GREATER BALTIMORE MEDICAL CENTER

BYLAWS

OF THE

MEDICAL STAFF

	02/24/65	Revised	12/10/92	Revised	04/10/03
Revised	05/17/65	Revised	01/14/93	Revised	05/15/03
Revised	02/28/67	Revised	04/15/93	Revised	12/02/04
Revised	01/25/68	Revised	07/15/93	Revised	05/05/05
Revised	02/04/70	Revised	09/17/93	Revised	04/06/06
Revised	10/20/70	Revised	10/14/93	Revised	07/06/06
Revised	04/26/72	Revised	12/16/93	Revised	10/05/06
Revised	11/08/72	Revised	01/13/94	Revised	02/01/07
Revised	09/12/74	Revised	03/10/94	Revised	04/04/07
Revised	09/11/75	Revised	04/12/94	Revised	10/04/07
Revised	03/12/76	Revised	05/12/94	Revised	05/22/08
Revised	12/02/76	Revised	07/14/94	Revised	02/05/09
Revised	04/01/77	Revised	10/20/94	Revised	04/02/09
Revised	01/13/78	Revised	01/12/95	Revised	07/02/09
Revised	03/01/79	Revised	02/16/95	Revised	12/03/09
Revised	03/14/80	Revised	07/13/95	Revised	02/04/10
Revised	05/18/82	Revised	09/21/95	Revised	03/04/10
Revised	04/12/84	Revised	02/20/96	Revised	04/01/10
Revised	01/10/85	Revised	07/11/96	Revised	06/03/10
Revised	10/10/85	Revised	10/10/96	Revised	02/03/11
Revised	11/13/86	Revised	11/14/96	Revised	03/03/11
Revised	09/10/87	Revised	11/13/97	Revised	07/07/11
Revised	04/14/88	Revised	04/16/98	Revised	09/01/11
Revised	04/13/89	Revised	07/16/98	Revised	04/12/12
Revised	10/12/89	Revised	02/04/99	Revised	09/06/12
Revised	11/09/89	Revised	03/11/99	Revised	12/06/12
Revised	07/12/90	Revised	07/26/99	Revised	10/03/13
Revised	09/13/90	Revised	11/18/99	Revised	12/05/13
Revised	11/08/90	Revised	01/13/00	Revised	03/06/14
Revised	02/14/91	Revised	09/28/00	Revised	04/03/14
Revised	04/11/91	Revised	01/18/01	Revised	07/31/14
Revised	07/11/91	Revised	04/12/01	Revised	12/04/14
Revised	11/14/91	Revised	03/14/02	Revised	04/21/15
Revised	02/28/92	Revised	07/11/02	Revised	11/03/16
Revised	04/16/92	Revised	09/12/02	Revised	04/23/20
Revised	06/11/92	Revised	12/12/02	Revised	12/03/20
Revised	09/10/92	Revised	01/16/03	Revised	03/04/21
				Revised	12/07/23

GREATER BALTIMORE MEDICAL CENTER
MEDICAL STAFF BYLAWS

TABLE OF CONTENTS

GREATER BALTIMORE MEDICAL CENTER
MEDICAL STAFF BYLAWS

PREAMBLE

The Medical Staff is responsible for the quality of medical care for GBMC HealthCare, Inc., a unified healthcare system that includes the Greater Baltimore Medical Center, an acute care hospital, and its affiliated ambulatory medical practices for primary care and specialty providers, and Gilchrist, provider of post-acute, eldercare and hospice services. Subject to the ultimate authority of the Board of Directors, the Medical Staff accepts this responsibility and agrees to be governed by these Medical Staff Bylaws.

For the purpose of these Bylaws, the term “Greater Baltimore Medical Center” or “Medical Center” will refer to the acute care hospital. The term "President" shall mean the President and CEO of the Medical Center or, in his or her absence or disability, such person as designated by the President and CEO or Board of Directors. The term "Medical Staff" shall mean the Medical Staff of the Greater Baltimore Medical Center as defined above.

GREATER BALTIMORE MEDICAL CENTER MEDICAL STAFF BYLAWS

ARTICLE I
NAME

The name of this organization shall be THE MEDICAL STAFF OF THE GREATER BALTIMORE MEDICAL CENTER.

ARTICLE II
PURPOSE

2.1. Purpose of Organization. The purpose of this organization shall be to assist in the establishment and maintenance of a hospital for the greater Baltimore community in which the medical needs of our patients will be fulfilled through the thoughtful and personal application of the arts and sciences of modern medicine. Its functions include the provision of oversight for the quality of care, treatment and services provided by practitioners with privileges.

2.2. Purpose of Bylaws. The members of the Medical Staff of the Greater Baltimore Medical Center have agreed to these Bylaws, Rules and Regulations in order to:

2.2.1. Establish an instrument of self-government that will best promote optimal care of the individual patient as the dominant purpose of the Medical Center, which all other programs will serve.

2.2.2. Provide a means whereby problems relating both to medical care and administrative functions of the Medical Center can be discussed and resolved through the joint efforts of the Medical Staff, Chairmen of Departments, the President and the Board of Directors.

2.3. These Bylaws, together with the appended Rules and Regulations and any subsequent amendments, having been adopted at any regular or special meeting of the Active Staff by a two-thirds (2/3) vote of the eligible voting members present and approved by the governing body of the hospital, are equally binding on the governing body and the Medical Staff.

ARTICLE III
MEMBERSHIP

3.1. Qualifications. The membership of the Medical Staff shall consist of physicians, dentists and podiatrists. Applications for membership on the Medical Staff shall be considered on a nondiscriminatory basis without regard to race, creed, color, sex, religion, national origin, age, marital status, sexual orientation, gender identification, disability or any other characteristic protected by Federal, State or local law. All applicants and members of the Medical Staff shall be subject to the appointment, reappointment and corrective action procedures of Article IV.

3.1.1. Physician Staff.

3.1.1.1. The applicant shall have recognized capacity as determined by the Department in the field of medical practice for which he/she has made application and shall be legally licensed to practice in the State of Maryland.

3.1.1.2. The professional conduct of the Physician Staff shall be governed by the ethical and moral codes of the American Medical Association and MedChi, the Maryland State Medical Society (MedChi), and the policies and procedures of the Medical Center.

3.1.2. Dental Staff.

3.1.2.1. Dentists shall be eligible for membership on the Medical Staff and shall enjoy the privileges granted them by these Bylaws. The applicant for membership on the Dental Staff shall be legally licensed to practice in the State of Maryland.

3.1.2.2. The Dental Staff shall be governed by the ethical and moral codes of the American Dental Association and the policies and procedures of the Medical Center. The Dental Staff shall conform in general to the rules, regulations, and terms of appointment of the Medical Staff and to the specific additional regulations pertaining to the Dental Staff.

3.1.3. Podiatry Staff.

3.1.3.1. Podiatrists shall be eligible for membership on the Medical Staff and shall enjoy the privileges granted them by these Bylaws. The applicant for membership on the Podiatry Staff shall be legally licensed to practice in the State of Maryland. The Podiatry Staff shall be governed by the ethical and moral codes of the American Podiatric Medical Association and the policies and procedures of the Medical Center. The Podiatry Staff shall conform in general to the rules, regulations, and terms of appointment of the Medical Staff and to the specific regulations pertaining to the Podiatry Staff Conditions of Appointment.

3.2 Conditions of Appointment. Appointments shall be made by the Board of Directors of the Medical Center in accordance with the procedures prescribed in Article IV. With the exception of Emergency Privileges, as provided for in Article V of these Bylaws, the granting of membership in the Medical Staff shall confer no particular clinical privileges. Clinical privileges shall be granted only in accordance with the criteria and procedures hereinafter set forth. Notwithstanding the foregoing, with the exception of the Affiliate, Emeritus and Distinguished Emeritus Staffs, as hereinafter defined, no one shall be a member of the Medical Staff who does not hold delineated clinical privileges in one or more of the Departments of the Medical Staff.

3.2.1 Term of Appointment.

3.3.1 Unless membership or delineated clinical privileges are suspended or revoked pursuant to Article IV of these Bylaws, the term of appointment and reappointment to the Medical Staff shall not exceed 24 months.

3.3.2. The Staff year will commence on the first day of July each year.

3.4. Visiting Affiliates. Visiting Affiliates shall include physicians, dentists, podiatrists, students in clinical training programs and other students, as set forth in the Rules and Regulations, to observe or participate in educational or consultative activities in the clinical setting. They shall not be members of the Medical Staff of GBMC. The qualifications, status and process for appointment of Visiting Affiliates are delineated in the Rules and Regulations.

3.5. Advanced Practitioners.

3.5.1. Advanced Practitioners are individuals who, pursuant to Section 3.1 are not eligible for membership on the Medical Staff. They may be licensed or certified by the State of Maryland in a health care profession other than medicine, dentistry or podiatry, or otherwise designated by Medical Center policy and procedure.

3.5.2. Advanced Practitioners who are not permitted by law to practice independently shall not admit patients or practice independently in the Medical Center. Advanced Practitioners who are permitted by law to practice independently are required to have an affiliation with a physician or group practice.

3.5.3. Advanced Practitioners shall be eligible for clinical privileges and subject to such requirements for physician supervision or affiliation as required by Medical Center policy and procedure. They may be eligible for appointment to committees of the Medical Staff, under these Bylaws. The Director of Advanced Practitioners may be appointed to the Medical Board as an ex-officio member, without vote.

3.5.4. The qualifications, status, clinical duties, responsibilities of and procedures for appointment for Advanced Practitioners shall be as set forth in the policies and procedures of the Medical Center.

3.5.5. Advanced Practitioners shall not be entitled to the specific due process and hearing procedures set forth in Article IV of these Bylaws. Prior to any proposed termination, dismissal or demotion, the Advanced Practitioner may send a letter to the President setting forth his or her disagreement with the contested action. The decision of the President of the Medical Center or his designee shall be final in all matters having to do with the approval, discipline, suspension and termination of all Advanced Practitioners in accordance with Medical Center policy.

ARTICLE IV
APPOINTMENTS, REAPPOINTMENTS, CLINICAL PRIVILEGES, CORRECTIVE ACTION, AND HEARING PROCEDURES

4.1. Procedure for Appointments and Reappointments.

4.1.1. Content of Application for Appointment. An applicant for appointment to the Medical Staff shall apply on a form provided by the Medical Staff Office, as described in Rules and Regulations #24. An applicant for appointment shall comply with the Medical Staff Office Policy and Procedure on Initial Appointment Process. An applicant for reappointment shall comply with the Medical Staff Office Policy and Procedure on Reappointment Process.

4.1.2. Content of Application for Reappointment.

4.1.2.1 There shall be a biennial review of all Medical Staff appointments. Consideration of the applications for reappointment of the members of the various Departments shall follow a staggered schedule to be determined by the Medical Staff Office.

4.1.2.2 The President shall provide each Medical Staff member whose appointment is expiring with an application for reappointment prescribed by the Medical Center prior to the effective renewal date, and, upon request, access to the current Medical Staff Bylaws and Rules and Regulations. Within thirty (30) days after sending the reappointment application, each Medical Staff member applying for reappointment shall send the completed and signed reappointment application to the President. If the reappointment application has not been returned to the President within fifteen (15) days of sending to the Medical Staff member, a letter shall be sent to the Medical Staff member advising him or her that the completed reappointment form was not received and that failure to return the application within fifteen (15) days of the receipt of the letter will result in the voluntary resignation of Medical Staff membership and clinical privileges at the expiration of the current appointment pursuant to the Medical Staff Bylaws, unless good cause is shown by the applicant as to why the application has not been returned. A Medical Staff member whose appointment has expired pursuant to the foregoing provision and who wishes to apply for a new appointment will be required to complete the appropriate application and pay the appropriate credentialing fee established by the Medical Board.

4.1.2.3 The reappointment application shall require each Medical Staff member to update the information requested in the initial application for membership and request for clinical privileges described in this Article and any prior reappointment application. The reappointment application shall request information as set forth in Rule 27.

4.1.3. Effect of Application for Appointment or Reappointment. For the purposes of this Subsection, the term "Medical Center representative" includes any duly authorized person who is responsible for collecting information about the applicant or evaluating the applicant's professional qualifications. By applying for appointment or reappointment to the Medical Staff, the applicant:

4.1.3.1. Signifies willingness to appear for any interviews regarding his application and upon the request of the Credentials Committee, the Medical Board or the Board of Directors, agrees to undergo a complete physical and mental health evaluation at the applicant's expense by physicians designated by the Credentials Committee and to make the report of the evaluation a part of the application.

4.1.3.2. Authorizes Medical Center representatives to consult with others who have been associated with him or her or who may have information bearing on professional competence and qualifications, regardless of whether such other persons are listed as references by the applicant, and authorizes those persons consulted to provide information relevant to the evaluation of the application.

4.1.3.3. Consents to the inspection by Medical Center representatives of all records and documents, including those that may be kept or maintained by any governmental agency, that, in the reasonable opinion of any Medical Center representative, may be material to an evaluation of professional qualifications, ability to perform the clinical privileges requested, professional ethics, physical and mental health and emotional stability.

4.1.3.4. Releases from any liability all Medical Center representatives and any other reviewers or persons contacted for any acts or statements performed or made in good faith in connection with the evaluation of credentials.

4.1.3.5. Releases from any liability all individuals, corporations and organizations who provide information, including privileged or confidential information, in good faith to the Medical Center and its representatives concerning the applicant's professional competence, education, training, experience, professional ethics, character, physical and mental health, emotional stability and any other qualifications for the requested staff privileges.

4.1.3.6. Authorizes and consents to Medical Center representatives providing other hospitals, professional associations, government agencies and other organizations concerned with provider performance, medical discipline or the quality and efficiency of patient care with any information the Medical Center may have concerning him or her to the extent required or permitted by law and releases the Medical Center and its representatives from liability for so doing provided that such information is furnished in good faith.

4.1.4. Processing the Application for Appointment or Reappointment.

4.1.4.1. Final action to be taken by Board of Directors. The final action on all applications for appointment and reappointment, and requests for delineated clinical privileges, shall be taken only by the Board of Directors in accordance with its governing bylaws. Any review, investigation, findings of fact, evaluation or conclusion concerning such applications which may be conducted or formulated by any other body, board, committee, subcommittee or individual shall be preliminary and advisory only, and shall not constitute an action. Only the final action on all applications for appointment or reappointment constitutes a professional review action; such professional review action includes the right to an evidentiary hearing, in accordance with the procedures set forth in Section 4.4.

4.1.4.2. Queries to National Practitioner Data Bank. In compliance with the requirements of Federal law, the Medical Center or its authorized representative shall query the National Practitioner Data Bank as follows:

4.1.4.2.1. At the time a physician, dentist, podiatrist or other health care practitioner applies for membership on the Medical Staff, initial clinical privileges, renewal of clinical privileges and new clinical privileges; and,

4.1.4.2.2. At any other time as deemed necessary by the Medical Center.

4.1.5. Criteria for Evaluation of Applicants.

4.1.5.1. All Medical Staff committees and boards responsible for evaluating applicants for appointment and reappointment, and for delineated clinical privileges, shall consider all available information and recommendations concerning the applicant bearing on demonstrated current competence, clinical judgment, character, professional ethics, education, relevant training and experience, ability to work with others, and physical and mental health before concluding its deliberations, and they shall further consider the organization of the Medical Center and of each Department in which the applicant has or requests privileges.

4.1.5.2. All Medical Staff committees and boards responsible for evaluating applicants for reappointment shall consider the Medical Staff member's professional competence and clinical judgment in the treatment of Medical Center patients, including a pattern of practice which may be based, at least in part, on the findings of ongoing performance improvement evaluations and quality assurance measures, such as medical audit, peer review, utilization review, infection control activities, tissue review, medical record review and pharmacy and therapeutics activities, physical and mental health status; continuing education; cooperation with Medical Center authorities and personnel and other members of the Medical Staff so as to assure that patients receive quality health care and that the department in which he has privileges operates effectively and efficiently; use of the Medical Center's facilities for patients; attendance at Medical Staff and Department

meetings, participation on committees and in education training programs; timely and accurate completion of medical records; and compliance with the Medical Staff Bylaws and Rules and Regulations. In all cases, the guiding principle shall be the provision of quality health care to Medical Center patients.

4.1.5.3 In cases where the applicant for reappointment is the Chairman of a Department, all Medical Staff committees and boards responsible for evaluating the applicant shall consider, in addition to all of the above-noted considerations, the applicant's ability to fulfill duties and responsibilities as Chairman, and shall make their findings and decisions concerning such applicant with reference to both the renewal of Medical Staff privileges and the continuation of appointment as Chairman of the Department.

4.1.5.4 Department Application of Criteria for Evaluation. Every Department Chairman shall prepare a written Department credentialing report which shall contain the method and the criteria used to determine and delineate the clinical privileges of applicants for privileges in the Department. This Department report shall apply to applicants for appointment and shall include any specific criteria for which the Department recommends special consideration be given, such as, without limitation, Board certification, Board eligibility, academic or other honors, fellowships, publications, and residency training. The Department report shall be reviewed and revised by the Department Chairman and shall be submitted to the Credentials Committee, Medical Board, and for the approval of the Board of Directors. The applicable Departmental criteria shall be applied by all Medical Staff committees and representatives and the Board of Directors in reviewing requests for clinical privileges pursuant to this Article IV. The Departmental Advisory Committees may assist the Department Chair in fulfilling the responsibilities specified in this section.

4.1.5.5. Applicant's Burden. The burden of producing adequate information to permit a full and complete evaluation of all criteria for Medical Staff membership and delineated clinical privileges shall always be on the applicant. The applicant shall also have the burden of providing whatever additional information is necessary to resolve any doubts about qualifications for membership and delineated clinical privileges. If the information required has not been received within thirty (30) days from the mailing of the request, the processing of the application shall be terminated unless good cause is shown by the applicant as to why the request has not been satisfied. Requests shall be sent in writing.

4.1.5.6. Verification of Application. The applicant shall send the completed application to the President of the Medical Center in care of the Medical Staff Office. The Medical Staff office will verify the information submitted in a timely manner and will request and collect letters of reference from the persons designated by an applicant for appointment and other persons. The Medical Staff office promptly shall notify the applicant of any failure of any sources it contacts to respond to inquiries. After such notice, the applicant shall be responsible for having these sources forward the necessary information to the Medical Staff Office.

4.1.5.7. A Medical Staff (re)application must be complete before it can be processed, including answers to all questions and all necessary additional explanations. Processing of the (re) application includes verification; that all information necessary to properly evaluate the (re)applicant's qualifications has been received and is consistent with the information provided in the (re)application form. Letters of reference and information from past hospitals and other affiliations have been received, including letters from department chairs or other physicians who have worked with or observed the applicant. Appraisal for reappointment to the Medical Staff is based on ongoing monitoring of information concerning the individual's professional performance, judgment and clinical or technical skills. The (re)applicant is responsible for providing the information to complete the process.

4.1.5.8. Conflict of Interest in Review of Reappointment Applications. Medical Staff members on any committee or board responsible for reviewing or evaluating reappointment applications shall not participate in and shall be excused from those portions of any meeting at which their own application is being considered. In situations where the Department is composed primarily of members of the same physician's group, no member of the Advisory Committee, nor the Department Chairman if he is also a member of the physician's group, shall be disqualified from participating in the review of an application.

4.1.6. Review by Department Chairmen.

4.1.6.1. When the application is verified and all the references are obtained, the Medical Staff Office promptly shall transmit the application and all related materials to the Chairman of each Department in which the applicant requests delineated clinical privileges. Each Department Chairman shall review the application and request for delineated clinical privileges including any Department reports submitted pursuant thereto. The Department may in its discretion request an interview with an applicant and may request that the Credentials Committee require the applicant to undergo a health evaluation. The Department Chairman shall forward the Department's written comments and conclusions as to whether the application and request for privileges merits approval, approval with modification, deferral, or denial to the Chief of Staff within two (2) weeks for initial appointments and two (2) weeks for reappointments after he/she received the completed application. The application for reappointment of a Department Chairman shall be handled in the same manner as any other reappointment application, except that the Chief of Staff shall transmit the application directly to the Department Chairman's Advisory Committee, which shall forward its written comments and conclusions without those of the Department Chairman. The Departmental Advisory Committees may assist the Department Chair in fulfilling the responsibilities specified in this section.

4.1.7. Review by Credentials Committee.

4.1.7.1. After the Departments in which the applicant requests privileges have forwarded their conclusions to the Chief of Staff, the Credentials Committee shall have one (1) month in which to prepare and submit its report to the Medical Board.

The Credentials Committee shall review and evaluate the information compiled on the criteria for Medical Staff membership and delineated clinical privileges to assure that the applicant will provide patients with quality health care. The Credentials Committee's report shall be in writing and shall present its conclusions regarding whether the application for appointment or reappointment, and request for delineated clinical privileges should be approved with or without modifications, deferred or denied and shall specify the reasons in support of its conclusions. The report shall include a detailed delineation of the clinical privileges to be granted. If the Credentials Committee finds evidence that an applicant should not be appointed or reappointed to the Medical Staff because of physical or mental health, it may require the applicant to undergo a complete physical and/or mental health evaluation at the applicant's expense by physicians designated by the Credentials Committee, with the results thereof to be provided to the Credentials Committee. The Credentials Committee shall defer its consideration pending receipt of such results.

