BYLAWS
OF THE
MEDICAL STAFF
OF
MACNEAL HOSPITAL

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VHS of Illinois, Inc. doing business as MacNeal Hospital (the "Hospital") located in
Berwyn, IL, is a corporation organized and existing under the laws of the State of
Delaware and duly qualified to transact business in the State of Illinois.

PREAMBLE

Recognizing that the Medical Staff has the overall responsibility for the quality of
medical care in the Hospital and must accept and assume this responsibility and that the
cooperative efforts of the Medical Staff, the Chief Executive Officer and the Board of
Trustees of the Hospital are necessary to fulfill the Hospital's obligations to its patients,
the physicians, dentists and podiatrists in the Hospital, having organized themselves into
a Medical Staff, adopt these Bylaws subject to the approval of the Board of Trustees of
the Hospital.

DEFINITIONS AND GENERAL PROVISIONS

Except as provided in these Bylaws, the following definitions and general provisions
shall apply in interpreting these Bylaws:

1. The term "Board" means the Board of Trustees of the Hospital.

2. The term "Organized Medical Staff" (hereafter "Medical Staff") includes all:
   physicians duly licensed to practice medicine and surgery, dentists duly
   licensed to practice dentistry and podiatrists duly licensed to practice podiatry
who are privileged to care for patients in the MacNeal Hospital, regardless of staff category.

3. The term "Active Medical Staff" means only those physicians who are in the "active medical staff category" and does not include provisional, courtesy, consulting, locum tenens, critical care house physicians, or honorary members of the Medical Staff.

4. The term "Medical Executive Committee" means the Executive Committee of the Medical Staff unless specific reference is made to the Executive Committee of the Board.

5. The term "Chief Executive Officer" means the Chief Administrator of the Hospital.

6. The term "Practitioner" means an individual duly licensed to practice medicine, dentistry or podiatry within the scope of his or her licensure.

7. The term "Full" when used in connection with membership on the Medical Staff refers to members of the Medical Staff who are not provisional members.

8. The term "year" means any period of 365 consecutive days.

9. The term "calendar year" means a period of twelve consecutive months that begin on January 1 and ends on December 31.

10. When any notice, report or request required or provided for by these Bylaws it shall be in writing and shall be deemed to have been given, made, received or delivered to a person, when it is

A. it is delivered in person, or
B. it is deposited in that person's individual Hospital mailbox, if any, or
C. after a period of ninety-six (96) hours has elapsed from the time it is
   placed in the United States mail, postage prepaid, to his/her last known
   post office address.

11. Whenever a member, an officer, a committee, a subcommittee, a department,
    or any other grouping of the Medical Staff is required by the Bylaws to act or to
    report within a specified time period, and fails to do so within the prescribed
    deadline, it or he/she shall immediately relinquish control, jurisdiction, or
    authority over that particular matter. The person or group to whom it was to
    report must at that time assume such control, jurisdiction and authority. In the
    absence of such a designated successor group, the Medical Executive
    Committee shall assume such control.

ARTICLE I

NAME

The name of this organization shall be the MACNEAL HOSPITAL MEDICAL STAFF
("Medical Staff").

ARTICLE II

PURPOSES

The purposes of this organization are to:

1. Provide all patients admitted to or treated in any of the facilities, departments, or
   services of the Hospital with quality care;
2. Ensure a high level of professional performance of all members of the Medical Staff through the appropriate delineation of privileges to practice in the Hospital and to continually review and evaluate the activities of all individuals granted clinical privileges in the Hospital per the Medical Executive Committee approved Hospital Peer Review Policy;

3. Provide education and maintain high scientific and educational standards and an atmosphere conducive to continuous progress of all members of the Medical Staff in professional knowledge and skill;

4. Support appropriate programs associated with the fulfillment of the purposes of the Hospital and the Medical Staff;

5. Cooperate in affiliations of the Hospital with schools of medicine or other educational institutions in furtherance of the Hospital's teaching programs;

6. Provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the Board and the Chief Executive Officer;

and

7. Initiate and maintain rules and regulations for self-government of the Medical Staff.

ARTICLE III

MEMBERSHIP ON THE MEDICAL STAFF

Section 1. Membership. Membership on the Medical Staff of the Hospital is a privilege that shall be extended only to those individuals who are professionally competent and who continue to meet the standards and requirements set forth in these Bylaws. Appointment to the Medical Staff is dependent upon Hospital, patient,
community, and physician needs, and the process will not discriminate or consider anti-competitive motives when choosing Medical Staff members.

Section 2. Qualifications.

a. **Professional.** Only physicians, dentists and podiatrists permitted by law to practice in the State of Illinois, who provide information regarding their background, experience, training, demonstrated competence and ability to work with others which assures, in the judgment of the Medical Staff and the Board, that any patient treated by them in the Hospital will be given medical care consistent with the state-of-the-art of medicine, dentistry or podiatry shall be qualified for membership on the Medical Staff. No physician, dentist or podiatrist shall be entitled to membership on the Medical Staff, or be granted particular clinical privileges, merely because he/she is duly licensed to practice medicine, dentistry or podiatry in this or in any other state, is a member of some professional organization, or has had in the past, or presently has, such privileges at any other hospital.

b. **Board Certification/Recertification.**

1. All physicians appointed to the medical staff prior to January 1, 1994, shall be board certified or members of the medical staff for ten or more years and have affirmatively established comparable competence through the credentialing process.

2. All initial appointments to the Medical Staff from January 1, 1994, through July 26, 2001, shall be granted with the explicit understanding
that the applicant must be eligible to apply for board certification and
shall receive certification within the period of eligibility, as determined by
that particular board. Failure to do so will result in the physician’s being
denied reappointment unless an exemption or extension is granted
through the procedures set forth in Articles III and V of these Bylaws.

3. All initial appointees from July 27, 2001, through December 31, 2002,
must be eligible to apply for board certification and shall receive
certification within six years of appointment date. Failure to do so will
result in the physician’s being denied reappointment unless an
exemption or extension is granted through the procedures set forth in
Articles III and V of these Bylaws.

4. All initial appointees after January 1, 2003, must be eligible to apply for
board certification and shall receive certification within three consecutive
offerings of the respective board from the time they become eligible to
take the board. It is required that, if a physician is eligible to take the
board in their specialty, they will do so at the earliest possible time. Any
person whose date of initial appointment to the Medical Staff is after
January 1, 2003, who fails to obtain or maintain board certification shall
be denied reappointment to the Medical Staff unless an exemption or
extension is granted through the procedures set forth in Articles III and V
of these Bylaws.
5. Notwithstanding any of the foregoing, if an applicant for reappointment has not met the requirements of Section 2.b. of Article III of these Bylaws (regarding Board certification and recertification) an extension of up to two years may be granted by the Board of Trustees to comply with said requirements. Boards recognized by the American Board of Medical Specialties, the Advisory Board for Osteopathic Specialists, the Council on Podiatric Medical Education of the American Podiatric Medical Association and the American Osteopathic Boards, the State of Illinois Dental Specialty Boards, and dental licensure by the State of Illinois will be considered valid boards for the purpose of this requirement. Other boards may be considered valid if the requirements of such boards meet or exceed the requirements of the valid American boards. Under such circumstances, the Board of Trustees may approve exceptions to the requirements of this Section 2.b for individual applicants to the Medical Staff.

6. As of January 1, 2009 applicants to the medical staff with foreign board certification, foreign boards may be deemed acceptable if the requirements of such boards meet or exceed the requirements of the valid American boards. At the time of appointment or reappointment to the medical staff, in addition to recertification by the foreign board, review of the recertification process must take place, and if the recertification process of the foreign board is not considered to meet or
exceed the requirements of the valid American board's recertification process, the Board of Trustees may take into consideration additional clinical information such as clinical performance, outcomes, competencies in the aggregate, etc. for reappointment eligibility. Notwithstanding any of the foregoing, if an applicant for reappointment has not met the requirements of Section 2.b of Article III of these Bylaws, an extension of up to two years may be granted by the Board of Trustees to comply with said requirements.

c. **Ethical.** Members of the Medical Staff shall conduct themselves in the highest ethical tradition. By accepting membership on the Medical Staff, an M.D. physician member specifically agrees to abide by the Code of Medical Ethics adopted by the American Medical Association, a D.O. physician member specifically agrees to abide by the Code of Ethics of the American Osteopathic Association, a dentist member specifically agrees to abide by the Principle of Ethics and Code of Professional Conduct of the American Dental Association, and a podiatrist member specifically agrees to abide by the Code of Ethics of the American Podiatry Medical Association, current copies of which are housed in the Office of the Medical Staff. For those who have practiced elsewhere prior to application to this Hospital, antecedent adherence to these professional ethics shall be an express condition precedent to Staff
memberships. Members of the Medical Staff shall be eligible for membership in the county and state Medical, Dental or Podiatry Societies.

d. **Continuing Education.** The continuing education requirements shall be consistent with the requirements for licensure within the State of Illinois.

e. **Other Responsibilities:** Staff members are expected to:

   (i) Notify the CEO within 48 hours of knowledge of any State health care professional license revocation, federal Drug Enforcement Agency license revocation, Medicare or Medicaid sanctions, revocation of hospital privileges, any lapse in professional liability coverage required by a healthcare entity, healthcare plan, or hospital, of any arrest or indictment and charges which have been brought for criminal conduct under state or federal law, or conviction of a felony, and within 45 days for any other changes in the information from the date the healthcare professional knew of the change;

   (ii) Notify the CEO of any other situations that adversely impact their ongoing ability to practice medicine at MacNeal Hospital;

   (iii) Confidently notify the Professional Assistance Committee of any physical or mental health related problems that impact their own ongoing ability to treat patients safely and effectively;

   (iv) Participate in continuing Quality Improvement, Utilization Management, and other Medical Staff committee activities;
(v) Complete their medical records in a timely fashion, as described elsewhere in this document;

(vi) Pay their annual dues. No reappointment will be completed without dues being paid up-to-date.

Section 3. Appointments.

a. Approval of the Board. Following the adoption of these Bylaws, initial appointments and reappointments to the Medical Staff shall be made by the Board. The Board shall act on appointments and reappointments only after there has been a recommendation from the Medical Executive Committee, as provided for in Article V, Section 5, of these Bylaws. In the event that the Medical Staff or the Medical Executive Committee fails to make any such recommendation as required by the provisions of ARTICLE V, the Board, after consultation with the President of the Medical Staff, may act without such recommendation on the basis of evidence of the applicant's or Staff member's professional and ethical qualifications obtained from reliable sources.

b. Terms of Appointments and Reappointments. The terms of appointments and reappointments shall be as follows:

(i) Initial appointments to provisional categories (see "c", this Section) shall be for a period of one year.

(ii) Reappointment to provisional status shall be for a period of only one year.
(iii) Initial reappointments to full staff membership shall be for the period from initial appointment until all members of the departments to which the appointees are assigned are scheduled for reappointment.

