The statement of facts provided in this initial notice shall also include a summary of one or more particular incidents, if any, giving support to the assessment of imminent danger. This initial notice shall not substitute for, but is in addition to, the notice required under Section 6.3-1 (which applies in all cases where the Medical Executive Committee does not immediately terminate the summary suspension). The notice under Section 6.3-1 may supplement the initial notice provided under this section, by including any additional relevant facts supporting the need for summary suspension or other corrective action.

5.2-3 MEDICAL EXECUTIVE COMMITTEE ACTION

Within one week after such summary restriction or suspension has been imposed on a member, a meeting of the Medical Executive Committee, or a subcommittee appointed by the Chief of Staff, shall be convened to review and consider the such action. Upon request of the member or the committee, the member shall attend and make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee or such subcommittee may impose, although in no event shall any meeting of the Medical Executive Committee or such subcommittee, with or without the member present, constitute a "hearing" within the meaning of Article VI, nor shall any such procedural rules apply. The Medical Executive Committee or such subcommittee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the member with notice of its decision within two working days of such meeting.

5.2-4 PROCEDURAL RIGHTS

Unless the Medical Executive Committee promptly terminates the summary restriction or suspension, the member shall be entitled to the procedural and appeal rights afforded by Article VI. In addition, the affected practitioner shall have the following rights:

- (a) Any affected practitioner shall have the right to challenge his summary suspension, particularly on the issue of whether or not the facts stated in the initial notice present a reasonable possibility of "imminent danger" to a patient, another patient or individual. Initially, the practitioner may present such a challenge to the Medical Executive Committee at the meeting held within one week of the summary suspension. If the Medical Executive Committee's decision is to continue the summary suspension, then any practitioner who has properly and timely requested a hearing under the Medical Staff Bylaws may request that the hearing be bifurcated, with the first part of the hearing being devoted exclusively to procedural matters, including the propriety of the summary suspension. Along with any other appropriate requests for rulings, the affected practitioner may request that the hearing panel, stay the summary suspension, pending the final outcome of the hearing and any appeal.

At the conclusion of the procedural portion of the hearing, the hearing panel shall issue a written opinion on the issues raised, including whether or not the facts stated in the written notice to the affected practitioner adequately support a determination that failure to summarily restrict or suspend could reasonably have placed in "imminent danger" to a patient, another patient or individual. Such written opinion shall be transmitted to both the affected practitioner and the Medical Executive Committee within one week of the date of the procedural hearing.

- (b) If the hearing panel determines that the facts stated in the notice required by Section 5.2-2 do not support a reasonable determination that failure to summarily restrict or suspend the practitioner's privileges could result in

imminent danger to a patient, another patient or an individual, the summary suspension shall be immediately stayed pending the outcome of the hearing and any appeal.

- (c) If the hearing panel determines that the facts stated in the notice required by Section 5.2-2 support a reasonable determination that summary suspension was necessary to avoid imminent danger to a patient, another patient or an individual, the summary suspension shall remain in effect pending conclusion of the hearing and any appellate review.

5.3 **AUTOMATIC SUSPENSION OR LIMITATION**

In the following instances, the member's privileges or Medical Staff membership may be suspended or limited as therein described, and a hearing, if requested, shall be limited to the question of whether the grounds for automatic suspension as set forth below have occurred. Failure by a member to act in accordance with the restrictions imposed under the provisions of this Section shall be grounds for corrective action, which may include summary suspension or revocation of his Medical Staff membership.

5.3-1 LICENSURE

- (a) **Revocation and Suspension:** Whenever a member's license or other legal credential authorizing practice in this state is revoked or suspended, Medical Staff membership and clinical privileges shall be automatically revoked as of the date such action becomes effective.
- (b) **Restriction:** Whenever a member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority of a member, the Medical Executive Committee shall investigate the implications of said restrictions and shall have the authority to appropriately limit or suspend said member's clinical privileges, or Medical Staff membership, based on its own findings. The Medical Executive Committee must limit or restrict those privileges consistent with the restrictions or limitations placed by the licensing or certifying authority of a member. The Medical Executive Committee will immediately notify the Hospital of any action taken.
- (c) **Probation:** Whenever a member is placed on probation by the applicable licensing or certifying authority of a member, his or her membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and shall continue throughout its term.

5.3-2 CONTROLLED SUBSTANCES

- (a) Whenever a member's DEA certificate is revoked, limited, or suspended, the member shall automatically and correspondingly be divested of the right to

prescribe medications covered by the certificate, as of the date such action becomes effective and shall continue throughout its term.

- (b) Probation: Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and shall continue throughout its term.

5.3-3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

Failure of a member without good cause to appear and satisfy the requirements of Section 11.6-2, without good cause, shall be a basis for corrective action.

5.3-4 MEDICAL RECORDS

Members of the Medical Staff are required to complete medical records within such time as may be prescribed by the Medical Executive Committee. A limited suspension in the form of a withdrawal of admitting and other related privileges until medical records are completed, may be imposed by the Medical Director, Chief of Staff, or his designee, after notice of the failure to complete medical records within such period as set by the Medical Executive Committee. For the purposes of this Section, "related privileges" means voluntary on-call service for the emergency room of the Hospital for the member's patients or patients of other members in his/her call group but shall not include on-call services which may be imposed by the member's Department or Division, scheduling surgery, assisting in surgery, consulting on Hospital cases, and providing professional services within the Hospital for future patients. Bona fide vacation or illness may constitute an excuse subject to approval by the Medical Executive Committee. Members whose privileges have been suspended for delinquent records may admit patients to the Hospital only in life-threatening situations. The suspension shall continue until lifted by the Medical Director, Chief of Staff or his designee.

5.3-5 FAILURE TO PAY DUES/ASSESSMENTS

Failure without good cause, as determined by the Medical Executive Committee, to pay dues or assessments, as required under Section 13.1, shall be grounds for automatic suspension of a member's clinical privileges, and if within three months after written warnings of the delinquency the member does not pay the required dues or assessment(s), the member's Medical Staff membership shall be automatically terminated.

5.3-6 PROFESSIONAL LIABILITY INSURANCE

Failure to maintain professional liability insurance, if required, shall be grounds for automatic suspension of a member's clinical privileges, and if within 90 days after written warnings of the delinquency the member does not provide evidence of required professional liability insurance, the member's Medical Staff membership shall be automatically terminated.

5.3-7 EXCLUSION FROM FEDERALLY FUNDED HEALTH CARE PROGRAMS

Exclusion of a member by any federal or state funded health plan, including Medicare and Medicaid, shall result in termination of any and all clinical privileges of such member effective immediately.

5.3-8 EXECUTIVE COMMITTEE DELIBERATION

As soon as practicable after action is taken or warranted as described in Sections 5.3-1(a), (b) or (c), Sections 5.3-2, 5.3-3, 5.3-4, 5.3-5, 5.3-6, or 5.3-7, the Medical Executive Committee shall convene a meeting to review and consider the facts, the evidence, and the action taken and may recommend such further corrective action as it may deem appropriate consistent with these Bylaws.

5.4 **ALLIED HEALTH – ADVANCED PRACTICE AND OTHER PROFESSIONALS HEARING AND APPEAL**

Whenever the Medical Executive Committee or the Governing Board makes a recommendation or proposes to take an action to restrict for more than thirty (30) days or deny the application of an Allied Health – Advanced Practice (APP) or other Limited Licensed Professional’s clinical privileges or application, the CEO shall provide the APP or other Professional with written notice of the recommendation or proposal together with, the reasons therefore and the time period within which the APP or other Professional may request a hearing. If a hearing is requested, the Chief of Staff shall name and the CEO shall appoint a committee of seven (7): three (3) unbiased Medical Staff members and three (3) unbiased APP or other Professionals with clinical privileges and Chief of Staff as Chairman, to hear the APP or other Professional’s objections to the proposed action or recommendation no sooner than thirty (30) days from the date of said request. A record of the hearing shall be made. The committee’s recommendation shall be in writing, shall reflect consideration of the information presented at the hearing, a copy of which shall be provided to the APP or other Professional, the Medical Executive Committee, and the Governing Board. The Allied Health Professional and the Medical Executive Committee each shall have the right to appeal such committee’s recommendation to the Governing Board within thirty (30) days of receipt of its recommendation. The Governing Board, or a committee thereof, shall hear the parties regarding the appeal. If the appeal is heard by a committee, it shall promptly provide the parties and the Governing Board with its recommendation. Upon consideration of the hearing committee’s recommendation and the information presented at appeal, the Governing Board shall make its decision and shall thereupon provide all parties with a copy of its decision, and the reasons therefore, in writing. Final actions regarding APP or other Professionals’ clinical privileges shall be reported to the National Practitioner Data Bank as required by law.

**ARTICLE VI
HEARINGS AND APPELLATE REVIEWS**

The hearing requirements of this Article are applicable to all physicians, dentists, podiatrists and clinical psychologists practicing within the Hospital whether or not members of the Medical Staff.

6.1 GENERAL PROVISIONS

6.1-1 EXHAUSTION OF REMEDIES

If an adverse action described in Section 6.2 is taken or recommended, the applicant or member must exhaust the remedies afforded by these Bylaws before resorting to legal action.

6.1-2 APPLICATION OF ARTICLE

For purposes of this Article, the term "member" may include "applicant," as it may be applicable under the circumstances, unless otherwise stated.

6.1-3 TIMELY COMPLETION OF PROCESS

The hearing and appeal process herein shall be completed within a reasonable time.

6.1-4 FINAL ACTION

Recommended adverse actions described in Section 6.2 shall become final only after the hearing and appeals, if any, provided in these Bylaws have either been exhausted or waived, and then only upon being adopted as a final action of the Governing Board.

6.1-5 NOTICES

All notices must comply with the requirements as provided in these Bylaws unless otherwise stated.

6.2 GROUND FOR HEARING

Except as otherwise specified in these Bylaws, any one or more of the following actions or recommended actions shall be deemed an actual or potential adverse action and shall constitute grounds for a hearing:

- (a) denial of Medical Staff membership;

- (b) denial of requested advancement in Medical Staff membership status, or category;
- (c) denial of Medical Staff membership renewal;
- (d) suspension of Medical Staff membership;
- (e) revocation of Medical Staff membership;
- (f) denial of any application request for clinical privileges;
- (g) involuntary reduction of current clinical privileges;
- (h) suspension of clinical privileges;
- (i) termination of clinical privileges; or
- (j) involuntary imposition of significant consultation or monitoring requirements.

6.3 **REQUESTS FOR HEARING**

6.3-1 NOTICE OF ACTION OR PROPOSED ACTION

In all cases in which action has been taken or a recommendation made as set forth in Section 6.2, the Chief of Staff, or his designee, on behalf of the Medical Executive Committee shall give the member prompt written notice of (1) a recommendation and/or final proposed action and that such action, if adopted, shall be taken and reported to the Louisiana State Board of Medical Examiners, the National Practitioner Data Bank or other government agencies as the law requires; (2) the reasons for a proposed action including an act or omission with which the member is charged; (3) the right to request a hearing pursuant to Section 6.3-2, which such hearing must be requested within 30 days; and (4) the fact that he has those rights granted to him under the Bylaws. If the recommendation or final proposed action adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days and is based on competence or professional conduct, said written notice shall state that the action if adopted will be reported to the National Practitioner Data Bank and/or the Louisiana State Board of Medical Examiners, and shall state the text of the proposed report.

6.3-2 REQUEST FOR HEARING

The member shall have 30 calendar days following receipt of notice of either of such actions to request a hearing. The request shall be in writing addressed to the Medical Executive Committee with a copy to the Governing Board. In the event the member does not request a hearing within the time specified and in the manner described, the member shall be deemed to have waived any right

he has to a hearing and shall be deemed to have accepted the recommendation or final proposed action of the hearing committee.