4.1.7.2. If the Credentials Committee has concluded that the application should be deferred, the Credentials Committee, in its discretion, may refer the application back to the Department for reconsideration and/or additional explanation of the reasons for the Department's conclusion, in which event the Department Chairman shall have one (1) month in which to make their supplemental report to the Credentials Committee. The Credentials Committee shall defer making its report pending receipt of the Department's supplemental report.

4.1.8. Review by the Medical Board. Within two (2) months after the Credentials Committee submits its report, the Medical Board shall evaluate the Credentials Committee report and all accompanying materials and reach its conclusion regarding the approval, approval with modifications, deferral of consideration, or denial of the application and/or request for delineated clinical privileges.

4.1.8.1. Conclusion that Application Merits Approval with or without Modification. If the Medical Board concludes that an application and/or request for clinical privileges merits approval, with or without modifications in the requested privileges, the Medical Board shall report its conclusions and recommended clinical privileges to the Board of Directors. If applicable, the Medical Board shall state in its report its reasons for concluding that modification of the requested privileges is appropriate.

4.1.8.2. Deferral of Application. Action on an application or request for privileges may be deferred by the Medical Board, and the application may be remanded to the Credentials Committee for the collection of additional information. If such a remand is ordered by the Medical Board, the Credentials Committee shall submit its amended report in time for final action at the next regularly scheduled Medical Board meeting, within two (2) months from the date the application was remanded. If the Medical

Board does not remand the deferred application to the Credentials Committee, it must reach a conclusion as to whether the application merits approval, approval with modifications or denial at its next regularly scheduled meeting, within two (2) months from the date of the meeting at which action on the application was deferred. If the application or request for clinical privileges is deferred, a written statement specifying the reasons for such action shall be forwarded promptly by the Medical Board to the Board of Directors.

4.1.8.3. Conclusion that Application or Request for Privileges Merits Denial. If the Medical Board concludes that the application or request for clinical privileges merits denial, a written statement specifying the reasons for the conclusion shall be forwarded promptly by the Medical Board to the applicant and the Board of Directors. The applicant shall be entitled to an evidentiary hearing pursuant to this Article.

4.1.9. Final Action by the Board of Directors on Applications for Appointment and Reappointment.

4.1.9.1. On favorable Medical Board recommendations. The Board of Directors shall take final action on all applications for appointment and reappointment and requests for delineated clinical privileges in accordance with these Medical Staff Bylaws and its governing bylaws. The Medical Board and committees responsible under these Medical Staff Bylaws for reviewing and reporting on the applications shall make available all applications, information, reports, and other materials compiled by the Medical Board and such committees to the Board of Directors in accordance with these Bylaws and as the Board of Directors otherwise may request or provide in its governingbylaws. The Board of Directors may adopt, modify or reject a favorable recommendation of the Medical Board or refer the recommendation back to the Medical Board for further review, setting a time limit within which a subsequent recommendation shall be made. If the Board of Directors takes an adverse action to the applicant as defined in Section 4.5.1.3, the President of the Medical Center shall promptly provide written notice to the applicant that he is entitled to pursue the procedures specified in these Bylaws regarding a hearing.

4.1.9.2. On Unfavorable Medical Board recommendations. The Board of Directors will not take any final action on unfavorable Medical Board recommendations until after the applicant has received notice of any right to a hearing and has either exercised or waived that right in accordance with Section 4.5.2.

4.1.9.3. The President shall notify the applicant, the appropriate Department Chairman, the Credentials Committee, and the Medical Board, in writing, of the final decision by the Board of Directors on an application and/or request for clinical privileges within thirty (30) days. All newly appointed members will receive relevant orientation information from the Medical Staff Office. The President shall notify anyone entitled to a hearing on the decision of the Board of Directors under these Bylaws within thirty (30) days of that decision.

4.1.10. Delineation of Privileges.

4.1.10.1. Upon appointment and reappointment, the scope of the privileges granted in a Department shall be delineated with reference to the specific procedures or other care that the Staff member shall be entitled to perform, as described hereinabove. In the interim between appointment and reappointment, or between reappointments, the scope of privileges relating to such specific procedures or other care may, upon request by the Staff member, be increased for good cause provided, however, that any Staff member who is the subject of a pending corrective action proceeding, is the subject of intensified or focused quality review or other special investigation by the Medical Center, or who has been granted temporary privileges and whose application for reappointment has not yet been the subject of final action by the Board of Directors, shall not be eligible for the granting of additional privileges.

4.1.10.2. A Staff member desiring additional privileges shall request them in writing addressed to the Chairman of the applicable Department, and shall provide such documentation of the Staff Member's qualifications as may be required by the Department's Credentialing Criteria or other applicable criteria or guidelines, or as requested by the Chairman. The Chairman shall consider the request and shall forward to the Credentials Committee the Department's written comments and conclusions as to whether the request should be approved or denied. The Departmental Advisory Committees may assist the Department Chair in fulfilling these responsibilities.

4.1.10.3. The Credentials Committee shall consider the request and shall forward to the Medical Board its written comments and conclusions as to whether the request should be approved or denied. The Medical Board shall consider the request, and shall forward to the Board of Directors its written comments and conclusions as to whether the request should be approved or denied. The Board of Directors shall consider the report of the Medical Board in taking its final action.

4.1.10.4. The granting or denial of additional privileges shall not otherwise affect the Staff member's category of Staff membership or the Department in which he/she has been granted privileges. The denial of a requested increase in privileges shall not entitle the Staff member to request an evidentiary hearing pursuant to these Bylaws, if the staff member is deemed ineligible for such privileges based on lack of meeting departmental criteria on education, training or demonstrated clinical competence, but an affected Staff member shall be entitled to request the Board of Directors to reconsider such action and submit additional information in support of the request. Any reduction in the scope of a Staff member's privileges shall be made only in accordance with the reappointment procedures or the corrective action procedures prescribed in this Article.

4.1.11 Threshold eligibility criteria

Notwithstanding any other statement in these Bylaws, to be eligible to apply for initial appointment, reappointment or clinical privileges, an applicant must, as appropriate:

4.1.11.1 Has a current, unrestricted license to practice in this state that is not subject to any restriction, probationary terms or conditions, or censure, and has never had a license to practice in any jurisdiction revoked, restricted or suspended by any state licensing agency;

4.1.11.2. Has a current, unrestricted DEA registration and state controlled dangerous substance license;

4.1.11.3. Has current, valid professional liability insurance coverage in a form and in amounts satisfactory to the Medical Center;

4.1.11.4. Has not been, and are not currently, excluded or precluded from participation in Medicare, Medicaid or other federal or state governmental health care program;

4.1.11.5. Has never had medical staff appointment or clinical privileges, or status as a participating provider denied, revoked, or terminated by any health care facility, including this Medical Center, or health plan for reasons related to clinical competence or professional conduct;

4.1.11.6. Has not resigned medical staff appointment or relinquished privileges during an investigation or in exchange for not conducting such an investigation at any health care facility, including the Medical Center;

4.1.11.7. Not currently be under any criminal investigation or indictment and has not, within the last ten years, been required to pay a civil money penalty for governmental fraud or program abuse or been convicted of, or entered a plea of guilty or nolo contendere, any felony or misdemeanor related to: i) controlled substances; ii) illegal drugs; iii) insurance or health care fraud (including Medicare, Medicaid or other federal or state governmental or private third-party payer fraud or program abuse); iv) violent acts; v) sexual misconduct; vi) moral turpitude; or vii) child or elder abuse;

4.1.11.8. Not currently be under investigation by any federal or state agency or healthcare facility for reasons related to clinical competence or professional conduct.

If an applicant for appointment or reappointment fails to meet one of the threshold eligibility requirements, the Medical Board can recommend, in its sole discretion that the Board of Directors waive a requirement if a waiver would serve the best interests of the Medical Center or its patients or if extenuating circumstances are present.

4.1.12 Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation

4.1.12.1 A Focused Professional Practice Evaluation ("FPPE") means the process to monitor and evaluate an applicant or Medical Staff member's privilege-specific competence for a specific period of time. An Ongoing Professional Practice Evaluation means the process to evaluate the general and privilege-specific competence of existing members of the Medical Staff.

4.1.12.2 Except as otherwise determined by the Medical Board, all initial appointments to Membership with Clinical Privileges and all Practitioners granted new Clinical Privileges shall be subject to a period of FPPE in accordance with the relevant FPPE Medical Staff Policy. FPPE shall be used in the following three (3) circumstances:

a. During a Medical Staff Member's initial term of appointment to the Medical Staff;

b. When a Medical Staff member has requested a Privilege that such member was not previously privileged for; and

c. When additional information is needed regarding a current Medical Staff Member's ability to provide safe, high quality patient care.

4.1.12.3 All Practitioners shall be subject to OPPE as set forth in the relevant OPPE Medical Staff Policy.

4.1.12.3 The Medical Staff member must take all reasonable steps to complete the required number of cases and comply with other criteria required by the OPPE and FPPE plans within the prescribed time period. If the member fails to complete the required number of cases and comply with other required criteria in the OPPE and FPPE plans in a timely fashion, medical staff membership and clinical privileges will be automatically relinquished without recourse to hearing and appeal procedures.

4.2. Collegial and Behavioral Efforts

4.2.1. Collegial and Behavioral Efforts. These Bylaws encourage medical staff leaders to use progressive steps, beginning with collegial and educational efforts, to address questions relating to a member's clinical practice and/or professional conduct. The goal of these progressive steps is to help the member voluntarily respond to resolve questions that have been raised. All collegial intervention efforts by medical staff leaders shall be considered confidential and part of the Hospital's performance improvement and professional and peer review activities. Collegial intervention efforts are encouraged, but are not mandatory, and

shall be within the discretion of medical staff leaders. Collegial intervention efforts may include but are not limited to the following:

a. Implementing the Provider Professional Accountability Policy;

b. Education and advising colleagues of all applicable policies;

c. Following up on any questions of concerns raised about the clinical practice and/or conduct of practitioners and recommending such steps as proctoring, monitoring, consultation and letters of guidance;

d. Sharing summary comparative quality, utilization and other relevant information to assist individuals to conform their practices to appropriate norms; and

e. Implementing a Focused Professional Practice Evaluation.

Following any collegial and behavioral intervention efforts, if the concerns regarding member's performance or conduct have not been resolved, the Medical Board will consider whether an investigation is appropriate in accordance with Section 4.3 below.

4.3. Investigation and Corrective Action

4.3.1. Criteria for Request for Investigation. Whenever the activities, professional conduct or status of any Medical Staff member may be detrimental to patient safety or to the delivery of quality patient care, violate the Bylaws or Rules and Regulations of the Medical Staff or policies of the Medical Center, or be disruptive to the operations of the Medical Center, or violate the behavioral expectations of Medical Staff members, an investigation of such a Medical Staff member may be requested by the Board of Directors, the Medical Board, the President, any Department Chairman, or any member of the Medical Staff.

4.3.1.1. Request for investigation. Requests for an investigation shall be made in writing to the Chief of Staff and, unless the request concerns a Department Chairman, to the Chairman of the Department involved, shall specifically state the basis for the request against the Medical Staff member, and shall cite specific activities, conduct or circumstances which support the request. If the request for investigation is made because of a reasonable suspicion that the Medical Staff member is impaired, the steps outlined in Section 4.5 shall be followed.

4.3.1.2. Chief of Staff referral of request for investigation. The Chief of Staff, in consultation with the Chairman of the appropriate Department, and with the Chief Medical Officer or designated hospital representative, shall promptly determine whether or not to refer the request for investigation, either to the Department Chairman and the Advisory Committee or, if the Department Chairman is the subject of the request or if the Chief of Staff otherwise determines it to be appropriate, to an impartial Special Committee appointed by the Chief of Staff pursuant to Article IX. For purposes of this Section 4.2, the Advisory Committee or the Special Committee, as the case may be, shall be referred to as the "Investigating Committee." The person who filed the request for corrective action shall not be a member of the Investigating

Committee. The Chief of Staff promptly shall notify the President of the Medical Center, in writing, of all requests for investigation received and shall keep the President informed about any action taken in connection therewith.

4.3.1.3. Not under investigation without referral. No Medical Staff member shall be deemed to be under investigation until the request is referred for investigation by the Chief of Staff or by the Medical Board if called upon to act.

4.3.1.4. Investigation of Chief of Staff. If the request for investigation is directed against the Chief of Staff, the Vice Chief of Staff shall undertake the duties of the Chief of Staff in this Section. If the request for corrective action is directed against a Chairman of a Department, all Medical Center committees and boards responsible for evaluating such request shall consider whether any action, alone or in addition to any other appropriate action, should be taken with respect to such Chairman's appointment as Chairman.

4.3.1.5. No prohibition of routine duties; behavioral interventions may substitute for investigation. Nothing in this section shall be construed as prohibiting a Chairman of a Department, or designee, from performing those duties outlined in Section 7.4.4. of these Bylaws and resolving any issues regarding quality and appropriateness of patient care either informally or by requesting an investigation in accordance within this section, or by resolving any issues regarding behavior in accordance with policies pertaining to behavioral expectations and interventions. In the event that a Chairman or designee pursues behavioral interventions in accordance with the Provider Professional Accountability Policy, the Chairman may recommend to the Medical Board that there be no additional formal investigation prior to corrective action as set forth in this section.

4.3.2. Investigation, notice to affected staff member and interview. Within ten (10) days after receipt of a request for investigation, the Investigating Committee promptly shall initiate an investigation (unless the Chairman or designee has already pursued interventions in accordance with the Provider Professional Accountability Policy). Based upon its preliminary review, if the Investigating Committee believes that the request for investigation may be justified, the Chief of Staff shall inform the affected member that an investigation has begun. The Investigating Committee shall interview the affected Medical Staff member. Prior to the interview, the Medical Staff member shall be informed of the specific request for investigation against him or her and told that he/she shall be given an opportunity to discuss, explain or refute the request for investigation during the interview. The affected Medical Staff member has the duty to respond to the request for investigation and to cooperate in the investigation. Failure to cooperate with the Investigating Committee shall be grounds for further corrective action, including automatic revocation of Medical Staff privileges pursuant to Article IV. The interview shall not constitute an evidentiary hearing but shall be preliminary and informal in nature and for the purpose of fact-finding only. None of the evidentiary hearing procedures specified in Section 4.4 shall apply to the interview, including but not limited to presence of legal counsel. Notes of the interview shall be maintained by the Investigating Committee. Upon completion of its investigation, the Committee shall confer to evaluate the request for investigation.

4.3.2.1. If investigation warrants no further action. If the Investigating Committee concludes that the request for investigation warrants no further action, the person who filed the request for investigation, the affected Medical Staff member, the Medical Board, and the Board of Directors shall be so notified in writing within ninety (90) days after the Committee initiated its investigation of the matter, and the Committee's findings of fact and conclusions.

4.3.2.2. If corrective action is warranted. If it concludes that corrective action is warranted, the Committee shall submit a written report to the Medical Board and Board of Directors within sixty (60) days after the Investigating Committee initiated its investigation. The report shall include a record of any interview with the affected Medical Staff member; a detailed summary of the Investigating Committee's findings of fact, and conclusions regarding appropriate corrective action; and, copies of all documents considered in reaching its conclusion. The time limits stated herein may be reasonably extended upon the approval of either the Chief of Staff or the Medical Board.

4.3.3. Medical Board Review and Conclusions.

4.3.3.1. Review by Medical Board. At the next scheduled meeting after receipt of the Investigating Committee's report, or alternatively after receipt of the Chairman of the Department's report of behavioral interventions pursuant to the Provider Professional Accountability Policy in lieu of an investigation, the Medical Board shall initiate its review and evaluation of the request for investigation or of the report regarding behavioral interventions, the Investigating Committee's findings of fact, supporting evidence and conclusions; and, any request for an opportunity to be heard. The Medical Board, at its discretion, may permit the affected Medical Staff member to appear before it for an informal interview. Neither an interview with the affected Medical Staff member nor a presentation by the person requesting the investigation shall constitute an evidentiary hearing, nor shall the procedures specified in Section 4.4 apply. Within thirty (30) days after receipt of the Investigating Committee's report, or after receipt of the Chair of the Department's report of behavioral interventions, the Medical Board shall prepare its findings of fact and conclusions.

4.3.3.2. Medical Board Conclusions. The Medical Board's conclusions may include, without limitation, findings that the request for investigation or corrective action merits:

4.3.3.2.1. Rejection of the request for investigation or corrective action;

4.3.3.2.2. Issuance of a letter of admonition or reprimand;

4.3.3.2.3. Imposition of terms of probation with requirements of education, consultation or supervision; or,

4.3.3.2.4. Revocation, suspension or modification of clinical privileges, or termination or suspension of an appointment as Chairman of a Department, with such terms, conditions, or requirements as may be deemed appropriate.

4.3.3.3. Informing affected Medical Staff member. The affected Medical Staff member, the person requesting the investigation, and the Board of Directors shall be informed by the Medical Board, in writing, of the Medical Board's findings of fact and conclusions, and reasons therefore. If the conclusion is as stated in Section 4.3.3.2.2. (referring to a letter of admonition or reprimand), the affected Medical Staff member shall have the opportunity to submit a letter of protest to the Medical Board for inclusion in the permanent record of this action, but shall not be entitled to request an evidentiary hearing under Section 4.5. If the conclusion is as stated in Section 4.3.3.2.3. (referring to probation with requirements of education, consultation or supervision) or Section 4.3.3.2.4. (referring to revocation, suspension or modification of clinical privileges, or termination or suspension of appointment as Chairman of a Department), or any other decision that, if implemented, would affect a Medical Staff member's privileges, the affected Medical Staff member shall be promptly notified of the right to request an evidentiary hearing in accordance with Section 4.5. The Medical Board promptly shall notify the Board of Directors in writing of all requests for investigation received by the Medical Board and shall keep the Board of Directors fully informed of any action taken in connection therewith.

4.3.3.4. Person requesting investigation. If the person requesting the investigation believes that the action taken by the Chief of Staff, Chairman of the Department, Investigating Committee, or the Medical Board is improper, he/she may, within fifteen (15) days after learning of such action, request an opportunity to be heard by the Medical Board.

4.3.4. Final Action by the Board of Directors on Requests for Investigation or Corrective Action.

4.3.4.1. Final Action by the Board of Directors; Professional Review Action. All requests or recommendations for investigation or corrective action conducted by any other body, board, committee, subcommittee, or individual shall be preliminary and advisory only, and shall not constitute a final action. Only the final action taken by the Board of Directors concerning a request for investigation or corrective action constitutes a professional review action; such professional review action includes the right to an evidentiary hearing in accordance with the procedures set forth on Section 4.4.

4.3.4.2. The Medical Board and committees responsible under these Medical Staff Bylaws for investigating, reviewing, and evaluating requests for investigation or corrective action shall forward all information, reports, records, and other materials compiled by the Medical Board and such committees to the Board of Directors in accordance with these Bylaws and as the Board of Directors otherwise may request or provide in its governing bylaws.

4.3.4.3. If the Board of Directors defers consideration of the request and remands it to the Medical Board, the Medical Board shall submit its amended report in time for consideration at the Board of Directors' next regularly scheduled meeting, but in no event more than two (2) months from the date the request was remanded.

4.3.4.4. The President shall notify in writing the affected Staff member, the person requesting the investigation, and the Medical Board of the decision of the Board of Directors. Anyone entitled to a hearing on the decision of the Board of Directors under these Bylaws or the Bylaws of the Board of Directors shall be so notified.

4.3.5. Credentials Committee's File. All requests for investigation, corrective action, complaints, reports, documents, notes, records, findings and conclusions made pursuant to this Section, including any evaluation regarding issues of quality and appropriateness of patient care shall be considered as part of the reappointment application.

4.3.6. Suspension.

4.3.6.1 Criteria and Initiation for Summary Suspension. Whenever a Medical Staff member's conduct constitutes a clear and present danger that requires prompt action to protect the life of any patient or to reduce the substantial likelihood of injury to the health or safety of any patient, employee or other person at the Medical Center, or whenever there are reasonable grounds to believe that such a circumstance has arisen, the Board of Directors, President of the Medical Center, Medical Board, Chief of Staff, or any Department Chairman shall have the authority to suspend immediately any or all of the Medical Staff member's privileges. Such summary suspension shall become effective immediately upon imposition.

4.3.6.2 Notice of Summary Suspension. The Chief of Staff shall give the affected Medical Staff member prompt written notice of any summary suspension of privileges, explaining the basis for the decision and the duration of the suspension period, and informing him or her of the right to request a hearing pursuant to Section 4.4. A copy of this notice shall be forwarded to the Medical Board and the Board of Directors. The terms of any summary suspension shall remain in effect pending final action by the Board of Directors.