(iv) Reappointments to full staff membership shall be for a period of up to two years.

c. **Initial Appointments.** Except as provided in this Section 3, initial appointments to any category of the Medical Staff (except Honorary Medical Staff) shall be provisional. Provisional Staff members may be reappointed to provisional membership for one year or may be appointed to full Staff membership. At the end of the second year on provisional staff, if meeting attendance requirements are not met, a $500 fine is to be paid to remain on the medical staff an additional third year on provisional status or Staff membership shall be terminated. The fine will be increased by an additional $500 each year after 3\textsuperscript{rd} year on provisional staff (i.e. $1000 fine fourth year on provisional staff; $1500 fine fifth year on provisional staff) or membership shall be terminated. Staff status cannot be changed at the end of a provisional year to avoid a fine. The Board may reject the application for reappointment to provisional membership.

d. **Assignment of Provisional Appointees to Departments.**  
Provisional Staff members shall be assigned to departments where their performance shall be observed by the Chair of the Department or his/her representative to determine the eligibility of such Provisional members for full Staff membership and for exercising the clinical privileges provisionally granted to them.
e. **Non-Provisional Initial Appointments.** Upon the recommendation of the Medical Executive Committee, the Board may waive provisional status with respect to particular appointments.

f. **Change of Status.** In a case where a full or provisional member of the Staff wishes to change his/her Staff status, he/she shall submit such a request to the Medical Executive Committee and such request shall be processed pursuant to the procedures in Article V, Section 3.b. through f.

**Section 4. Medical Staff Unification/disunification**

1. **Unification with other Medical Staffs.** The Medical Staff can be included in a unified medical staff of any health system in which the Hospital participated only after:

   a. Six months' prior written notice to all Medical Staff Members describing the proposed unification, setting forth its risks, benefits, and effects to the Medical Staff and its members;

   b. The Medical Executive Committee concurs [based on favorable recommendations from two-thirds of all Departments reported to the Medical Executive Committee,] following review and study; and

   c. No less than two-thirds of all Medical Staff Members with voting rights who hold clinical privileges to practice on-site at the hospital cast votes in favor of unification. The Medical Executive Committee shall determine whether the Medical Staff votes:
At a special meeting called for that purpose, or

Via confidential mail or electronic balloting.

If all these requirements are not met, the Medical Staff shall remain separate from any system unified hospital and continues as the Medical Staff of the Hospital.

If the Medical Staff votes to accept unification, these Medical Staff Bylaws will remain in effect as to the Members, until the Medical Staff Bylaws are adopted pursuant to the terms of these Bylaws.

(2) Disunification from other Medical Staffs shall disunify from any system-unified medical staff by vote to disunify by two-thirds of all Medical Staff Members with voting rights who hold clinical privileges to practice on-site at the hospital. The Medical Staff shall be the unique Medical Staff of the hospital effective immediately, operating under the Medical Staff Bylaws in effect immediately prior to unification. Special election shall be called to elect officers, department chairs and other medical staff leadership immediately prior to unification.

(3) Unification/Disunification Effect on Bylaws

(a) A vote by the Medical Staff to accept a unified medical staff shall have no effect on the application of these Medical Staff Bylaws, which shall continue to govern this Medical Staff and be upheld by the Governing Body. Peer
review and other activated of the Medical Staff and its Members shall continue to be governed by Illinois law by which the Hospital is licensed.

(b) Upon disunification, the Medical Staff Bylaws in effect the date of unification shall return to full force and effect.

ARTICLE IV

CATEGORIES OF THE MEDICAL STAFF

Section 1. Categories. The Medical Staff shall be divided into Honorary, Active, Courtesy and Consulting Staffs. The Active, Courtesy, and Consulting Staffs shall be further subdivided into provisional and full staff status. The term "Full" refers to members of the Medical Staff who are not provisional members (see Section #6).

Section 2. The Honorary Medical Staff. The Honorary Medical Staff shall consist of physicians, dentists and podiatrists who are not active in the Hospital and who are honored by emeritus positions. These may be physicians, dentists and podiatrists, not necessarily residing in the community, who have retired from active Hospital practice and who are of outstanding reputation. The physician, dentist or podiatrist must have contributed significantly to the hospital and the community they have served. Honorary Staff members are not eligible to admit patients, vote, hold office or serve on Medical Staff committees.

Section 3. The Active Medical Staff. The Active Medical Staff shall consist of practitioners who regularly provide medical, dental or podiatric services to patients at MacNeal Hospital, who agree to provide care to their patients, and who assume all the
functions and responsibilities of membership on the Active Medical Staff including, where appropriate emergency service care and consultation assignments. Members of the Active Medical Staff shall be appointed to specific departments and shall be eligible to vote, hold office and serve on Medical Staff committees and shall be required to attend Medical Staff meetings.

Section 4. The Courtesy Medical Staff. The Courtesy Medical Staff shall consist of physicians, dentists and podiatrists qualified for Staff membership but who may only occasionally provide medical, dental or podiatric services to patients at MacNeal Hospital, not exceeding 15 inpatient contacts in any calendar year for clinical departments, or are those practitioners who work exclusively in the office and carry “ambulatory” privileges. The 15 inpatient contacts is not an absolute limit and should not prevent the practitioner from seeing additional patients during the calendar year. If the number of contacts exceeds 15 per calendar year, a change in staff status may be recommended during the reappointment process. For non-clinical departments or for the Emergency Department, physicians will be eligible for Courtesy Staff if they are employed as a quarter-time physician or less. Members of the Courtesy Medical Staff:

1. are expected to provide, where appropriate: continuous care to their patients, and if hospital based, emergency service care, and consultation assignments; and, assume all of the functions and all other responsibilities of membership on the Medical Staff except as set forth in this Section.

2. are not eligible to vote, hold office, or serve on Medical Staff committees, but may apply for appointment to other categories of the Medical Staff, as provided by Bylaws.

3. shall be appointed to specific departments.
Section 5. The Consulting Medical Staff. The Consulting Medical Staff shall consist of specialists highly regarded in their profession because of their training, expertise and education who are willing to act as consultants without admitting privileges. Members of the Consulting Medical Staff:

1. are expected to provide, where appropriate: continuous care to their patients, emergency service care, and consultation assignments; and, assume all the functions and all other responsibilities of membership on the Medical Staff except as set forth in this Section;

2. are not eligible to vote, hold office or serve on Medical Staff committees, but may apply for appointment to other categories of the Medical Staff, as provided in these Bylaws.

3. shall be appointed to specific departments.

Section 6. Provisional Medical Staff: Except as provided in Article III.3.c, initial appointments to any category of the Medical Staff (except Honorary Medical Staff) shall be provisional. Provisional Staff members may be reappointed to provisional membership for only one year at a time, up to a maximum of two consecutive years.

At the end of the year appointment, the provisional member shall either be appointed to full Staff membership, be reappointed to provisional status, or have his/her membership terminated. At the end of the second year of provisional status, the provisional member must either be elevated to full Staff membership (Active, Courtesy or Consulting), or have his/her membership terminated.
Under special circumstances, the Board may forego the application for appointment to provisional membership and immediately assign the physician to full Staff membership.

Physicians will be assigned to provisional status either:

1. At the time of their first year of appointment; or
2. If not meeting the requirements to Full staff membership at the end of their first year of appointment; or
3. In the event that a member of the Full Active medical staff has not complied with meeting attendance requirements as per Articles VII and VIII; or
4. Upon return from a leave of absence of more than 12 months, per Medical Staff Leave of Absence Policy.

Members of the Provisional Staff shall be required to serve on Staff Committees unless otherwise prohibited, and will be eligible to vote in any Departmental Committee or Section to which he/she is assigned.

Section 7. Locum Tenens: Locum Tenens are practitioners who provide medical, dental or podiatric services to patients at MacNeal Hospital and are practitioners who, by contract, cover either for an existing member of the medical staff or are employed through a Locum Tenens agency by the Hospital to provide coverage for specific hospital services. Such practitioners will undergo the Medical Staff credentialing process and can only serve for a period of 120 cumulative days during a consecutive two-year period. The Locum Tenens staff are not members of the Active Medical Staff with the requirements and entitlements thereof, but are subject to the same quality standards as the Medical Staff. Upon receipt of an application for Locum Tenens, the Chief Executive Officer, after consultation with the Chair of the Department concerned and the President of the Medical Staff or his/her designated representative, shall have the authority to grant temporary clinical privileges for up to 120 consecutive days.
Section 8. Affiliate Staff:
A. The Affiliate Staff shall consist of:
   1. Those physicians, dentists, or podiatrists who desire to be associated with, but who do not intend to establish a practice at, MacNeal Hospital, or
   2. Those physicians, dentists or podiatrists who have been members of the MacNeal Medical Staff who wish to maintain their affiliation with MacNeal Hospital, but who no longer wish to maintain clinical privileges.

The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education endeavors, and to allow such individuals to refer patients to other members of the staff for admission, evaluation, and/or care and treatment and

Individuals requesting new appointment to the Affiliate Staff must submit an application as prescribed by the Credentialing policy. They shall not, however, be required to satisfy the qualifications for clinical privileges. Individuals already on staff who wish to change staff status to the Affiliate Staff must request a change of staff status along with an agreement to withdraw privileges in order to move to the Affiliate Staff.

B. Responsibilities and Prerogatives

1. Members of the Affiliate Staff (except as indicated below):
   (a) may attend meetings of the medical staff, departments, and sections (all without vote);
   (b) may attend educational programs of the medical staff;
   (c) may refer patients to members of the Active Staff for admission and/or treatment;
   (d) may visit their patients when hospitalized and review their medical records, but may not write orders or make medical record entries or actively participate in the provision or management or care to patients;
   (e) are permitted to use the hospital's diagnostic facilities, including access to the hospital computer system for patient care,
   (f) may not be granted clinical privileges and may not admit or treat patients at the hospital
   (g) shall provide appropriate quality data as part of the biennial re-appointment process;
(h) shall be required to carry a level of malpractice insurance as deemed appropriate by the Board of Trustees.

(i) are exempt from board certification/qualification requirement and any other requirement as waived by the Board of Trustees.

2. Appointment as an Affiliate Staff member is a courtesy only which may be terminated by the Board (or its designee) upon recommendation of the Credentials Committee, without rights to the hearing or appeal procedures set forth in these bylaws.

3. Members of the Affiliate Staff may, from time to time, be assigned to participate in committees as recommended by the president of the Medical Staff. Under such circumstances, they may function as a voting member of that committee.

4. If an affiliate staff member desires full staff status and clinical privileges, the physician must complete a request for change of staff status and the addition of clinical privileges. The physician must meet the minimum requirements for such clinical privileges as outlined in the core privilege list of each department/section.

ARTICLE V

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1. Appointment to the Honorary Medical Staff. Appointment to the Honorary Medical Staff shall not be by application but shall be made upon the recommendations of the Medical Staff and the approval of the Board. Honorary Medical Staff membership may be withdrawn by action of the Board.

Section 2. Procedure for Appointment.

a. Distribution of Applications. All requests for an application for appointment to the Medical Staff shall be submitted to the Chief Executive Officer. Each
applicant shall be asked to complete a screening questionnaire prior to an application being offered. The screening questionnaire is reviewed by the credentialing coordinator and if the application meets criteria, per Article III, Section 1 and 2, then an application will be forwarded to the applicant. Each applicant shall be provided with a copy of the Medical Staff Bylaws and the Medical Staff Rules and Regulations along with the application paperwork. The applicant shall be provided with an explanation of the appointment and credentialing procedure.

b. **Application Content.** Every applicant must furnish complete information as requested by officers and committees of the Medical Staff and Hospital, including, but not limited to, the information requested in the application form provided to the applicant.

c. **Processing the Application.**

1. **Applicant’s Responsibility.** The applicant shall have the responsibility of producing in a timely manner adequate information for a proper evaluation of his/her experience, training, demonstrated medical ability, and health status, and of resolving any doubts about these or any of the qualifications required for Medical Staff membership or the requested Medical Staff category, Department assignment, or clinical privileges, and of satisfying any reasonable requests for information or clarification,
including health examinations, made by appropriate Medical Staff or Board authorities.