6.3-3 TIME AND PLACE FOR HEARING

Upon receipt of a request for hearing, the Medical Executive Committee shall schedule a hearing and within 15 days give notice to the member of the time, place and date of the hearing. Unless extended by the hearing committee, the date of the commencement of the hearing shall be not less than 30 days nor more than 60 days from the date of receipt of the request by the Medical Executive Committee to schedule the hearing; provided, however, that when the request is received from a member who is under summary suspension the hearing shall be held as soon as the arrangements may reasonably be made but not to exceed 45 days from the date of receipt of the request.

6.3-4 NOTICE OF HEARING

Together with the notice stating the time, place and date of the hearing, the member shall be advised of his right to obtain representation by an attorney at law. The date of the hearing shall not be less than 30 days after the date of the notice unless waived by the member under summary suspension, the Chief of Staff or his designee on behalf of the Medical Executive Committee shall provide the reason for the recommended action, including the acts or omissions with which the member is charged, a list of the charts in question, where applicable, and a list of the names and addresses of the witnesses (if any), so far as then reasonably known or anticipated, who are expected to give testimony or evidence before the Medical Executive Committee at the hearing.

The content of this witness list is subject to update pursuant to Section 6.4-1.

6.3-5 HEARING COMMITTEE

When a hearing is requested, the Chief of Staff shall provide the names of at least five (5) Medical Staff members to the CEO for appointment to the hearing committee that shall be composed of not less than five (5) Medical Staff members. The hearing committee shall be composed of unbiased members who shall gain no direct financial or other benefit from the outcome of the hearing, who are not in direct economic competition with the affected practitioner, and shall not have acted as accuser, investigator, fact finder, initial decision maker or not otherwise actively participated in the consideration of the matter leading up to the recommendation or action. Mere knowledge of the matter involved shall not preclude a member of the Medical Staff from serving as a member of the hearing committee. Such appointment by the CEO shall include designation of the Chair of the hearing committee. Membership on a hearing committee shall consist of at least one (1) member who shall have the same licensure as the accused, and include an individual practicing the same specialty as the member. All other members shall have M.D. or D.O. degrees or their equivalent as defined in Section 1.2-2(a).

In the event that it is not feasible to appoint the required number of unbiased hearing committee members from the active Medical Staff, the Chief of Staff shall list for appointment by the CEO members from other staff categories or practitioners who are not members of the Medical Staff to the hearing committee.

6.3-6 FAILURE TO APPEAR OR PROCEED

Failure without good cause of the member to personally attend and proceed at such a hearing in an efficient and orderly manner shall be deemed to constitute voluntary acceptance of the recommendations or actions involved.

6.3-7 POSTPONEMENTS AND EXTENSIONS

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the Chair of the hearing committee or its hearing officer, if any, on a showing of good cause or upon agreement of the involved member and the Chairman of the committee.

6.4 **HEARING PROCEDURE**

6.4-1 PREHEARING PROCEDURE

- (a) If either side to the hearing requests in writing a list of witnesses, within 15 days of such request, and in no event less than 10 days before the commencement of the hearing, each party shall furnish to the other a written list of the names and addresses of the individuals, so far as is reasonably known or anticipated, who are anticipated to give testimony or evidence at the hearing. The member shall have the right to interview the witnesses listed to testify at the hearing and shall have the right to interview such witnesses prior to the hearing. The member shall have the right to inspect and copy documents, charts, correspondence, or other evidence upon which the charges against the member is based. The member shall also have the right to receive at least 30 days prior to the hearing a copy of documentary or written evidence forming the basis of the charge which is reasonably necessary to enable the member to prepare a defense, including all evidence considered by the Medical Executive Committee and any evidence in possession of the Hospital, in determining whether to proceed with the adverse action, including any exculpatory evidence in the possession of the Hospital or Medical Staff. The member and the Medical Executive Committee shall have the right to all evidence, which will be made or become available to the hearing committee. Failure to disclose the identity of a witness or produce copies of all documents and other evidence expected to be utilized as evidence at the hearing at least 10 days before the commencement of the hearing shall constitute good cause for continuance.

- (b) The Medical Executive Committee shall have the right to request, inspect, and copy at its expense any documents or other evidence relevant to the charges which the member has in his or her possession or control as soon as practicable the member is in receipt of such request.
- (c) The failure of either party to provide access to such information, when properly requested at least 30 days before the hearing shall constitute good cause for a continuance. In cases of summary suspension where the hearing is scheduled less than 30 days from the date of request, such information shall be provided as soon as possible before the hearing. Failure to do so shall be grounds for a continuance. The right to inspect and copy by either the Medical Executive Committee or the member shall not extend to confidential information referring solely to other individually identifiable members, other than the member charged.
- (d) The Chairman of the hearing committee, if any, shall consider and rule upon any request for access to information and may impose such safeguards deemed necessary for the protection of the peer review process and in the interest of justice and a fair hearing. In so doing, the hearing officer shall consider:
 - (i) whether the information/evidence sought may be introduced to support or defend the charges;
 - (ii) the exculpatory or inculpatory nature of the information/evidence sought, if any;
 - (iii) the burden imposed on the party in possession of the information/evidence sought, if access is granted; and
 - (iv) any previous requests for access to information/evidence submitted or objected to resisted by the Chair or the member charged/involved in the same proceeding.
- (e) The member shall be entitled to orally question and challenge the impartiality of hearing committee Chair or its members and the hearing officer. Challenges to the impartiality of any hearing committee member or the hearing officer shall be ruled on by the hearing officer who shall apply applicable legal principles defining standards of impartiality for hearing panels and hearing officers in proceedings of this type. Ruling on all such challenges shall occur not later than 7 business days prior to the scheduled date of the hearing.
- (f) It shall be the duty of the member and the Medical Executive Committee or its designee to exercise reasonable diligence in notifying the Chair of the hearing committee and/or the hearing officer of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be succinctly made at the hearing.

6.4-2 REPRESENTATION

The member shall be entitled to representation by legal counsel or by any individual of the subject's choice in any phase of the hearing, should he/she so choose, and shall receive notice of the right to obtain such representation. The Medical Executive Committee shall appoint a representative to present its action or recommendation, the materials in support thereof, examine witnesses, and respond to appropriate questions, and may be represented by legal counsel in place of or in addition to such representative.

6.4-3 THE HEARING OFFICER

The Chief of Staff shall name and the CEO may appoint a hearing officer to preside at the hearing. Fees paid to the hearing officer shall be shared by the Hospital and the Medical Staff. The hearing officer shall be an attorney at law qualified to preside over a quasi-judicial hearing, but attorneys from a firm regularly utilized by the Hospital, the Medical Staff or the involved Medical Staff member or applicant for membership, for legal advice regarding their affairs and activities shall not be eligible to serve as hearing officer. The hearing officer shall have no interest in the outcome of the hearing nor shall he have any direct financial benefit from the outcome, nor shall he be in economic competition with the subject of the hearing or be otherwise biased, and must not act as a prosecuting officer or as an advocate for the hearing committee, the Medical Executive Committee or the member. The hearing officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the hearing officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances. If requested by the hearing committee, the hearing officer may serve as its legal advisor and write up the committee's decision, but the hearing officer shall have no voting rights in the deliberations of the committee.

6.4-4 RECORD OF THE HEARING

A shorthand reporter shall be present to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriate by the hearing officer. The cost of attendance of the shorthand reporter shall be borne by the Hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The record shall contain all exhibits or documents considered by the hearing committee in its deliberations. The hearing committee shall order

that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

6.4-5 RIGHTS OF THE PARTIES

Both sides at the hearing may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who shall have testified orally on any matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner. The member may be called by the Medical Executive Committee and examined as if under cross-examination.

6.4-6 MISCELLANEOUS RULES

Strict rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The hearing committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the hearing committee may request or permit both sides to file written arguments. The hearing process shall be completed within a reasonable time after the notice of the actions is received, unless the hearing officer issues a written decision that the member or the Medical Executive Committee failed to provide information in a reasonable time or consented to the delay.

6.4-7 BURDENS OF PRESENTING EVIDENCE AND PROOF

- (a) At the hearing the Medical Executive Committee shall have the initial duty to present evidence in support of each charge or issue of the action or recommendation. The member shall be entitled to present evidence in his response and defense.
- (b) An applicant for Medical Staff membership shall bear the burden of persuading the hearing committee, by a preponderance of the evidence, of his qualifications by providing information, which allows for evaluation and resolution of reasonable doubts concerning his current qualifications for such membership and privileges. An applicant shall not be permitted to introduce information requested by the Medical Staff but not provided during the application process unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.
- (c) Except as provided above for an applicant, throughout the hearing, the Medical Executive Committee shall bear the burden of persuading the hearing committee, by a preponderance of the evidence, that its action or recommendation is reasonable and warranted.

6.4-8 ADJOURNMENT AND CONCLUSION

After consultation with the Chair of the hearing committee, the hearing officer may adjourn the hearing and reconvene the same without special notice to such time, date and place as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing. Both the Medical Executive Committee and the member may submit a written statement at the close of the hearing. Upon conclusion of the presentation of oral and/or written evidence, or the receipt of closing written arguments, if any be submitted, the hearing shall be closed.

6.4-9 BASIS FOR DECISION

The decision of the hearing committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony. The decision of the hearing committee shall be subject to such procedures and rights of appeal as described in these Bylaws, but shall first be affirmed by the Governing Board as the final action in the matter, provided, however that the Board determines that the decision referred to it is supported by relevant facts and has followed the evidence and record and is consistent with the Medical Staff Bylaws so as to provide a fair and equitable decision in the matter.

6.4-10 DECISION OF THE HEARING COMMITTEE

Within 30 days after final adjournment of the hearing, the hearing committee shall render a decision which shall be accompanied by a report in writing and shall be delivered to the Medical Executive Committee. If the member is currently under suspension, however, the time for such decision and report shall be 15 days. A copy of said decision also shall be forwarded to the CEO, the Governing Board, and to the member. The report shall contain a concise statement of the reasons in support of the decision including findings of fact and a conclusion articulating the connection between the evidence presented at the hearing and the decision reached. If the decision adversely affects the clinical privileges of a member, physician or dentist for a period longer than 30 days and is based on incompetence or unprofessional conduct, the decision shall state that the action if adopted by the Governing Board will be reported to the National Practitioner Data Bank, and shall state the text of the decision as agreed upon by the committee. The decision shall also state that the action if affirmed by the Governing Board, will be reported to the Louisiana Board of Medical Examiners or such other government agencies as required by law or regulation. The decision of the hearing committee shall be subject to such rights of appeal or review as described in these Bylaws. If the Governing Board refuses to accept a favorable recommendation of the hearing committee, the Governing Board shall notify the hearing committee and the member in writing of the basis for its decision and, in that event, the member shall be entitled to an appeal as provided in these Bylaws.

6.5 APPEAL

6.5-1 TIME FOR APPEAL

Within 10 days after receipt of the decision of the hearing committee, either the member or the Medical Executive Committee may appeal by written request delivered to the CEO and the other party involved in the hearing. If a request for an appeal is not requested said decision shall be affirmed by the Governing Board as the final action provided the Governing Board reasonably determines that it is supported by the relevant facts and has followed the Medical Staff Bylaws so as to provide a fair and equitable decision in the matter.

6.5-2 GROUND(S) FOR APPEAL

A written request for an appeal shall include a specification(s) of the grounds for appeal and a clear and concise statement of the facts in support of the appeal. The grounds for appeal may be, but are not limited to: (a) substantial non-compliance with the procedures required by these Bylaws or applicable law which creates a demonstrable prejudice to the involved member; (b) the decision is not supported by the relevant facts based upon the hearing record or such additional information as may be permitted pursuant to Section 6.5-5 and/or; (c) the text of the report to be filed to the National Practitioner Data Bank and the Louisiana State Board of Medical Examiners or other government agencies is not accurate and/or incorrect.