4.3.6.3 Alternative Medical Staff Coverage. Immediately following a suspension,

whether summary or otherwise, the Department Chairman or the Chief of Staff shall make arrangements for alternative staff coverage for the suspended Medical Staff member's patients who remain at the Medical Center during the suspension period.

4.3.6.4. Temporary Waiver of Suspension. Within ten (10) days after receipt of notice under Section 4.2.6.2., a Medical Staff member whose privileges have been summarily suspended may apply in writing to the Chief of Staff for a temporary waiver of the suspension pending the outcome of hearing requested pursuant to Section 4.4. To be entitled to apply for such a temporary waiver, the affected Staff member must simultaneously request a hearing on the suspension under Section 4.4. Within five (5) days after receipt of the Staff member's application for a temporary waiver, the Chief of Staff shall appoint a committee consisting of five (5) members of the Medical Board, which shall meet within five (5) days of its appointment to consider the suspension and the circumstances surrounding it. The committee may require whoever authorized the suspension to attend the meeting. The affected Staff member shall have the opportunity to speak at the meeting. The committee meeting shall not constitute an evidentiary hearing, nor shall the procedures under Section 4.4 apply. The committee may grant a temporary waiver of the suspension only if an affirmative finding is made by a majority of the committee (1) that the charges against the Staff member are frivolous, or (2) that the charges, which for the purposes of this subsection shall be assumed to be true, do not involve conduct that constitutes or constituted a clear and present danger that requires or required prompt action to protect the life of any patient or to reduce the substantial likelihood of injury to the health or safety of any patient, employee, or other person at the Medical Center. The committee shall make its decision on the application for a temporary waiver at this meeting. The affected Staff member shall not be entitled to request a hearing on the committee's decision, and the hearing pursuant to Section 4.4 shall not be stayed or delayed pending the decision of the committee. The committee shall report its decision in writing to the Medical Board and Board of Directors.

4.3.6.5. Reinstatement and Expiration of Privileges.

4.3.6.5.1. Definite Period. Whether summary or otherwise, suspension may be for a definite period. When suspension is for a definite period, the affected Medical Staff member's privileges shall be reinstated automatically upon the expiration of the suspension period if the suspension period expires before the biennial reappointment review date of the Staff member's department. The affected Staff member shall not be entitled to apply for reinstatement of privileges before the expiration of the suspension period. If the suspension period extends beyond the biennial reappointment review date, the Medical

Staff member shall be entitled to submit a timely application for reappointment, and the application shall be handled in accordance with the usual procedures for review of reappointment applications. If the reappointment application is approved by the Board of Directors under this Article, the affected physician's privileges shall be automatically reinstated upon the expiration of the suspension period.

4.3.6.5.2. Indefinite Period. Whether summary or otherwise, suspension may be for an indefinite period, and such terms, conditions, and requirements as may be deemed appropriate may be placed upon any such indefinite suspension. If no such terms, conditions, or requirements have been placed upon the suspension, the affected Staff member's privileges shall automatically expire upon the biennial reappointment review date for the Medical Staff member's Department. In extraordinary circumstances, the Chief of Staff may recommend that the Staff member's privileges be reinstated before the biennial reappointment review date, in which event he shall obtain a written application for reinstatement from the Staff member, and such application shall be treated and processed as an application for reappointment. If any terms, conditions, or requirements have been placed on the suspension, the affected Staff member's privileges may be reinstated before the biennial reappointment review date only if he has complied with and fully satisfied all such terms, conditions, and requirements. The determination of whether there has been such compliance and approval of the reinstatement of privileges shall be made by the Medical Board and President of the Medical Center upon submission of written evidence of such compliance. If the Staff member has not satisfied the terms, conditions, and requirements of the suspension by the biennial reappointment review date, privileges shall automatically expire on that day until the member has satisfied such terms, conditions, or requirements, nor shall the member be entitled to an evidentiary hearing under Section 4.4 upon such automatic expiration. The application for reinstatement after privileges have expired shall be treated and processed as an application for initial appointment.

4.3.6.6. Summary Suspension of a Chairman of a Department.

4.3.6.6.1. Authority. Whenever a Chairman of a Department fails to fulfill duties as Chairman or whenever the conduct otherwise necessitates the immediate suspension of his appointment as Chairman of the Department, the Board of Directors, Medical Board, or Chief of Staff after consultation with the Medical Board, shall have the authority to suspend immediately such Chairman's appointment as Chairman and to relieve such Chairman of the duties and responsibilities as Chairman. Upon such suspension, the Chief of Staff shall appoint an Acting Chairman of the Department.

4.3.6.6.2. Effect of Suspension of Privileges. Whenever the privileges of a Chairman have been summarily suspended pursuant to this Section, the appointment as Chairman shall be deemed automatically and simultaneously to have been suspended.

4.3.6.6.3. Notice. The Chief of Staff shall give the affected Department Chairman prompt written notice of any summary suspension of the appointment as Chairman, explaining the basis for the decision and informing him or her of the right to request a hearing pursuant to Section 4.4. A copy of this notice shall be forwarded to the Medical Board and the Board of Directors.

4.3.6.6.4. Request for Hearing. The affected Chairman shall be entitled to request a hearing on a summary suspension of the appointment as Chairman pursuant to Section 4.4. If a Chairman's privileges also have been suspended, he shall be entitled to only one (1) hearing. If the affected Chairman fails to request a hearing on a summary suspension of the appointment as Chairman, he/she shall be deemed to have resigned such appointment.

4.3.6.6.5. Reinstatement. Following a summary suspension of the appointment as Chairman, a Chairman shall not be entitled to be reinstated as Chairman or to resume the duties and responsibilities as Chairman until the Board of Directors shall have decided to permit such reinstatement or resumption of duties as Chairman after a hearing on the suspension. No reinstatement shall be permitted after resignation of an appointment as Chairman.

4.3.7. Automatic Revocation of Medical Staff Membership and Clinical Privileges.

4.3.7.1. Automatic revocation of Medical Staff membership and clinical privileges for any one or more of the following events shall not constitute a professional review action or trigger any hearing or appeal procedures described in these Bylaws. The Medical Staff membership and clinical privileges of a Medical Staff member shall be deemed automatically revoked (i.e., no formal action by the Medical Board, Board of Directors, or officers of the Medical Center is required) if any one or more of the following events occur:

4.3.7.1.1. The member's license to practice medicine, dentistry or podiatry is revoked, suspended, voluntarily surrendered, or restricted;

4.3.7.1.2. The member’s DEA or State Controlled Dangerous Substances certificate is revoked, suspended, or restricted;

4.3.7.1.3. The member fails to return the reappointment application prior to

the expiration date of the appointment;

4.3.7.1.4. The member is convicted of or pleads guilty to a felony or other crime of moral turpitude;

4.3.7.1.5. The member fails to appear before or cooperate with an individual or Medical Staff committee investigating an application for reappointment, request for corrective action or requesting information regarding a peer review, quality or behavioral issue, following a written request from the committee or individual;

4.3.7.1.6. The member fails to complete medical records in a timely manner pursuant to the Medical Staff Bylaws and Rules and Regulations after being warned of the delinquent status in writing;

4.3.7.1.7. The member fails to maintain appropriate liability insurance as required by the Medical Center. The member must immediately notify the Medical Staff office of any lapses in coverage, including cancellation or termination of coverage.

4.3.7.1.8. The member fails to pay annual dues and assessments after being warned of delinquent status by notice;

4.3.7.1.9. The member provides false or misleading information or withholds information on an application for appointment or reappointment regardless of when discovered;

4.3.7.1.10. The member fails to comply with Section 4.7.13 regarding compliance with random drug or alcohol testing.

4.3.7.1.11. The member fails to comply with immunization requirements of the Medical Center, after notice of the delinquency and continued failure to comply;

4.3.7.1.12. The member fails to continuously satisfy any of the threshold eligibility criteria set forth in these Bylaws;

4.3.7.1.13. The member fails to notify the Chief of Staff, the Chief Medical Officer, or Medical Staff Services of any change in any information provided on an application for initial appointment or reappointment. If this occurs, the Medical Board will determine whether automatic relinquishment will occur.

4.3.7.1.14. The member fails to complete the required number of cases and comply with other required criteria in FPPE and OPPE plans in a timely

fashion.

4.3.7.2. Medical Staff members must notify the President and the Chief of Staff immediately if any of the above events giving rise to automatic revocation occurs. Any Medical Staff member placed on probation by the licensing authority shall automatically assume (at a minimum) a probationary status with regard to all Medical Staff privileges, i.e., all of the affected Medical Staff member's activities at the Medical Center shall be kept under continuous scrutiny and supervision by his Department Chairman (or if such member is a Chairman, then by the Chief of Staff) for the term of that probation. If a Medical Staff member's membership and clinical privileges are revoked pursuant to Section 4.2.7.1.1. or 4.2.7.1.2., he or she shall not be entitled to an evidentiary hearing under Section 4.4 and he or she must comply with the procedure regarding appointments in this Article before the membership and clinical privileges may be reinstated. An application for reinstatement after Medical Staff membership and clinical privileges were automatically revoked per Section 4.2.7.1.3. or 4.2.7.1.4. is required. Medical Staff membership and clinical privileges shall be restored to any Medical Staff member whose membership and privileges were revoked pursuant to Sections 4.2.7.1.5. - 4.2.7.1.6. after satisfactory proof of compliance is submitted to and approved by the Chief of Staff or designee. Any Medical Staff member whose membership and clinical privileges were revoked pursuant to Section 4.2.7.1.7. must reapply to the Medical Staff, unless prohibited due to failure to satisfy the threshold eligibility criteria.

4.4. Reporting of Adverse Professional Review Actions.

4.4.1. National Practitioner Data Bank Reporting Requirements.

4.4.1.1 In compliance with the requirements of Federal Law, the Medical Center is required to report to the National Practitioner Data Bank, certain clinical privilege actions and medical malpractice information regarding physicians, dentists, or podiatrists and in some cases other health care practitioners. The Medical Center shall submit reports as may be required by law or regulation as amended from time to time.

4.4.1.2. The Director, Medical Staff Services shall be responsible for assuring compliance with the National Practitioner Data Bank requirements, including timely submission, or verifying the accuracy of submitted reports.

4.4.2. Reports to State Authorities. The Medical Center shall submit reports as may be required by law or regulation as amended from time to time to the Maryland Board of Physicians, Dental Board, or Podiatric Board.

4.4.3. Malpractice Payments. Malpractice payment reports must be filed by the Medical Center when the Medical Center makes a payment under an insurance policy, self-insurance, or otherwise for the benefit of a physician, dentist, podiatrist, or other

health care practitioner in settlement of or in satisfaction in whole or in part of a claim or a judgment against such physician, dentist, podiatrist, or other health care practitioner for medical malpractice.

4.5. Hearing Procedures.

4.5.1. Right to an Evidentiary Hearing.

4.5.1.1. The right of any applicant for appointment, reappointment, or privileges, or the right of a Medical Staff member, or a person requesting corrective action, or the Medical Board, on the behalf of the Medical Staff, to an evidentiary hearing shall be governed by these Bylaws and the bylaws of the Board of Directors. An "affected person" for the purposes of this Section shall mean anyone who is entitled to an evidentiary hearing.

4.5.1.2. The following actions pursuant to these Bylaws, subject to the exceptions specified in Section 4.4.1.3 below, give rise to a right to an evidentiary hearing:

4.5.1.2.1 Reduction or termination of membership and/or privileges;

4.5.1.2.2 Imposition of significant terms and conditions on membership and/or privileges that limit one's ability to practice;

4.5.1.2.3. Denial of initial appointment, denial of reappointment, suspension and summary suspension.

4.5.1.3. The following actions pursuant to these Bylaws do not give rise to a right to an evidentiary hearing:

4.5.1.3.1. Reduction or termination of membership and/or privileges because of inactivity or failure to meet required levels of activity;

4.5.1.3.2. Automatic revocations of privileges arising from those events specified in Sections 4.2.7.1.1.- 4.2.7.1.7;

4.5.1.3.3. Minor adverse actions that do not affect Medical Staff privileges such as issuance of a letter of admonition or a letter of reprimand;

4.5.1.3.4. Denial of interim or temporary Staff privileges pursuant to Article V;

4.5.1.3.5. Adverse action against a Medical Staff member during the processing of the application for reappointment and until final action is taken on such application;

4.5.1.3.6. Any other matter, unless these Bylaws or the bylaws of the Board of Directors expressly provide for a hearing.

4.5.1.4. An evidentiary hearing may be requested by notifying the President of the Medical Center in writing within thirty (30) days after the date of the notice of an adverse action or adverse finding and conclusion entitling the affected person to an evidentiary hearing. Failure to make such a written request within the time limit provided shall be deemed a waiver of the affected person's right to an evidentiary hearing. The President shall promptly notify the Chief of Staff and the Chairman of the Board of Directors of all timely requests for an evidentiary hearing.

4.5.2. Notice of Right to Evidentiary Hearing.

4.5.2.1. Whenever a person is entitled to an evidentiary hearing pursuant to this Section either in accordance with these Bylaws or in accordance with the bylaws of the Board of Directors, he or she shall be so notified in writing. The notice shall advise him or her in writing that:

4.5.2.1.1. He or she has a right to an evidentiary hearing as described in the Medical Staff Bylaws;

4.5.2.1.2. He or she must give written notice to the President of the Medical Center of the request for an evidentiary hearing within thirty (30) days after the date of the notice or the right to an evidentiary hearing shall be forfeited, and must provide appropriate current electronic and hard copy addresses to receive correspondence from the Medical Center; and;

4.5.2.1.3. Any adverse action or adverse finding or conclusion entitling the affected person to an evidentiary hearing shall be effective upon notice to the affected person and shall not be suspended by a request for an evidentiary hearing.

4.5.2.2. The notice shall be accompanied by information regarding access to an electronic copy of these Bylaws. Any adverse action or adverse finding or conclusion entitling the affected person to an evidentiary hearing shall be effective upon notice to the affected person and shall not be suspended by a request for an evidentiary hearing.

4.5.2.3. If a hearing is requested, the President may hold an informal meeting with the affected person, the Department Chair, the Chief Medical Officer and the Chief of Staff. The purpose of the informal meeting will be to explore the basis for the adverse

recommendation and to explore possibilities for a satisfactory resolution. No proposal for a resolution made at an informal meeting shall be binding on any party unless and until it is approved by the Board.

4.5.3. Appointment of Hearing Committee. Any person who is entitled to and makes a timely request for an evidentiary hearing shall have a right to a hearing as described in this Section before a Hearing Committee which shall be appointed within thirty (30) days from the date the request for an evidentiary hearing was received. The Hearing Committee shall consist of four (4) members of the Medical Staff appointed by the Chief of Staff and are preferably providers in a similar specialty or training, as the affected person, and three (3) members of the Board of Directors appointed by the Chairman of the Board of Directors. One of the physician members shall be selected to act as chairperson of the committee. To avoid prejudice, no one appointed to the Hearing Committee shall have participated in the investigation of the pending application for appointment or reappointment or the pending request for corrective action or have taken any action under this Article that resulted in the pending request for corrective action. If the affected person believes that any member of the Hearing Committee cannot reach a fair and impartial decision, he must assert a claim of prejudice and disqualification promptly after knowledge of the alleged disqualification. The Chairman of the Board of Directors and the Chief of Staff shall consider the reasons stated for the request and determine whether the member shall remain on the Hearing Committee or be replaced. If the challenged member of the Hearing Committee is not replaced, the basis for the decision shall be documented in writing and a copy of the determination shall be made available to the parties. The determination made by the Chairman of the Board of Directors and the Chief of Staff shall be final and binding on all the parties.

4.5.4. Notice of Evidentiary Hearing. The President, in cooperation with the Chairman of the Hearing Committee, shall schedule a hearing date. The hearing date shall be scheduled more than thirty (30) days from the date the notice of hearing is issued. The Chief of Staff shall prepare the notice of hearing in cooperation with the person who will investigate, organize and present the evidence to the Hearing Committee on behalf of the Medical Staff. This person shall be designated by the Medical Board, with the approval of the President, and shall be provided with legal counsel at the Medical Center's expense. The President shall send the notice of hearing to the affected person, the Medical Board, and the Board of Directors within ten (10) days after the Hearing Committee is appointed. The notice, a copy of which also shall be sent to each member of the Hearing Committee and the Medical Center attorney, shall contain the following information:

4.5.4.1. The date, time and place of the hearing, which shall be at the discretion of the Hearing Committee;

4.5.4.2. A concise statement specifying the reasons for the adverse finding or conclusion or adverse action, and a description of the evidence considered by the person or body responsible for making such recommendation or taking such action.

4.5.4.3. That the affected person may be represented by an attorney if he wishes, that he may offer evidence from any relevant source or testimony by any person he or

she wishes to attend the hearing, and that the Chief of Staff and the President will assist him or her in attempting to request the voluntary presence of any member of the Medical Staff or any Medical Center employee at the hearing, if he or she so requests, subject, however, to the fact that participating in a hearing is not a required duty for employees;

4.5.4.4. That the presence of the affected person is required at the hearing and that the failure to attend in person, unless a request for a postponement is granted by the Chairman of the Hearing Committee, shall be deemed a waiver of the right to an evidentiary hearing; and

4.5.4.5. That if the affected person believes that any member of the Hearing Committee cannot reach a fair and impartial decision, he or she should immediately advise the President of the Board of Directors or the Chief of Staff in writing, stating the basis for that belief.

4.5.4.6. That a hearing for an initial applicant will be limited to two hours, and for a physician member of the Medical Staff will be limited to four hours, unless good cause is shown to extend the time of the hearing, in the sole discretion of the Chairman of the Hearing Committee. The time will be allocated, as nearly equally as possible, between the presentation in support of the complaint and the affected person's presentation in response.

4.5.4.7. That the physician must notify the Chief of Staff at least fifteen (15) days prior to the hearing of the names of Staff Members, employees and others whom the physician proposes to call as witnesses and to provide a copy of the records and other documents that he or she plans to present at the hearing.

4.5.5. Preliminary Arrangements for the Evidentiary Hearing. After the President has scheduled the hearing and sent the required notice and necessary adjustments to the Hearing Committee membership have been made, the conduct of the evidentiary hearing shall be the responsibility of the Chairman of the Hearing Committee. The Chairman shall receive and rule on any requests for postponement of the hearing provided the request is in writing and specifies the reasons for seeking a postponement. Any preliminary questions regarding the hearing procedure shall be addressed, in writing, to the Chairman, and the response shall also be in writing. The Medical Center attorney shall assist the Chairman of the Hearing Committee in preparing for the hearing and implementing the procedures specified in this Section. The Medical Center attorney shall arrange for a stenographer or court reporter to be present to make a verbatim recording of the hearing. The Chairman of the Hearing Committee shall take whatever measures necessary to insure that the hearing is conducted in a confidential manner. The Chairman of the Hearing Committee may schedule a preliminary meeting prior to the hearing for the purposes of determining the number and identity of the witnesses who will be called to testify; the nature of the proposed testimony of each witness, and the records which the parties propose to submit. The Chair may also obtain agreements to limit or define the issues and to stipulate to records.

4.5.6. Conduct of the Evidentiary Hearing.

4.5.6.1. Hearings before the Hearing Committee shall be informal. The hearing shall be conducted as a professional peer review of the performance or qualifications of the physician. The legal rules of evidence shall not apply, and the Chairman of the Hearing Committee may admit the sort of evidence upon which responsible persons are accustomed to rely in the conduct of serious affairs. The witnesses shall be required to testify under oath. A rigid order of proof need not be followed, but the Chairman should generally require that the case supporting the challenged adverse recommendation or adverse action be presented first. The burden then shifts to the member who requested the hearing to provide evidence that the recommended action is arbitrary or capricious. The Hearing Committee shall uphold the proposed adverse action unless the member has proven that the action is arbitrary or capricious. The hearing shall be conducted by the Chairman of the Hearing Committee. The Medical Center attorney may be present at the hearing and may participate to the extent requested by the Chairman of the Hearing Committee, but may not vote.

4.5.6.2. At least four (4) members of the Hearing Committee, including at least two (2) members of the Board of Directors and at least two (2) members of the Medical Staff, must be present to conduct the hearing, and no member of the Hearing Committee may act by proxy.

4.5.6.3. The affected person, his or her attorney or representative, as the case may be, and the Medical Board representative or legal counsel may question any person who testifies at the hearing. In all cases, the Chairman of the Hearing Committee shall give the person requesting the hearing an opportunity to make a statement as to why he believes that the adverse action or adverse recommendation was improper. If the parties wish, they may submit written statements to the Hearing Committee at least five (5) days prior to the hearing date. At the time of filing, copies of these statements shall also be sent to the opposing party and the Medical Center attorney.

4.5.6.4. During the course of the hearing, any member of the Hearing Committee may interrupt at any time to ask a question or request the presentation of additional evidence. The Chairman of the Hearing Committee shall take any measures necessary to keep the proceeding moving, to cut off repetitive or irrelevant inquiries, and to prevent time-consuming and extraneous debate and argument.

4.5.6.5. Any requests for a recess or temporary suspension of the hearing may be granted if the Chairman of the Hearing Committee, at his or her discretion, determines that it is appropriate.