2. **Verification of Information.** The applicant must complete the application within forty-five (45) days and submit it to the Chief Executive Officer (CEO). The CEO shall collect and use the Medical Staff Office Credentialing Policy and Procedure to verify the references, licensure and other qualification evidence submitted via the primary source and promptly notify the applicant of any problems in obtaining the information required. Upon such notification, it shall be the applicant's obligation to promptly obtain the required information. After an application initially submitted to the CEO is deemed complete and no further information is required, the CEO shall within 10 days transmit the application and all materials to the Chair of each Department in which the applicant seeks privileges, the Chair of the Credentials Committee, and the Chief Medical Officer, who shall within 10 days notify the Staff of the pending application.

3. **Department Action and Action by Chief Medical Officer.** Upon receipt, the Department Chair in which the applicant seeks privileges, and the Chief Medical Officer, shall each review the application and its documentation, and may conduct a personal interview with the applicant. The Department Chairs, with input from the Department members, as per their departmental rules, and the Chief Medical Officer, shall each
evaluate the applicant's application for appointment and credentials by taking into consideration the Department's standards for granting privileges, the Department's needs, the quality of the applicant's medical education, postgraduate training, hospital affiliations, publications, membership in professional societies, whether the applicant has been Board Certified in his/her specialty or subspecialty, the applicant's utilization record at other institutions, the applicant's quality history at other institutions, all other information requested on the application, and any other information deemed appropriate by a Department Chair or the Chief Medical Officer. One of the primary considerations in evaluating the applicant's application for appointment and credentials shall be whether the applicant is Board Certified in his/her specialty or subspecialty.

They shall each forward to the Credentials Committee within thirty (30) days of the date of receipt of the application by a Department Chair and the Chief Medical Officer, a written report evaluating the evidence of the applicant's training, experience and demonstrated ability and stating how the applicant's skills are expected to contribute to the clinical and educational activities of the Department. Their reports shall state the recommendation of the Chief Medical Officer and of the Department Chairs as to approval or denial of, and any special conditions of or limitations on, Medical Staff appointment, category of Medical Staff
membership and prerogatives, Department affiliation, and scope of clinical privileges.

4. **Credentials Committee Action.** The Credentials Committee shall review the application, the documentation, the reports from the Department Chairs, the Chief Medical Officer, and any other relevant information available to it. The Credentials Committee shall take action upon the application at the next regular Committee meeting that occurs after it has received the application and the reports of the Department Chairs and the Chief Medical Officer. However, if the Credential's Committee's next regular meeting occurs less than eight (8) days after its receipt of the application, then the Credentials Committee may defer its action to the next subsequent regular meeting. After taking action on the application, the Credentials Committee shall promptly transmit to the Medical Executive Committee its written report and recommendation as to approval or denial of, and any special conditions of or limitations on, Medical Staff appointment, category of Medical Staff membership and prerogatives, Department affiliation, and scope of clinical privileges. The specific privileges recommended by the Credentials Committee shall be designated upon the privileges form.

5. **Medical Executive Committee Action.** At its next regular meeting after receipt of the Credentials Committee report and recommendations, the Medical Executive Committee shall review that report, including the
application and its documentation, the report and recommendation from the Department Chair, the Chief Medical Officer, and any other relevant information available to it. However, if the Medical Executive Committee's next regular meeting occurs less than seven (7) days after its receipt of the application, then the Medical Executive Committee may defer its action to its next regular meeting. At that meeting, the Medical Executive Committee shall prepare a written report with recommendations as to approval or denial of, or any special conditions of or limitations on, Medical Staff appointment, category of Medical Staff membership and prerogatives, Department affiliation, and scope of clinical privileges to be granted. The Medical Executive Committee shall immediately forward its report, together with all documentation, to the Board. "All documentation" means the application form and its accompanying information, the reports and recommendations of the Department Chairs, the Chief Medical Officer, the Credentials Committee, and the Medical Executive Committee along with any dissenting opinions.

6. **Board Action.**

a. **Review of Executive Committee Report:** At the next regular meeting of the Board after its receipt of the Executive Committee report and all documentation, the Board shall consider the Executive Committee report, the documentation, and any other
information received from any source. However, if the Board’s next regular meeting occurs less than five (5) days after its receipt of the application, then the Board may defer its action to its next regular meeting. The Board shall either (1) appoint the applicant to the Medical Staff, and approve the applicant’s recommended clinical privileges, (2) reject the applicant’s appointment to the Medical Staff, or (3) defer action on the application until the next regular meeting of the Board.

b. **Notice of Action of Board.** If the action of the Board is to appoint or reject the appointment of the applicant to the Medical Staff, the Board shall, through the Chief Executive Officer, so notify the Chair of the Medical Executive Committee, the Chair of any Departments concerned and the applicant. A decision and notice to appoint shall include: the Medical Staff category to which the applicant is appointed; the Department to which he/she is assigned; the clinical privileges he/she may exercise; and any special conditions attached to the appointment. Appointment to the Medical Staff shall be for a period of not more than two years. Unless waived by the Board of Trustees, initial appointment to the Medical Staff, except for Honorary and Consulting appointments, shall be provisional for at least one year.
c. **Procedure Where Action by Board is Deferred.** If the action of the Board is to defer action on the application, the Board, at the regular meeting to which action has been deferred, shall appoint or reject the appointment of the applicant and give notice as required in the preceding paragraph.

8. **Basis for Recommendation and Action.** The report of each individual or group, including the PAC, but not the Board, required to act on an application must state the reasons for each recommendation or action taken.

9. **Conflict Resolutions.** Whenever the Board determines that it will decide a matter contrary to the Medical Executive Committee's recommendation, the matter will be submitted to a Joint Conference committee, composed of three (3) members each from the Medical Staff and the Board, appointed respectively by the President of the Medical Staff and the Chair of the Board, for review and recommendation before the Board makes its decision and gives notice of its final decision as required by Section 2 "c" "7" "b". The Joint Conference committee shall report to the Board at the next regular Board meeting.

10. **Time Periods for Processing.** All individuals and groups required to act on an application for Medical Staff appointment must do so in a timely and good faith manner, and except for good cause, each completed application should be processed within the time periods set forth in these
Bylaws. These time periods are to be deemed guidelines and are not directives such as to create any rights for a practitioner to have an application processed within these precise periods.

11. **Deferral of Action.** In instances where an individual or group required to act upon an application requires further information about an applicant, the request for the additional information shall promptly be made. If the time required to obtain the information prevents the reviewing individual or group from acting within the time periods described in these Bylaws, a written notice of the delay and the reasons for the delay shall promptly be sent by the reviewing individual or group to the CEO and the individual or group who next reviews the application.

12. **Right to Hearing Upon Denial:** In the event that the Board of Trustees proposed decision is adverse (i.e., denies the application/appointment or denies any of the requested clinical privileges), the applicant entitled to a hearing. The CEO shall immediately deliver to the applicant in person or shall immediately send to him by certified mail, return receipt requested, a letter enclosing the Board of Trustees' written proposed decision and containing a summary of the applicant's rights. The hearing shall be pursuant to Article VIII of these Bylaws (without consideration to any aspects of the hearing and notice procedure that, by its wording is applicable solely to current medical staff members).
b. **Reapplication After Adverse Credentials Decision.** An applicant who has received a final adverse decision regarding appointment is not eligible to reapply to the Medical Staff for a period of twenty-four (24) months. Only in instances that are highly extraordinary can this period be waived by the Board of Trustees. Any such reapplication shall be processed as an initial application, and the applicant must submit such additional information as the Medical Staff or the Board may require in demonstrating that the basis for the earlier adverse action no longer exists.

**Section 3. Procedure for Reappointments.**

a. **Application for Reappointment.** A member of the Medical Staff shall submit a completed application for reappointment after notice from the hospital, including a specific request for privileges, at least 90 days prior to the end of his/her term of appointment. A member of the Medical Staff shall promptly provide all relevant information requested by any individual or committee who has a prescribed role in the reappointment process. The burden of proving that he/she is qualified to receive additional privileges shall be on the member requesting such additional privileges.

b. **Department Chair.** The Department Chair of each Department in which the member requests privileges shall evaluate the member's application for reappointment and privileges by taking into consideration the quality of the member's medical education, postgraduate training, experience, demonstrated
competence, level of activity at MacNeal Hospital, hospital affiliations, publications, memberships in professional societies, whether the member is Board Certified in his/her specialty or subspecialty, all other information via the primary source including health status as requested on the application, quality assurance information regarding the member and any other information deemed appropriate by the Department Chair.

c. **Credentials Committee.** After reviewing the application for reappointment and the recommendation of the Department Chairs regarding the requests for privileges, the Credentials Committee shall submit a report containing recommendations pertaining to the reappointment of all members of the Medical Staff scheduled for reappointment to the President of the Medical Staff, for presentation to the Medical Executive Committee at that Committee's last monthly meeting which precedes by at least thirty (30) days the meeting of the Board at which the reappointments are scheduled for consideration.

A report containing recommendations pertaining to the reappointment of provisional members shall be submitted by the Credentials Committee to the President of the Medical Staff, for presentation to the Medical Executive Committee at the Committee's last monthly meeting which precedes by at least thirty (30) days the last meeting of the Board prior to the expiration of the initial one year appointment or the one year reappointment of a provisional member.
The report of the Credentials Committee shall include the Credentials Committee's recommendation and the basis therefor for reappointment to the Medical Staff and the recommendation of the Committee concerning the delineation of clinical privileges for the following reappointment period with respect to such members of the Medical Staff as are scheduled for reappointment consideration. This report, as to any member of the Medical Staff shall be made only after full consideration by the Credentials Committee of all information available to it concerning that member's professional competence and character, including, but not limited to (1) his/her clinical judgment in the treatment of patients, (2) his/her ethics and conduct, (3) his/her attendance at Medical Staff and Department meetings and other participation in Medical Staff affairs and activities, (4) his/her compliance with the Hospital Bylaws and the Medical Staff Bylaws, Rules and Regulations, (5) his/her conduct toward, and relations with, other practitioners, the Hospital and Hospital personnel, patients and the general public, (6) the extent of his/her use of the Hospital facilities, (7) review of the physician's clinical quality and utilization data, and (8) medical record completion rates as per Rule & Regulation #17. The report shall also include recommendations concerning clinical privileges received from any Department in which members have practiced or to which members may have made applications for such privileges.
d. **Medical Executive Committee.** At the meeting of the Medical Executive Committee at which the Credentials Committee report is presented, the Medical Executive Committee shall consider the report of the Credentials Committee and the recommendation of the Department Chair, may consider any other information received from any source and shall submit its report together with all documentation to the Board. The report of the Medical Executive Committee shall include (1) the report of the Credentials Committee, (2) the recommendations of the Department Chair, (3) all other information considered by the Medical Executive Committee received from any source, and (4) the recommendations and the basis therefor of the Medical Executive Committee for reappointment to the Medical Staff, and (5) the recommendations of the Medical Executive Committee concerning the delineation of clinical privileges for the next reappointment period with respect to the members of the Medical Staff who are eligible for reappointment.

e. **Board.** The Board shall consider the report of the Medical Executive Committee at its next regular meeting, after receipt of the Executive Committee report, in accordance with the procedures in Section 3 "a", and the Board may consider any other information received from any source and, (1) with respect to each provisional member of the Medical Staff, shall either: (i) reappoint the provisional member as a provisional member of the Medical Staff if he/she is eligible for such reappointment, or as a full
member of the Medical Staff with clinical privileges as recommended by the Medical Executive Committee;

(ii) reject the reappointment of the provisional member as recommended by the Medical Executive Committee; or

(iii) defer action on reappointment of the provisional member or the delineation of his/her clinical privileges until the next regular meeting of the Board; and (2) with respect to each full member of the Medical Staff, shall either:

(i) reappoint the member to the Medical Staff for the following reappointment period with the clinical privileges recommended by the Medical Executive Committee that are at least as extensive as the existing clinical privileges of the member;

(ii) reappoint the member for the reappointment period but with a tentative decision to reduce his/her clinical privileges, as recommended by the Medical Executive Committee;

(iii) tentatively decide to reject the reappointment of the member as recommended by the Medical Executive Committee; or,

(iv) defer action on reappointment of the member or the delineation of his/her clinical privileges until the next regular meeting of the Board.