6.5-3 TIME, PLACE AND NOTICE

If an appeal is requested, the Appeal Board shall, within 15 days after receipt of notice of appeal, schedule a review date and cause each party be given notice of the time, place and date of the appellate hearing. The date of appellate hearing shall not be less than 30, nor more than 60 days from the date of such notice, provided however, that when a request for appeal involves a member who is under a suspension then in effect, the appellate hearing shall be held as soon as arrangements may reasonably be made, not to exceed 15 days from the date of the notice of appeal. The time for the appellate hearing may be extended by the Appeal Board for good cause shown.

6.5-4 APPEAL BOARD

The Governing Board may sit as the Appeal Board, or it may appoint an *ad hoc* Appeal Board which shall have not less than seven (7) of its members of the Governing Board. Knowledge of the matter involved in the appeal shall not disqualify any person from serving as a member of the Appeal Board, unless that person participated in a prior hearing or committee meeting on the same matter. No person serving on the Appeal Board shall be in direct economic competition with the appealing member. The Appeal Board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal. The attorney selected by the

Governing Board shall be neither the attorney that represented either party before the hearing committee, nor the attorney who assisted the hearing panel or served as hearing officer, nor an attorney utilized by the Hospital or Medical Staff or the subject of the hearing for advice regarding its affairs or a member of his/her firm. The member shall be entitled to a reasonable opportunity to question and challenge the impartiality of the Appeal Board members.

6.5-5 APPEAL PROCEDURE

The proceeding before the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the hearing committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the hearing committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the hearing; or the Appeal Board may remand the matter to the hearing committee for the taking of further evidence and for recommendation based on all the evidence. Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal, to present a written statement in support of his or her position on appeal, and to personally appear and make oral argument. The Appeal Board may thereupon conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board shall present to the Governing Board its written recommendations as to whether the Governing Board should affirm, modify, or reverse the hearing committee decision consistent with the standard set forth in Section 6.5-6, or remand the matter to the committee for further review and recommendation based on all the evidence.

6.5-6 DECISION

- (a) Except as provided in Section 6.5-6(b), within 30 days after the conclusion of the appellate review proceedings, the Governing Board shall render a final decision and shall affirm the decision of the hearing committee if it determines that the decision is supported by the evidence and the hearing record is consistent with the Medical Staff Bylaws so as to provide a fair and equitable decision in the matter.
- (b) Should the Governing Board determine that the decision of the hearing committee is not supported by the evidence in the hearing record, the Governing Board shall remand the matter to the hearing committee for reconsideration, stating the purpose for the remand. If the matter is remanded to the hearing committee for further review and recommendation, the committee shall promptly conduct its review and make its recommendations to the Governing Board; thereafter, the Governing Board will review these recommendations and the decision of the Governing Board shall be final and there shall be no further remand or appeal. This further review and the time required to report back shall not exceed 30 days in duration except as the

parties may otherwise agree or for good cause as jointly determined by the Chair of the Governing Board and the hearing committee.

- (c) The decision shall be in writing, shall specify the reasons for the action taken, shall include the text of the report which shall be made to the National Practitioner Data Bank, or other government agencies, if any, and shall be forwarded to the Chief of Staff, the medical executive and credential committees, the subject of the hearing, and the CEO, at least 15 days prior to submission to the appropriate government agencies.

6.5-7 RIGHT TO ONE HEARING

Except in circumstances where a new hearing is ordered by the Governing Board or a court, no member shall be entitled to more than one evidentiary hearing and one appellate review on any matter, which shall have already been the subject of hearing before a hearing committee.

6.6 **EXCEPTIONS TO HEARING RIGHTS**

6.6-1 EXCLUSIVE CONTRACTS AND DIVISION CLOSURE

- (a) Privileges can be reduced or terminated as a result of a decision to close or continue closure of a Division/Service pursuant to an exclusive contract or pursuant to the transfer of an existing exclusive contract but only after compliance with provisions of Section 13.6.
- (b) The Medical Staff member whose membership or privileges may be adversely affected by the closure or continued closure of a Division/Service pursuant to an exclusive contract, or transfer of an exclusive contract, may request a hearing before the Hearing Committee, however, the hearing shall be limited to the issue of whether or not there has been compliance with the provisions of Section 13.6. However, the Medical Staff member shall have no right to such hearing when, by contract with the Hospital said Medical Staff member has agreed that Medical Staff membership or privileges will terminate upon the termination of said member's contract with the Hospital or upon the termination of said member's status as a Medical Staff member providing services in accordance with the contract.
- (c) Request for hearing as provided in Sub-section (b) above by multiple members of the Medical Staff relating to the same contract pending at the same time shall be consolidated by the hearing committee.

6.6-2 AUTOMATIC SUSPENSION OR LIMITATION OF PRACTICE PRIVILEGES

No hearing shall be required when a member's license or legal credentials to practice has/have been revoked or suspended as set forth in Section 5.3-1(a).

In other cases described in Sections 5.3-1 and 5.3-2, the evidence which may be considered at a hearing, if requested, shall not include evidence showing that the determination by the licensing or credentialing authority of the DEA was unwarranted, but only whether the member may continue practice in the Hospital with those limitations imposed.

6.7 **EXPUNCTION OF DISCIPLINARY ACTION**

Upon petition of a member, the Medical Executive Committee, with the Governing Board' written concurrence, may expunge a previous disciplinary action upon a showing of good cause or rehabilitation.

6.8 **NATIONAL PRACTITIONER DATA BANK REPORTING**

6.8-1 ADVERSE ACTIONS

The authorized representative of the Medical Executive Committee shall report any adverse action to the National Practitioner Data Bank only upon its adoption as a final action and then only using the description set forth in the final action as affirmed by the Governing Board. That authorized representative shall report any and all revisions of an adverse action against a member, including, but not limited to, any expiration of the effect of the final action that is consistent with the terms of that final action. When there is a Summary Suspension, or other adverse actions, no professional review action by a professional review body shall occur until completion or waiver by the affected member of the procedures and appeals set forth in these Bylaws.

6.8-2 DISPUTING REPORT LANGUAGE

If no hearing is requested, a member who was the subject of an adverse action report to the Louisiana State Board of Medical Examiners or the National Practitioner Data Bank or other government agency may request an informal meeting with the Medical Executive Committee to dispute the text of the report filed. The report dispute meeting shall not constitute a hearing as defined in these Bylaws and shall be limited to whether the report filed is consistent with the final action made against the member. The meeting shall be attended by the subject of the report, the Chief of Staff, the Chair of the member's Department, Chief of the member's Division, and an authorized representative of the Hospital and a representative of the Hospital's Compliance Department, or their respective designees. The language of the report shall be approved, or amended, by majority vote of the Chief of Staff, the Department Chair or the Division Chief, and the Hospital's authorized representative and the Hospital's Medical Director, or their respective designees.

If a hearing is held, the dispute hearing shall be deemed to have been completed.

ARTICLE VII OFFICERS

7.1 OFFICERS OF THE MEDICAL STAFF

7.1-1 IDENTIFICATION

The officers of the Medical Staff shall be the Chief of Staff, Vice-Chief of Staff, immediate past Chief of Staff, and the Secretary/Treasurer.

7.1-2 QUALIFICATIONS

Officers must be members of the active Medical Staff at the time of their nominations and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

7.1-3 NOMINATIONS

- (a) The Medical Staff election shall be held yearly. A nominating committee shall be appointed by the Medical Executive Committee not later than 120 days prior to the annual Medical Staff meeting to be held during the election year or at least 45 days prior to any special election.
- (b) The nominating committee shall consist of the 5 most recent Chiefs of Staff, excluding current medical staff members serving on the Governing Board, who are presently on the active Medical Staff with the immediate past Chief of Staff to serve as Chairman of the committee. The nominating committee shall nominate, when feasible, one or more nominees for each officer, except for the immediate past Chief of Staff whose position is automatically filled by the sitting Chief of Staff. The nominations of the committee shall be reported for information to the Medical Executive Committee at least 60 days prior to the annual Medical Staff meeting and shall be delivered electronically or mailed to the voting members of the Medical Staff at least 40 days prior to the election.
- (c) Further nominations may be made for any office by any voting member of the Medical Staff, provided that the name of the candidate is submitted in writing to the Chair of the nominating committee, is endorsed by the signature of at least 10% of other members who are eligible to vote, and bears the candidate's written consent. These nominations shall be delivered to the Chair of the nominating committee as soon as reasonably practicable, but at least 20 days prior to the date of election. If any nominations are made in this manner, the voting members of the Medical Staff shall be advised by notice delivered or mailed at least 10 days prior to the meeting. Additional nominations for any office may be made from the floor at the meeting at which officers are submitted by the Nominating Committee to the Medical Staff membership.
- (d) All nominees for election as Medical Staff officers, shall, at least 20 days prior to the date of election or appointment, disclose in writing to the nominating

committee and Medical Executive Committee those personal, professional, or financial affiliations or relationships which could result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff.

7.1-4 ELECTIONS

The Chief of Staff, Vice-Chief of Staff and Secretary/Treasurer shall be elected at the final Medical Staff meeting of the year. Voting shall be in person or by written ballot or electronic ballot. Only authenticated ballots will be counted. Written or electronic ballots shall include handwritten or electronic signatures for comparison with signatures on file, when necessary. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes. In the case of a tie on the second ballot, run-off election(s) shall be held until a candidate is elected by a majority vote.

7.1-5 TERM OF ELECTED OFFICE

Each officer shall serve a 1-year term, commencing on the first day of the year following his or her election. Each officer shall serve in each office until the end of that officer's term, or until a successor is elected, unless that officer shall sooner resign or be removed from office. At the end of the Chief-of Staff's term he shall automatically assume the office of immediate Past-Chief of Staff. Officers may succeed themselves for only one additional one-year term.

7.1-6 RECALL OF OFFICERS

Any officer whose election is subject to these Bylaws may be removed from office for gross neglect of duties, failing to represent the Medical Staff's interests, for misfeasance in office or other valid cause. Recall of a Medical Staff officer may be initiated by the Medical Executive Committee or shall be initiated by a petition signed by at least one-third of the members of the Medical Staff eligible to vote for officers. Recall shall be considered at a special meeting called for that purpose. Recall shall require a two-thirds vote of the Medical Staff members eligible to vote for Medical Staff officers and who actually cast votes at the special meeting in person or by mail or electronic ballot.

7.1-7 VACANCIES IN ELECTED OFFICE

Vacancies in office occur upon the death or disability, resignation, or removal of the officer, or such officer's loss of membership in the Medical Staff. Vacancies, other than that of the Chief of Staff, shall be filled by appointment by the Medical Executive Committee until the next regular election. If there is a vacancy in the office of Chief of Staff, then the Vice-Chief of Staff shall serve out that remaining term and shall immediately appoint an *ad hoc* nominating committee to decide promptly upon nominees for the office of

Vice-Chief of Staff. Such nominees shall be reported to the Medical Executive Committee and to the Medical Staff. A special election to fill the position shall occur at the next regular staff meeting. If there is a vacancy in the office of Vice-Chief of Staff, that office need not be filled by election, but the Medical Executive Committee shall appoint an interim officer to fill this office until the next regular election, at which time the election shall also include the office of Chief of Staff. If there is a vacancy in the office of Secretary-Treasurer, that office need not be filled by election, but the Medical Executive Committee shall appoint an interim officer to fill this office until the next regular election, at which time the election shall also include the office of Secretary-Treasurer. After the Vice-Chief of Staff fills out the remaining term of the vacated Chief of Staff, he may stand for election to Chief of Staff.