4.5.6.6. At the conclusion of the hearing, the Hearing Committee shall not render an oral opinion on any issue but shall reduce its findings of fact and conclusions to writing.

4.5.6.7. During the hearing, the role of attorneys should be minimal in order to enhance the collegial nature of the proceeding and to avoid undue formalities.

4.5.7. Decision of the Hearing Committee. Within fifteen (15) days after the adjournment of the evidentiary hearing, the Hearing Committee shall deliberate and reach a decision. Its findings of fact and conclusions shall be based only on the information presented at the hearing or matters of common knowledge. Each member of the Hearing Committee shall be entitled to a single vote; however, the Chairman of the Hearing Committee shall not cast a vote unless there is a tie. If a Hearing Committee member misses the hearing, he may not vote on the decision. The opinion of the majority of those present at the hearing shall control the decision. The Hearing Committee's written decision shall be transmitted to the affected person, the Board of Directors, the Medical Board, the Chief of Staff and the appropriate Department Chairmen before the end of the fifteen (15) day time limit. Those members of the Hearing Committee who wish to file dissenting opinions or other separate opinions with the Board of Directors must do so within that fifteen (15) day period. All notices, preliminary correspondence, memoranda, exhibits, notes, Hearing Committee Secretary's minutes, medical records or other evidentiary materials presented during the hearing and the stenographic transcript of the proceeding shall accompany the Hearing Committee's decision when it is forwarded to the Board of Directors.

4.5.8 Final Action by the Board of Directors Following an Evidentiary Hearing. The Board of Directors shall review the decision of the Hearing Committee and review the record of the proceedings in accordance with the provisions of this section 4.4.8 for the purpose of determining whether the adverse finding or decision against the affected person was supported by substantial evidence. The Hearing Committee shall respond to the Board's request promptly but in no event more than thirty (30) days from the date of the Board's remand. The ultimate decision of the Board of Directors is final and not subject to appeal.

4.5.8.1. Review on the Record. For the purposes of this Section 4.4.8, an "affected person" shall mean anyone who requested or was entitled to request an evidentiary hearing and who was a party in an evidentiary hearing, in accordance with the Bylaws of the Medical Staff, and shall include applicants for appointment and reappointment and Medical Staff members who are the subject of a corrective action proceeding. A "review on the record" shall mean a review in accordance with the provisions of this Section. A review on the record shall be conducted by the Board of Directors following an evidentiary hearing upon request by an affected person.

4.5.8.2. The affected person or his or her attorney and the Medical Board shall be entitled to at least ten (l0) days advance notice of the meeting of the Board of Directors at which the Hearing Committee's decision will be reviewed. The Board of Directors shall meet within thirty (30) days after the Hearing Committee transmits its opinion to the Board.

4.5.8.3. The affected person or his or her attorney may submit a written statement at least five (5) days prior to the scheduled date of the Board of Directors' meeting.

The Chief of Staff may appoint a representative of the Medical Board to submit a written statement and to present the Medical Board's position, on behalf of the Medical Staff. In this event, the representative of the Medical Board shall be provided with legal counsel at the Medical Center's expense. Either the representative of the Medical Board or his or her attorney may submit a written statement at least five (5) days prior to the scheduled date of the Board of Directors meeting. Such written statements may address any matter raised during the evidentiary hearing, and must set forth specifically any findings of fact, conclusions, recommendations and procedural matters with which the practitioner disagrees and the reasons therefore. No new matters or information may be presented that were not raised at the hearing. Such written statements shall be submitted to the President of the Medical Center who promptly shall forward them to the Board of Directors. If a written statement is not filed in a timely manner, the Board of Directors may refuse to consider it.

4.5.8.4. The Medical Staff Office shall forward the complete record in the matter to the Board of Directors, which shall consist of all written statements submitted in accordance with paragraph (c) above, and all materials collected by the committees below and the Medical Board, including, as appropriate, the application for appointment or reappointment, the request for corrective action, all reports, correspondence and medical records considered by the committees below and the Medical Board.

4.5.8.5. After reviewing all the available information, the Board of Directors shall deliberate and make its final decision within thirty (30) days. Members of the Board of Directors who were members of a Hearing Committee or other review committee may participate in the deliberations and vote of the Board as a whole. The Board of Directors' decision shall be final and unappealable, and the specific reasons supporting it shall be documented in writing.

4.5.8.6. Before making its final decision, the Board of Directors may, at its discretion, remand the matter to the Hearing Committee, if any, or to any other review committee or the Medical Board for the consideration of additional evidence and the preparation of additional findings of fact, conclusions and recommendations, provided that the Board shall only accept such additional evidence if the party seeking to admit it can demonstrate that any opportunity to admit it at the hearing was denied improperly. The Hearing Committee or other review committee or the Medical Board shall be required to respond to the Board's request promptly, but in no event more than forty-five (45) days from the date of the Board's remand. The Board of Directors shall render its final decision within thirty (30) days after it convenes to review the Hearing Committee's or other review committee's or the Medical Board's amended report.

4.5.8.7. The Board of Directors' final written decision shall be transmitted to the affected person, the members of the Hearing Committee, the Medical Board, the Chief of Staff, and the appropriate Department Chairs within fifteen (l5) days after it takes final action.

4.5.8.8. In the interest of fairness and completeness, the Board of Directors, at its discretion, may reasonably alter the timing requirements of this Subsection. Failure of the Board of Directors to act affirmatively on any matter before it within the time provisions of this

Subsection shall constitute a deferral of action until the Board of Directors' next regular meeting.

4.5.8.9. Notwithstanding any other provision of these Bylaws to the contrary, no accused person shall be entitled to more than one evidentiary hearing and one review by the Board of Trustees on any single matter which may be subject to the fair hearing procedures in the Medical Staff Bylaws.

4.6. Chief of Staff; Department Chairman.

4.6.1. Unless otherwise explicitly provided to the contrary, whenever the privileges, activities, conduct, or status of the Chief of Staff shall be under review pursuant to the reappointment or investigation and corrective action provisions of this Article, the Vice-Chief of Staff shall assume all the obligations, responsibilities, and authority with respect to such review as the Chief of Staff otherwise has under this Article with respect to the review of all other Staff members' privileges, activities, conduct, or status.

4.6.2. Whenever the privileges, activities, conduct, or status of a Chairman of a Department shall be under review pursuant to the reappointment or investigation and corrective action provisions of this Article, the departmental Advisory Committee shall assume all the obligations, responsibilities, and authority with respect to such review as the Department Chairman otherwise would have had under this Article. An Acting Chairman of a Department shall have the same rights, duties, powers, and authority as a Chairman of a Department under this Article.

4.7. Medical Review Committees. For the purposes of this Article IV, the Board of Directors, the Medical Board, and every Committee operating pursuant to this Article and these Bylaws, including but not limited to the Credentials Committee, the Department Chairmen's Advisory Committees, Departmental Peer Review Committees, any Investigating Committee, any Hearing Committee, and any standing or special committee or subcommittee formed by either the Board of Directors or the Medical Board, shall be a "medical review committee" within the meaning of Maryland Annotated Code, and any successor legislation, and as such may be amended from time to time. The foregoing notwithstanding, no body or Board other than the Board of Directors, and no committee, subcommittee or individual may take or authorize a professional review action affecting appointment, reappointment, the clinical privileges of a Staff member, or concerning a corrective action against a Staff member, except in the case of a summary suspension.

4.8. Impaired Medical Staff Members.

4.8.1. For purposes of these Bylaws, "impaired" shall mean that a Medical Staff member is unable to practice his or her profession in accordance with the criteria set forth in the Medical Staff Bylaws or practices in a manner which may be detrimental to patient safety or to the delivery of quality patient care because of physical or mental illness, including, but not limited to, substance abuse or addiction.

4.8.2. The Medical Staff shall provide periodic education for its members concerning the maintenance of health and the recognition and prevention of physical, psychological, emotional and addictive disorders.

4.8.3. Any person who has reason to believe that a Medical Staff member may be impaired through substance abuse or drug addiction or any other reasons may make a report to the Chief of Staff, preferably in writing. Self-referral is encouraged. All information concerning such an individual shall be held in strict confidence to the fullest extent consistent with the assessment, development and implementation of a rehabilitation plan where appropriate. The report shall include a description of the incident(s) that led to the belief that the Medical Staff member may be impaired. The report must be factual. The individual making the report does not need to have proof of the impairment, but must state the facts leading to the suspicions. A sufficient index of suspicion ethically dictates reporting (while maintaining confidentiality to the fullest extent possible) when patient safety is perceived to be threatened.

4.8.4. The Medical Staff encourages self-referral to the Chief of Staff or to the physician rehabilitation program endorsed by MedChi, the Maryland State Medical Society if a Medical Staff member believes himself or herself to be impaired.

4.8.5. If, after discussing the incident(s) with the individual who filed the report, the Chief of Staff believes there is enough information to warrant further study, the Chief of Staff shall, after consultation with the Chief Medical Officer or other designee of the President (hereinafter referred to as "the Hospital representative"), direct that a report be rendered based on the available facts at hand. The Chief of Staff and the Hospital representative will determine whether the information presented to date does not warrant further action or investigation. If the evaluation reveals that there is no merit to the report, the report shall be destroyed. Throughout this process, all parties shall avoid speculation, conclusions and gossip. The Chief of Staff and the Hospital representative may determine that the information presented warrants additional mandatory evaluation of the suspected individual or immediate referral to an approved rehabilitation program for immediate intervention for a suspected substance abuse or drug addiction problem.

4.8.6. If, upon investigation, it is found that sufficient evidence exists that the Medical Staff member may be impaired, the Chief of Staff shall, together with the Hospital representative, meet personally with that Medical Staff member. The Medical Staff member shall be told that the results to date indicate that the Medical Staff member may suffer from an impairment that may affect his or her practice. There is no obligation to inform the Medical Staff member as to who filed the initial report.

4.8.7. The Chief of Staff or the Hospital representative may request the Staff member's urine or blood testing if a substance abuse or drug addiction problem is suspected. The practitioner involved is required to comply. Refusal of this testing constitutes a positive drug test. If such testing is positive for illicit drug use, the Hospital representative and the Chief of Staff shall request immediate intervention by the Staff member's approved rehabilitation program. Recommendations and a plan of action will be guided through their assistance. Even in the absence of positive testing for illicit drug use, the Chief of Staff and the Hospital representative may request evaluation by the Staff member's approved rehabilitation program. A written response to the practitioner concerning his or her acknowledgment of the evaluation to date, the recommendations, and the practitioner's intentions concerning the recommendations will be necessary. Complete documentation of all steps will be maintained by the Chief of Staff. Recommendations of treatment, advocacy and follow-up will be carried out with the assistance of the Staff member's approved rehabilitation program.

4.8.8. Significant patterns of a physician providing unsafe treatment to patients shall be reported to the Medical Board for its review and comment.

4.8.9. Depending upon the degree of severity of impairment, restrictions on the Medical Staff member's practice may be implemented and could include immediate withdrawal from Medical Center-related patient activities or practice under the supervision of another Medical Staff member.

4.8.10. The involved Medical Staff member may request a medical leave of absence from Medical Staff membership. Following completion of the rehabilitation program if required, there is no obligation on the part of the Medical Center to reinstate the physician or remove any restrictions. Reinstatement or removal of restrictions, if any, shall be at the discretion of the Board of Directors upon advice from the Chief of Staff, the Hospital representative, the Medical Board and the Staff member's approved rehabilitation program. Confidentiality shall be maintained in these meetings. The specific practitioner's name (but not the substantive facts) should be withheld in discussions. Reinstatement from medical leave of absence will not ensue prior to the Medical Staff member's successful enrollment in a suitable rehabilitation program if required, for at least three (3) months and only with the recommendation of the director of the rehabilitation program. The guiding principle of the Medical Center shall be the provision of quality and safe patient care. The Medical Staff member will remain under surveillance if recommended by this State or other State's Physician Health Program. Recommendations of such a program should include to what extent the Medical Staff member is capable of providing continuous competent medical care to patients. Alternatively, the involved Medical Staff member may continue to practice at the Medical Center if recommended by the Staff member's approved rehabilitation program, the Medical Board and approved by the Board of Directors. Such practice may be restricted or monitored to ensure compliance with the rehabilitation program and to ensure patient safety.

4.8.11. The Medical Staff member is responsible for locating a suitable rehabilitation program, if appropriate, and shall inform the Chief of Staff and the Hospital representative of the program selected. Following completion of a program,

there is no obligation on the part of the Board of Directors that it reinstate the physician or remove any restrictions. Reinstatement or removal or restrictions, if any, will be in accordance with the sole discretion of the Board of Directors, after consultation with the President, the Chief of Staff, the Chief Medical Officer, the hospital representative and any other appropriate persons, and would require, at a minimum, that the Medical Staff member has successfully completed a suitable and appropriate program and that the member meet all other applicable criteria set forth in the Bylaws.

4.8.12. If the matter cannot be resolved successfully as above, including but not limited to the failure of the Medical Staff member to complete the rehabilitation program if required, the Chief of Staff and the Hospital representative may request an investigation or request further disciplinary action in accordance with these Bylaws.

4.8.13. The original report and a description of the actions taken by the Chief of Staff shall be included in the Medical Staff member's credentials file. The Chief of Staff shall inform the individual who filed the report that follow-up action was taken. If the investigation reveals that there is no merit to the report, the report shall be destroyed. Throughout this process, all parties shall avoid speculation, conclusions and gossip.

4.8.14. If there has been resolution in accordance with Section 4.8.5., and upon sufficient proof that a Medical Staff member who has been found to be suffering an impairment has successfully completed a rehabilitation program if required, the Chief of Staff and the Hospital representative, may, in their discretion, and, if appropriate, consider the removal of any practice restrictions or other requirements adopted as part of the resolution. In any such consideration, patient care interests will be paramount.

In considering the removal of practice restrictions or other requirements, it will be the responsibility of the Medical Staff member to provide, or to facilitate providing to the Chief of Staff and Hospital representative, a written report from the rehabilitation program(s) in which the Medical Staff member participated if any, including:

4.8.14.1 Confirmation of the Medical Staff member's compliance with the terms of the program(s);

4.8.14.2 Confirmation of attendance at AA or similar programs (if appropriate);

4.8.14.3 A description of the extent to which the Medical Staff member's behavior and conduct have been and are monitored;

4.8.14.4 Whether, in the opinion of those supervising, the Medical Staff member has been rehabilitated;

4.8.14.5 Whether an after-care program has been recommended to Medical Staff member, and, if so, a description of the after-care program; and,

4.8.14.6 An opinion as to whether the Medical Staff member is capable of resuming medical practice and providing continuous, competent care to patients.

4.8.15 Notwithstanding the Medical Staff member's full cooperation in making the above- described reports available, there shall be no obligation on the part of the Chief of Staff and the Hospital representative to consider the removal of restrictions or other requirements, or to reinstate the Medical Staff member.

4.8.16 The Medical Staff member must also inform the Chief of Staff and the Hospital representative of the name and address of his or her primary care physician and will authorize that physician to provide information regarding his or her condition and treatment, including, whether in the primary care physician's opinion, the Medical Staff member has been rehabilitated and is capable of resuming medical practice. The Chief of Staff and the Hospital representative have the right to require an opinion from other consultants of their choice. For impaired Medical Staff members where the impairment is not a substance abuse or drug addiction situation, such statements from the Medical Staff member’s primary care physician and other consultants, if requested, may suffice if deemed satisfactory by the Chief of Staff, the Chief Medical Officer or designated hospital representative and the Chairman of the appropriate Department for removal of practice restrictions or other imposed requirements. In the event that the Chief of Staff, the Hospital representative, Medical Board and Board of Directors choose to remove practice restrictions or other requirements adopted as part of the rehabilitation process, such action may be contingent upon further conditions reasonably applied for the maintenance of patient safety, including, but not limited

to one of the following:

4.8.16.1 Requiring the Medical Staff member to identify other Medical Staff members who are willing to assume responsibility for the care of his or her patients in the event of his or her inability or unavailability, or identify acceptable Medical Staff members who are willing to monitor the care provided by the Medical Staff member in accordance with such written terms and conditions as may be deemed appropriate by the Chief of Staff and the Hospital representative;

4.8.16.2 Requiring further reports from the Medical Staff member's primary care physician or other health care providers;

4.8.16.3 Requiring submission to random or behavior-based drug or alcohol testing for a substance abuse or drug addiction problem;

4.8.16.4 Intensified quality monitoring as deemed appropriate by the Chief of Staff and Hospital representative.

4.8.17 Medical Staff members formally known by the Medical Staff Office to be actively engaged in a drug or alcohol rehabilitation program, including an aftercare program, will allow the Medical Staff Office to obtain quarterly updates of their progress and results of any urine test performed. Such individuals shall allow the Medical Staff Office the option of performing random urine tests at the physician's expense to maintain Medical Staff membership. Positive urine tests or unfavorable reports will be directed immediately to the Chief of Staff and the Hospital representative. Immediate action ranging from increased surveillance to immediate suspension may be taken depending upon the severity of the circumstance, with the guiding principles continuing to be physician rehabilitation while maintaining patient safety.

4.8.17.1 Individuals currently in or previously in rehabilitation programs must report their status if their ability to properly care for patients at the Medical Center may be impaired.

4.8.17.2 Individuals known to the Medical Staff Office as having completed a rehabilitation program for a substance abuse or drug addiction problem may be subject to random drug or alcohol testing. Refusal will result in the automatic revocation of Medical Staff membership and clinical privileges.

4.9 Leave of Absence

4.9.1. Request for Leave of Absence.

Leave of absence and reinstatement are matters of courtesy, not of right. A Medical Staff member may request a voluntary leave of absence from the Medical Staff by

submitting written notice to the Chief of Staff, stating the exact period of time of the leave, which may not exceed one (1) year, and the reason for the request. Approval of a leave of absence may be granted by the Chief of Staff. During the period of time of the leave, the Medical Staff member's clinical privileges, prerogatives and responsibilities shall be suspended. If the staff member's reappointment is due to expire during the leave of absence period, the member will be required to submit an application for reappointment of membership.

4.9.2. Maintenance of malpractice insurance is required during the leave of absence.

4.9.3. Termination of Leave of Absence.
Prior to the conclusion of the leave of absence, the individual may request reinstatement of clinical privileges and prerogatives by submitting a written request to the Chief of Staff for review, and final approval by the Board of Directors. The staff member shall submit any changes in privileges, health status, and proof of medical malpractice insurance coverage in the terms and amount specified in the Medical Staff Bylaws, and other conditions of appointment. The Medical Staff office will verify proof of current medical licensure and other required State and Federal regulatory agency verifications in effect.

4.9.4. If leave of absence is for health reasons, the Medical Staff member must inform the Chief of Staff of the name and address of his or her primary care or attending physician and will authorize that physician to provide information regarding his or her condition and treatment, including whether in the physician's opinion, the Medical Staff member is capable of resuming medical practice. If the leave of absence was initiated under the Medical Staff Bylaws, Section 4.7 Impaired Medical Staff Members, request for reinstatement must be in accordance with said section.

4.9.5. The Board of Directors shall consider the recommendations of the Chief of Staff and may approve reinstatement to either the same or a different staff category and may limit or modify the clinical privileges to be extended to the individual upon reinstatement or impose conditions for the individual's practice deemed reasonably necessary for patient safety or the effective operation of the hospital. In the event that the Board of Directors recommends denial of reinstatement or modifications or conditions which would require a report to the NPDB, the individual shall be given written notice of the right to a hearing in accordance with Article IV, Section 4.2 Investigation and Corrective Action.

4.10 Notice. Any notices required by these Bylaws may be sent, unless otherwise specified, either by email or fax (provided that a confirmation of successful transmission or receipt is available for email or fax), overnight mail, or certified mail return receipt requested.

ARTICLE V
PRIVILEGES

5.1. Method of Granting Privileges. Every person appointed to the Medical Staff shall be entitled to only such medical, surgical, or dental privileges as may be granted to him or her by the Board of Directors in accordance with Article IV. In addition, any member of the Medical Staff who is the attending physician for a patient at the Medical Center shall be entitled to request Advisory Consultant status in accordance with the Medical Staff Rules and Regulations for a physician, dentist or podiatrist who is not a member of the Staff, provided that all responsibility for managing and directing the care of the patient remains with the attending physician and that such action is not otherwise in conflict with the Bylaws, Rules and Regulations of the Medical Center.

5.2. Interim and Temporary Privileges.

5.2.1. Interim Privileges. After consultation with the Chairman of the Department concerned and with the Chief of Staff, the President may grant interim privileges for a limited time period not exceeding one hundred twenty (120) days to an applicant for membership on the Medical Staff. Such privileges shall be granted only after the Medical Staff Office has completed the verification of all information required in connection with the application and all necessary references and evaluations required by these Bylaws, Rules and Regulations and by the Credentialing Criteria of the applicable Department have been received; provided, there are no unfavorable reports and/or no reports missing on the following:

- Current licensure;
- Relevant training and experience;
- Current competence;
- Ability to perform the procedures for which privileges are requested;
- A query and evaluation of the National Practitioner Data Bank information;
- A complete application;
- No current or previously successful challenge to licensure or registration;
- No subjection to involuntary termination of medical staff membership at another organization;
- No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges.