Notice of Reappointment, Rejection, or Deferral of Action. The Board shall, through the Chief Executive Officer, promptly notify (1) the President of the Medical Staff of all actions or deferrals of action with respect to
reappointment and the delineation of clinical privileges, (2) the chair of each
department of such actions or deferrals relating to members of his/her
department, (3) each full member of the Medical Staff who is reappointed
without any reduction in his/her clinical privileges of his/her reappointment, (4)
each full member of the Medical Staff or any deferral of action with respect to
his/her reappointment or the delineation of his/her clinical privileges, and (5)
each provisional member of any action or deferral of action with respect to
his/her reappointment and the delineation of his/her clinical privileges.

g. Notice of Tentative Decisions to Reject or Reduce Privileges. If the Board
tentatively decides to reject the reappointment of any full member of the
Medical Staff, or to reappoint the member to the Medical Staff but with a
tentative decision to reduce his/her clinical privileges, the Board, within twenty
(20) days following its meeting, shall through the Chief Executive Officer, notify
the member of the Medical Staff, by registered or certified mail, of its decision
and the basis therefor, and the right of the member to request a hearing
before an ad hoc hearing panel selected by the President of the Medical Staff
as provided in ARTICLE VIII.

h. Procedure Where Action by Board is Deferred. If the action of the Board is
to defer action on any reappointment or the delineation of clinical privileges,
the Board may solicit additional information concerning the applicant's
professional competence and character from any source and may refer the
application back to the Credentials Committee for further investigation. The
Credentials Committee shall thereafter make a further investigation and submit a report to the Board prior to the next regular meeting of the Board disclosing the results of the further investigation. At that meeting the Board,

(i) with respect to each provisional member of the Medical Staff, shall either:
   (a) reappoint the provisional member as a provisional member of the Medical Staff if he/she is eligible for such reappointment or as a full member of the Medical Staff and delineate his/her clinical privileges for the remaining balance of the current reappointment period of the department to which he/she is assigned, or
   (b) reject the reappointment of the provisional member; and

(ii) with respect to each full member of the Medical Staff, shall either;
   (a) reappoint the member to the Medical Staff for the remaining balance of the current reappointment period,
      (1) with clinical privileges recommended by the Medical Executive Committee, at least as extensive as the existing clinical privileges of the member, or
      (2) with clinical privileges different from those recommended by the Medical Executive Committee but at least as extensive as the existing clinical privileges of the member, or
      (3) with clinical privileges the same as or different from those recommended by the Medical Executive Committee and with
a tentative decision to reduce the existing clinical privileges of the member, or

(b) tentatively decide to reject the reappointment of the member;

provided that the Board shall not, without prior consultation with the Medical Executive Committee, take any action nor make any tentative adverse decision, that has not been recommended by the Medical Executive Committee. The Board shall thereafter give notice as required by paragraph "d" or "e" of this Section 3, whichever is applicable.

Section 4. Leave of Absence. Members of the Medical Staff may, for good cause, be granted a leave of absence for no more than one year at a time. The Medical Staff shall establish, and from time to time may modify, a Leave of Absence Policy that shall cover the method and basis of requests for leave of absence, continued patient care, termination of leave of absence, etc. Recommendations for leave of absence and for reinstatement from a leave of absence shall be transmitted by the Chief Executive Officer to the Board of Trustees for its action.

ARTICLE VI

CLINICAL PRIVILEGES

Section 1. Delineation of Clinical Privileges.

a. Specification. Medical Staff membership shall confer on the appointee or reappointee only such clinical privileges as are specified in the notice of appointment or reappointment. Gender, race, creed, and national origin are
not used in making decisions regarding the granting or denying of clinical privileges.

b. **Applications.** All applications for clinical privileges must be made to the Department in which the privileges are sought. The burden of establishing his/her qualifications shall be on the applicant. Every initial applicant for Staff appointment must contain a request for the specific clinical privileges desired by the applicant, with delineation of his/her experience over the past three year period for any highly specialized procedure as defined by the appropriate section.

c. **Evaluation of Requests.** Evaluation of such requests shall be based upon the applicant's education, training, experience, capacity to perform, evidence of current competence, appropriate board certification status, quality assurance information, references and other relevant information, including the specific recommendation to the Credentials Committee by the applicable Department. The specific criteria utilized to determine which privileges should be granted reside with the individual departments/sections and is delineated on the appropriate privilege forms.

d. **Dentists.** Privileges granted to dentists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform must be specifically defined and recommended in the same manner as all other surgical privileges. Surgical privileges of dentists shall be under the overall
supervision of the Chair of the Department of Dentistry, with consultation with
the Chair of the Department of Surgery.

A patient admitted for inpatient dental care must have a history taken
and a comprehensive physical examination conducted by a physician member
of the Medical Staff who has privileges.

(i) Licensed oral surgeons who admit patients without medical problems
may perform the history and physical examination on those patients, if they have such privileges, and may assess the medical risks of the
proposed surgical procedures.

(ii) Dentists, other than licensed oral surgeons, who are permitted to provide
patient care services independently may perform the history and physical
examinations, if granted such privileges and if the findings, conclusions,
and assessment of risk are confirmed or endorsed by a privileged
physician.

(iii) Dentists are responsible for that part of their patients' history and
physical examination related to dentistry.

A physician member of the Medical Staff must be responsible for the
care of any medical problem that may be present or that may arise in a
patient admitted for dental services.

e. **Podiatrists.** Privileges granted to podiatrists shall be based on their training,
experience and demonstrated competence and judgment. The scope and
extent of surgical procedures that each podiatrist may perform must be
specifically defined and recommended in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists shall be under the overall supervision of the Chair of the Department of Surgery. All podiatric patients must receive the same basic medical appraisal and physical examination by a physician member of the Medical Staff as patients admitted to other services. The podiatrist will be responsible for the podiatric history and physical. A podiatrist with clinical privileges may, under conditions defined in the Medical Staff Bylaws, Rules and Regulations, initiate with the concurrence of a physician member of the Medical Staff the procedure for admitting or discharging a patient. Admission of a podiatric patient shall be a dual responsibility of the responsible podiatrist and a physician member of the Medical Staff. A physician member of the Medical Staff must be responsible for the care of any medical problems that may arise during hospitalization.

f. **Re-determination.** Periodic re-determination of clinical privileges and their increase or curtailment shall be based upon the direct observation of performance and professional competence in care provided, review of the records of patients treated in this or other hospitals and review of the records of the Medical Staff that document the evaluation of the member's participation in the delivery of medical care.

g. **Interim Increase of Privileges.** In the interim between meetings of the Board at which reappointments to the Medical Staff are regularly considered as provided in Section 3 of ARTICLE V, the President of the Medical Staff or
the Chair of any clinical Department may recommend to the Credentials Committee that the clinical privileges of any practitioner be increased. The Credentials Committee shall promptly submit a report concerning any such recommendation to the President of the Medical Staff and thereafter the procedures specified in Section 3 of ARTICLE V as these relate to clinical privileges shall be followed except that the times there specified with respect to meetings of the Medical Executive Committee and the Board shall not be controlling and action shall be taken by the Medical Executive Committee and the Board as soon as feasible under the circumstances.

Section 2. Temporary, Emergency and Other Privileges.

a. **Applicants for Medical Staff Membership.** Upon completion of an application for Medical Staff membership, or reinstatement to the Medical Staff after leave of absence, the Chief Executive Officer, after consultation with the Chair of the Department concerned and the President of the Medical Staff or his/her designated representative, shall have the authority to grant temporary clinical privileges for a period of up to 120 days to a physician, dentist or podiatrist. Temporary privileges shall be granted on the basis of information that is then available and that may reasonably be relied upon by the Chief Executive Officer as to the competence and character of the applicant and, unless terminated as provided in paragraph "d" of this Section, shall continue for up to 120 days until action on the application is taken following routine procedures by the Board. In exercising such privileges, the physician, dentist
or podiatrist shall act under the supervision of the Chair of the Department to which he/she is assigned, or under the supervision of a member of that Department selected by the Chair.

b. **Non-Applicants for Medical Staff Membership.** The Chief Executive Officer may grant temporary privileges to a physician, dentist or podiatrist who is not a member of the Medical Staff nor an applicant for membership in the same manner as temporary privileges may be granted to an applicant for Medical Staff membership. Under these circumstances, however, such temporary privileges must be requested:

(i) for the care of a specific patient; or

(ii) for a period of time not to exceed thirty (30) days.

Temporary privileges under Section 2.b.(i) of this Article VI may not be granted to attend more than three (3) patients in any one (1) year, after which the physician, dentist or podiatrist to whom such temporary privileges have been granted shall be required to apply for membership on the Medical Staff before being allowed to attend additional patients. Temporary privileges under Section 2.b.(ii) of Article VI:

(i) shall be exercised by the physician, dentist or podiatrist under the supervision of the Chair of the Department to which he/she is assigned or under the supervision of a member of that Department selected by the Chair;
(ii) may not be extended for more than three (3) additional consecutive thirty (30) day periods; and

(iii) may only be extended by the Chief Executive Officer after consultation with the Chair of the Department concerned and the President of the Medical Staff or his/her designated representative.

c. **Supervision and Termination.** In connection with the granting of temporary privileges, special requirements of supervision of, and reporting by, the practitioner to whom such privileges are granted, may be imposed by the Chair of the Department concerned. Temporary privileges may be terminated at any time by the Chief Executive Officer with the concurrence of the President of the Medical Staff and the Chair of the Department concerned or by the Board, after consultation with the President of the Medical Staff and the Chief Executive Officer. In any case in which it is determined that the life or health of a patient would be endangered by the continued treatment by a practitioner whose temporary privileges have been terminated, the Chair of the Department or, in his/her absence, the President of the Medical staff, shall assign a member of the Medical Staff to assume responsibility for the care of the patient until the patient is discharged from the Hospital. The wishes of the patient shall be considered in the selection of the substitute practitioner.

d. **Emergency Privileges**

(i) In case of emergency medical situations, any physician, dentist or podiatrist who is on staff at MacNeal Hospital, to the degree permitted
by his/her license, may do and assist in doing everything possible to save the life of, or prevent serious harm to, a patient using every facility of the Hospital necessary, including calling for consultation. For purposes of this Section, an “emergency” is defined as a condition or situation that would result in harm to a patient or in which the life of a patient is in immediate danger, and any delay in administering treatment would add to the danger.