7.2 **DUTIES OF OFFICERS**

7.2-1 CHIEF OF STAFF

The Chief of Staff shall serve as the chief officer of the Medical Staff. The duties of the Chief of Staff shall include, but not be limited to:

- (a) enforcing the Medical Staff Bylaws and rules and regulations, implementing sanctions where indicated, and promoting compliance with procedural safeguards where corrective action has been requested or initiated;
- (b) calling, presiding at, and being responsible for the agenda of all meetings of the Medical Staff;
- (c) serving as Chair of the Medical Executive Committee and calling, presiding at, and being responsible for the agenda of all meetings thereof;
- (d) serving as an ex officio member of all other Medical Staff committees without vote, unless Chief of Staff membership in a particular committee is required by these Bylaws or the Rules and Regulations;
- (e) interacting with the CEO and Governing Board in all matters of mutual concern within the Hospital;
- (f) appointing, in consultation with the Medical Executive Committee, committee members for all standing and special Medical Staff, liaison, or multi-disciplinary committees, except where otherwise provided by these Bylaws or the Rules and Regulations and, except where otherwise indicated, designating the chairs of these committees;
- (g) representing the views and policies of the Medical Staff to the Governing Board and to the CEO;

- (h) being a spokesperson for the Medical Staff in external professional and public relations;
- (i) performing such other functions as may be assigned to the Chief of Staff by these Bylaws, the Medical Staff, or by the Medical Executive Committee;
- (j) serving on liaison committees with the Governing Board and the Hospital's administration, as well as outside licensing or accreditation agencies;
- (k) representing the Medical Staff in the Hospital accreditation and licensure process, including receiving information from the Hospital's administration and keeping the Medical Staff informed regarding licensure and accreditation status and problems, and participating as necessary in discussions with Hospital surveyors and in other survey-related activities, personally or through his designee.

7.2-2 VICE-CHIEF OF STAFF

The Vice-Chief of Staff shall assume all duties and authority of the Chief of Staff in the absence of the Chief of Staff. The Vice-Chief of Staff shall be a member of the Medical Executive Committee and of the Joint Conference Committee, and shall perform such other duties as the Chief of Staff may assign or as may be delegated by these Bylaws, or by the Medical Executive Committee. The Vice-Chief of Staff serves as Chairman of the Medical Staff Appropriateness of Care Committee.

7.2-3 IMMEDIATE PAST CHIEF OF STAFF

The immediate past Chief of Staff shall be a member of the Medical Executive Committee and a member of the Joint Conference Committee and shall perform such other duties as may be assigned by the Chief of Staff or delegated by these Bylaws, or by the Medical Executive Committee.

7.2-4 SECRETARY-TREASURER

The Secretary-Treasurer shall be a member of the Medical Executive Committee. The duties of this officer shall include, but not be limited to:

- (a) maintaining a roster of members;
- (b) keeping accurate and complete minutes of all Medical Executive Committee and general Medical Staff meetings;
- (c) calling meetings on the order of the Chief of Staff or Medical Executive Committee;
- (d) attending to all appropriate correspondence and notices on behalf of the Medical Staff;
- (e) receiving and safeguarding all funds of the Medical Staff;

- (f) excusing absences from meetings on behalf of the Medical Executive Committee;
- (g) performing such other duties as ordinarily pertains to their office or as may be assigned from time to time by the Chief of Staff or Medical Executive Committee;
- (h) periodically reviewing and reporting to the Medical Executive Committee and the Medical Staff on fiscal matters of the Medical Staff;
- (i) if requested by the Medical Executive Committee, obtaining an annual review of the Medical Staff account by a Certified Public Accountant for presentation to the Medical Staff at the annual meeting;
- (j) insuring the integrity of the official version of these Bylaws; and
- (k) performing the duty of Parliamentarian at Medical Executive Committee meetings and general Medical Staff meetings;
- (l) serves as Vice-Chairman of the Medical Staff Appropriateness of Care Committee.

**ARTICLE VIII
CHIEF MEDICAL OFFICER AND MEDICAL DIRECTOR**

8.1 QUALIFICATIONS

The Chief Medical Officer and the Medical Director shall be physicians with demonstrated administrative ability and members of the administrative category or other category of the Medical Staff.

8.2 SELECTION

The CEO shall coordinate any recruiting and hiring efforts involving the positions of Chief Medical Officer and the Medical Director with the Medical Executive Committee. The Medical Executive Committee, or a subcommittee thereof designated by the Medical Executive Committee, shall interview all qualified candidates for these positions. The selection decision of the Hospital, with respect to either position, may be vetoed by the Medical Executive Committee, after due deliberation by it, which will restart the selection process.

8.3 RESIGNATION OR REMOVAL

Resignation or removal of the Chief Medical Officer or the Medical Director shall not of itself constitute a diminution of his/her staff membership or otherwise give rise to any right of review by either of them. Any vacancy occurring in the office of the Chief Medical Officer or the Medical Director shall be filled consistent with this Section.

8.4 DUTIES

- (a) The Chief Medical Officer and the Medical Director will carry out such duties as are specified in their job descriptions or any later changes thereto, as approved by the Medical Executive Committee, which approval shall not be unreasonably withheld. In the absence of the Medical Director, the Chief Medical Officer shall assume the duties of the Medical Director that are imposed by these Bylaws.
- (b) The Chief Medical Officer and the Medical Director shall preserve the confidentiality of peer review, credentialing and other data shared with him as the work of Medical Staff committees on behalf of which they work. Information the Chief Medical Officer and the Medical Director obtain through Medical Staff committee work shall not be shared in a manner which is not protected under state confidentiality and immunity statutes or which would violate the Medical Staff Bylaws, rules and regulations or policy.

- (c) The Chief Medical Officer and the Medical Director shall cooperate with any requests of Medical Staff officers, Department Chairs, Division Chiefs, and Medical Staff committee Chairs to preserve confidentiality and promote frank discussion of Medical Staff matters, including leaving meetings to allow discussion to proceed without administrative personnel being present.

**ARTICLE IX
CLINICAL DEPARTMENTS AND DIVISIONS**

9.1 ORGANIZATION OF CLINICAL DEPARTMENTS AND DIVISIONS

The Medical Staff is organized into clinical Departments. Any Department may be further organized, as appropriate, into Divisions which shall be directly responsible to the Department within which they function.

9.2 CREATION OF DEPARTMENTS/DIVISIONS

9.2-1 STANDARDS OF CREATION

Departments/Divisions are created when there is:

- (a) A need related to the provision of quality medical care;
- (b) A sufficient number of Active Medical Staff members who exercise privileges in the proposed Department/Division to assure that they can undertake and fulfill the responsibilities of Department/Division status, including performance improvement of the quality of medical care rendered within the Department/ Division.

9.2-2 ACTION TO CREATE NEW DEPARTMENTS/DIVISIONS

The Medical Executive Committee shall consider any proposal for creation of a new Department/Division on the basis of the criteria as stated in 9.2-1(a) and (b). If a majority of the Medical Executive Committee members present and voting, vote in favor of the proposed Department/Division, the recommendation shall be presented at the next general meeting of the Medical Staff. Written notice of the proposed creation of a new Department/Division shall be given prior to the next general meeting of the Medical Staff. Providing a quorum is achieved, an affirmative vote either in person or by written or electronic ballot of at least two thirds of the Active Medical Staff members voting shall be required to create a new Department/Division.

9.2-3 ACTION TO DISSOLVE DEPARTMENTS/DIVISIONS

Any Department/Division that does not meet the requirements identified in Section 9.2-1(a) and (b) above may be dissolved. Dissolution shall occur after written notice of the proposed dissolution is given to the Medical Staff prior to the next general meeting of the Medical Staff. Providing a quorum is achieved, an affirmative vote in person or by mail or electronic ballot of at least two thirds of the Active Medical Staff members present and voting shall be required to dissolve a Department/Division.

9.3 **ASSIGNMENT TO DEPARTMENTS AND DIVISIONS**

Each member of the active, courtesy, and affiliate staff shall be assigned membership in at least one Department, and to at least one Division, if any, within such Department, but may also be granted membership and/or clinical privileges in other Departments or Divisions consistent with practice privileges granted.

9.4 **FUNCTIONS OF DEPARTMENTS**

The general functions of each Department shall include:

- (a) conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the Department. The number of such reviews to be conducted during the year shall be as determined by the Medical Executive Committee in consultation with other appropriate committees. The Department shall routinely collect information about important aspects of patient care provided in the Department, periodically assess this information, and develop objective criteria for use in evaluating patient care. Patient care reviews shall include all clinical work performed under the jurisdiction of the Department, regardless of whether the member whose work is subject to such review is a member of that Department;
- (b) recommending to the Medical Executive Committee criteria for the granting of clinical privileges and the performance of specified services within the Department;
- (c) evaluating and making appropriate recommendations regarding the qualifications of applicants seeking membership and clinical privileges within that Department;
- (d) conducting, participating and making recommendations regarding continuing education programs pertinent to Departmental clinical practice;
- (e) reviewing and evaluating Departmental adherence to: (1) Medical Staff policies and procedures and (2) sound principles of clinical practice;
- (f) coordinating patient care provided by the Department's members with nursing and ancillary patient care services;
- (g) submitting written reports to the Medical Executive Committee concerning: (1) the Department's review and evaluation activities, actions taken thereon, and the results of such action; and (2) recommendations for maintaining and improving the quality of care provided in the Department and the Hospital;

- (h) periodically reviewing patient care review findings and the results of the Department's other review and evaluation activities, as well as reports on other Department and staff functions to draw conclusions, formulate recommendations and initiate actions;
- (i) establishing such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it, including proctoring protocols and the conduct of Department functions;
- (j) taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;
- (k) accounting to the Medical Executive Committee for all professional and Medical Staff administrative activities within the Department;
- (l) formulating recommendations for Departmental rules and regulations reasonably necessary for the proper discharge of its responsibilities subject to the approval by the Medical Executive Committee and the Medical Staff.

9.5 FUNCTIONS OF DIVISIONS

Subject to approval by the Medical Executive Committee, each Division shall perform the functions assigned to it by the Department Chair. Such functions may include, without limitation, retrospective patient care reviews, evaluation of patient care practices, credentials review and privileges delineation, and continuing education programs. The Division shall transmit regular reports to the Department Chair on the conduct of its assigned functions.

9.6 DEPARTMENT CHAIRS

9.6-1 QUALIFICATIONS

Each Department shall have a Chair and Vice-Chair who shall be members of the Active Medical Staff and shall be qualified by training, experience and demonstrated ability in at least one of the clinical areas covered by the Department. To be eligible for election to the position of Department Chairmanship and Vice-Chairmanship, if a Department is organized into Divisions, the member must be a current Division Chief or a past Chief of a Division within the previous five (5) years. Department Chairs and Vice-Chairs and Divisions Chiefs shall fulfill leadership training requirements as provided in Section 1.6 of these Bylaws. Once elected into the position of Department Chair, the member may choose to retain or relinquish the position of Division Chief. If the position is relinquished, an election for a new Chief of that Division will occur at their next meeting.

9.6-2 SELECTION

If a Department is organized into Divisions, the Department Chairs and Vice-Chairs shall be elected every 2 years by a majority vote of the Department's Division Chiefs. If the Department is not organized into Divisions, the Department Chairs and Vice-Chairs shall be elected by a majority vote of the Department members. All nominees shall, at least 20 days prior to the date of election, disclose in writing to those who shall be voting, those personal, professional, or financial affiliations or relationships which could result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. Vacancies due to any reason for an unexpired term shall be filled through special election by the respective Department with such mechanisms as that Department may adopt.

9.6-3 TERM OF OFFICE

Each Department Chair and Vice-Chair shall serve a two year term or until their successors are chosen, unless they shall sooner resign, be removed from office, or lose their Medical Staff membership or clinical privileges in that Department. Department Chairs and Vice-Chairs shall be eligible to succeed themselves but may not serve more than two consecutive terms. Department Chairs shall be elected in January of odd-numbered years; Department Vice-Chairs in January of even-numbered years.

9.6-4 REMOVAL

After election, removal of Department Chairs and Vice-Chairs from office may occur for gross neglect or misfeasance in office or any other valid cause, and then only upon at least a two-thirds vote of the Department members eligible to vote on Departmental matters at a meeting called for that purpose or by mail or electronic ballot.