The President shall inform the applicant in writing of the privileges granted and the expiration date thereof. The granting of such privileges shall be reported to the Medical Board at its next meeting. The Medical Board shall consider the action and make its determination as to approval or disapproval of such action at its next meeting. The recommendation of the Medical Board shall be forwarded to the Board of Directors.

5.2.2. Temporary Privileges.

5.2.2.1. Temporary privileges may be granted to provide subspecialty services urgently required for the care of a current Medical Center inpatient and not reasonably available from a member of the Medical Staff, and in departments when additional medical personnel are required to cover extraordinary department workloads. The Medical Staff Office shall verify current licensure and current competence. Such temporary privileges shall be limited in duration to the briefest period reasonably necessary to meet the urgent situation, but in no event longer than one hundred twenty (120) days. These privileges shall be granted by the President on the recommendation of Chairman of a Department, Chief Medical Officer and the Chief of Staff. The Medical Board shall consider the action and reach a conclusion regarding approval or disapproval of such action at its next meeting. The Medical Board shall report its conclusion to the Board of Directors.

5.2.2.2. Physicians granted temporary privileges under these circumstances will be required to complete an appointment application pursuant to Section 4.1 whenever the privileges granted are for the treatment of more than one patient.

5.2.3. All persons granted temporary or interim privileges shall meet the requirements of Section 3.1. Temporary or interim privileges shall be granted only when the information available reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability, and judgment to exercise the privileges requested. The clinical privileges granted the applicant shall be determined according to the same departmental credentialing criteria and delineated in the same fashion as they would were they being granted regularly. Temporary or interim privileges may be granted for a stated period or for a period spanning the specialized care of a specific patient, but in no event longer than one hundred twenty (120) days.

5.2.4. After consultation with the Chairman of the Department concerned and with the Chief of Staff, the President may terminate temporary or interim privileges for any reason or no reason, effective immediately upon written notice to the applicant. No applicant shall be entitled to appeal or to be granted an evidentiary hearing under Article IV upon a denial or termination of temporary or interim privileges unless such denial or termination is based on concerns regarding clinical competence or professional conduct.

5.3. Emergency Privileges. In the case of emergency, any member of the Medical Staff, to the degree permitted by the license and regardless of service or Staff status, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the Hospital necessary, including the calling for any consultation necessary or desirable. If necessary, when an emergency situation no longer exists, such Medical Staff member must request the privileges necessary to continue to treat the patient. If the patient's needs are beyond the competence of the Medical Staff member involved, he or she will refer the patient to an appropriate physician as soon as practical. For the purpose of this Section, an "emergency" is defined as a condition in which

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

5.4.Disaster Privileges. During disaster(s) in which the Medical Center's Disaster Plan has been activated and the immediate needs of patients cannot be met, the President may grant disaster privileges at his or her discretion on a case-by-case basis to volunteers eligible to be licensed independent practitioners who are not members of the Medical Staff and who do not possess Medical Staff privileges on the recommendation of the Chairman of the Department concerned and the Chief of Staff or their designee(s). Such privileges shall be granted prior to providing patient care on obtaining for each volunteer practitioner, at a minimum, a valid government-issued photo identification issued by a State or Federal agency and at least one of the following:

- A current picture hospital identification card that clearly identifies professional designation;
- A current license to practice;
- Primary source verification of the license;
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or MRC (Medical Reserve Corps), ESAR-VHP (Emergency System for Advance Registration of Volunteer Health Professionals), or other recognized State or Federal organizations or groups;
- Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a Federal, State or municipal entity);
- Identification by current Medical Center or Medical Staff member (s) who possess personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster.

The practitioner will be provided with appropriate identification and should be paired with a currently credentialed Medical Staff member and act only under the direct supervision of a Medical Staff member. Such practitioners will be granted core privileges in their specialty on an emergency basis.

The Medical Staff Office will begin the primary source verification of licensure as soon as the immediate situation is under control. This should be completed within 72 hours from the time the volunteer practitioner presents to the Medical Center. In the extraordinary circumstance that primary source verification of licensure cannot be completed within that time frame (e.g., no means of communication or a lack of resources), the reason shall be documented, along with evidence of a demonstrated ability to continue to provide adequate care, treatment and services, and an attempt to rectify the situation as soon as possible. Primary source verification of licensure would not be required if the volunteer practitioner has not provided care, treatment and services under the disaster privileges. Based on the information obtained regarding the professional practice of the volunteer, the President shall make a decision within 72 hours related to the continuation of the disaster privileges initially granted. When the emergency situation no longer exists, these disaster privileges terminate.

ARTICLE VI
ORGANIZATION OF THE MEDICAL STAFF

6.1. Subdivision of the Medical Staff.

6.1.1. The Medical Staff shall be divided into Active, Associate, Affiliate, Emeritus and Distinguished Emeritus categories.

6.1.1.1. With the exception of appointees recruited as Department Chairmen or Division Heads or as members of the Departments of Pathology, Anesthesiology, Diagnostic Radiology, Radiation Oncology and Emergency Medicine, who shall be initially appointed to the Active or Contractual Staff as provided in Section 6.1.4, all initial appointments with admitting privileges shall be made to the Associate Staff category in accordance with the procedures for initial appointment as prescribed in Article IV. All initial appointees shall be evaluated through a Focused Professional Practice Evaluation by the Department in which they have been appointed in accordance with the procedures and standards established by that Department and approved by the Board of Directors.

6.1.2. The Active Staff. The Active Staff shall consist of the following categories of members of the Medical Staff: a) members who are employed by Greater Baltimore Medical Center, Inc. or employed by any other entity that is a subsidiary of GBMC Healthcare Inc.; and b) independent members of the Medical Staff who desire to participate in the administration and governance of the Medical Staff by fulfilling the requirement of meeting attendance as outlined in the Rules and Regulations. All members of the Active Staff (including employed and independent members) must also meet one of the following criteria:

6.1.2.1. Admit or consult on at least ten (10) different patients at the Medical Center or ten (10) different Gilchrist patients in hospice, facilities or home care locations each year;

6.1.2.2. Provide direct patient care or perform diagnostic or therapeutic procedures on at least ten (10) different patients at the Medical Center or ten (10) different Gilchrist patients in hospice, facilities or home care locations each year;

6.1.2.3. Perform at least ten (10) pre-operative physical exams on patients receiving surgery at the Medical Center; or

6.1.2.4. Devote commensurate time on committee or teaching assignments as designated by the Department in which their privileges are granted.

Each Department will define what constitutes an appropriate procedure to be counted and so inform the Credentials Committee. This activity level is the minimum level to

be met for this category. Each individual Department may require a higher level of activity to be met. Should a given member of the Active Staff be unable to participate during the current year, the reviewing Department Chairman may recommend membership on the Associate Staff at the next renewal date of appointments and so notify said member at the time the review is made.

Active Staff members may vote on all matters which may come before the Medical Staff, departments/sections and committees to which the member is assigned. Only Active Staff members may be officers of the Medical Staff, Chairmen of Standing Committees and/or members of the Nominating Committee for officers of the staff.

6.1.3. The Associate Staff. The Associate Staff shall consist of those members of the medical profession eligible for Staff membership as herein provided who, although not members of the Active Staff, are given privileges in the area of their professional expertise. Members of the Associate Staff may admit or consult, provide direct patient care or perform diagnostic or therapeutic procedures at the Medical Center. At the time of reappointment, the Associate Staff members may request to remain in the same category or they may request appointment to another category as appropriate. Associate Staff members may not vote on matters before the entire Medical Staff or be an officer of the Medical Staff. They may serve on Medical Staff committees and may vote on matters that come before such committees.

6.1.4. The Affiliate Staff. The Affiliate Staff shall consist of those members of the Medical Staff who cannot admit, consult, and order or perform therapeutic interventions on patients utilizing the Medical Center's services. Affiliate Staff may attend Medical Staff and Department meetings, participate in continuing medical education functions and may be granted electronic access to laboratory and other diagnostic data relevant to their patients. They shall not hold clinical privileges at the Medical Center. Each Department may specify additional requirements for Affiliate Staff membership. At the time of reappointment, Affiliate Staff members may request to remain in the same category or request appointment to another category as appropriate. Affiliate Staff members may not vote on matters before the entire Medical Staff or be an officer of the Medical Staff. They may serve on Medical Staff committees and may vote on matters that come before such committees.

6.1.5. The Emeritus Staff. The Emeritus Staff shall consist of professionals who have completely retired from active practice. Members of this category shall not hold clinical privileges and shall not be required to pay dues, carry malpractice insurance, or maintain current Maryland licensure. Emeritus Staff may not vote on matters before the entire Medical Staff or be an officer of the Medical Staff. They may serve on Medical Staff Committees, and may vote on matters that come before such Committees.

6.1.6. The Distinguished Emeritus Staff. The Distinguished Emeritus Staff shall consist of those professionals who have completely retired from active practice at the Medical Center and who are of outstanding reputation and have served with distinction on the Active Medical Staff. Election of this category shall be recommended by the Chairman of the Department. Members of this category shall not hold clinical privileges and shall not be

required to pay dues, carry malpractice insurance, or maintain current medical licensure. Distinguished Emeritus Staff may not vote on matters before the entire Medical Staff or be an officer of the Medical Staff. They may serve on Medical Staff Committees and may vote on matters that come before such Committees.

6.2. Privileges and Duties of the Staff.

6.2.1. Dues and Assessments. All members of the Medical Staff shall pay dues and assessments as determined by the Medical Board and stipulated in the Rules and Regulations except the Emeritus and Distinguished Emeritus Staffs.

6.2.2. Attendance at Meetings. Members of the Active Staff shall attend Medical Staff and departmental meetings as required by the Rules and Regulations and their individual Departments. Members of all other Staff categories shall be encouraged to attend meetings but shall not be required to do so unless otherwise specified by the Department in which their privileges are granted.

6.2.3. Teaching Programs. GBMC is an accredited teaching hospital and has certain formal and informal educational functions to perform in addition to and coincidental with its service responsibilities to the Community. The education of medical students, physicians, nurses, and Advanced Practitioners at both the undergraduate and post-graduate levels is actively supported and encouraged. All members of the Medical Staff shall be encouraged to participate in these educational functions if requested.

6.2.4. Admission of Private Patients. Members of the Active and Associate Staff may admit patients to available beds without limitations in the area of their professional expertise as may be recommended by the Chairman of the Department and the Medical Board and granted by the Board of Directors.

6.2.5. History and Physical Examination.

6.2.5.1. Pre-Surgical History and Physical Examination. There must be a history and physical examination in the chart of every patient prior to any surgical procedure requiring anesthesia, except in emergencies. A history and physical examination is not required for outpatient procedures or services requiring only local or not anesthesia; however any department may require a History and Physical examination for an outpatient service or procedure for patient safety.

A history and physical performed within thirty (30) days prior to the surgery will meet this requirement. The history and physical must include an update by the surgeon at the time of the surgery of any components of the patient's medical status that may have changed since the prior history and physical, as well as a statement that the procedure is necessary.

This updated note must be completed after the patient's registration and prior to any

procedure. The operating surgeon may delegate all or part of the history and physical examination to other Medical Staff members, resident staff or to a credentialed nurse practitioner or physician assistant.

6.2.5.2. Hospital Admission History and Physical. In those admissions without a planned surgical procedure, a history and physical examination shall, in all cases, be entered within twenty-four (24) hours of the admission of the patient. The attending physician may delegate the history and physical to other Medical Staff members, resident staff or to a credentialed nurse practitioner or physician assistant. The attending physician is ultimately responsible for the admission note. The attending admission note should indicate: (1) reason for patient admission; (2) and intended plan of investigation and treatment.

6.2.5.3. Minimal Requirements for All History and Physical Examinations. These include:

- Documentation of recent and past medical history;
- Indication for admission, surgery or procedure;
- Current medications;
- Known allergies;
- Vital signs;
- Physical exam appropriate to the patient's condition
- Updated problem list.

6.2.6. Consultation Privileges. All members of the various staff categories may act as consultants in the area of their professional expertise. Distinguished and active specialists who are not members of the Medical Staff may act only as consultants on individual patients in accordance with Section 5.2.

6.2.7. Ambulatory Care Privileges. Members of the Medical Staff may exercise their privilege to care for patients in ambulatory care areas to the extent of their delineated privileges.

6.2.8. Contracts. A practitioner who is employed by the Medical Center with clinical responsibilities or privileges, and who may also serve in an administrative capacity, must have achieved and maintained Medical Staff membership through the procedures provided in these Bylaws and those of the Board of Directors, and his or her clinical privileges shall be delineated in accordance with these Bylaws.

6.2.9. Medical Review Committees. Members of the Medical Staff must cooperate with and respond in a timely manner to requests from Medical Review Committees, as defined in these Section 4.9 of the Bylaws or the Rules and Regulations. Failure to comply may be construed as a violation of these Bylaws and may result in a request for corrective action.

6.2.10. Behavior at the Medical Center. Professional behavior is expected of GBMC

Medical Staff members at all times, in accordance with the Provider Professional Accountability Policy. Behaviors that are abusive, intimidating, threatening or disrespectful will not be tolerated. The Policy also delineates the process for responding to incidents of unprofessional behavior. The first response to unprofessional behavior is to, if possible, address the incident in real time, invoking the help of a colleague, if necessary. If it is not possible to address the incident in real time, the incident should be entered into the incident reporting system. Entries can be made anonymously. The complaint will be directed to the Medical Staff Office and the Chairman of the Department in which the individual works. An investigative and validating process will ensue. If the complaint is validated, the Departmental Chairman or Clinical Director will address the individual within fifteen (15) days of the complaint entry. The type of conversation held will depend on whether or not the incident constitutes a first, second, third or fourth time offense within a two-year period. The tiered response is delineated in the Promoting Professionalism Pyramid outlined in the policy. Consequences escalate when poor behaviors are repeated. Egregious breaches in behavior such as sexual harassment will escalate to the top of the Pyramid. The Medical Staff Office will track conversations and plans of action to make sure they occur in a timely fashion. The conversations and plans of action will be documented in the practitioner's confidential file. The documentation of offenses will be reviewed at the time of the practitioner's reappointment. Retaliation or retribution towards the complainant will not be condoned or tolerated.

If the complaint is against a Departmental Chairman, the Chief of Staff shall review the complaint. If the complaint is against the Chief of Staff, the Department Chair will review the complaint.

Consequences of repeated incidents of unprofessional behavior or a single egregious incident may lead to disciplinary action.

Nothing contained in this subsection shall limit the right of any person as described in Article IV to request investigation or corrective action nor affect the manner in which such requests shall be processed.

6.3. Conflict Resolution.

Conflicts between the Medical Staff and the Medical Board will be resolved using the following process:

Each Active Staff member may challenge any rule, regulation, policy or procedure established by the Medical Board by submitting in writing to the Chief of Staff the challenge and the basis of the challenge including any recommended changes to the rule or policy.

After such notification, the Medical Board shall discuss the challenge at its next meeting and determine if any changes will be made to the rule or policy. If changes are proposed, they will be communicated to the Medical Staff and, at such time, any Active Staff member may submit in writing to the Chief of Staff any further challenge(s) to the rule or policy.

In response to the written challenge, the Medical Board may appoint an ad hoc committee to review the challenge and recommend potential changes to address the concerns raised. If such an ad hoc committee is appointed, following its recommendations, the Medical Board will vote on the rule or policy.

Once the vote has been taken by the Medical Board in response to a challenge, with or without recommendations from the ad hoc committee, if formed, any Active Medical Staff member may submit a petition signed by at least [the] ten percent (10%) of the Active Staff members requesting review and possible change of a rule, regulation, policy or procedure to the Chief of Staff.

The Medical Board shall review the differing recommendations of the Medical Board and these members of the Medical Staff. An ad hoc committee for such a review may be appointed and may recommend language that is agreeable to both these members of the Medical Staff and the Medical Board. The Medical Board shall vote again in response to this challenge.

If the Medical Board and the challenging Medical Staff members do not agree on the language of the proposed change, then this disagreement shall be communicated to the entire Active Medical Staff for their deliberation and vote.

Regardless of the vote of the Medical Board or of the Medical Staff, the challenging members of the Medical Staff shall have the opportunity to recommend directly to the Board of Directors alternative language. If the Board of Directors receives differing recommendations from the Medical Board and members of the Medical Staff, the Board of Directors shall have final authority to resolve the differences between the Medical Staff and the Medical Board.

6.3.1. At any point in the process of addressing a disagreement between members of the Medical Staff and the Medical Board regarding the Bylaws, Rules and Regulations or policies and procedures, members of the Medical Staff, the Medical Board or the Board of Directors shall each have the right to recommend using an outside resource to assist in addressing the disagreement. The Board of Directors shall have the responsibility for the final decision regarding whether or not to use an outside resource and the process that will be followed in doing so.

ARTICLE VII
DEPARTMENTS OF THE MEDICAL STAFF

7.1. Departments and Divisions.

7.1.1. The Medical Staff shall be divided and organized into the following departments and divisions:

7.1.1.1. Department of Anesthesiology

7.1.1.2. Department of Diagnostic Radiology – Divisions of Diagnostic Radiology, Interventional Radiology, CT, Ultrasound and Nuclear Medicine

7.1.1.3. Department of Emergency Medicine

7.1.1.4. Department of Family Medicine

7.1.1.5. Department of Geriatrics, Hospice and Integrative Palliative Medicine

7.1.1.6. Department of Gynecology – Divisions of Gyn Oncology and Urogynecology

7.1.1.7. Department of Medicine – Divisions of Allergy/Immunology, Cardiology, Critical Care, Dermatology, Endocrinology, Gastroenterology, Hematology, Hospitalists, Infectious Disease, Medical Oncology, Nephrology, Neurology, Pulmonary Diseases, Rheumatology and Rehabilitation Medicine.

7.1.1.8. Department of Obstetrics – Division of Maternal/Fetal Medicine

7.1.1.9. Department of Ophthalmology

7.1.1.10. Department of Otolaryngology - Head and Neck Surgery – Divisions of Dentistry and Oral Surgery

7.1.1.11. Department of Pathology and Laboratory Medicine

7.1.1.12. Department of Pediatrics – Divisions of Neonatology, Ambulatory Pediatrics, and Peds ED/Inpatient

7.1.1.13. Department of Psychiatry

7.1.1.14. Department of Radiation Oncology

7.1.1.15. Department of Surgery – Divisions of Colon/Rectal, General Surgery, Thoracic Surgery, Neurosurgery, Orthopedic surgery, Pediatric Surgery, Plastic Surgery, Podiatry, Urology and Vascular Surgery.

7.1.2. Departments may be subdivided into one or more divisions to provide the most effective framework for patient care and house staff training. The creation of such divisions shall be subject to the approval of the Chairman of the Department concerned, an affirmative vote of two-thirds of the Medical Board and approved by the Board of Directors. The person in charge of such a division will be designated as "Head" of such a division. The Chairman of the Department will select the Division Head and assign duties and responsibilities.

7.1.3. Additional Departments may be established in the future when it can be clearly demonstrated that the establishment of such new Department is desirable to improve the specialized care of patients or to insure the proper function of the specialty. Requests for the formation of such a new Department shall be submitted to the Board of Directors which may cause the Department to be established after receiving the recommendation of the Medical Board relative thereto.

7.2. Organization of Departments.

7.2.1. Each Department shall be organized as a unit of the Medical Staff and shall have a Chairman of Department who shall be responsible for the functioning of the Department and who shall have general supervision over the clinical work falling within the Department, whether it be service or private.

7.2.2. Each Department shall have an Advisory Committee.

7.2.2.1. In the Departments of Diagnostic Radiology, Emergency Medicine, Family Medicine, Pathology and Laboratory Medicine, Psychiatry and Radiation Oncology, the Advisory Committee shall consist of the Chairman of the Department and at least three (3) additional members, one (1) of whom shall, if deemed appropriate by the department chair, be from the Active Staff of another department which use the services of that Department.

7.2.2.2. In the Departments of Diagnostic Radiology and Pathology and Laboratory Medicine, the Advisory Committee may have the same members as the Peer Review Committee in that department.

7.2.2.3. In all other Departments, the Advisory Committee shall consist of the Chairman of the Department and at least five (5) members of the Active Staff selected by the chair of that department, and should include, wherever possible, both employed and independent physicians on the Medical Staff.

7.2.2.4. In all Departments, the Chairman of the Department shall be a member of the Advisory Committee in that Department but shall not be

entitled to vote. Members of an Advisory Committee shall be appointed by the respective Department Chairs.

7.2.2.5. The Department Chair shall designate a Chairman of the Departmental Advisory Committee who shall serve for a term to be determined by the Department Chair.

7.2.2.6. The term of office of all other members of the Advisory Committee shall be two (2) years or otherwise as designated by the Chairman of the Department. In order to obtain continuity of experience and service, terms should be staggered.