(ii) When the emergency no longer exists, such physician, dentist or podiatrist must request the privileges necessary to continue to treat the patient. If such privileges are denied or if the physician, dentist or podiatrist does not desire to request privileges, the patient shall be assigned by the Chair of the Department concerned to an appropriate member of the Medical Staff.

(iii) In circumstances of disaster(s) in which the emergency management plan has been activated, or a “state of emergency” has been declared by the CEO, a Vice President, a Director of the Hospital, the AOD or their designees may grant emergency privileges consistent with the Hospital Policy on “Temporary Emergency Privileges”.

e. Reports to Board. The Chief Executive Officer shall report regularly to the Board and to the President of the Medical Staff concerning each instance where temporary privileges have been granted or terminated, the reasons therefore and the result of the action taken.
ARTICLE VII
CORRECTIVE ACTION

Section 1. Grounds for and Nature for Corrective Action.

a. **Grounds.** Corrective action against any practitioner having clinical privileges may be taken whenever the practitioner has acted in a manner that is:

   (i) professionally incompetent; or

   (ii) in violation of the Bylaws, Rules and Regulations of the Medical Staff or the Bylaws of the Hospital; or

   (iii) in violation of the principles of ethics adopted by the Medical Staff; or

   (iv) inimical to the Hospital or disruptive to the operations of the Hospital.

b. **Nature.** Corrective action may include, but not be limited to, reprimand, the reduction or suspension of privileges, or expulsion from the Medical Staff.

c. **Initiation.** A request for corrective action may be made by the Board, the Chief Executive Officer, the Chief Medical Officer, any officer of the Medical Staff or the Chair of any clinical Department or Committee of the Medical Staff. All requests shall be in writing, stating in detail the allegations against the practitioner and any information, including the names of witnesses supporting the charges.

Section 2. Decision of the Medical Executive Committee.

a. **Request for Corrective Action.** Any request for corrective action that alleges professional incompetence or violation of the Bylaws, Rules and Regulations of the Medical Staff or of the principles of ethics adopted by the
Medical Staff shall be made to the Secretary of the Medical Staff for presentation to the Medical Executive Committee at its next regular meeting. A copy of the request shall be forwarded to the Chief Executive Officer, the Board, the Chair of each Department in which the practitioner has clinical privileges and to the practitioner, who shall be advised of his/her right to appear before the Medical Executive Committee and to make a statement as provided in paragraph "b" of this Section 2.

b. **Action on Request.** At its first regular meeting following any request for corrective action, the Medical Executive Committee shall consider the request, may consider any other information received from any source, including information or recommendations from the Chair of any Departments concerned, and shall either: (1) deny the request for corrective action; (2) tentatively decide that corrective action should be taken; or (3) defer any decision until the next regular meeting of the Medical Executive Committee, at which meeting action shall be taken. If a decision is deferred, the Medical Executive Committee may cause any further investigation to be made that it deems appropriate. Before the Medical Executive Committee makes any decision, the practitioner shall be entitled to appear before the Medical Executive Committee to be advised of the allegations made against him and to make a statement.

c. **Notice of Action.** The Medical Executive Committee shall, through the Secretary of the Medical Staff, promptly notify the Chief Executive Officer,
Board, the Chair of any Departments concerned and the practitioner, of the
decision made provided that if the Medical Executive Committee tentatively
decides that corrective action should be taken, the notice to the practitioner
shall, within twenty (20) days following the meeting, be given in person or by
registered or certified mail; returned receipt requested; and shall specify the
tentative decision made and the basis therefor, and the right of the practitioner
to request a hearing before an ad hoc hearing panel selected by the President
of the Medical Staff, as provided in ARTICLE VIII.

Section 3. Decision of the Board.

a. Request for Corrective Action. Any request for corrective action that
alleges conduct of a practitioner that is in violation of the Hospital Bylaws,
inimical to the Hospital or disruptive to the operations of the Hospital, shall be
made to the Chief Medical Officer for presentation to the Board at its next
regular meeting. A copy of the request shall be forwarded to the Chair of each
Department in which the practitioner has clinical privileges and to the
practitioner, who shall be advised of his/her right to appear before the Board
and to make a statement, as provided in paragraph "b" of this Section 3.

b. Action on Request. At its first regular meeting following any request for
corrective action, the Board shall consider the request, may consider any other
information received from any source, including information or
recommendations from the Chair of any Departments concerned, and shall
either: (1) deny the request for corrective action; (2) tentatively decide that
corrective action should be taken; or (3) defer any decision until the next regular meeting of the Board at which meeting action shall be taken. If a decision is deferred, the Board may cause any further investigation to be made that it deems appropriate. Before the Board makes any decision, the practitioner shall be entitled to appear before the Board to be advised of the allegations made against him and to make a statement.

c. **Notice of Action.** The Board shall, through the Chief Executive Officer, promptly notify the Secretary of the Medical Staff, the Chair of any Departments concerned, and the practitioner of the decision made, provided that, if the Board tentatively decides that corrective action should be taken, the notice to the practitioner shall, within twenty (20) days following the meeting, be given in person or by registered or certified mail; returned receipt requested; and shall specify the tentative decision made and the basis therefor, and the right of the practitioner to request a hearing before an ad hoc hearing panel selected by the President of the Medical Staff, as provided in ARTICLE VIII.

**Section 4. Summary Suspension.**

a. **Who may suspend.** In grave and unusual cases where action must be taken to protect a patient's life or welfare: (1) the President of the Medical Staff; (2) the Medical Executive Committee; or (3) with the concurrence of the President of the Medical Staff: (i) the Chair of any clinical Department, (ii) the Board, (iii) the Medical Executive Committee of the Board, or (iv) the Chief Executive Officer, may, upon a determination that such action must be taken in the best
interests of patient care in the Hospital, summarily suspend the clinical
privileges of a practitioner.

b. **Notice.** Written notice shall be delivered forthwith in person to the practitioner
informing him/her: (1) of the suspension and the basis thereof; (2) of his/her
right to participate in a review of the suspension by the Medical Executive
Committee, as provided in paragraph "c" of this Section 4; and (3) the
suspension will continue at least until the findings of the Medical Executive
Committee (as outlined in Section c below) are determined or, in the case of a
practitioner waiving their participation in the Medical Executive Committee
review, until the Medical Executive Committee review is completed. A copy of
the notice shall be forwarded to the Chief Executive Officer, the Board, and the
Chair of each Department in which the practitioner has clinical privileges.

c. **Medical Executive Committee Review:** The Medical Executive Committee
will review the suspension and has the authority to determine whether the
suspension will be continued or modified, or that the practitioner’s privileges
shall be immediately restored. After receipt by the practitioner of the notice, the
practitioner may waive his/her participation in the Medical Executive Committee
review by stating such in writing and delivering in person to the Secretary of the
Medical Staff.

d. **Process of the Medical Executive Committee Review:**

(i) The Medical Executive Committee shall meet to review any suspension
as soon as possible, but in all events within fifteen (15) days after the
initiation of the suspension unless otherwise decided by the parties as set forth below. The practitioner shall be entitled to appear before the Medical Executive Committee and to make a statement. If the practitioner chooses to participate in the Medical Executive Committee review, the practitioner may have legal counsel present at this review upon notification to the Medical Executive Committee at least 7 days prior to the review, and the review must then occur at a time agreeable to both parties. The voting members of the Medical Executive Committee shall have the option to deliberate in private at the conclusion of the review.

(ii) At that meeting, the Medical Executive Committee shall consider the basis for the suspension, may consider other information received from any source and shall: (1) restore the practitioner's suspended clinical privileges; or (2) tentatively decide that the suspension should be continued or modified.

e. **Notice of Medical Executive Committee Action.** The Medical Executive Committee shall, through the Secretary of the Medical Staff, promptly notify the Chief Executive Officer, the Board, the Chair of any Departments concerned, and the practitioner, of the decision made, provided that, if the Medical Executive Committee tentatively decides that the suspension should be continued or modified, the notice to the practitioner shall be given within five (5 days) following the meeting, and shall specify the tentative decision and
the basis thereof, and the right of the practitioner to request a hearing before
an ad hoc hearing panel selected by the President of the Medical Staff, as
provided in ARTICLE VIII.

f. Any practitioner returning from suspension shall return to the Medical Staff as
outlined in the Medical Staff Leave of Absence policy.

Section 5. Termination of Staff Membership or Suspension of Privileges.

a. Termination of Staff Membership

1. If a practitioner's license to practice medicine, dentistry or podiatry in the
State of Illinois is revoked, his/her membership on the Medical Staff
shall be automatically terminated.

2. Departure from Contract Group: Upon the termination for any reason
whatsoever of the employment or other contractual relationship of an
appointee with a contractor, the Medical Staff clinical privileges of such
appointee which are inconsistent with the exclusivity provisions of the
Exclusive Contract shall be automatically terminated. With regards to
membership, the practitioner may be offered a staff status change to the
"affiliate" staff (membership without privileges). If the practitioner does
not choose to transfer to affiliate staff, his membership shall also be
terminated as required for the Hospital to be in compliance with the
Exclusive Contract, and the affected practitioner shall have no right to a
hearing or other review of the action. If termination for reasons of an
exclusive contract, this is not a reportable event.

3. Any allegation of a repeat of the same Red Rule violation will be
investigated by the pertinent medical staff department peer review
committee within 7 days after allegation. If the recommendation is for
termination, there will be a 24 hour grace period to permit proper patient
hand-off. The termination would be reportable to the National
Practitioner Data Bank

b. Suspension of Privileges—Please refer to the Medical Staff Administrative Suspension Policy.

(i) The privileges of any practitioner whose license to practice medicine,
dentistry or podiatry in the State of Illinois is suspended, shall be
automatically suspended during the period of the suspension of his/her
license. Notwithstanding any suspension of his/her license, a practitioner is eligible for reappointment to the Medical Staff and to have his/her privileges delineated, as provided in ARTICLE V, but any such privileges shall be suspended as provided in the preceding sentence.

(ii) The privileges of any practitioner whose malpractice insurance is suspended or not renewed shall be automatically suspended during the period of the suspension or non-renewal of their malpractice insurance policy.

(iii) The privileges of any practitioner who fails to maintain compliance with tuberculosis testing and influenza vaccination shall be automatically suspended until proof of compliance is received.

(iv) The privileges of any practitioner who fails to pay the annual dues, any special assessments, and any other fines within sixty (60) days of receipt of notification by the Medical Staff Services Office shall be automatically suspended until proof of compliance is received.

(v) Any practitioner returning from suspension shall return to the Medical Staff as outlined in the Medical Staff Leave of Absence policy.