9.6-5 DUTIES

Each Chair shall have the following authority, duties and responsibilities, and the Vice-Chair, in the absence of the Chair, shall assume all of them and shall otherwise perform such duties as may be assigned:

- (a) act as presiding officer at Departmental meetings;
- (b) report to the Medical Executive Committee regarding all professional and administrative activities within the Department;
- (c) generally monitor the quality of patient care and professional performance rendered by members with clinical privileges in the Department through a planned and systematic process; oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the Department by the Medical Executive Committee;

- (d) develop and implement Departmental programs for retrospective patient care review, on-going monitoring of practice, credentials review and privilege delineation, medical education, utilization review, and quality assurance;
- (e) be a member of the Medical Executive Committee, and give guidance on the overall medical policies of the Medical Staff and make specific recommendations and suggestions regarding the Department;
- (f) transmit to the Medical Executive Committee the Department's recommendations concerning practitioner appointment and classification, reappointment, criteria for clinical privileges, monitoring of specified services, and corrective action with respect to persons with clinical privileges in the Department;
- (g) enforce the Medical Staff Bylaws, rules, policies and regulations within the Department;
- (h) implement within the Department appropriate actions taken by the Medical Executive Committee;
- (i) participate in every phase of administration of the Department, including working with the nursing service and the Hospital administration in matters such as personnel, supplies, special regulations, standing orders and techniques;
- (j) assist in the preparation of such annual reports, including budgetary planning, pertaining to the Department as may be required by the Medical Executive Committee;
- (k) recommend delineated clinical privileges for each member of the Department; and
- (l) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Chief of Staff or the Medical Executive Committee.

9.7 **DIVISION CHIEFS**

9.7-1 QUALIFICATIONS

Each Division shall have a Chief and Vice Chief who shall be a member of the Active Medical Staff and a member of the Division which they are to head, and shall be qualified by training, experience, and demonstrated current ability in the clinical area covered by the Division.

9.7-2 SELECTION

Each Division Chief and Vice Chief shall be elected by the Division by majority vote of the Division members eligible to vote, by mail or electronic vote or in person at a meeting held following notice of the pending election. Nominations for Division Chief and Vice Chief may be made by any voting member of the Division at any time prior to the election meeting, or may be made from the floor when the election meeting is held, as long as the nominee is present and consents to the nomination. Prior to the election, all nominees shall disclose to the voting members of the Division those personal, professional, or financial affiliations or relationships which could result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff. Vacancies due to any reason shall be filled for the unexpired term by the Division Vice Chief. If there is not a Vice Chief, the Department Chair will complete the term until a replacement is elected in a special election determined by the Department Chair. Division Chiefs and Vice Chiefs shall be elected in the last quarter of even-numbered years for terms beginning on January 1 of the following year.

9.7-3 TERM OF OFFICE

Each Division chief shall serve a two-year term or until his or her successor is chosen, unless he or she shall sooner resign or be removed from office or lose Medical Staff membership or clinical privileges in that Division. Division Chiefs shall be eligible to succeed themselves for one term. However, by the choice of the division, the Division Chief may serve additional terms.

9.7-4 REMOVAL

A Division Chief may be removed for gross neglect or misfeasance in office or other valid cause by at least two-thirds vote of the Division members eligible to vote on Departmental matters, either by written or electronic ballot or in person at a meeting called for that purpose, and then only upon the concurrence of the Medical Executive Committee.

9.7-5 DUTIES

Each Division Chief shall:

- (a) act as presiding officer at Division Meetings;
- (b) assist in the development and implementation, in cooperation with the Department Chair, of programs to carry out the quality review, and evaluation and monitoring functions assigned to the Division;
- (c) evaluate the clinical work performed in the Division;

- (d) submit reports and recommendations to the Department Chair regarding the clinical privileges to be exercised within the Division by members of or applicants to the Medical Staff;
- (e) communicate to and solicit information from Division members to further the needs and carry out the responsibilities of the Division and Department; and
- (f) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Department Chair, the Chief of Staff, the Medical Executive Committee, or as required in the Rules and Regulations.

9.8 **CURRENT DEPARTMENTS AND DIVISIONS**

The current Departments and Divisions are set forth in the Medical Staff Policy Manual.

9.9 **DEPARTMENT AND DIVISION MEETINGS**

The Chairs of Departments and Chiefs of Divisions may establish the times for the holding of regular meetings. Departments and Divisions will meet as needed. Special meetings may be called as specified in 11.2-2 of these Bylaws.

ARTICLE X COMMITTEES

10.1 DESIGNATION

Medical Staff committees shall include, but not be limited to, the Medical Staff meeting as a Committee of the Whole, meetings of Departments and Divisions, meetings of any committees established under these Bylaws and Committees described in the Rules and Regulations. The committees described in this Article shall be the Standing Committees of the Medical Staff. Technical Advisory Committees may be created by the Medical Executive Committee to perform specified tasks. Unless otherwise specified, the Chair and members of all committees shall be appointed by the Chief of Staff. Medical Staff committees shall be responsible to the Medical Executive Committee. These committees shall qualify as peer review committees under Louisiana law.

10.2 GENERAL PROVISIONS

10.2-1 TERMS OF COMMITTEE MEMBERS

Unless otherwise specified, all committee members shall be appointed for a term of 1 year, and shall serve until the end of this period or until the member's successor is appointed, unless the committee member shall sooner resign or be removed from the committee.

10.2-2 REMOVAL

If a member of a committee ceases to be a member in good standing of the Medical Staff, suffers a loss or significant limitation of practice privileges, or if any other good cause exists, that member may be removed by the Medical Executive Committee.

10.2-3 VACANCIES

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made; provided however, that if an individual who obtains membership by virtue of these Bylaws is removed for cause, a successor may be selected by the Medical Executive Committee.

10.3 MEDICAL EXECUTIVE COMMITTEE

10.3-1 COMPOSITION

The Medical Executive Committee shall consist of the following persons:

- (a) the officers of the Medical Staff;

- (b) the Department Chairs;
- (c) the OMSS Representative;
- (d) Members-At-Large: one representative of the Department of Surgery and one representative of the Department of Medicine physician members of the Active Medical Staff who shall be nominated and elected for a two-year term in the same manner and at the same time as provided in Sections 7.1-3 and 7.1-4 for the nomination and election of officers, except that they will be elected only by active members of their respective Departments for terms to begin in even numbered years.

10.3-2 DUTIES

The duties of the Medical Executive Committee shall include, but not be limited to:

- (a) representing and acting on behalf of the Medical Staff in the intervals between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws;
- (b) coordinating and implementing the professional and organizational activities and policies of the Medical Staff;
- (c) receiving and acting upon reports and recommendations from Medical Staff Departments, Divisions, committees, and assigned activity groups;
- (d) recommending actions to the Governing Board on matters of a medical-administrative nature;
- (e) establishing the structure of the Medical Staff, the mechanism to review credentials and delineate individual clinical privileges with recommendations to the Governing Board, the organization of quality assessment and improvement activities and mechanisms of the Medical Staff by which membership on the Medical Staff may be terminated, and the mechanism for fair hearing procedures, as well as other matters relevant to the operation of an organized self-governing Medical Staff;
- (f) evaluating the medical care rendered to patients in the Hospital;
- (g) participating in any Hospital deliberation, which might or will affect the discharge of Medical Staff responsibilities;
- (h) reviewing the qualifications, credentials, performance and professional competence, and character of applicants and Medical Staff members, and making recommendations to the Governing Board regarding Medical Staff membership, assignments to Departments and Divisions clinical privileges, and corrective action;

- (i) taking reasonable steps to promote ethical conduct and competent clinical performance on the part of all members including the initiation of and participation in Medical Staff corrective or review measures when warranted;
- (j) taking reasonable steps to develop continuing education activities and programs for the Medical Staff;
- (k) designating such committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff and approving or rejecting appointments to those committees by the Chief of Staff;
- (l) reporting to the Medical Staff at each regular Medical Staff meeting;
- (m) assisting in the accreditation process;
- (n) developing and maintenance of methods for the protection and care of patients and others in the event of internal or external disaster;
- (o) appointing such special or *ad hoc* committees as may be deemed necessary or appropriate to assist the Medical Executive Committee in carrying out its functions and those of the Medical Staff;
- (p) receiving information regarding the quality and appropriateness of services provided by members/physicians;
- (q) reviewing and approving the designation of the Hospital's authorized representative for National Practitioner Data Bank purposes;
- (r) reviewing contracts (excluding remuneration except to the extent that issues are raised about fraud and abuse compliance) of all practitioners providing contractual medical services to ensure strict compliance with these Bylaws and provision of quality medical care;
- (s) proposing and submitting dues and assessments as needed ;
- (t) establishing systems to monitor the accuracy and confidentiality of quality assessment/quality improvement, utilization review and other peer review data;
- (u) establishing systems to monitor the accuracy, confidentiality, safe storage and appropriate availability of all Medical Staff work, including the minutes of Medical Staff proceedings;
- (v) taking reasonable steps to insure enforcement of the Medical Staff Bylaws, rules and regulations and policies in the best interest of patient care;
- (w) regularly reviewing Hospital corporate Bylaws, rules and regulations for any conflicts with the Medical Staff Bylaws, rules, regulations or policies and

advising members/applicants of the Medical Staff of the effect of these Hospital corporate Bylaws, rules and regulations;

- (x) requiring that the Governing Board notify the Medical Executive Committee of any proposed or impending changes in the Hospital Bylaws or other Hospital policies that impact or may impair the functioning of the Medical Staff;
- (y) requiring that the Governing Board notify the Medical Executive Committee of any current or potential litigation by local, federal or state entities that relate or may relate to the functioning of the Medical Staff; and
- (z) any other functions as stated in these Bylaws.

10.3-3 MEETINGS

The Medical Executive Committee shall meet as often as necessary, but at least once a month and shall maintain a record of its proceedings and actions. The agenda of the Medical Executive Committee meetings shall be prepared by the Chief of Staff. The CEO or designee may be invited to attend meetings in a non-voting capacity. Executive sessions may be called as necessary. All discussions at the meeting are to be considered privileged and confidential and the privilege and confidentiality must be maintained by persons in attendance.

Any violation of the privilege and confidentiality may, at the discretion of the Medical Executive Committee, be grounds for corrective action. The action taken by the Medical Executive Committee may include, but not be limited to, recommending reduction, modification, suspension, revocation of clinical privileges; issuing letters of admonition, censure, reprimand or warning; recommending the imposition of terms of probation; or, removal from elected or appointed positions.

10.4 **CREDENTIALS COMMITTEE**

10.4-1 COMPOSITION

The Credentials Committee shall consist of not less than 10 members of the Active Medical Staff selected on a basis that will ensure, insofar as feasible, representation of major clinical specialties in each of the Medical Staff Departments. When an application or matter regarding a health care professional other than a physician is to be considered, a Medical Staff member representing that discipline shall be invited to be present, when feasible.

10.4-2 DUTIES

The Credentials Committee shall:

- (a) review and evaluate the qualifications of each practitioner applying for initial or renewed membership, or modification of clinical privileges, and, in connection therewith, obtain and consider the recommendations of the appropriate Departments and Divisions;
- (b) submit required reports and information on the qualifications of each practitioner applying for membership or particular clinical privileges including recommendations with respect to membership, membership category, Department and Division affiliation, clinical privileges, and special conditions;
- (c) investigate, review and report on matters referred to it by the Chief of Staff or the Medical Executive Committee regarding the qualifications, conduct, professional character or competence of any applicant or Medical Staff member; and
- (d) submit periodic reports to the Medical Executive Committee on its activities and the status of pending applications.

10.4-3 MEETINGS

The Credentials Committee shall meet as often as necessary at the call of its Chair. The committee shall maintain a record of its proceedings and actions and shall report such to the Medical Executive Committee.