7.2.2.7. The Advisory Committee of each Department may advise the Chairman of the Department in matters relating to the proper functioning and smooth operation of the Department. Pursuant to the procedures prescribed in Article IV, the Advisory Committee may review with the Chairman, upon request, all applications for appointment and reappointment of members in the Departments and may also review with the Chairman all requests for corrective action against a Department member. The Advisory Committee may also perform other functions as required by these Bylaws. The Advisory Committee shall meet periodically. Each Advisory Committee shall include both physicians employed by the Medical Center or its affiliated institutions, as well as non-employed physicians, to the extent possible.

7.3. Chairmen of the Departments of the Medical Staff.

7.3.1. Each Department of the Medical Staff shall be headed by a Chairman who shall be appointed by the Board of Directors as outlined in Article VII.

7.3.2. Departmental Chairmen shall be subject to the requirements of reappointment. Subject to the biennial reappointment process, a Departmental Chairman may continue in office with the consent of the Advisory Committee of the Department, the Medical Board, and the Board of Directors. It will be the responsibility of the Credentials Committee to request the required consents. If during the period of appointment as Chairman, the Chairman of a Department does not fulfill functions adequately or there are justifiable academic or administrative reasons, the appointment as Chairman may be suspended or terminated either in the course of the usual biennial reappointment process or through the corrective action or summary suspension procedures prescribed in Article IV of these Bylaws. Pending final action by the Board of Directors in a reappointment or corrective action proceeding, the Board of Directors, Medical Board, or Chief of Staff after consultation with the Medical Board, may suspend the physician from the duties of the appointment as Chairman in accordance with the procedures prescribed in Article IV. The termination or suspension of a Chief's appointment as Chairman shall not automatically be deemed a termination, suspension, or modification of the Chairman's Active Staff membership or other Medical Center privileges; however, pursuant to

appropriate procedures prescribed by these Bylaws, the privileges and Active Staff membership may concurrently be terminated, suspended, or modified.

7.3.3. Selection and Appointment of Chairmen of Departments.

7.3.3.1. A Nominating Committee shall be convened to recommend candidates for the appointment as Chairman of a Department. The Nominating Committee shall consist of the five (5) of the members of the Advisory Committee of the Department concerned; one additional member of the Active Staff of the department concerned, appointed by the Chief of Staff with the approval of the Department Advisory Committee; three members of the Active Staff from other departments, appointed by the Chief of Staff with the approval of the Medical Board; the President of the Medical Center; and a member of the Medical Center Board of Directors. The Chairman of the Advisory Committee shall serve as the Chairman of the Nominating Committee.

7.3.3.2. If a member of the Nominating Committee becomes a candidate for the nomination concerned or resigns from the Committee, that person shall be replaced by a new member, whenever possible and appropriate from the same department, appointed by the Chief of Staff with the approval of the Medical Board.

7.3.3.3. The Nominating Committee, by affirmative vote of at least seven (7) members shall select a candidate and shall submit and personally present a report regarding this candidate to the Active Staff members of the affected Department. Within ten (10) days after providing this report, the Nominating Committee Chairman shall notify by email each member of the Active Staff of the affected Department asking for a vote. This notice shall include a ballot and shall advise each member that his or her vote must be returned to the Nominating Committee Chairman within fifteen (15) days. Upon request by any Department member, the Nominating Committee Chairman shall make available the curriculum vitae of the proposed candidate.

7.3.3.4. If the proposed candidate is approved by a majority vote of the voting Staff members of the affected Department who respond, within five (5) days of such action, the Nominating Committee Chairman shall submit the Department's decision, along with the Nominating Committee's report, to the Medical Board. At the same time, the Nominating Committee Chairman shall post the name of the candidate in the Medical Center. All Medical Staff members may submit comments to the Medical Board regarding a candidate approved by the affected Department. If a candidate is not approved by the affected Department, the Nominating Committee shall advise the Medical Board and the Board of Directors and shall reconvene to select a new candidate. The Board of Directors may elect to meet with the Department in an effort to ascertain the rationale for rejection.

7.3.3.5. Within forty-five (45) days of receiving a favorable Departmental decision and the Nominating Committee's report, the Medical Board shall consider the proposed candidate and, by majority vote of a quorum, decide whether or not to recommend to the Board of Directors that this candidate be approved. The Medical Board's recommendation, the Department's decision, and the Nominating Committee's report shall be submitted by the Chief of Staff to the Board of Directors within five (5) days after the Medical Board's vote.

7.3.3.6. The Board of Directors shall approve or reject a candidate within sixty (60) days after receipt of the Department's decision, the Medical Board's recommendation, and the Nominating Committee's report. If a candidate is not approved by the Board of Directors, the Board of Directors shall notify the Nominating Committee and the Medical Board with their rationale for rejection, and the Nominating Committee shall reconvene to select a new candidate. Disapproval of any candidate for appointment as Chairman of the Department shall not give rise to an evidentiary hearing or other appeal.

7.3.3.7. No one may be appointed a Chairman of a Department unless he is a member of the Active Staff. Any candidate proposed by the Nominating Committee who is not already a member of the Active Staff shall submit an application to become a member thereof immediately upon nomination, which shall be processed as an application for reappointment. The Departmental Advisory Committee, the Medical Board, and the Board of Directors shall review the appointment or reappointment application concurrently with the consideration of the candidate's appointment as Chairman.

7.3.3.8. No one may be appointed a Chairman of a Department unless he/she is certified by one or more specialty boards recognized by the American Board of Medical Specialties. At least one such certification must be in a specialty which falls within the Department of which he/she is Chairman.

7.3.3.9. All Medical Center committees and boards responsible for evaluating a candidate for appointment as Chairman of a Department shall consider all available information and recommendations concerning the candidate. In addition to the criteria used in evaluating an appointment or reappointment to the Medical Staff, the Medical Center committees and boards reviewing an appointment as Chairman shall consider the candidate's ability to fulfill the duties and responsibilities of a Chairman as set forth in Section 7.3.4 below. Any guidelines established by the Board of Directors shall also be considered.

7.3.3.10. If a Department Chairman dies or becomes ill so that he or she is unable to fulfill the duties, or if the appointment as Chairman of the Department has been suspended or terminated, the Chief of Staff, upon the recommendation of the Advisory Committee of the Department involved, shall appoint a temporary Chairman to act until the selection and appointment of a new Chairman can be made according to Section 7.3.3.

7.3.4. Responsibilities of Department Chairmen. The Chairman of each Department shall, with respect to his or her Department, have the following responsibilities:

7.3.4.1. Supervise the medical, financial, educational, administrative, and clinical activities and be responsible for the proper organization and functioning of the Department.

7.3.4.2. Establish and maintain standards of professional practice and procedure and monitor the professional performance of Medical Staff members.

7.3.4.3. Recommend to the Medical Board the criteria for clinical privileges.

7.3.4.4. Provide appropriate direction and supervision to non-Medical Staff personnel performing advanced practice, administrative, and other services.

7.3.4.5. Supervise and report annually on the assessment and improvement of the quality of care, treatment and services and cooperate fully with all Medical Center committees concerned with the quality of patient care.

7.3.4.6 Organize and maintain a teaching program for the orientation and education of Medical Staff members appointed thereto, and assure their participation in such programs.

7.3.4.7 Develop, implement and assure compliance with Departmental policies and procedures to guide and support the appropriate provision of services for patients.

7.3.4.8 Integrate the Department into the primary functions of the Medical Center.

7.3.4.9 Coordinate and integrate interdepartmental and intradepartmental services.

7.3.4.10 Maintain quality control programs as appropriate.

7.3.4.11 Meet periodically with the Departmental Advisory Committee as necessary.

7.3.4.12 Pursuant to the procedures prescribed in Article IV of these Bylaws:

7.3.4.12.1. Review and make recommendations on all applications for appointment and reappointment of members;

7.3.4.12.2. Review and make recommendations on all requests for delineated clinical privileges; and,

7.3.4.12.3. Review all requests for corrective action against a Department member.

7.3.4.13 Report regularly to the Medical Board, Medical Center Administration, and to the Board of Directors as requested, concerning the medical, financial, educational, administrative, and professional activities and needs of the Department, including, but not limited to, recommendations for a sufficient number of qualified and competent persons to provide care or other services.

7.3.4.14 Submit a written annual report of the activities of the Department to the Medical Staff, Medical Board and the Board of Directors.

7.3.4.15 Make recommendations to Medical Center Administration regarding space and other resources needed by the Department.

7.3.4.16 In cooperation with Medical Center Administration and other appropriate Management personnel, participate in determining the qualifications and competence of Department personnel who are not Medical Staff members and who provide patient care, treatment and services.

7.3.4.17 Cooperate with and assist all Medical Center committees and personnel in patient care services, assist in the preparation of necessary reports and participate in the planning of the Department budget.

7.3.4.18 Implement and enforce the Bylaws of the Medical Center, the Bylaws of the Medical Staff, Rules and Regulations, protocols and policies, guidelines, requirements, and ethical and professional standards of the American Medical Association and The Joint Commission, and all government laws, other requirements as applicable to the activities of the Department.

7.3.4.19 Attend monthly Medical Board meetings and quarterly Medical Staff meetings.

7.3.5 Joint Responsibility. Matters of overlapping responsibility shall be considered jointly by the Chairmen of the Departments concerned and shall be resolved by mutual agreement.

ARTICLE VIII
OFFICERS

8.1 Officers. There shall be three (3) officers of the Staff who shall also be officers of the Medical Board. They shall be the Chief of Staff, the Vice Chief of Staff, and the Secretary-Treasurer. Officers may not concurrently serve as a Medical Staff Officer, Corporate Officer or Department Chief at any other hospital. The Medical Board, at its discretion, may waive this requirement under exceptional circumstances.

8.2 Terms and Methods of Election.

8.2.1. The officers shall be elected by the written ballot of the members of the Active Staff present at the annual meeting from those nominees submitted by the Nominating Committee for officers and from such other nominations as may be made from the floor. An officer to be elected must receive at least 50 percent of the vote; run-offs will take place until this is achieved.

8.2.2. The Chief of Staff shall be elected biennially and shall be a member of the Active Staff. He/she shall serve a term of two (2) years and may succeed himself or herself for four (4) additional terms for a total of ten (10) years.

8.2.3. The Vice Chief of Staff shall be elected biennially from the Active Medical Staff and may succeed himself or herself indefinitely.

8.2.4. The Secretary-Treasurer shall be elected biennially from the Active Medical Staff and may succeed himself or herself indefinitely.

8.2.5. If the position of Chief of Staff becomes vacant during the Staff year, a successor shall be elected by the Medical Board for the remainder of that Staff year. The procedure of election specified in Section 8.2.1 above shall be followed in electing a successor.

8.2.6. If a vacancy occurs in the office of Vice Chief of Staff or Secretary-Treasurer, the Medical Board may at any meeting elect a successor to fill the vacancy for the remainder of the term.

8.3. Duties.

8.3.1. The Chief of Staff shall be responsible to the Medical Staff for its status pertaining to hospital accreditation and shall assist the President and Chief Medical Officer in maintaining the accreditation status of the hospital. He or she shall preside at and call all regular meetings and may call special meetings. He or she shall preside at all meetings of the Medical Board. He or she shall appoint chairs of all standing committees from representatives of the appropriate Departments based on recommendations of the Departmental Chairmen and subject to approval by the Medical Board. He or she shall be an ex-officio member of the Board of Directors and of all Standing Committees of the Medical Staff, except the Nominating Committee for Officers of the Staff, and may appoint a parliamentarian. He or she shall give notice of all meetings of the Medical Board and of the Active

Staff and shall arrange for accurate minutes of all proceedings. The Chief of Staff or designee shall be empowered to address urgent or emergent patient safety or quality of care issues that cannot wait until the next scheduled Medical Board meeting, subject to consultation with the Chief Medical Officer and subsequent notification to the Medical Board.

8.3.2. The Vice Chief of Staff shall act for the Chief when necessary and is assistant to the Chief as the latter small designate. He or she shall be an ex-officio member of the Board of Directors.

8.3.3. The Secretary-Treasurer shall perform all of the usual duties pertaining to the office.

8.4.1. Suspension, Termination. If during his or her term, an officer does not fulfill functions adequately, the term in office may be suspended or terminated by the Medical Board, subject to a two-thirds vote for either action. In addition, each member of the Active Staff may initiate suspension or termination of an officer by requesting formal consideration of such in writing to the Chief of Staff or to the Vice Chief of Staff if the officer in question is the Chief of Staff. Ratification by the Medical Staff of such action is required at its next regular or special meeting. The suspension or termination shall be handled in the same manner as a vacancy under Sections 8.2.5. and 8.2.6.

ARTICLE IX
COMMITTEES

9.1. The Medical Board.

9.1.1. Composition.

9.1.1.1 The Medical Board includes physicians and may include dentists and podiatrists. It shall consist of:

9.1.1.1.1. All Chairmen of Departments;

9.1.1.1.2. The three (3) elected officers of the Staff;

9.1.1.1.3. Director of the Post-Acute Care Service Line

9.1.1.1.4. Director of the Primary Care Service Line

9.1.1.1.5. Four (4) members-at-large;

9.1.1.1.6. Vice President of Quality and Patient Safety;

9.1.1.1.7. The Medical Director of the Cancer Center;

9.1.1.1.8. Two members appointed by the Chief of Staff, who may be appointed for up to two consecutive two-year terms; and

9.1.1.1.9. Advisory Committee chairs.

9.1.1.2. There shall also be the following ex-officio members, who shall sit without vote: the Chairman of the Board of Directors or designee, the President of the Medical Center or designee, the Chief Medical Officer of the Medical Center and the Director of Advanced Practitioners. Each member of the Medical Board, except those previously designated as ex-officio non-voting members, is entitled to vote. When the Chairman of a Department cannot attend a Medical Board meeting, he or she may designate an alternate who will have full voting privileges. This designation must be by written notification to the Chief of Staff. The Chief of Staff shall cast a vote only to break a tie in the event of a tie vote.

9.1.1.3. At all meetings of the Medical Board, eleven (11) members present shall constitute a quorum.

9.1.1.4. The Chief of Staff may invite other members to attend meetings of the Medical Board from time to time, but they may not vote.

9.1.2. Methods of Election.

9.1.2.1. The officers shall be elected as outlined in Article VIII.

9.1.2.2. Election of the four (4) members-at-large will take place at the same time the Medical Staff officers are elected as described in the Rules and Regulations.

9.1.3. Authority and Responsibilities. The Medical Board shall be the governing body of the Medical Staff. The responsibilities of the Medical Board shall be:

9.1.3.1. To determine the basic policies affecting medical practices within the Medical Center, to develop and implement policies and procedures that guide and support care, treatment and services and to put such policies into effect after they have been recommended to and approved by the Board of Directors. If members of the Medical Staff disagree with a policy or procedure enacted by the Medical Board, they can utilize the conflict resolution mechanism contained within these Bylaws (Article VI). Such policies shall include, but not be limited to:

9.1.3.1.1. The structure of the Medical Staff;

9.1.3.1.2. The mechanism used to review credentials and to delineate individual clinical privileges;

9.1.3.1.3. The mechanism by which Medical Staff membership may be terminated; and,

9.1.3.1.4. The mechanism for fair hearing procedures.

9.1.3.2. To consider medical-administrative and clinical matters referred to it by the Board of Directors, the President, or physicians on the Active Staff, or reported or recommended to it by Medical Staff Committees, Departments and assigned work groups and to take action upon such matters providing the same do not conflict with the provisions of these Bylaws and Rules and Regulations.

9.1.3.3. To render such advice in medical matters to the President and the Board of Directors as may be required, including, but not limited to, the participation of the Medical Staff in performance improvement activities.

9.1.3.4. To act for the Medical Staff between regularly scheduled meetings of the Medical Staff.

9.1.3.5. To consider all applicants for membership on the Medical Staff and make recommendations to the Board of Directors as outlined in Article IV.

9.1.3.6. To consider all requests for delineated clinical privileges for each eligible individual and make recommendations to the Board of Directors as outlined in

Article IV.

9.1.3.7. To report, through the Chief of Staff, at each annual meeting of the Active Staff upon the actions taken by the Medical Board since the last meeting.

9.1.3.8. To supervise generally and coordinate the work of all committees of the Medical Board.

9.1.3.9. To be responsible for and direct the expenditures of the Medical Staff Fund.

9.1.4. Suspension, Termination. If during the term, a Medical Board member does not fulfill his or her duties adequately, the term in office may be suspended or terminated by the Medical Board, subject to a two-thirds vote for either action. The concerned Department Chairman shall appoint a replacement from among the Advisory Committee members, subject to the approval of the Chief of Staff.

9.2. Standing Committees.

9.2.1. In recognition of the need for ongoing consideration of matters affecting the Medical Staff, or the relationship between the Medical Staff and the Medical Center, or for the purpose of adhering to the requirements of The Joint Commission, or other related regulatory or advisory agencies, the Medical Board shall from time to time establish committees, which will meet regularly and report to the Medical Board with information and/or recommendations. The Standing Committees shall be listed and shall function as described in these Rules and Regulations.

9.2.2. Standing Committees may be created or deleted from time to time by action of the Medical Board.

9.3. Special and Ad Hoc Committees.

9.3.1. The Chief of Staff may when necessary, with the approval of the Medical Board, appoint special committees to study and report on the particular matters coming before the Board. The composition, duties, and authority of special committees shall be determined at time of appointment. Such special committees shall submit their reports in writing to the Medical Board. The Hearing Committee provided for in Article IV of these Bylaws shall be a special committee within the meaning hereof. Other special committees shall be listed and shall function as described in these Rules and Regulations.

9.3.2. Upon the request of the President or the Chairman of the Board of Directors, the Chief of Staff shall appoint committees on an ad hoc basis to study or investigate any other matters concerning the Medical Center or Medical Staff. The composition, duties, and authority of such ad hoc committees shall be determined at the time of appointment. Such ad hoc committees shall report their findings in writing to the Chief of Staff and to the person requesting the study or investigation.

9.4. Membership of Committees.

9.4.1. With the approval of the Medical Board, the Chief of Staff shall first appoint the Chairman of a Standing Committee or special committee and, after conferring with him or her, shall then appoint the other committee members from the appropriate Departments as recommended by the Chairmen of such Departments and their Advisory Committees. Each Standing Committee shall consist of a Chairman and at least two (2) other members. An effort shall be made to maintain reasonable continuity of membership on such committees from year to year. Each Standing and special committee shall be subject to call by its Chairman and shall also be subject to call by the Chief of Staff.

9.4.2. The Chief of Staff shall be a member ex-officio of all Standing Committees except the Nominating Committee. The President may be ex-officio without vote.

9.4.3. At all meetings of each Standing Committee, special committee or ad hoc committee, one-third (1/3) of the voting members shall constitute a quorum.

ARTICLE X
MEETINGS

10.1. Active Staff.

10.1.1. There shall be at least two (2) regular meetings of the Active Staff each year. All Medical Staff members and Advanced Practitioners will also be invited to these meetings. The annual meeting shall be held in the month of July.

10.1.2. Special meetings of the Active Staff may be held at any time upon call of the Medical Board or by a written petition signed by twenty-five (25) or more of the members of the Active Staff and presented to the Chief of Staff. Only such business may be transacted as was summarized in the notice of the meeting.

10.1.3. Quorum. At all meetings of the Active Staff, fifty (50) members of the Active Medical Staff present shall constitute a quorum.

10.2. Medical Board. Regular meetings of the Medical Board shall be held as provided for in the Rules and Regulations. Special meetings may be held at any time upon call by the Chief of Staff.

10.3. Attendance Requirement. The number of Medical Staff meetings and departmental or sectional conferences which each member of the Medical Staff shall be required to attend annually shall be fixed in the Rules and Regulations hereinafter set forth.

10.4. Rules of Order. The Standard Code of Parliamentary Procedure (Alice Sturgis) shall govern the conduct of all meetings of the Medical Board, its committees, and the Active Staff.

ARTICLE XI
RULES AND REGULATIONS

11.1. Rules and Regulations which may be necessary for the proper conduct of the work of the Medical Staff under these Bylaws shall be adopted with the approval of the Board of Directors. Such Rules and Regulations shall be a part of these Bylaws, and amendments to them may be initiated by either the Medical Board or the Board of Directors and shall be referred to the Bylaws Committee. This committee shall review these proposals and report its recommendation to the Medical Board.

11.2. A proposed amendment to the Rules and Regulations may also be presented at any regular meeting of the Medical Board. The Medical Board may recommend approval of the proposed amendment to the Rules and Regulations by a two-thirds (2/3) vote of the eligible voting members present at a meeting at which a quorum is present. Any recommended amendment to the Rules and Regulations shall be communicated to the Medical Staff for comment, the results of which will be conveyed to the Board of Directors.

11.3. A proposed amendment to the Rules and Regulations may also be initiated and presented directly to the voting Medical Staff by petition bearing signatures of at least ten (10) percent of the members of the Active Medical Staff and circulated three (3) weeks prior to the next Medical Staff meeting. The Medical Staff may recommend approval of the proposed amendment to the Rules and Regulations by a two-thirds (2/3) vote of the eligible voting Staff present at the meeting at which a quorum is present. Any recommended amendment to the Rules and Regulations shall be reviewed by the Medical Board. The results of such review will be conveyed to the Board of Directors.