(vi) A first time violation of a Red Rule for a physician will result in a suspension of clinical privileges for three consecutive days, with a 24 hour grace period to permit proper patient hand-off. Administrative suspension is not reportable to the National Practitioner Data Bank.

c. **Violations of Rules and Regulations.** Any practitioner who violates any of the Rules and Regulations of the Medical Staff, as set forth in Appendix A, if that violation requires an automatic suspension of some or all of his/her privileges, the practitioner shall have such privileges suspended in accordance with the terms and conditions of the Bylaws. Any practitioner returning from
suspension shall return to the Medical Staff as outlined in the Medical Staff Leave of Absence policy.

d. The procedures required under Section 1. through 4. shall not be required for automatic termination within this Section 5.

Section 6. Arrangements for Alternative Care of Patient. Immediately following any summary or automatic suspension pursuant to Section 4 or 5 of this Article, the President of the Medical Staff and the appropriate Department Chair shall make the necessary arrangements for alternative medical coverage of the suspended practitioner’s patients remaining in the Hospital at the time of the suspension. To the extent necessary to safeguard patients, the suspended practitioner is expected to cooperate in providing alternative medical coverage and to confer with the practitioner who is designated to replace him. The wishes of any patient of the suspended practitioner shall be considered in supplying alternative medical coverage.

ARTICLE VIII

HEARING AND HEARING PROCEDURE

Section 1.

a. Continuation of Privileges. The clinical privileges of any practitioner ("the practitioner") with respect to whom a tentative decision has been made to: (1) reject reappointment to the Medical Staff with the exception of Administrative issues (i.e. failure to return reappointment application or failure to provide mandatory information required for reappointment), (2) expel him/her from the
Medical Staff, or (3) reduce or suspend his/her clinical privileges, shall continue as they existed at the time any such tentative decision was made until the final decision of the Hospital is made under this Article, unless the practitioner's privileges have been summarily or automatically suspended.

b. **Termination of Privileges without a Hearing with regards to reappointment.** There is no right to a Hearing for Administrative issues (i.e. failure to return reappointment application or failure to provide mandatory information required for reappointment)

**Section 2. Right to Request a Hearing.** Any practitioner with respect to whom a tentative decision ("tentative adverse decision") has been made: (1) to deny initial appointment and/or a portion of the applicant's requested clinical privileges, (2) as described in Section 1 of this Article, (3) to take other corrective action as described in Section 1 "b" of ARTICLE VII, or (4) to continue or modify a summary suspension of his/her clinical privileges as provided in Section 4 "d" of ARTICLE VII, shall be entitled to request a hearing as provided in this Article.

**Section 3. Hearing Panels.**

a. **Panel Appointed by Board.** When the practitioner requests a hearing following a tentative adverse decision of the Board made pursuant to Section 3 of ARTICLE VII, the hearing shall be held before an ad hoc hearing panel, selected by the Chair of the Board, and consisting of five persons, including at least two members of the Medical Staff who are not disqualified.
b. **Panel Appointed by President of the Medical Staff.** When the practitioner requests a hearing following any other tentative adverse decision, the hearing shall be before a five member ad hoc hearing panel, members of which are not disqualified, and consisting of three members selected by the President of the Medical Staff and two members who may be selected by the practitioner, if he/she so chooses.

c. **Disqualified Persons.** For purposes of this section, a person is "disqualified" if he/she participated in the making of the tentative adverse decision or the initiation or investigation of any allegation that led to the making of that decision.

**Section 4. Request for Hearing.**

a. **Time of Request.** A request of any practitioner for a hearing must be made in writing within thirty (30) days after receipt by him/her of notice of his/her right to a hearing.

b. **Board Panel.** If the hearing is to be before a hearing panel selected by the Chair of the Board, the request shall be made to the Chief Executive Officer.

c. **Medical Staff Panel.** If the hearing is to be before a hearing panel selected by the President of the Medical Staff, the request shall be made to the Secretary of the Medical Staff and a copy shall be forwarded to the Chief Executive Officer, the Medical Executive Committee, and to the Board.

**Section 5. Effect of Failure to Request a Hearing.**
a. **Waiver.** A practitioner who fails to request a hearing within the time and in the manner specified in Section 4 of this Article, waives any right to a hearing as well as any objections to the tentative adverse decision and any further action that may be taken in connection therewith.

b. **Waiver Resulting in Final Decision.** When a practitioner fails (as above provided) to request a hearing following a tentative adverse decision of the Board, that decision becomes the final decision of the Hospital.

c. **Waiver Resulting in Consideration by Board.** When a practitioner fails (as above provided) to request a hearing following a tentative adverse decision of the Medical Executive Committee, that decision shall be considered by the Board at its next regular meeting following the expiration of the time within which a request for a hearing could have been made. At that meeting the Board: (1) shall consider all the information and material considered by the Medical Executive Committee in making the tentative adverse decision, (2) may consider any other information received from any source, and (3) shall either affirm, modify or reject the tentative adverse decision, and the action taken by the Board shall be the final decision of the Hospital.

d. **Notice of Final Decision.** The Chief Executive Officer, within ten (10) days after any decision has become the final decision of the Hospital, shall notify the practitioner and the President of the Medical Staff of the decision.

**Section 6. Hearing.**
a. **Time.** When a practitioner has requested a hearing, as provided in Section 4 of this Article, it shall be held at a mutually agreed upon time no sooner than 30 days and no later than 90 days after receipt of practitioner's request. After receipt of the practitioner's request for a hearing, the practitioner shall be notified, in writing, in person, or by Federal Express or registered or certified mail, return receipt requested, of his/her right to select panel members (if applicable) and requesting dates/times he/she would be available for the hearing. The practitioner is required to respond to this letter with the requested information within 30 days. A practitioner who fails to respond waives any right to a hearing as well as any objections to the tentative adverse decision and any further action that may be taken in connection therewith.

b. **Notice.** At least thirty (30) days prior to the hearing, the practitioner shall be notified in writing by the Chief Executive Officer or the Secretary of the Medical Staff, in person or by registered or certified mail, return receipt requested, of the time and place of the hearing and the right of the practitioner to: (1) be present at the hearing; (2) be represented by an attorney; (3) obtain a record of the transcribed or recorded proceedings and all documents submitted to the hearing panel as soon as available; (4) submit any written material to the hearing panel at or before the hearing; (5) make an oral presentation at the hearing; (6) present evidence determined to be relevant by the hearing officer; and (7) call, examine, and cross-examine witnesses. Members of the Medical Staff and any Hospital personnel who have direct knowledge of the facts and
circumstances that form the basis for the tentative adverse decision are expected to be available, upon request and reasonable notice, to testify at the hearing.

c. **Procedure.** At least ten (10) days prior to the hearing: (1) the Chair of the Board, if the hearing is to be before a hearing panel selected by him; or (2) the President of the Medical Staff, if the hearing is to be before a hearing panel selected by him, shall designate an individual, not a member of the panel, who shall be responsible for the presentation at the hearing of the basis for the tentative adverse decision. At or prior to the hearing, the hearing panel shall select a chair from its membership who shall preside at the hearing. The proceedings before the hearing panel shall be transcribed or recorded. At the hearing, the hearing panel shall: (1) consider all the information considered in the making of the tentative adverse decision, all written material submitted to the hearing panel, any other information received from any source and all oral presentations and testimony; and (2) permit the practitioner to respond to any such information, material and presentations and examine any witnesses.

Within (20) days following the end of the hearing panel deliberations, the hearing panel shall submit a report to the Chief Executive Officer for presentation to the Board, the President of the Medical Staff and the practitioner. The report shall include the recommendation of the hearing panel to affirm, modify or reject the tentative adverse decision and the basis for the
recommendation, and shall inform the practitioner of his/her right to request an appearance before the Board as provided in Section 7 of this Article.

Section 7. Request to Appear before the Board. Within twenty (20) days after receipt by the practitioner of the report of the hearing panel, the practitioner may request the right to appear before the Board. The request must be made in writing to the Chief Executive Officer. The practitioner must state in his/her request the specific items of the report of the hearing panel that he/she is contesting and the arguments in support thereof.

Section 8. Effect of Failure to Request an Appearance before the Board.

a. **Waiver.** A practitioner who fails to request an appearance before the Board within the time and in the manner specified in Section 7 of this Article waives any right to appear before the Board as well as any objections to the tentative adverse decision, the report of the hearing panel and any further action that may be taken in connection therewith.

b. **Waiver Resulting in Final Decision.** When a practitioner fails (as above provided) to request an appearance before the Board following a recommendation by a hearing panel to affirm a tentative adverse decision of the Board, that the decision becomes the final decision of the Hospital.

c. **Waiver Resulting in Consideration by Board.** When a practitioner fails (as above provided) to request an appearance before the Board following a recommendation by a hearing panel to: (1) modify or reject a tentative adverse decision of the Board, or (2) affirm, modify or reject a tentative
adverse decision of the Medical Executive Committee, that decision and the report of the hearing panel shall be considered by the Board at its next regular meeting following the expiration of the time within which a request to appear before the Board could have been made. At that meeting the Board: (1) shall also consider all the information accompanying the report of the hearing panel, including any minutes of the hearing or transcription or recording of the proceedings before the hearing panel, (2) may consider any other information from any source, and (3) shall either affirm, modify or reject the tentative adverse decision, and the action taken by the Board shall be the final decision of the Hospital.

d. **Notice of Final Decision.** The Chief Executive Officer, within ten (10) days after any decision has become the final decision of the Hospital, shall notify the practitioner and the President of the Medical Staff of the decision.

Section 9. Appearance before the Board.

a. **Time.** When the practitioner requests an appearance before the Board, he/she shall appear before it at its first regular meeting following the expiration of a period of forty (40) days after receipt of the practitioner's request to appear.

b. **Notice.** At least thirty (30) days prior to that meeting, the practitioner shall be notified in writing by the Chief Executive Officer, in person or by registered or certified mail, return receipt requested, of the time and place of the meeting and of the right of the practitioner to: (1) submit any written material to the
Board at or before the meeting related to the specific contested findings of the hearing panel identified in accordance with Section 7 of this Article; and (2) appear at that meeting to make a statement.

c. **Procedure.** At that meeting, the Board shall: (1) consider all the matters specified in Section 8 "c" of this Article, (2) consider any material submitted, or statement made, to the Board by the practitioner, and (3) either affirm, modify or reject the recommendation of the hearing panel, and the action taken by the Board shall be the final decision of the Hospital.

d. **Notice of Final Decision.** The Chief Executive Officer, within ten (10) days after any decision has become the final decision of the Hospital, shall notify the practitioner and the President of the Medical Staff of the final decision of the Hospital.

**ARTICLE IX**

OFFICERS, AT LARGE MEMBERS OF THE MEDICAL EXECUTIVE COMMITTEE, MEDICAL DIRECTOR AND CHIEF ACADEMIC OFFICER

**Section 1. Officers of the Medical Staff.** The officers of the Medical Staff shall be:

1. President
2. Vice-President
3. Secretary-Treasurer

**Section 2. Qualifications of Officers and At Large Members of the Medical Executive Committee.** Only members of the Active Medical Staff who have been such
members for at least six (6) years may be officers and only members of the Active Medical Staff who have been such members for at least two (2) years may be At Large Members of the Medical Executive Committee.