10.5 **JOINT CONFERENCE COMMITTEE**

10.5-1 COMPOSITION

The Joint Conference Committee shall be composed of an equal number of members of the Governing Board and of the Medical Executive Committee, but the Medical Staff members shall at least include the Chief of Staff, the Vice-Chief of Staff, and the immediate past Chief of Staff. The CEO of the Hospital shall be a non-voting ex-officio member. The Chair of the committee shall alternate yearly between the Governing Board and the Chief of Staff. When the Chair is a member of the Governing Board the Vice-Chair shall be the Chief of Staff and when the Chief of Staff is the Chair, the Vice-Chair shall be a member of the Governing Board.

10.5-2 DUTIES

The Joint Conference Committee shall constitute a forum for the discussion of matters of Hospital and Medical Staff policy, practice, and planning, and a forum for interaction between the Governing Board and the Medical Staff on such matters as may be referred by the Medical Executive Committee or the Governing Board, including matters provided in Section 13.6. The Joint Conference Committee will also serve as a forum for disputes between the

Medical Staff and the Hospital and may make recommendations to the Governing Board concerning any such matters.

The Joint Conference Committee shall serve as the review body for the health-care aspects of the Hospital's strategic planning. The Joint Conference Committee shall review all strategic plans before the plans are sent to the Governing Board for its approval. The Joint Conference Committee may request additional information from the Hospital before acting to approve or disapprove such plans.

The Joint Conference Committee shall establish the need, purpose, duties and responsibilities of Hospital administrative personnel involved in quality assessment and improvement activities; establish the qualifications for these positions; and provide a mechanism for Medical Staff input into the selection, evaluation and termination of these individuals.

The Joint Conference Committee shall exercise any other responsibilities as may be set forth in these Bylaws.

10.5-3 MEETINGS

The Joint Conference Committee shall meet as often as necessary, but at least every four months or at the request of the Medical Executive Committee, and shall transmit written reports of its activities to the Medical Executive Committee of the Medical Staff and to the Governing Board.

10.6 **APPROPRIATENESS OF CARE COMMITTEE**

10.6-1 COMPOSITION

The Appropriateness of Care Committee shall consist of the Vice-Chief of Staff, who shall chair the committee; the Secretary of the Medical Staff, who shall serve as Vice-Chair; and seven members appointed by the Chief of Staff representing Medicine, Surgery, OB/GYN, Medical Sub-specialties, Surgical Sub-specialties and in-house specialty services. The Chief Medical Officer and Medical Director and the Administrative Director of the Quality Management Department shall staff the Care Committee, and attend its meetings but shall not have the right to vote.

10.6-2 DUTIES

The Care Committee shall perform the following duties:

- (a) Review all changes to the Performance Improvement Plan and make recommendations regarding approval to the Medical Executive Committee;
- (b) Implement the Quality Management Plan as it relates to the Medical Staff;
- (c) Review recommendations and quarterly Departmental Performance;

- (d) Improvement reports provided by the Quality Management Department;
- (e) Review Department and committee patient care evaluation documentation;
- (f) Make recommendations for CME activities to the CME committee based on demonstrated educational needs; and
- (g) Provide process measurement, assessment, and improvement in the:
 - (1) medical assessment and treatment of patients;
 - (2) use of medications;
 - (3) use of blood and blood components;
 - (4) use of operative and other procedures;
 - (5) evaluation of practice patterns consistent with quality care area of accurate, timely and legible completion of patients' medical records as identified and described in the Medical Staff Policy Manual and shall be consistent with the current, Medical Executive Committee-approved Performance Improvement Plan;
 - (6) Perform other duties as contained in the current Medical Executive Committee-Approved Quality Management Plan or as otherwise assigned by the Medical Executive Committee.

10.6-3 MEETINGS

The Care Committee shall meet as often as necessary at the call of its Chair, but at least every other month. It shall maintain a record of its proceedings and report its activities and recommendations to the Medical Executive Committee.

10.7 **PHYSICIAN HEALTH COMMITTEE**

10.7-1 COMPOSITION

The Physician Health Committee shall be comprised of no less than 3 Active Medical Staff members, a majority of whom, including the Chair, shall be physician members that have a particular interest and, to the extent practicable, expertise in substance abuse, addiction medicine, psychiatry or related subjects. Except for initial appointments, each member of the Physician Health Committee shall serve a term of 3 years, and the terms shall be staggered as deemed appropriate by the Medical Executive Committee to achieve continuity. Members of the Physician Health Committee shall not serve as active participants on any Medical Staff or Hospital peer review, quality assessment and/or improvement committees while serving on this committee.

10.7-2 DUTIES

The Physician Health Committee may receive reports related to the health, well-being, or impairment of Medical Staff members and, as it deems

appropriate, shall evaluate the veracity of such reports and base additional data-gathering and action on such reports. The Physician Health Committee shall also facilitate self-referral by Medical Staff members seeking assistance with known or suspected physical, mental or emotional impairment. With respect to matters involving individual Medical Staff members, the Physician Health Committee shall provide such advice, counseling, monitoring, or referrals for evaluation and treatment as may seem appropriate. Such activities shall be confidential; however, in the event information received by the Physician Health Committee clearly demonstrates that the health or known impairment of a Medical Staff member poses an unreasonable risk of harm to Hospital patients, that information may be referred to the Medical Executive Committee for corrective action. The Physician Health Committee shall also consider general matters related to the health and well-being of the Medical Staff and, with the approval of the Medical Executive Committee, develop educational programs or related activities.

10.7-3 MEETINGS

The Physician Health Committee shall meet as often as necessary, but at least yearly. It shall maintain only such records of its proceedings as it deems advisable, but shall report on its activities on a routine basis, but at least yearly, to the Medical Executive Committee.

10.8 **STANDING COMMITTEES**

The standing committees of the Medical Staff consist of the following: Medical Executive Committee, Credentials Committee, Joint Conference Committee, Appropriateness of Care Committee and the Physician Health Committee. Any standing committee subsequently created by the Medical Executive Committee with approval of the Medical Staff, shall be considered a Standing Committee for purposes of the Bylaws.

10.9 **TECHNICAL ADVISORY COMMITTEES**

As the need arises, the Medical Executive Committee shall develop the necessary Technical Advisory Committees for specific assignments with the membership of such committees to be appointed by the Chief of Staff and approved by the Medical Executive Committee. The membership of such committees shall be created from panels of experts (technical advisors) designated by areas of special expertise. Such committees shall confine their activities to the purpose for which they are appointed and shall report to the Medical Executive Committee. All such Committees shall be terminated at completion of their assigned task with the concurrence of the Medical Executive Committee.

ARTICLE XI MEETINGS

11.1 MEETINGS

11.1-1 REGULAR MEETINGS

Regular meetings of the Medical Staff members shall be held quarterly. The date, place and time of the regular meetings shall be determined by the Medical Executive Committee, and adequate notice shall be given to the Medical Staff members.

11.1-2 AGENDA

The business and its order at a meeting of the Medical Staff shall be determined by the Chief of Staff and the Medical Executive Committee. The agenda shall be delivered electronically or mailed to each Medical Staff member and posted in conspicuous places within the Hospital at least 14 days before each of its meetings.

11.1-3 SPECIAL MEETINGS

Special meetings of the Medical Staff may be called at any time by the Chief of Staff or the Medical Executive Committee, or shall be called upon the written request of 5% of the members of the Active Medical Staff. The persons calling or requesting the special meeting shall state the purpose of such meeting in writing. The meeting shall be scheduled by the Medical Executive Committee within 30 days after receipt of such request. No later than 10 days prior to the meeting, notice shall be mailed, posted electronically or delivered to the members of the Medical Staff which shall include the stated purpose of the meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

11.2 COMMITTEE, DEPARTMENT, AND DIVISION MEETINGS

11.2-1 REGULAR MEETINGS

Except as otherwise specified in these Bylaws, or Medical Staff policies, the Chairs of Committees, Departments and Divisions may establish the times for the holding of its respective regular meetings. The Chairs shall make every reasonable effort to ensure the meeting dates are disseminated to its members with adequate prior notice.

11.2-2 SPECIAL MEETINGS

A special meeting of any Medical Staff committee, Department or Division may be called by the Chair thereof, the Medical Executive Committee, or the Chief of Staff, or shall be called by written request of one-third of its respective current members, who are eligible to vote, the number of which shall not be less than two members.

11.3 **QUORUM**

11.3-1 STAFF MEETINGS

- (a) To conduct any business of the Medical Staff at a regular or special meeting, a quorum must be present. The presence of 51% of the members of the Active Medical Staff at any regular or special meeting, in person or by mail or electronic ballot, shall constitute a quorum. For the purpose of amending these Bylaws of the Medical Staff a vote of 66 2/3% of the members of the Active Medical Staff present or voting by mail or electronic ballot at a regular or special meeting of the Active Medical Staff is required. Amendments to the Medical Staff Rules and Regulations require a vote of 50% plus 1 vote of the Active Medical Staff present or voting by mail or electronic ballot at a regular or special meeting. For the purpose of conducting any other business of the Medical Staff a vote of 51% of the members of the Active Medical Staff present or voting by mail or electronic ballot at a regular or special meeting shall be required.
- (b) If at a regular or special meeting of the Active Medical Staff, a quorum, as set forth in this Section, is not present, voting on any matter may be conducted by mail or electronic ballot so long as 51% of the Active Medical Staff votes, with the same voting percentage requirements as required by this Section.
- (c) Whenever mail or electronic ballots are needed to reach the count required to constitute a quorum, that quorum shall only exist for those matters set forth in the agenda mailed to each Medical Staff members and posted in conformity with Section 11.1-2 or 11.1-3 of these Bylaws.

11.3-2 DEPARTMENT, DIVISION AND COMMITTEE MEETINGS

A quorum of 51% of the voting members shall be required for Medical Executive and Credentials Committee meetings. For other committees, a quorum shall consist of 50% of the voting members of a committee but in no event less than 3 voting members. For Department and Division meetings, a quorum shall consist of 50% of the voting members.

11.4 **MANNER OF ACTION**

Except as otherwise provided in the Bylaws, the action of a majority of the members present and voting at a meeting at which a quorum is present, shall constitute the action of a committee of the Active Medical Staff. A committee meeting of the Active Medical Staff at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, resulting in less than a quorum provided, however, that any action taken is approved by at least a majority of the required quorum as provided in Section 11-3-2 for such meeting, or such greater number as may otherwise be required by these Bylaws. Such committee meetings may be conducted by telephone or electronic conference and shall be deemed to constitute a valid meeting for the matters discussed in that conference. Valid actions may be taken with such a committee meeting provided, however, that at least two-thirds of the members entitled to vote sign an acknowledgment that specifically sets forth the action(s) taken.

11.5 **MINUTES**

Except as otherwise specified herein, all committee minutes of meetings of the Active Medical Staff shall be prepared, marked as confidential Medical Staff minutes and retained by each such committee. These committee minutes shall include, at a minimum, a record of the members present and voting, the actions taken, and the vote taken on each such actions. A copy of the minutes shall be signed by the presiding member at the meeting and forwarded to the Medical Executive Committee.

11.6 **ATTENDANCE REQUIREMENTS**

11.6-1 REGULAR ATTENDANCE

Each member of the Active Medical Staff shall be encouraged to attend all Regular and special meetings of each Department, Division and committee of which s/he may be a member.

11.6-2 SPECIAL ATTENDANCE

When a member's practice or conduct is scheduled for discussion at a regular Department, Division, or committee meeting, the member shall be requested to attend. If a suspected deviation from standard clinical practice is to be involved at a meeting, the notice shall be given to that member at least 10 working days prior to the meeting and shall include the date, time and place of the meeting and a general indication of the issue involved. Failure of such a member to appear at any such meeting, with respect to which he or she was given notice, unless excused by the Medical Executive Committee upon a showing of good cause, shall constitute a basis for corrective action.

11.7 **CONDUCT OF MEETINGS**

Unless otherwise specified, the Active Medical Staff meetings shall be conducted according to Sturgis Standard Code of Parliamentary Procedure, however, technical or non-substantive departures from the Sturgis Standard Code shall not invalidate any action taken at such a meeting.