11.4. All amendments to the Rules and Regulations recommended by the Medical Board or Medical Staff shall become effective following approval by the Board of Directors by a majority vote at a meeting of the Board of Directors at which a quorum is present. Amendments to the Rules and Regulations approved by the Medical Board or Medical Staff shall automatically become effective within sixty (60) days if no action is taken by the Board of Directors.

ARTICLE XII
AMENDMENT

12.1. Proposed changes in the Bylaws may be initiated by any member of the Active Medical Staff or Board of Directors and shall be referred to the Bylaws Committee. This committee shall formalize these proposals and report its recommendation to the Medical Board.

12.2. The Medical Board shall decide, by a two-thirds (2/3) vote of the eligible voting members present at a meeting at which a quorum is present, whether to recommend approval of the proposed amendment to the Bylaws. Any proposal that was initiated by the Board of Directors and is not approved by the Medical Board shall be referred back to the Board of Directors. All other proposals not approved by the Medical Board may be presented directly to the eligible voting Medical Staff by petition bearing signatures of at least ten (10) percent of the members of the Active Medical Staff and circulated a minimum of three (3) weeks prior to the next Medical Staff meeting.

12.3. Any proposal approved by the Medical Board shall then be sent by mail to all members of the eligible voting Medical Staff at least two (2) weeks prior to a special meeting or the next regular meeting of the Medical Staff. The Medical Staff may approve proposed amendments submitted to it by a two-thirds (2/3) vote of the eligible voting staff present at the meeting at which a quorum is present.

12.4. Amendments to the Bylaws approved by the Medical Staff shall become effective following approval by the Board of Directors at which a quorum is present. Bylaws amendments approved by the Medical Staff shall automatically become effective within sixty (60) days if no action is taken by the Board of Directors.

12.5. These Bylaws shall be reviewed periodically by the Bylaws Committee which shall report to the Medical Board any need for further revision.

RULES AND REGULATIONS

RULES AND REGULATIONS

1. Standing Committees of the Medical Staff:

   A. Bylaws Committee

   The Bylaws Committee shall assist the Medical Board in keeping abreast of and in compliance with recommendations of The Joint Commission. Proposals to amend these Bylaws and Rules and Regulations shall be referred to the committee which shall present its recommendations to the Medical Board.

   The committee shall see that all amendments to those Bylaws, Rules and Regulations, in the form approved by the Board of Directors, are properly noted and such amendments are circulated to members of the Medical Staff and the House Staff. The Bylaws Committee shall consist of at least three (3) members, one (1) of whom shall be appointed from the Medical Board.

   B. Cancer Committee

   The Cancer Committee shall be responsible for the ongoing review of the care of patients who are treated for cancer at the Greater Baltimore Medical Center according to established departmental protocols. This committee shall review, support, augment, and approve all cancer therapy programs at the Medical Center. The committee shall serve as liaison between the Medical Staff and the Administration and Board of Directors of the Medical Center for the purpose of enhancing cancer treatment. Membership of this committee shall include a representative from the Departments of Diagnostic Radiology, Radiation Oncology, Surgery, Gynecology, Pathology, and the Divisions of Medical Oncology and Urology and such other members of the Medical Staff as may be deemed necessary for the effective functioning of this committee. In addition, there shall be a representative from the Administrative staff.

   C. Library and Continuing Medical Education Advisory Committee

   The Library and Continuing Medical Education Advisory Committee shall be charged with the continuing education of the Medical Staff and all other medical and paramedical personnel who are authorized by law or these Bylaws to treat patients at the Medical Center, as well as be responsible for the maintenance and functioning of the Medical Library which shall contain all books and periodicals necessary, in the judgment of the committee, for the use and education of the Medical Staff and House Staff.

   D. Credentials Committee

   The Credentials Committee shall review the applications of all applicants for appointment and reappointment and report its findings and recommendations in accordance with Article IV of these Bylaws. The Chief of Staff shall appoint one (1) Active Staff member from at least five (5) Departments and one (1) additional Active Staff member to be Chairman of the Committee. The Chief of Staff shall also appoint

an Advanced Practitioner to serve as a member of the Committee. The chair of the Board of Directors shall appoint a sufficient number of Board members to the committee so that the number of board members equals the number of Medical Staff member, excluding the Chair of the committee. The Chair shall not be a Chair of a Department. The Chairman of the Committee shall not be entitled to vote except in the case of a tie. The Chief Medical Officer will serve as an ex-officio, non-voting member of the Committee. The committee shall meet at least every two (2) months to consider applications for appointment and reappointment submitted during that time. A majority vote of a quorum of the committee shall be required to sustain any decision.

E. Critical Care Committee

The Critical Care Committee shall have general supervision over matters related to patient care in these units and shall, from time to time, make recommendations with respect thereto to the President and Medical Board. The committee shall be responsible for developing policies and procedures designated to maximize the quality and effectiveness of patient care in these units, subject to the approval of the Medical Board. The Committee includes, but is not limited to, a member of the Department of Anesthesiology, the Director of the Critical Care Units, the supervisors of the Critical Care units, and a member of the Emergency Department.

F. Infection Prevention Committee

The Infection Prevention Committee shall oversee the GBMC Infection Prevention Program. The Committee includes, but is not limited to, the Infection Prevention Officer, Infection Prevention Practitioner(s), and representatives from Employee Health, Central Sterile Processing, Facilities, Microbiology, Nursing Administration, Perioperative Services, Pharmacy, Infectious Disease, Critical Care, Materials Management, Pathology, Neonatology, and Pediatrics. Leadership representation includes the Chief of Staff, Vice President (VP) of Quality of Patient Safety, Medical Director of Quality and Patient Safety, VP of Patient Care Services-Chief Nursing Officer (CNO), Chairman of the Department of Medicine, and Chairman of the Department of Pathology.

G. Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee shall be an interdisciplinary committee. It shall include representatives from the medical, nursing, pharmacy, and senior management staff, as well as others who are able to contribute to the therapeutic process. Members shall be appointed by the Chief of Staff. The Pharmacy and Therapeutics Committee shall oversee the GBMC Drug Formulary, develop policies for managing drug use, monitor the effectiveness of medication use throughout the health system, and serve as a resource to the department of Pharmacy Services.

Specific Pharmacy and Therapeutic Committee functions shall include:

1. management of the formulary system;

2. participation in the development of drug therapy guidelines and order sets for various clinical pathways;

3. participation in performance improvement activities related to distribution, administration and use of medications, including drug utilization evaluations (DUE's), and monitoring medication incidents and adverse drug reactions;

4. education of physicians, nurses and other professionals in matters pertaining to the use of drugs;

5. development of programs to promote cost effective therapy.

H. The Transfusion Committee

The Transfusion Committee shall be an interdisciplinary committee. It shall include representatives from the Medical, Nursing, and Senior Management Staff, as well as others who are deemed able to contribute appropriately. Members shall be appointed by the Chief of Staff. It shall be chaired by a member of the active medical staff, appointed by the Chief of Staff. The Transfusion Committee shall develop policies that regard and oversee the reporting and use of blood and blood products at GBMC.

I. Medical Staff Peer Review Oversight Committee

The Medical Staff Peer Review Oversight Committee ("MSPRO") is an interdepartmental group that provides oversight and guidance to the departments and to their departmental peer review committees (DPR) regarding the measurement and improvement of physician performance. The MSPRO shall oversee the accountability and effectiveness of the DPRs and any other medical staff committee conducting physician performance evaluations, develop systematic approaches for evaluating and improving physician performance, and coordinate necessary multi-specialty evaluation of individual case reviews, with a full scope of responsibilities as enumerated in the Medical Staff Peer Review Policy.

The MSPRO will be comprised of Active Staff voting members who are appointed by the Chief of Staff, as set forth in the relevant policy regarding the MSPRO.
The term of members shall be for two (2) years with the possibility of successive terms at the discretion of the Chief of Staff with the approval of the Medical Board. Practitioners from other specialties may be invited to attend meetings as guests as needed.

The Chief of Staff, the Vice President for Quality and Patient Safety, the Chief Nursing Officer (CNO), and the quality support staff, as determined by the MSPRO Chairman, shall be ex-officio members of the MSPRO without vote. The Oversight Committee Chairman shall be the Vice Chief of Staff.

The MSPRO shall meet at least four (4) times per year. Persons who are the subject of discussion at a MSPRO meeting are not entitled to the presence of legal counsel at the meeting.

J. The Integrative and Palliative Medicine Committee

The Integrative and Palliative Medicine Committee shall be charged with promoting the awareness of and monitoring the utilization of the Integrative and Palliative Medicine Consult Services in both the inpatient and outpatient setting. In addition, the committee will be responsible for educating the organization about these care services and the ways in which they provide whole-person care to patients with serious illness, including those persons with debilitation from the psychological stressors of serious illness.
The Committee will oversee and assure the quality of integrative and palliative medicine services that may be employed across departments at GBMC in coordination with the Gilchrist Health System. The committee will also be charged with participating in the development of clinical pathways and protocols that serve the needs of persons with advanced illness and/or advanced age where integrative and palliative medicine services are needed.

The physician chair of this committee will be the Section Chief of the Integrative and Palliative Medicine Program. An administrative co-chair shall also preside. Membership of this committee shall include representation from Nursing, Emergency Medicine, Oncology, Care Management/Social Work, Ethics, Kaiser, Population Health, Advanced Practitioners, Hospitalists, Orthopedics, Surgery, and Intensive Care.

The Committee shall report to the Medical Board.

K. Departmental Peer Review Committees

Each Department shall have a Departmental Peer Review Committee to provide peer review for the care for the practitioners in the Department. The Departmental Peer Review Committees shall function in accordance with the Medical Staff Peer Review Policy. Persons who are the subject of discussion at a committee meeting are not entitled to the presence of legal counsel at the meeting.

L. The Medical Staff Wellness Committee

The Medical Staff Wellness Committee shall evaluate and promote wellness programming for the medical staff. Our mission is to increase professional fulfillment by cultivating a culture of wellness, improving efficiency of practice, and enhancing personal resilience. Programs may include group educational/experiential opportunities, individual self-care activities, wellness/social events, peer support, EHR support and an on-site relaxation oasis. The committee will continue to evaluate the success of programs through participation rates and annual or biannual surveys. Programming will be guided by medical staff survey responses and Medical Board input. It shall include representatives from the

Medical, Nursing, and Senior Management Staff, as well as others who are deemed able to contribute appropriately. It shall be chaired by a member of the active medical staff, appointed by the Chief of Staff.

M. Medical Review Committees.

All Medical Staff committees, including but not limited to Credentials Committee, Medical Board, Departmental Peer Review Committees, Medical Staff Peer Review Oversight Committee, Investigative Committees, and Advisory Committees and selected Hospital committees shall be considered "medical review committees" as described in the Annotated Code of Maryland. All proceedings, notes and minutes of medical review committees shall be privileged, confidential and non-discoverable in accordance with Maryland law.

2. Special Committees of the Medical Staff

A. Medical Ethics Committee

The Medical Ethics Committee is an advisory committee which serves as a resource to the institutional staff and administration in clarifying complex ethical issues arising out of the practice of medicine. The functions of the committee are:

1. To provide for the education of Medical Staff and other Medical Center personnel in matters concerning ethical issues.

2. To provide a discussion forum for the review of ethical issues relative to the care of patients.

3. To serve as an advisory body for the Medical Center Board of Directors, Administration, and Medical Staff on the formulation of policies and/or guidelines dealing with ethical issues.

4. To serve as a resource for the Medical Staff, nurses and other health professionals, patients, and/or families in dealing with ethical questions related to hospitalization and treatment.

5. To review ethical decisions, questions, and dilemmas arising in the Medical Center and to discuss options available in specific circumstances.

6. To monitor relevant legislation and legal proceedings in the field of bioethics.

Membership on the committee shall include three physicians appointed by the Chair of the Committee and such other members deemed necessary to the effective functioning of the committee. The Chief of Staff shall designate a Chair of the Committee.

Meetings will be on a regular basis as determined by the committee. Special meetings will be held as requested by the Medical Staff, Board of Directors, Administration, other

health professionals, patients and their families. The committee will report to the Medical Board and the Board of Directors.

B. Nominating Committee

The Nominating Committee for officers of the Staff shall be elected by ballot by the entire Medical Board, and shall be composed of four (4) members of the Medical Board from the members of the Staff not Chairmen of Departments, and one Chairman of a Department. They shall elect their own Chairman. The Committee shall prepare a selection of candidates for election as Chief of Staff, Vice Chief of Staff and Secretary-Treasurer. The report of this Committee shall be submitted to the Medical Board and to the July Medical Staff meeting.

A nominating committee for the at-large members of the Medical Board shall be appointed by the Chief of Staff in conjunction with fellow officers and shall be composed of one member from each of the Departments of Medicine, Surgery, Ophthalmology, Otolaryngology - Head and Neck Surgery, Gynecology, Obstetrics, Pediatrics, Family Medicine and Geriatrics, Hospice and Integrative Palliative Medicine. Departmental Chairmen will not be members of the committee. Although nominees shall not be limited to the departments represented by the committee, no more than two (2) candidates from any department may be nominated. The Nominating Committee shall recruit candidates and recommend a slate of nominees, to be voted on at the Annual Meeting of the Medical Staff. Nominees may be taken from the floor. Only two (2) nominees shall be elected each year to replace the members-at-large whose terms are ending; each will serve for a two (2) year term. The members-at-large shall only serve for one (1) two-year term, but may be renominated after a lapse of one (1) year. In no case shall any Department have more than two (2) at-large members. Should the case arise in which there are more than two (2) candidates elected from one Department, the rules of plurality shall apply. If a vacancy occurs in a member-at-large position, the Medical Board will elect a successor to fill the vacancy for the remainder of the term.

3. Meetings

A. The meetings of the Medical Board shall be as specified by the Medical Board. Regular meetings shall be no more frequent than monthly and no less frequent than quarterly.

B. The meetings of the Medical Staff shall be held as held as provided for in Article X of these Bylaws. Each member of the Active Medical Staff shall be encouraged to attend these meetings. Records of attendance and minutes shall be kept.

C. Each Department shall have periodic Departmental meetings and conferences. Each Active member of the Department shall be encouraged to attend these meetings. Records of attendance and minutes shall be kept.

D. Notwithstanding the foregoing, nothing contained herein shall prevent any Department from establishing pursuant to Section 4.1.5.4 more stringent criteria for meeting attendance by members of the Department.

4. Dues, Assessments, Fees and Funds

A. Dues shall be billed in advance on June 1 for the year to follow, July 1 – June 30, for all members of the Medical Staff, except for those members of the Affiliate, Emeritus or Distinguished Emeritus Staffs, in amounts determined by the Medical Board from time to time.

B. Dues shall be paid yearly by members of the Affiliate Staff, in amounts determined by the Medical Board from time to time.

C. No dues, assessments or fees shall be charged to members of the Emeritus or Distinguished Emeritus Staffs, or physicians in fellowship positions at GBMC approved as a moonlighter in the specialty of his/her completed residency.

D. Members of the Active, Associate and Contractual Staff upon reaching the age of 65 may apply for reduction in dues to one-half (50%) of the then prevailing dues rate and no assessments. Such reductions in dues and assessments will be subject to the approval of the Chief of Staff.

E. The Secretary-Treasurer of the Medical Staff will notify by registered mail any member of the Medical Staff whose dues and assessments are in arrears sixty days after the mailing date of the invoices. The letter shall call attention to the amount of the unpaid assessment and state that with continued absence of payment for one month, resignation from the Medical Staff will be considered automatic. In the case of prolonged illness or other mitigating circumstances, the Medical Board, by a two-thirds (2/3) vote of those present at any regular meeting, may waive for one year the delinquent staff member from dues and assessments.

F. Fees for processing initial applications and reappointment applications will be set by the Medical Staff Office and approved by the Medical Board.

G. Dues, assessments and fees shall constitute a Staff Fund which shall be administered by the Medical Board.

5. Resignations

Resignations from the Staff are to be presented for information to the Medical Board and Board of Directors.

6. Admission of Patients and Line of Command

A. Patients may be admitted to any service only by a physician or other qualified licensed individual with privileges on that service, in accordance with State law and Medical Center policy and procedure.

B. Admissions shall be seen by the attending physician and a note justifying the admission shall be entered within 24 hours of admission.

Admission notes entered by other qualified licensed individuals shall be entered within twenty- four (24) hours of admission.

C. In the event of an emergency when the attending physician or designate is not immediately available, the Chief of Service or designate may summon any physician or other qualified licensed individual he or she considers necessary to attend the patient.

D. A physician or other qualified licensed individual is not allowed to perform pre-operative history and physical examinations for, admit, or treat members of his or her immediate family.

7. Inter-Service Transfer of Patients

A. In the case of inter-service transfer, the authority to transfer is solely the privilege of the physician to whom the patient had been previously admitted.

B. The transfer is completed when the second physician accepts the care of the patient. This should be recorded as an order in the chart; but in any event, it must be clear that primary responsibility for the patient's care has been both requested by the first physician and accepted by the second.

C. These measures apply equally to the resident service where only the resident or, in his or her absence, the senior resident on call may accept a patient in transfer or admit a patient to the care of the resident service.

8. Basis for Treatment

A. Except in emergency, no patient shall be admitted to the hospital until a provisional diagnosis has been stated. In case of emergency, the provisional diagnosis shall be stated as soon as possible after admission.

B. In cases where a tissue or cytologic diagnosis has been made elsewhere and in which the diagnosis established by that material is the basis for definitive primary treatment at this hospital, the material establishing the diagnosis shall be reviewed by the Pathology Department prior to the institution of treatment, unless the condition of the patient precludes prior review. If treatment must begin before review, the review shall be completed at the earliest possible time following initiation of treatment.

C. In cases in which diagnostic studies performed elsewhere, such as radiologic studies, electrocardiograms, endoscopies, or other diagnostic procedures, are the basis for treatment at this hospital, the attending physician shall furnish either a copy of the report of the study or a note detailing the procedure and its result in the patient's medical record.

D. In the event a patient is admitted for a drug overdose or attempted suicide, the attending physician must request a psychiatric consultation. This consultation will consist of an evaluation of the patient's condition to determine a recommended course of treatment.

9. Individuals Presenting to the Emergency Department and Labor and Delivery

A. Ill or injured individuals presenting to the Emergency Department or to Labor and Delivery for care will be assessed, treated and referred according to procedures set forth in relevant Hospital policies and guidelines, including Triage guidelines, Policies and Procedures and the Emergency Medical Treatment and Active Labor Act (EMTALA). Individuals requesting an examination or treatment for an emergency medical condition or whom a prudent layperson observer would perceive to be suffering from an emergency medical condition, will receive a Medical Screening Exam (MSE) by Qualified Medical Personnel (QMP) to determine if an Emergency Medical Condition (EMC) exists.

B. QMP who can perform an MSE include advanced practitioners and physicians in the Emergency Department and Labor and Delivery. Advanced practitioners and physicians performing the MSEs will discuss patients requiring specialty assessment with the appropriate specialist listed on the current on-call roster.

C. An on-call physician/advanced practitioner should respond to a page from the ED or Labor and Delivery physician/advanced practitioner within thirty (30) minutes by phone. If the Emergency Physician/advanced practitioner determines in his or her sole discretion that the on-call physician/advanced practitioner should come to assess the patient in the Emergency Department or Labor and Delivery, the on-call physician/advanced practitioner must come within sixty (60) minutes. The on-call physician/advanced practitioner must assess, stabilize and determine the disposition of patients with emergent conditions requiring specialty care. If the care required by the patient is not available at the hospital, the hospital will arrange for a transfer of the patient in accordance with applicable policies. Physicians/advanced practitioners, who do not respond by phone within the thirty (30)-minute time frame, or in person within the sixty (60) minute time frame if requested to appear in person, may be reported to the Department Chairman and Chief of Staff for lack of adherence to the Provider Professional Accountability Policy, EMTALA requirements or other applicable policies. If the patient is already under the care of an appropriately credentialed member of the Medical Staff other than the specialist on call, the Emergency Department or Labor and Delivery physician/advanced practitioner may consult that specialist who may assess the patient.

10. Surgical Operations and Invasive Procedures

A. Immediately after the completion of an operative or invasive procedure, and before the patient is transferred to the next level of care, an operative note will be completed and placed in the electronic medical record. The operative report, where required, shall be completed and signed within fifteen (15) days. Operative reports should include the following elements: surgeon and assistants; operative procedure performed; findings; description of procedure; estimated blood loss; specimens removed; and, pre and

postoperative diagnosis, type of anesthesia, complications, and prosthetic devices , grafts, tissues, implanted, if any.

11. Referring Practitioners Ordering Outpatient Services

Orders for selected outpatient services rendered at the Medical Center may be made by any practitioner who does not hold privileges at the Medical Center and is responsible for the care of the patient, licensed in the jurisdiction where he/she sees the patient, and acting within the scope of practice under State law. Generally the outpatient services that may be ordered by persons who are not members of the Medical Staff include laboratory studies, imaging and other non-invasive procedures.