Section 3. Nomination of Officers and At Large Members of the Medical Executive Committee.

a. Election of Nominating Committee. A Nominating Committee consisting of five (5) members of the Active Medical Staff shall be elected by the Medical Staff not less than ninety (90) days before the annual meeting of the Medical Staff. Nominations for the Nominating Committee shall be made from the floor by members of the Active Medical Staff, but no member may make more than one (1) nomination. Staff members nominated to the Nominating Committee shall have expressed a willingness to serve. Nominations shall be closed when no further nominations have been made. If only five (5) nominations are made, the five (5) nominees shall constitute the Nominating Committee. If more than five (5) nominations are made, each member of the Active Medical Staff present and voting shall write on a slip of paper (that shall be provided as a ballot by the Secretary of the Medical Staff) the names (not exceeding five) of those nominees for the Nominating Committee for whom he/she desires to cast a vote. The ballots shall be folded and handed to the Secretary who, with such assistants as the President of the Medical Staff designates, shall tally the votes and announce the number of votes received for each nominee. The five
(5) nominees receiving the greater number of votes shall constitute the Nominating Committee.

b. **Chair of Nominating Committee.** The members of the Nominating Committee shall select from their number a Chair who shall be responsible for calling and presiding at meetings and for soliciting, on behalf of the Committee, suggestions for nominations from the Active members of the Medical Staff.

c. **Duties of Nominating Committee.** After soliciting and considering suggestions from the members of the Active Medical Staff, and after considering any other suggestions received, the Nominating Committee shall:

   (i) consult with the Chair of each Department;

   (ii) select willing candidates who will serve if elected and nominate one (1) nominee for each office to which an officer is to be elected, and three (3) nominees for At Large membership on the Medical Executive Committee, and one (1) nominee for any physician representative position that may be open on the Board of the Hospital; and

   (iii) not less than sixty (60) days before the annual meeting of the Medical Staff, deliver a written report of the nominees selected to all members of the Active Medical Staff and to the Chief Executive Officer for the information of the Board.

   (iv) No member of the Nominating Committee may seek office unless no nominee could be found to fulfill an office. Should a member of the
Nominating Committee be selected to run for office, that member shall recuse themselves from further deliberations of the Nominating Committee.

d. **Nominations by Petition.** Nominations other than those made by the Nominating Committee may be made for any or all of the positions that are available to be filled. A written petition signed by not less than twenty (20) members of the Active Medical Staff shall be delivered to the Secretary of the Medical Staff not more than sixty (60) nor less than forty (40) days before the annual meeting of the Medical Staff. In addition:

(i) no member of the Nominating Committee shall either sign a nominating petition nor be nominated by petition;

(ii) no member of the Active Medical Staff shall join in the nomination by petition of more than one (1) nominee for each office, or for available At Large Representative to the Board, or of more than three (3) At Large Members of the Medical Executive Committee; and

(iii) no one who has not indicated his/her willingness to serve if elected shall be nominated by nominating petition;

(iv) any nominating petition delivered to the Secretary, as provided in this paragraph "d", shall be duplicated and promptly delivered to all members of the Active Medical Staff and to the Chief Executive Officer for the information of the Board.
e. **Presentation of Nominations.** At the annual meeting of the Medical Staff, the nominations of the Nominating Committee shall be presented by the Chair of the Nominating Committee, and any nominations by petition shall be presented by the Secretary of the Medical Staff, provided that only nominations of nominees who are then qualified and willing to serve, if elected, shall be presented and considered for election.

**Section 4. Election of Officers.**

a. **Election Procedure.** The nominee presented by the Nominating Committee for any office for which no nomination by petition has been presented shall be declared elected by the President of the Medical Staff. If, in addition to the nomination presented by the Nominating Committee, one or more nominations by petition for any office, there shall be an election by written ballot that shall be conducted in the manner specified in paragraph "a" of Section 3 of this Article with respect to elections to the Nominating Committee, except that a majority of the votes of the members of the Active Medical Staff present and voting shall be required to elect any officer. If no nominee for an office receives a majority of such votes, another vote shall be held for that office between the two nominees who receive the greater number of votes on the first ballot. In case of a tie, the winning candidate shall be determined by drawing lots.

b. **Deferral of Election of Officer.** If because of the death, refusal to act or disqualification of a nominee, no nomination for an office is presented by the
Nominating Committee, the election for that office shall be deferred until the next regular or special meeting of the Medical Staff. In any such case the procedure specified in the second and third sentences of paragraph "c" of Section 7 of this Article with respect to nominations and elections in case of vacancies shall be followed.

Section 5. Election of At Large Members of the Medical Executive Committee.

a. Election of Nominees Declared When No Nomination by Petition is Presented. If three (3) nominations are presented by the Nominating Committee for At Large membership on the Medical Executive Committee and no nomination by petition is presented, the nominees presented by the Nominating Committee for At Large membership on the Medical Executive Committee shall be declared elected by the President of the Medical Staff.

b. Elections When Three Nominees are Presented by Nominating Committee. If three (3) nominations are presented by the Nominating Committee for At Large membership on the Medical Executive Committee and one or more nominations by petition are presented, there shall be an election by written ballot that shall be conducted in the manner specified in paragraph "a" of Section 3 of this Article with respect to elections to the Nominating Committee, except that: (1) no nominations shall be made from the floor; and (2) an Active member of the Medical Staff may vote for no more than three (3) of the nominees.
c. **Elections When Fewer than Three Nominees are Presented by Nominating Committee.** If, because of the death, refusal to act or disqualification of any nominee, fewer than three (3) nominations for At Large membership on the Medical Executive Committee are presented by the Nominating Committee.

(i) If no nomination by petition is presented: (1) any nominee of the Nominating Committee shall be declared elected by the President of the Medical Staff; (2) there shall be an election by written ballot for any At Large membership on the Medical Executive Committee for which no nomination is presented by the Nominating Committee; (3) nominations shall be made from the floor; and (4) any such election shall be conducted in the manner specified in paragraph "a" of Section 3 of this Article with respect to elections to the Nominating Committee except that an Active member of the Medical Staff may vote for no more nominees than the number of persons to be elected; and

(ii) If any nomination by petition is presented: (1) there shall be an election by written ballot for all three (3) At Large Members of the Medical Executive Committee; (2) in addition to any nominees presented by the Nominating Committee or by petition, there may be nominations from the floor; and (3) any such election shall be conducted in the manner specified in paragraph "a" of Section 3 of this Article with respect to elections to the Nominating Committee, except that an Active member
of the Medical Staff may vote for no more than three (3) of the nominees.

Section 6. Terms. Each officer and At Large Member of the Medical Executive Committee elected by the Medical Staff shall serve from the date of his/her election until the next annual meeting of the Medical Staff or until his/her successor has been elected. Officers and At Large Members of the Medical Executive Committee elected by the Medical Staff may serve consecutive terms, not exceeding two (2) consecutive full terms in any three-year period. An unexpired term shall not be deemed to be a full term.

Section 7. Vacancies.

a. Causes. A vacancy shall occur if an officer or At Large Member of the Medical Executive Committee dies, resigns or is removed from his/her office, resigns as a member of the Active Medical Staff; or if a final decision of the Hospital is made to deny his/her reappointment to the Medical Staff, expel him from the Medical Staff or suspend his/her clinical privileges. The office of the Vice-President shall become vacant if the Vice-President succeeds to the office of President as provided in paragraph "c" of this Section 7.

b. Removal. An officer or an elected member of the Medical Executive Committee may be removed from his or her position for reasons that include, but not be limited to the following:

1. Summary suspension
2. Involuntary reduction or revocation of privileges
3. A member’s professional performance or professional, ethical or moral activities or conduct are considered to be disruptive to patient care, operations of the hospital or to reflect negatively upon the reputation of the Medical Staff as a whole in the hospital or community

4. Unethical practice

5. Conviction of a felony, including conviction based on a quality plea of nolo contendere; of:
   a. A felony or other crime if the felony or other crime is substantially related to the qualifications, functions or duties of the member,
   or
   b. A crime involving the unlawful procurement, sale, or prescription, or dispensing of drugs

6. Violation of the Bylaws, and/or Rules and Regulations of the medical Staff or the Hospital or current Hospital policies

7. Failure or refusal to adequately and professionally discharge obligations of the office established under these Bylaws and Rules and Regulations of the Medical Staff

Removal may be initiated by the Medical Executive Committee upon affirmative vote of two-thirds (2/3) of voting Medical Executive Committee present, effective immediately and affirmed upon vote of two-thirds (2/3) of the members of the Active Medical Staff present and voting at a
meeting of the Medical Staff. Voting may take place at any regular or special meeting of the Medical Staff, as determined by the Medical Executive Committee. Notice of any meeting at which removal of an officer is to be considered shall be posted to all Medical Staff members entitled to vote at least 10 calendar days before the date of voting.

c. **Succession in Case of Vacancy.** If a vacancy occurs other than in the office of President, the Nominating Committee shall be reactivated. A successor to the position in question shall be elected at the next regular or special meeting of the Medical Staff that takes place at least ten days after the Nominating Committee has delivered a written report of the nominee selected to all members of the Active Medical Staff. At that meeting, nominations, in addition to those of the Nominating Committee, may be made from the floor, and any such election shall be by a majority of the votes of the Active Members present and voting. If a vacancy occurs in the office of the President, the Vice-President shall succeed to that office and shall serve for the unexpired term.

**Section 8. Duties of Officers.**

**President.** The President shall serve as the Chief Administrative Officer of the Medical Staff and except as provided in these Bylaws, shall:

1. Serve as the individual responsible for the organization and conduct of the medical staff, with whom the Governing Body shall directly consult.
on all matters related to the quality of medical care provided to the patients at the Hospital and other matters of mutual concern at each Governing Body meeting and otherwise as frequently as deemed helpful by the Governing Body, the President/Chief of Staff, or the Medical Staff;

(2) Provide Continual consultation directly to the Governing Board as he/she determines warranted by the scope and complexity of Hospital services and the specific patient populations served by a hospital;

(3) Work with the Governing Board to discuss and collaboratively resolve issues of patient safety and quality of care identified by the hospital's quality assessment and performance Improvement program or the medical staff, including at a minimum:

(a) Hospital-wide systemic deficiencies

(b) System-wide opportunities for quality improvement

(c) Achievable goals for improved community health; and

(d) Serve on the [Physicians Council] [Physicians' Advisory] [Medical Staff Leadership Panel] [any other standing or ad hoc Hospital committee or process not elected or established by the Medical Staff which purports to inform the Board or Hospital Administration on the quality of patient care and other medical staff issues].
(1) **Qualifications** The President shall be a Physician [dentist] [podiatrist] member of the medical staff. He/she shall serve as the elected Medical Staff President/Chief of Staff. He/she may not be employed by the hospital as a medical director/vice president of medical affairs.