11.8 **EXECUTIVE SESSION**

An Executive Session is a meeting of the Active Medical Staff, a meeting of a Department or Division, or a Medical Staff committee, which only voting Active Medical Staff members may attend, unless an individual who is not an Active Medical Staff member is expressly requested to attend such a meeting by the presiding officer of a committee having the meeting. Executive Session may be called by the presiding officer of a committee (a) upon the request of an Active Medical Staff member, or (b) pursuant to a duly adopted motion of the committee having a meeting. The conduct of the Executive Session shall be in accordance with the provisions of Section 12.2.

**ARTICLE XII
CONFIDENTIALITY, IMMUNITY AND RELEASES**

12.1 AUTHORIZATION AND CONDITIONS

12.1-1 PRACTITIONERS

By application for or the exercising clinical privileges within the Hospital, an applicant is deemed to:

- (a) authorize representatives of the Hospital and the Medical Staff to solicit, and act upon information bearing upon, or reasonably believed to bear upon, the applicant's professional ability and qualifications;
- (b) authorize persons and organizations to provide to the Medical Staff information concerning such applicant/practitioner to the Medical Staff;
- (c) be bound by the provisions of Article XII and to waive all legal claims the applicant had, has or may in the future have, against any representative of the Medical Staff, Hospital, a member of the Governing Board, or a representative of the Hospital, who in good faith and without malice acts in accordance with and/or the implementation of the provisions of this Article XII; and
- (d) acknowledge that the authorization and conditions of this Article XII are conditions precedent to granting an application for Medical Staff membership, the continuation of such membership, and the exercise of clinical privileges at this Hospital.

12.1-2 GOVERNING BOARD

By its approval of these Medical Staff Bylaws and by granting Medical Staff membership and clinical privileges to members of the Medical Staff, the Governing Board acknowledges and agrees:

- (a) that many of the functions of the Medical Staff described in these Bylaws are performed at the request of and primarily for the benefit of the Hospital, in order that the Hospital may be licensed and accredited;
- (b) that solely for the purposes of performing committee and Medical Staff functions herein described that said Medical Staff members act as agents of the Hospital and therefore, the Hospital shall defend, indemnify and hold harmless the Medical Staff, individually and collectively, from loss, damage, or expenses (including attorneys' fees, judgments, settlements, and all other costs, direct or indirect) incurred in connection with and/or related to the performance of the following functions, as long as these functions are performed in good faith and without malice and in the reasonable belief that performing such action(s) is warranted by the facts known:

- (1) credentialing of applicants;
 - (2) performance of quality assessment, quality improvement and utilization review functions;
 - (3) performance of corrective action functions;
 - (4) performance of any function required or indicated by the Impaired Healthcare Practitioner Policy;
 - (5) performance of any action undertaken in a Medical Staff member's capacity as an officer of the staff, a Departmental or Division officer, a committee member, or any other elected or appointed office or position on the Medical Staff or the Hospital;
 - (6) performance of any other authorized action done on behalf of the Hospital; and
 - (7) taken an action as a member of or witness for a Department or Division, service, committee or hearing panel of the Medical Staff.
- (c) to maintain in connection with its defense and indemnification obligation maintain adequate and appropriate insurance on behalf of the Medical Staff against liability incurred or asserted against any Medical Staff member arising from the functions described in Subsection (b) above provided that the obligation of the Governing Board to provide such insurance may be satisfied by a properly reserved and structured self-insurance plan.
- (d) nothing in this Section 12.1-2(a), (b) and (c) shall apply or provide insurance and/or indemnification relative to the care, treatment, diagnosis of a patient or other patient care prescribed or rendered by a member of the Medical Staff.

12.2.1.1 **CONFIDENTIALITY OF INFORMATION**

12.2-1 GENERAL

Records and proceedings of each Medical Staff committee having the responsibility of evaluation and improvement of quality of care rendered in this Hospital, including, but not limited to, meetings of the Medical Staff, meeting as a Committee of the Whole, meetings of Departments and Divisions, meetings of Standing Committees, and meetings of special or *ad hoc* committees established by the Medical Executive Committee or by Departments or Divisions and including information regarding any member of or applicant to the Medical Staff shall, to the fullest extent permitted by law, be privileged and confidential, which privilege and confidentiality shall attach and apply to individual(s) and/or members of the Medical Staff involved in peer review when acting on behalf of the appropriate peer review committee of the Medical Staff. Dissemination of such information and records shall only be

made where expressly required by law; or when such is pursuant to an officially adopted policy of the Medical Staff, or, where no officially adopted policy exists, only with the express written approval of the Medical Executive Committee or its designee. Any privilege and confidential information generated and/or received pursuant to these Bylaws shall be marked "Privileged and Confidential Information"; however, the absence of such label shall not render the information ineligible for protection as privileged and confidential information.

12.2-2 BREACH OF CONFIDENTIALITY

Inasmuch as effective peer review and consideration of the qualifications of Medical Staff members and applicants to such membership to perform specific procedures must be based on free and candid discussions, any breach of the privilege and confidentiality nature of the discussions or deliberations of Medical Staff Departments, Divisions, or committees, except in conjunction with other Hospital, professional society, or licensing authority, is inconsistent with appropriate standards of conduct of the Medical Staff and shall be deemed disruptive to the operations of the Medical Staff. If it is determined that such a breach has occurred, the Medical Executive Committee may undertake such corrective action as it deems appropriate.

12.3 **IMMUNITY FROM LIABILITY**

12.3-1 FOR ACTION TAKEN

No member and/or representative of the Medical Staff, the Governing Board, a member of the Governing Board, the Hospital or a representative of the Hospital shall be liable for damages or other relief for any act, statement or recommendation made within the scope of his duties as a representative of the Medical Staff, the Governing Board or the Hospital, provided such member and/or representative acted in good faith and without malice and in the reasonable belief that the action, statement, or recommendation so made by either or both of them is warranted by reliance of facts represented as true and correct.

12.3-2 FOR PROVIDING INFORMATION

No member and/or representative of the Medical Staff, the Governing Board, a member of the Governing Board, the Hospital or a representative of the Hospital shall be liable for damages or other relief to an applicant or member for providing information to a member or representative of the Medical Staff or the Hospital concerning such person who is, or has been, an applicant to, or member of, the Medical Staff, or, who did, or does, exercise clinical privileges or provide services at this Hospital provided that such representative or third party acted then in good faith and without malice.

12.4 **ACTIVITIES AND INFORMATION COVERED**

12.4-1 ACTIVITIES

The confidentiality and immunity provided by this Article shall apply to all acts, communication, report, recommendation or disclosure performed or made in connection with the Hospital or Medical Staff's activities concerning, but not limited, to:

- (a) applications for membership or clinical privileges including temporary privileges;
- (b) corrective action;
- (c) hearings and appellate reviews;
- (d) utilization reviews;
- (e) other Department, or Division, Committee, or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
- (f) National Practitioner Data Bank queries and reports, and reports to and from peer review organizations, Louisiana State Board of Medical Examiners, and similar government entities.

12.5.1.1 **RELEASES**

Each applicant to or member of the Medical Staff shall, upon request of the Medical Staff or Hospital, execute general and specific releases in accordance with the express provisions and general intent of this Article, subject to such requirements, including those of good faith, absence of malice, and the exercise of a reasonable effort to ascertain truthfulness. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

12.6 **CUMULATIVE EFFECT**

Provisions in these Bylaws and in application forms for membership on the Medical staff relative to authorization, indemnification, confidentiality of information and immunities from liability, shall be in addition to other protections provided by law and not in limitation thereof.

12.7 **AUTHORITY TO ACT**

Any member or members of the Medical Staff who acts in the name of the Hospital or Medical Staff without proper expressed written authority shall be subject to such disciplinary action as the Medical Executive Committee may deem appropriate. Any member of the Governing Board or the Hospital who acts in the name of the Governing Board, the Hospital or Medical Staff without expressed written authority shall be subject to such disciplinary action as the Governing Board or the Hospital may deem appropriate.

**ARTICLE XIII
GENERAL PROVISIONS**

13.1 DUES OR ASSESSMENTS

The Medical Executive Committee shall have the power to (a) determine and assess the amount of dues or assessments for members in each category of Medical Staff membership, and (b) assess application fees and (c) expend such funds.

13.2 CONSTRUCTION OF TERMS AND HEADINGS

The captions or headings in these Bylaws are solely as a matter of convenience and are not intended to limit or define the scope of or affect any of the provisions of these Bylaws and shall not be relied upon or used in construing the effect or meaning of any provision of these Bylaws.

13.3 NOTICES

Except where specific notice provisions are otherwise provided in these Bylaws, any and all notices, demands, or requests required or permitted to be mailed shall be in writing, properly sealed, and shall be sent via United States Postal Service, first-class postage prepaid. An alternative delivery mechanism, including electronic delivery, may be used if it is reliable, as expeditious, and if evidence of its use is obtained.

Notice to the Medical Staff or officers or committees thereof, shall be addressed as follows:

Name and proper title of addressee, if known or applicable
Name of Department, Division or committee
[c/o Medical Director, Chief of Staff]
East Jefferson General Hospital
4200 Houma Boulevard
Metairie, Louisiana 70006

Mailed notices to a member, applicant or other party, shall be to the addressee at the address as it last appears in the official records of the Medical Staff or the Hospital and shall be considered received by a member, applicant or other party upon receipt, if known, or not later than 15 days from date of mailing to that last known address of the member, applicant or third party.

13.4 **DISCLOSURE OF INTEREST**

Each nominee for election or appointment to a Medical Staff office, Department Chair, Division Chief or the Medical Executive Committee shall, at least 20 days prior to the date of an election or appointment, disclose in writing to the Medical Executive Committee such personal, professional, or financial affiliations or relationships of which he is reasonably aware which are or which could foreseeably result in a conflict of interest with the duties, activities and/or responsibilities of the nominee, if elected or appointed to the Medical Staff office, Department Chair, Division Chief or to the Medical Executive Committee.

13.5 **MEDICAL STAFF CREDENTIALS AND QUALITY FILES**

13.5-1 INSERTION OF ADVERSE INFORMATION

There shall be only one Medical Staff Credentials file and one Quality file.

The following applies to actions relating to requests for insertion of adverse information into the Medical Staff member's Quality file:

- (a) As stated in Section 5.1-1, any person may provide information to the Medical Staff about the conduct, performance or competence of its members.
- (b) When a request is made for insertion of adverse information into the Medical Staff member's Quality file, the appropriate Department Chair, or Division Chief, Chief Medical Officer or Medical Director and Chief of Staff shall review such request. No information may be inserted in such Quality file without compliance with the provisions in these Bylaws.
- (c) After the review of a request in Subsection (b) hereof, a decision shall be made by the appropriate Department Chair or Chief of Staff to:
 - (1) notify the member of the adverse information by a written summary and offer him the opportunity to rebut this assertion before it is entered into his file; and thereafter
 - (2) insert or refuse to insert the information; or
 - (3) insert the information with a notation that a request has been made to the Medical Executive Committee for an investigation as outlined in Section 5.1-2 of these Bylaws.
- (d) This decision shall be reported to the Medical Executive Committee. The Medical Executive Committee, when so informed, may either ratify or initiate contrary actions to this decision by a majority vote.

13.5-2 REVIEW OF ADVERSE INFORMATION AT THE TIME OF REAPPRAISAL AND REAPPOINTMENT

The following shall apply to the review of adverse information in the Medical Staff member's Quality file of a member of the Medical Staff at the time of the member's reappraisal and reappointment.