A. Submission of orders and verification

Orders for selected outpatient services by persons who are not members of the Medical Staff as approved by relevant Hospital policies must be submitted by paper or fax to the receiving department for department staff to submit the order by computerized order entry.

When the practitioner is not credentialed through the medical staff or Advanced Practitioner process, the employee transcribing the order will validate the providers NPI and add an unverified POTF record for the referring practitioner in the Medical Center's EHR (Epic) system. Within seventy-two (72) hours of the request, the Medical Staff Office will verify the practitioner's license, status with the Office of the Inspector General (OIG) and other relevant information.

If the practitioner's license has any adverse action against it, or if the practitioner is sanctioned by the OIG, the Medical Staff Office will, within twenty-four (24) hours notify the Compliance Office for follow-up. The practitioner will not be entered into the hospital's patient registration system under these circumstances.

The Compliance Office will provide oversight concerning the status of the referring practitioners in the hospital patient registration system for any subsequent orders for outpatient services submitted by the same practitioner.

12. Laboratory Procedures

A. The Medical Center will accept as valid only laboratory work performed by laboratories or physician practices licensed by CLIA or the State of Maryland.

B. Minimum standards for laboratory work for either outpatient or inpatient surgery requiring general or major regional anesthesia may be established by the Department of Anesthesiology as approved by the Medical Board.

13. Blood Transfusion Procedures

A. Blood transfusion procedures will comply with the relevant Hospital policies.

B. The blood specimen for a type and crossmatch sample is to be labeled in the presence of the patient and will comply with established specimen labelling and patient identification practices at the Medical Center.

C. When transfusion is necessary, the proper orders must be placed in the patient electronic medical record of the Hospital Information System per established policies.

D. When obtaining blood and blood components from the Blood Bank, a blood release form with proper patient identification using two identifiers must be presented.

E. The American Red Cross Blood Services is the primary supplier of blood and blood components. The Hospital also obtains blood from other blood suppliers, including the AABB Clearinghouse. All providers of blood and blood components to the Hospital must be licensed by the Food and Drug Administration and follow all relevant policies for patient safety.

14. Autopsy

A postmortem examination is a medical procedure that is requested by the attending physician in circumstances where there is a clinical indication/need for the procedure. Postmortem examination is not automatically offered for every deceased patient. Family requested autopsies are not performed if not clinically indicated. When indicated, no autopsy shall be performed without consent of a relative or legally authorized agent. In possible medical examiner cases, the County Medical Examiner's Office must be contacted before proceeding to obtain authorization from the family of the deceased when an autopsy is clinically indicated and the Medical Examiner has not assumed jurisdiction.

A. All autopsies shall be performed by the hospital pathologist or by a physician to whom he may delegate the duty.

B. A request for an autopsy may be considered in the following circumstances:

- Unexpected or unexplained deaths that are apparently natural and not subject to forensic medical jurisdiction.

- Deaths in which autopsy may help to explain unknown and unanticipated medical complications to the attending physician.
- Cases in which autopsy may help to allay concerns of and provide reassurance to the family and/or public regarding the death.

C. Pursuant to Statute 5-309 of the Annotated Code of Maryland medical examiner cases include any death resulting, wholly or in part, from a casualty, violence, poisoning, suicide, criminal abortion, rape, therapeutic misadventure, drowning, or any death of suspicious or unusual nature, or of an apparently healthy person.

D. All dead-on-arrival cases are the responsibility of the Medical Examiner until he

releases the case. Autopsies are not performed in these cases.

15. Medical Records

A. Medical records should contain the documentation needed to support the patient's diagnosis and condition to include:

- Information needed to justify the patient's care, treatment, and services;
- Information that documents the course and result of the patient's care, treatment, and services;
- Information about the patient's care, treatment, and services that promotes continuity of care among providers.

B. Entries in the medical record should be concise and accurate. All entries in the medical record are authenticated, dated and timed.

C. Only authorized individuals may make entries in the medical record, as described in the Authentication of Medical Records policy.

D. The use of abbreviations should be minimized. Dangerous abbreviations as defined by the Abbreviations and Symbols policy are prohibited from use in all forms of clinical documentation at GBMC.

E. In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record should contain a concise Discharge Summary that includes the following:

- Reason for hospitalization
- Procedures performed
- Care, treatment, and services provided
- Patient's condition and disposition at discharge
- Information provided to the patient and family
- Provisions for follow-up care

F. The Attending Physician is responsible for completing the Discharge/Transfer Summary. Although the Attending Physician may delegate completion of the Discharge/Transfer Summary to a Resident or Advanced Practice Provider, the Attending Physician must sign and be ultimately responsible for the Discharge/Transfer Summary.

G. An Operative or other High-Risk Procedure Report for a procedure that requires moderate, deep sedation or general anesthesia should include the following information:

- Names of the licensed independent practitioner(s) who performed the procedure and his or her assistants
- Name of procedure(s) performed
- Description of procedure(s)

- Findings of procedure(s)
- Any estimated blood loss
- Any specimen(s) removed
- Postoperative diagnosis

H. The medical record of each discharged patient shall be completed within fifteen (15) days following discharge. Medical records are considered complete when they contain an authenticated Discharge Summary and Operative Note (when applicable). Clinical Documentation Improvement Queries, History & Physicals, Consultations, Progress Notes and Verbal Orders must also be authenticated.

I. The Chief of Staff is authorized to declare an incomplete record complete if a GBMC has terminated a physician's clinical privileges.

16. Warning and Administrative Suspension for Failure to Complete Medical Records

A. Warning of Administrative Suspension

1. Notification of warning of administrative suspension will be sent to any provider with at least one (1) deficient medical record seven (7) days or older after discharge. This notification will be sent via e-mail and/or Epic In Basket and will inform the provider that he/she will be placed on suspension if he/she fails to complete all records within fifteen (15) days after discharge.

2. If a provider completes his/her medical records within the allotted 15 days post discharge, there will be no administrative suspension.

3. The names of the providers who have received a warning about administrative suspension will be sent weekly to the Chief Medical Officer, Chief of Staff, and Director of Medical Staff Services. The Department Chairman will contact those individuals promptly.

4. Providers who have received warnings of administrative suspension may continue to care for patients according to his/her approved clinical privileges.

B. Administrative Suspension of Selected Clinical Privileges

1. Failure to complete the delinquent medical record within fifteen (15) days after receiving a warning, or within 30 days after the patient's discharge, will result in administrative suspension of the provider's clinical privileges. Notification of administrative suspension of clinical privileges will be sent via e-mail and/or Epic In Basket.

2. If a provider has been administratively suspended as described in this subsection, he/she can no longer admit any new patients or post new patients for procedures or surgery, but may continue to care for patients already admitted. If a provider has been administratively suspended and then completes the delinquent medical

records within fifteen (15) days of notification of administrative suspension, he/she will be removed from administrative suspension.

C. Administrative Suspension of Medical Staff Membership and Clinical Privileges

1. Failure to complete delinquent medical records within fifteen (15) days of notification of administrative suspension of clinical privileges, or forty-five (45) days after discharge will result in the administrative suspension of Medical Staff membership and all clinical privileges and clinical privileges.

2. A provider whose medical staff membership and clinical privileges have been suspended may no longer care for any patient already admitted to the Hospital, and may not admit any new patients or post new patients for procedures or surgery.

3. Removal of administrative suspension of medical staff membership and all clinical privileges may occur upon completion of all delinquent records.

4. The Director of Health Information Management, in his/her sole discretion, may extend the deadlines in this section upon written request of the Member or Advanced Practitioner if extenuating circumstances are present to warrant such extension.

17. Medical Staff Credentials Files

A. The credentials files maintained on individual members of GBMC's Medical Staff are the property of GBMC and its organized Medical Staff and shall be maintained as confidential. Access to such files and the information in them shall be limited to:

1. Duly appointed officers and committees of the Medical Staff and/or Board of Directors, and other authorized GBMC personnel, for the purpose of discharging the duties delegated to them by GBMC's Board of Directors in evaluating the qualifications, competence, and performance of providers of health care, and evaluating and acting on matters that relate to the discipline of providers of health care;

2. A medical review committee, as defined by Maryland Annotated Code;

3. Such other recipient as required by applicable law or regulation; or,

4. The Medical Staff member on whom the file is maintained, subject to the provisions of Paragraph B, below.

B. A Medical Staff member shall be granted access to his or her own credentials file subject to the following provisions:

1. Where there has not been a request for a hearing in accordance with Article IV of the Medical Staff Bylaws, the member will notify the Chief of Staff of his/her

request for access, and the review will take place in the Medical Staff Office during normal working hours, with the Chief of Staff or his designee present.

2. Where there has not been a request for hearing in accordance with Article IV of the Medical Staff Bylaws, the member may review and receive a copy of only those documents provided by or addressed personally to him/her. A summary of all other information, including peer review committee findings, letters of reference, complaints, etc., shall be provided to the member in writing by the Chief of Staff or designee at the time the member reviews the credentials file. Such a summary shall disclose the substance, but not the source, of the information summarized.

3. Whenever a member or applicant for membership on the Medical Staff is to have has requested an evidentiary hearing under Article IV, the member or applicant shall be entitled to review and receive a copy of any material in the member or applicant's file.

4. The member of the Medical Staff shall be given right to respond in writing to information contained in the file that he/she believes is inaccurate or damaging.

18. Patient Isolation

Uniform patient isolation practices will be followed throughout the Medical Center. The isolation techniques and practices used will be those recommended by the Infection Prevention Committee and approved by the Medical Board.

Standard Precautions will be utilized in the care of all patients in both inpatient and outpatient settings, regardless of any suspected or confirmed infectious agent.

Transmission-Based Precautions (Isolation) will be implemented in addition to Standard Precautions for inpatients who are known or suspected to be colonized or infected with certain epidemiologically important pathogens, including but not limited to Multi-Drug Resistant Organisms (MDROs).

The implementation and discontinuation of Transmission-Based Precautions is the responsibility of authorized prescribers, Registered Nurses and Infection Preventionists. Physician orders are not required to implement isolation precautions.

Empiric Isolation Precautions will be implemented for certain clinical syndromes or conditions that warrant Isolation pending identification of the causative agent due to their highly contagious nature and/or potential to cause serious disease.

In matters of patient isolation, the burden of proof is on the individual who maintains that isolation is unnecessary. In other words, if isolation is initiated by whatever means, it will remain in effect until a final resolution is obtained as outlined above.

Patients with known contagious and infectious conditions cannot be admitted to multi-bed rooms. Diagnosis of such conditions when known or suspected by the attending physician must be given to the admitting office either prior to admission or when the patient is being admitted.

A private room will be utilized for the patient placed on any Isolation Precautions. Exception: when a private room is not available, seek Infection Prevention Committee guidance, as the patient may be able to be placed in a room with a patient who is infected or colonized with the same microorganism (cohorting).

19. Visiting Affiliates

A. In General

Visitors shall include physicians, students and other persons as described below. Visitors shall not be members of the Medical Staff of the Medical Center.

B. Observers

Upon recommendation by the appropriate Department Chairman, and with the approval of the President of the Medical Center in consultation with the Chief of Staff, physicians, dentists, podiatrists, students and other persons may observe educational activities in a clinical setting at the Medical Center. Observers shall not participate in patient care or management or perform any clinical act. Observer status shall be granted for a period of not more than six months and may be renewed once at the request of the Medical Center supervising physician. The supervising physician must request the approval of an individual as an Observer in writing from the Academic Affairs Office. The applicant shall submit a current curriculum vitae and a recommendation from their school (if any), demonstrate satisfactory immunization requirements, complete appropriate paperwork and satisfy other requirements as required by the Medical Center.

C. Clinical trainees

Upon recommendation by the appropriate Department/Division Chair, and with approval of the Office of Academic Affairs, physicians and students in medical, dental, podiatric and other clinical training programs whose home institution has a formal agreement with the Medical Center ("Clinical Trainees") may request "Clinical Trainee" status. Clinical Trainees may perform clinical and patient care services as stated in the formal agreement between the Medical Center and the home institution. The applicant must satisfy the requirements of the hosting department/division, the Office of Academic Affairs and the Medical Center. The applicant shall submit a current curriculum vitae, letter of good standing from the home institution, satisfactory immunization documents and other appropriate paperwork.

D. Advisory Consultants. Physicians may be Advisory Consultants for the purpose of performing preceptor, proctor or teaching responsibilities. They must complete

appropriate paperwork, demonstrate satisfactory immunization requirements and satisfy other requirements of the Medical Center

E. Termination. Visitors may be terminated at any time by the President of the Medical Center with notification to the appropriate Chairman and Chief of Staff. Denial or termination of Visitor status shall not constitute a professional review action or entitle the applicant to an evidentiary hearing or any other due process right under these Bylaws.

20. Advanced Practitioners

Advanced Practitioners ("APs") are health care professionals who, because they are not physicians, dentists, podiatrists are not eligible for membership in the Medical Staff. They include certified registered nurse practitioners, nurse midwives, physician assistants, clinical psychologists, certified registered nurse anesthetists, radiology assistants, acupuncturists and other individuals who may be licensed or certified by the State of Maryland in a health care profession or otherwise designated by Medical Center policy and procedure. They shall not be permitted to practice independently in the Medical Center. They may hold clinical privileges if eligible and appropriately credentialed according to policies and procedures approved by the Medical Board and Board of Directors. They are subject to such requirements for physician supervision or collaboration as provided by Medical Center Policy and Procedure.

21. Institutional Review Board

The Institutional Review Board shall serve as the research committee and shall receive, study and approve all protocols of proposed research projects to be conducted within the hospital. It shall also seek possible sources of funds for support of research projects. The Institutional Review Board shall have at least five members with varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. It will function as an independent body and report to the Medical Board for informational purposes.

22. Supervision of Resident Staff

The specific functions of the Resident Staff and mechanisms for their supervision by attending physicians are set forth in the policies of the various teaching programs, the job descriptions and contracts of the residents and in departmental supervision guidelines. The following rules are generally applicable to all teaching departments:

A. Unless otherwise directed by the attending physician on a general basis or with respect to a given patient, the Resident Staff of a department may participate in the care of any patient admitted by an attending member of the Medical Staff, subject to the member's agreement and willingness to supervise the resident in accordance with these criteria.

B. The records of history and physical examinations performed by Resident Staff must be countersigned by the attending physician, who must state that he or she has reviewed the resident history and physical note and attest to his/her degree of involvement in the patient's care.

C. The attending physician shall approve the discharge summary and final diagnosis on all patients.

D. Residents assigned to the care of a given patient may write medication, blood, treatment and diagnostic orders for that patient, provided, however that the attending physician and any anesthesiologist or radiologist or consultant assigned to the patient's care shall not be precluded from also writing orders. The attending physician, through a signed order, may cancel or change any order entered by a resident.

E. No surgical procedure performed in an operating room shall be performed except under the direct supervision of an attending member of the Medical Staff. No patient shall be scheduled for surgery without prior consultation with the attending surgeon who will supervise the procedure.

F. A faculty member or private member of the attending staff shall attend all deliveries.

G. The senior resident of each service is immediately responsible for the supervision of the junior residents assigned to that service and shall round daily on each patient to which a junior resident is assigned. The Director of the Residency Program in each teaching department is ultimately responsible for the supervision of all residents within the department and shall discharge that responsibility either directly or by delegation to an attending member of the Medical Staff of the department, who shall enter an appropriate attending note in the inpatient record at least every 72 hours.

H. Attending physician and residents must inform each patient of their respective roles in that patient's care.

23. Medical Students

A. Medical students who are not receiving their training experience under a formal agreement with GBMC and their medical school, must be granted Visiting Affiliate status in accordance with the provisions of the Medical Staff Rule and Regulation No. 19.

B. Medical students may perform history and physical examinations and other non-invasive examinations appropriate to their training and experience and to the service to which they have been assigned. Their history and physical examinations will not stand as the official history and physical for that admission.

24. Procedure for Initial Appointment

An applicant for initial appointment to the Medical Staff shall apply for medical staff membership and clinical privileges. The application shall contain the following information:

A. Qualifications. A request for information bearing on the applicant's professional qualifications and competence for the particular Medical Staff privileges requested

including, but not limited to, education, licensure, relevant training, experience, current competence, and ability to perform the privileges requested.

B. Request for Privileges. A delineation of specific Medical Staff privileges in the Department(s) in which the applicant requests privileges.

C. Other Affiliations. Name and address of any other hospital or other health care institution or practice where the applicant currently has or in the past has been granted medical privileges.

D. References. Names of two (2) or more persons to whom evaluation forms may be sent and who have worked with the applicant and observed his or her professional performance in the recent past and who can provide reliable information, based on significant personal experience, about the applicant's medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism and any other qualifications relevant to eligibility for Medical Staff membership under these Bylaws.

E. Professional Sanctions. A request for information about whether:

1. the applicant has ever been denied medical staff membership or clinical privileges or had medical staff membership or clinical privileges revoked, suspended, reduced or not renewed, limited, or placed on probation at the Medical Center or any other hospital or health care institution;

2. any of the following have ever been revoked, denied, suspended or placed on probation: (a) membership in any local, state or national professional health care society, institution or organization, including managed care organizations, (b) license to practice any health care profession in any jurisdiction, or (c) Drug Enforcement Administration (DEA) registration or other drug registration;

3. the applicant is the subject of any pending or threatened investigation or proceeding which, if decided adversely the applicant could result in any section named in Article IV.

4. either the following have ever been voluntarily relinquished: (a) license to practice any health care profession in any jurisdiction or (b) DEA registration or other drug registration;

5. the applicant has ever voluntarily or involuntarily relinquished or agreed to the limitation or reduction of a medical staff appointment or clinical privileges or withdrawn an application at any hospital, health care institution or managed care organization for quality of care reasons or unprofessional conduct;

6. the applicant has ever been reprimanded, censured or admonished or the subject of any adverse action or finding for quality of care reasons or for unprofessional conduct

by any hospital, other health care organization, professional organization, government agency, or managed care organization;

7. the applicant had ever been ever been excluded from, found liable, received any other sanction from, or entered into any settlement with any governmental agency, including, but not limited to, Medicare or Medicaid, regarding any aspect of professional practice;

8. the applicant has or ever had any health problems, including, but not limited to, alcohol or drug abuse, which might impair an ability to properly care for patients at the Medical Center;

9. the applicant is engaged in the use of illegal drugs.

The applicant shall provide a detailed written explanation of any affirmative response to the above.

F. Professional Liability Insurance. A statement that the applicant carries professional liability insurance at least in the minimum amount and in the form of coverage as may be required by the Medical Center from time to time and a request for information regarding malpractice claims history and experience, including a consent to the release of information from present, and any past, malpractice insurance carriers and a waiver of any privilege relating thereto.

Applicant is responsible for notifying the Medical Staff Office of any changes in insurance coverage. Immediate notification is required for any lapses in coverage, including cancellation or termination of coverage. Failure to do so will lead to automatic revocation of privileges.

G. Verification and Agreement. The applicant shall sign a statement that all information provided by him or her is true, correct and complete in all material respects to the best of his or her knowledge and that he or she has had access to the current Medical Staff Bylaws and Rules and Regulations and agrees to be bound by the terms thereof and any amendments thereto.

H. Identification. The applicant shall present the Medical Staff Office with a valid government-issued photo identification issued by a State or Federal agency or a current picture hospital identification card.

25. Content of Application for Reappointment

The reappointment application shall request information about the following:

A. Continuing Education. Relevant continuing education, training and experience related to the privileges requested by the applicant;

B. Physical and Mental Health Status. The current physical and mental health status of the applicant;

C. Other Affiliations. The name and address of any other hospital or other health care organization or practice where the applicant has been granted privileges or under whose auspices the applicant for reappointment rendered professional services during the expiring term;

D. Professional Societies. Membership or honors awarded, granted, denied, revoked or suspended by any professional health care society, institution or organization during the expiring term;

E. Professional Sanctions.

1. Sanctions of any kind imposed by and health care organization, professional society, or licensing or drug control authority during the expiring term;

2. any pending or threatened investigation or proceeding which, if decided adversely to the applicant, could result in the imposition of sanctions as described in the foregoing section E1: or

3. the voluntary relinquishment, reduction, limitation or loss of any medical staff membership, clinical privileges, professional license or Drug Enforcement Administration registration:

4. Malpractice Claims. Details about any malpractice claims experienced during the expiring term;

5. Professional Liability Insurance. Details about any changes in the amount or form of coverage during the expiring term. Maintaining coverage is a condition of membership on the Medical Staff.

6. Staff Privileges. A delineation of specific clinical privileges in the Department(s) in which privileges are requested, and, if applicable, the applicant's reasons for seeking a change in present privileges.

7. Current Address. The reappointment applicant's current home and office addresses and telephone numbers;

8. Miscellaneous. Any other information bearing on the applicant's qualifications, professional ethics, competence, ability, and insurance coverage as the Medical Board or the Board of Directors may require; and

9. Verification. The applicant shall sign a statement that all information provided by him or her is true, correct and complete in all material respects to the best of his or her knowledge.