- (a) Prior to recommendation on reappointment, the Credentials Committee, as part of its reappraisal function, shall review adverse information, if any.
- (b) Following this review, the Credentials Committee shall determine whether any adverse information in the file warrants further action.
- (c) With respect to any such adverse information, if it does not appear that an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Medical Executive Committee.
- (d) However, if an investigation and/or adverse action on reappointment is warranted, the Credentials Committee shall so inform the Medical Executive Committee.
- (e) No later than 60 days following final action on reappointment, the Medical Executive Committee shall, except as provided in Subparagraph (g), hereof:
 - (1) initiate a request for corrective action, based on such adverse information and upon the recommendation of the Credentials Committee related thereto; or
 - (2) cause the substance of such adverse information to be summarized and disclosed to the member.
- (f) The member shall have the right to respond thereto in writing, and following receipt thereof, the Medical Executive Committee may elect to remove such adverse information on the basis of such response.
- (g) In the event that such adverse information is not (i) utilized as the basis for a request for corrective action, or (ii) disclosed to the member as provided herein, it shall be removed from the subject member's Quality file and discarded simultaneously with the date of recredentialing of the subject member, unless the Medical Executive Committee, by a majority vote, determines that such information is required for the continuing evaluation of the member's:
 - (1) character;
 - (2) competence; or
 - (3) professional performance.

13.5-3 CONFIDENTIALITY

The following shall apply to records of the Medical Staff and its Committees responsible for the evaluation and improvement of patient care:

- (a) The records of the Medical Staff and its committees responsible for the evaluation and improvement of the quality of patient care rendered in the Hospital shall be maintained as privileged and confidential.
- (b) Access to such records shall be limited to duly appointed officers and committees of the Medical Staff, the Chief Medical Officer and the Medical Director for the sole purpose of discharging Medical Staff responsibilities and subject to the requirement that the privilege and confidentiality of such records be maintained.
- (c) Information which is disclosed to the governing body of the Hospital or its duly appointed representatives -- in order that the Governing Board may discharge its lawful obligations and responsibilities -- shall be maintained by the Governing Board as privileged and confidential information. Disclosure of such information shall only be made (i) where expressly required by law; (ii) pursuant to officially adopted policies of the Medical Staff, or, (iii) where no officially adopted policy exists, but then only with the express approval of the Medical Executive Committee or its designee.
- (d) Information contained in the credentials file of any member of the Medical Staff may be disclosed with the member's consent, to any other hospital medical staff or professional licensing board, or as required by law. However, any disclosure of such information other than by the Medical Staff shall require the authorization of the Chief of Staff and the appropriate Department Chair and with notice thereof to the member.
- (e) A Medical Staff member shall be granted access to his own Credentials file, subject to the following provisions:
 - (1) timely notice of such access shall be made by the member to the Chief of Staff or his designee;
 - (2) the member may review, and receive a copy of, only those documents provided by or addressed personally to the member. A summary of all other information -- including peer review committee findings, letters of reference, proctoring reports, complaints, etc. -- shall be provided to the member, in writing, by the duly designated officer of the Medical Staff, (within a reasonable period of time, as determined by the Medical Executive Committee). Such summary shall disclose the substance, but not the source, of the information summarized;

- (3) the review by the member shall take place in the Medical Staff office, during normal work hours, with an officer or designee of the Medical Staff present.
- (f) In the event a Notice of Charges is filed against a member, access to his own Credentials file shall be governed by Section 6.4-1.

13.5-4 MEMBER'S OPPORTUNITY TO REQUEST CORRECTION/DELETION OF AND TO MAKE ADDITION TO INFORMATION IN FILE

- (a) When a member has reviewed his Credentials file as provided under Section 13.5-3(e) they may address to the Chief of Staff a written request for correction of information in his Credentials file. Such request shall include a statement of the basis for the action requested. A member may supplement his file with additional information at any time.
- (b) The Chief of Staff shall review such a request for a correction in the Credentials file of a member within a reasonable time and shall recommend to the Medical Executive Committee, after such review, whether or not to make the correction requested. The Medical Executive Committee, when so informed, shall by a majority vote either ratify or initiate action contrary to the recommendation of the Chief of Staff.
- (c) A member shall be notified promptly, in writing, of the decision of the Medical Executive Committee.
- (d) Upon written request to the Medical Executive Committee, a member shall have the right to add to a response statement responding to any information contained in his Credentials file.

13.6 **MEDICAL STAFF ROLE IN EXCLUSIVE CONTRACTING**

Privileges can be reduced or terminated as a result of a decision to close or continue closure of a service pursuant to an exclusive contract, or to transfer an existing exclusive contract, but then only following a review by the Medical Executive Committee and/or the Joint Conference Committee to consider a “determination of appropriateness” of the closure, continued closure or transfer as set forth below. Prior to making its recommendation to the Governing Board, the Medical Executive Committee and/or Joint Conference Committee shall have an open meeting at which said decision will be discussed and any Medical Staff member may attend and comment. The Medical Executive Committee and/or Joint Conference Committee shall provide its determination and recommendation to the Governing Board within sixty days after the Governing Board’s notice of a potential contract change or imposition. Prior to a Governing Board decision with respect to such decision to close or continue closure of the service pursuant to an exclusive contract, or to transfer an existing exclusive contract, the Medical Executive Committee, Joint

Conference Committee or any member of the Medical Staff shall have the right to appear before and address the Governing Board with respect to any such recommended action. The Governing Board will not make a final decision until the opportunity for any such appearance has been provided and due consideration shall be given to the views expressed at a duly called and noticed meeting of the Governing Board.

ARTICLE XIV
EFFECT, ADOPTION AND AMENDMENT OF BYLAWS
AND RULES AND REGULATIONS

These Bylaws, when approved by the Governing Board, are mutually binding between and among the members of the Medical Staff and the Governing Board and between the Medical Staff and the Governing Board and shall not be unilaterally amended or repealed by either party. As such, these Medical Staff Bylaws shall be binding on and enforceable between members of, and the Medical Staff and the Governing Board, and their respective successors.

14.1 RULES AND REGULATIONS

The Medical Staff shall initiate and adopt such rules and regulations as it may deem necessary for the proper conduct of its duties and functions, which shall periodically be reviewed and revised in order to comply with current Medical Staff practices. Recommended changes to the rules and regulations shall be submitted to the Medical Executive Committee by the Medical Staff for review and evaluation prior to presentation for consideration by the entire Active Medical Staff. Adoption of, amendments to or changes to the rules and regulations, shall be governed by the requirements of Section 11.3-1. Following the adoption of amendments to, new rules or regulations, or changes to existing rules and regulation, such shall become effective following approval of the Governing Board, which approval shall not be withheld or delayed unreasonably, or shall automatically be approved if no action is taken by the Governing Board within 60 days thereof. Applicants and members of the Medical Staff shall be governed by such amendments and/or rules and regulations as are properly initiated and adopted. When such amendments and/or rules and regulations are adopted by the Medical Staff and approved by the Governing Board they shall be considered a part of these Bylaws. If there is a conflict between the Medical Staff Bylaws and the Rules and Regulations, the Medical Staff Bylaws shall prevail.

14.2 PROCEDURE FOR CHANGING THE BYLAWS

Upon request of the Chief of Staff, the Medical Executive Committee, the Bylaws Committee, and/or upon a timely made written petition signed by at least 10% of the members of the Medical Staff in good standing who are entitled to vote, consideration shall be given to the adoption, amendment, or repeal of these Bylaws. Any such action to adopt, amend or repeal these Bylaws shall be taken at a regular or special meeting of the Active Medical Staff provided (1) written notice of the proposed change is sent to all members of the Medical Staff on or before the date of the regular or special meeting of the Medical Staff, at which time a Bylaws change would be considered and (2) each such notice shall include the exact wording of the existing Bylaw language, if any, and the proposed change(s) thereto.

14.3 **ACTION ON BYLAW CHANGES**

The vote required for amendments to the Bylaws shall be governed Section 11.3-1.

14.4 **APPROVALS**

Bylaw changes duly adopted by the Medical Staff shall become effective upon the approval by the Governing Board, provided, however, that if no action is taken by the Governing Board within the 60 day period following its receipt of the Bylaw change by the Chairman of the Governing Board and the CEO, the Bylaw change shall be deemed adopted by the Governing Board. If approval of the Bylaw change is denied by the Governing Board, the reasons for denial shall be specified by the Governing Board in writing, and shall be forwarded to the Chief of Staff, the Medical Executive Committee and Bylaws Committee.

Bylaw changes proposed by the Governing Board shall become effective following approval by the Medical Staff, or automatically 60 days from receipt of the proposal by the Chief of Staff if no action is taken by the Medical Staff. If approval is denied, the reasons for denial shall be specified by the Medical Staff in writing, and shall be forwarded to the Chairman of the Governing Board and the CEO.

Any changes to the Medical Staff Bylaws proposed by the Governing Board shall be duly considered in a timely manner by the Bylaws Committee, the Medical Executive Committee and the Medical Staff. The Medical Executive Committee shall inform the Governing Board of the status of any changes the Governing Board has proposed.

14.5 **EXCLUSIVITY**

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

14.6 **SUCCESSOR IN INTEREST/AFFILIATIONS**

14.6-1 SUCCESSOR IN INTEREST

These Bylaws, and the privileges of individual members of the Medical Staff provided for in these Bylaws, shall be binding upon the Medical Staff, and the Governing Board of any successor in interest in this Hospital, except where Hospital Medical Staffs are being combined. In the event that the Medical Staffs are being combined, the Medical Staffs shall work together to develop new Bylaws which shall govern the combined Medical Staffs, subject to the

approval of the Governing Board. Until such time as the new Bylaws are approved, the Bylaws of both the Medical Staffs shall remain in full force and effect, with respect to each Medical Staff.

14.6-2 AFFILIATIONS

Affiliations between the Hospital and other Hospitals, health care systems or other entities shall not, in and of themselves affect these Bylaws.

14.7 **CONSISTENCY**

Unless otherwise required by applicable and controlling federal, state or local law, the Hospital rules and regulations, Hospital policies and Hospital contracts shall not be inconsistent with the Medical Staff Bylaws governing matters within the sole power and jurisdiction of the Medical Staff and/or the Medical Executive Committee. No Hospital rule, regulation and/or policy which may affect the clinical conduct of the Medical Staff members or which, if enforced, could result in action being taken to deprive a Medical Staff member of clinical privileges or of membership, either temporary or permanently, or which could result in any penal action, shall be used as a basis for any such deprivation or other penal action unless said rule or regulation or policy has been approved by the Medical Executive Committee as suitable for serving as a basis for such deprivation or other penal action.

14.8 **MEDICAL STAFF POLICY**

The Medical Executive Committee may review, develop, and adopt policies that will be binding on the Medical Staff and its members and those otherwise holding clinical privileges. Such policies shall be consistent with the Medical Staff Bylaws and its rules and regulations. Medical Staff policies are only binding on the Medical Staff and its members when duly adopted by the Medical Executive Committee.

14.9 **EFFECT OF ADOPTION AND IMPLEMENTATION**

These Bylaws shall be effective upon adoption by the Medical Staff and approval of the Governing Board. All lawful contracts of the Hospital in force on the effective date of these Bylaws shall continue in effect until terminated or modified in accordance with their terms. All Medical Staff officers, Chairmen and Committees existing on the effective date of these Bylaws shall continue in effect until replaced in the manner provided in these Bylaws. Rules and regulations and policies of the Medical Staff in effect on the effective date of these Bylaws shall continue in force until changed and/or replaced in the manner provided in these Bylaws.

NOTE: ORIGINAL SIGNATURE SHEET ON FILE

ADOPTED by the Medical Staff on

_____September 30_____, 2003
Date

APPROVED by the Governing Board on

_____October 22_____, 2003
Date

GOVERNING BOARD APPROVAL DATE OF REVISIONS

- March 23, 2005
- July 26, 2006
- September 26, 2007
- December 17, 2008
- April 22, 2009
- August 26, 2009
- March 24, 2010
- January 26, 2011
- June 22, 2011
- March 25, 2015
- December 21, 2016
- November 14, 2017
- December 20, 2017
- August 27, 2018
- May 29, 2019
- December 18, 2019
- September 23, 2020
- February 17, 2021