(2) **Responsibilities**

(a) Attend all Governing Body meetings, present medical staff quality data and other information of mutual concern, and offer consultation on the quality of patient care at the hospital at each meeting;

(b) Provide continual consultation directly to the Governing Board as he/she determines warranted by the scope and complexity of hospital services and the specific patient populations served by the hospital;

(c) collaborate with the Governing Board to discuss and resolve issues of patient safety and quality of care identified by the hospital’s quality assessment and performance improvement program or the medical staff, including at a minimum:

- hospital-wide systematic deficiencies
- system-wide opportunities for quality improvement
- achievable goals for improved community health

(d) Serve on the [Physician’s Council] [Physician’s Advisory] [Medical Staff Leadership Panel] [any other standing or ad hoc hospital committee or process not elected or established by the medical staff]
which purports to inform the Board or Hospital Administration on the
quality of patient care and other medical staff issues]

(e) Designate an appropriate Medical Staff representative to attend
Governing Body meetings, serve on committees or other
collaborative bodies, in his/her absence or as warranted to fulfill
the medical staff's responsibility for quality patient care

**Reporting**

(a) Shall report to the Medical Executive Committee all Governing
Body consultations and communications

(b) Shall report to the Medical Staff regarding Governing Body
consultations at each Medical Staff meeting

b. **Vice-President.** The Vice-President shall:

(i) have such administrative duties and responsibilities as the President
determines with a view to ensuring that the Vice-President, if he/she is
required to assume the duties of the President or succeeds to the office
of the President, will be adequately prepared to assume the functions
of that office;

(ii) serve as a member of the Medical Executive Committee; and

(iii) have the powers and duties of the President in the absence of inability
to serve of the President.

c. **Secretary-Treasurer.** The Secretary-Treasurer shall:

(i) keep accurate and complete minutes of all Medical Staff meetings;
(ii) serve as a member of the Medical Executive Committee;

(iii) call Medical Staff meetings at the direction of the President;

(iv) attend to all correspondence of the Medical Staff;

(v) have the custody and management of all funds of the Medical Staff;

and

(vi) have such other duties and responsibilities as are provided in these Bylaws or determined by the Medical Staff of the Medical Executive Committee.

Section 9. Chief Medical Officer

a. Search Committee. If the Board determines to appoint a Chief Medical Officer, a Search Committee shall be formed by the Board that shall consist of: (1) the President of the Medical Staff, (2) the Chair of the Departments, (3) the member, if any, of each Department who is in charge of the Department's teaching program, (4) the Chief Executive Officer, or a person designated by him, and (5) two other persons appointed by the Board. The President of the Medical Staff shall serve as Chair of the Search Committee.

The Search Committee shall, within sixty (60) days after its appointment or as soon thereafter as is practicable, recommend to the Chief Executive Officer for presentation to the Board at its next regular meeting, an individual who is a licensed physician and who is administratively and professionally competent and willing to serve as Chief Medical Officer. The Search
Committee shall also recommend to the Board the extent, if any, to which the individual recommended shall be permitted to engage in private practice.

b. **Board Action.** At the meeting of the Board at which the recommendation of the Search Committee is presented, the Board shall consider the recommendation and any information supplied by the Search Committee, or received from any source concerning the individual recommended, and shall either approve or reject the appointment of the individual as Chief Medical Officer or defer action until a subsequent meeting of the Board. The Board shall, through the Chief Executive Officer, promptly notify the Secretary of the Medical Staff and the individual of its action.

c. **Deferral of Action by Board.** If the action of the Board is to defer action on the appointment, the Board, at the meeting to which action has been deferred, shall appoint or reject the appointment of the individual as Chief Medical Officer and give notice as required in paragraph "b". In the meantime, the Board may solicit from any source additional information concerning the individual recommended and refer the matter back to the Search Committee for further investigation.

d. **Reappointment of Search Committee.** If the action of the Board is to reject the appointment of the individual as Chief Medical Officer, the Board may reform the Search Committee to make another recommendation as provided in Section 9.
e. **Necessity of Appointment to Medical Staff.** If the action of the Board is to approve the appointment of the individual as Chief Medical Officer, the appointment shall become effective only after the individual is appointed to the Medical Staff as provided in ARTICLE V.

f. **Tenure and Termination.** The Chief Medical Officer shall be employed by the Hospital and his/her tenure of office and removal from office shall be determined by the Board. A final decision of the hospital to deny the Chief Medical Officer reappointment to the Medical Staff, to expel him from the Medical Staff or to suspend his/her clinical privileges shall automatically terminate his/her employment as Chief Medical Officer.

g. **Duties.** Notwithstanding any other provisions of these Bylaws, the Chief Medical Officer, subject to the overall supervision of the Board and the Chief Executive Officer, shall:

(i) be responsible for coordinating the medical and educational activities of the Medical Staff;

(ii) act in coordination and cooperation with the President of the Medical Staff and the Chief Executive Officer in all matters of mutual concern within the Hospital;

(iii) work closely with, and receive reports from, the Departmental Chairs to promote quality medical care;

(iv) serve as a member of the Medical Executive Committee;
(v) be entitled to attend, and to have the privilege of the floor at all other Medical Staff Committee meetings, except those of the Nominating Committee;

(vi) promote, through the president of the Medical Staff, effective communication among the Medical Staff, paramedical hospital personnel, the Chief Executive Officer, the Chief Academic Officer and the Board;

(vii) assist in budgetary planning and performance review functions;

(viii) report regularly to the Board through the Chief Executive Officer;

(ix) make periodic informational reports to the Medical Staff; and

(x) have such other duties and responsibilities as the Board may determine.

Section 10. Chief Academic Officer.

a. Selection and Tenure. If the Board determines to appoint a Chief Academic Officer, he/she shall be selected, appointed and retained, as provided in Section 9 of this Article, for the selection, appointment and retention of the Chief Medical Officer.

b. Duties. Notwithstanding any other provisions of these Bylaws, the Chief Academic Officer, subject to the overall supervision of the Board, the Chief Executive Officer and the Chief Medical Officer, shall:
(i) assist in the development and supervision of undergraduate, graduate and post-graduate medical education and paramedical education programs of the Hospital;

(ii) serve as a member of the Medical Executive Committee;

(iii) promote, through the President of the Medical Staff, effective communication between the Medical Staff, paramedical Hospital personnel, the Chief Executive Officer, the Chief Medical Officer, and any relevant external groups;

(iv) report regularly to: (1) the Medical Staff through the President of the Medical Staff, (2) the Board, through the Chief Executive Office, and (3) the Chief Medical Officer;

(v) make periodic informational reports to the Medical Staff; and

(vi) have such other duties and responsibilities as the Board may determine.

ARTICLE X

DEPARTMENTS

Section 1. Clinical Departments. The Clinical Departments of the Hospital shall be:

1. Department of Family Medicine;

2. Department of Surgery;

3. Department of Medicine;

4. Department of Obstetrics and Gynecology;

5. Department of Pediatrics;
6. Department of Laboratory Sciences;
7. Department of Psychiatry;
8. Department of Radiology;
9. Department of Dentistry;
10. Department of Emergency Medicine; and
11. Such other Clinical Departments of Sections of Clinical Departments as may be created by resolution of the Medical Staff with the approval of the Board.

Section 2. Organization.

a. **Structure.** Each Department: (1) shall be organized as a separate part of the Medical Staff; and (2) may, with the approval of the Medical Staff and the Board, create, consolidate or abolish sections.

i **Officers of the Department.** Each Department shall have a Chair, Vice-Chair, and Secretary who shall be elected as provided in Section 4 of this Article, except for the Departments of Laboratory Sciences, Emergency Medicine, and Radiology in which the officers shall assume those positions and attendant duties and responsibilities for the term of their contractual agreements with the Hospital.

ii **Officers of the Section.** Each section shall have a Chair who shall be elected, in the manner specified by the Department's Rules and Regulations, by the members of the section, except for the Departments of Laboratory Sciences, Emergency Medicine, and
Radiology, in which Departments the Vice-Chair, Secretary, and Section Chairs, if any, shall be appointed by the Department Chair.

b. **Representation on Medical Executive Committee.** Each Department shall be represented on the Medical Executive Committee by its Chair, except that the Departments of Surgery, Medicine and Family Medicine shall each have one additional representative on the Medical Executive Committee who shall be elected as provided in Section 4 of this Article.

**Section 3. Functions.**

a. **Clinical Departments.** Each Clinical Department shall:

(i) establish its own criteria for the recommendations of clinical privileges subject to the recommendations of the Medical Executive Committee and the Board. The Department shall review these criteria periodically, but not less than two years.

(ii) establish a Quality Assurance Committee within the Department, consisting of at least three (3) members, appointed by the chair of the department, that shall: (1) conduct a monthly review, of selected records of patients and other pertinent sources, and of medical information relating to current patient care; (2) make reports at the regular meetings of the Department; and (3) make a separate written report to the Medical Executive Committee.
(iii) shall receive the reports of the Department’s Quality Assurance Committee and Tissue Review Committee (if any) and review and analyze the clinical work of the Department;

(iv) submit a report after each meeting of their department to the Medical Executive Committee; and

(v) adopt Rules and Regulations as provided in ARTICLE XV.

Section 4. Qualifications, Terms of Office, Nomination and Election of Department Officers and Members of the Medical Executive Committee.

a. Qualifications of Department Officers. Except for the officers of the Departments of Laboratory Sciences, Emergency Medicine, and Radiology, who shall assume their positions as provided in Section 2 of this Article, each Department Chair and Vice-Chair shall be a practitioner who has been a member of the Active Medical Staff for at least two (2) years at the time of his/her election. Each Department Chair and Vice-Chair shall be board certified by an appropriate specialty board or affirmatively established comparable competence through the credentialing process, and be highly competent in one or more of the specialties within his/her Department and a member of the Department. Each Department Secretary shall be a practitioner who is a member of the Active Medical Staff and a member of the Department.

b. Qualifications of Medical Executive Committee Members Elected by the
Department of Surgery, Medicine and Family Medicine. The member of the Medical Executive Committee elected by the Departments of Surgery, Medicine and Family Medicine respectively, shall be a practitioner who is a member of the Department and has been a member of the Active Medical Staff for at least two (2) years at the time of his/her election.

c. Terms of Office - Department Officers. With the exception of the officers of the Department of Laboratory Sciences, Emergency Medicine, and Radiology, each Department officer shall serve for a term that expires at the third annual meeting of the Department following the annual meeting at which he/she is elected and may succeed himself without limit.

d. Terms of Office – Medical Executive Committee Members Elected by the Departments of Surgery, Medicine and Family Medicine. The member of the Medical Executive Committee elected by the Departments of Surgery, Medicine and Family Medicine respectively, shall serve for a term that expires at the first annual meeting of the Department following the annual meeting at which he/she is elected and may serve consecutive terms, not exceeding two (2) consecutive full terms in any three-year period. An unexpired term shall not be deemed to be a full term.

e. Nomination and Election of Department Officers and Executive Committee Members Elected by the Departments of Surgery, Medicine and Family Medicine. In connection with the nomination and election of
Department officers and Medical Executive Committee members elected by the Departments of Surgery, Medicine and Family Medicine.

1. Election of Nominating Committee. A Nominating Committee consisting of five (5) members of the Active Medical Staff of the Department shall be elected by the Department members not less than ninety (90) days before the annual meeting of the department. This number may be three (3) members if the Department's Rules and Regulations so allow it. Nominations for the Nominating Committee shall be made from the floor by members of the Active Medical Staff of the Department, but no member may make more than one (1) nomination. Staff members nominated to the Nominating Committee shall have expressed a willingness to serve. Nominations shall be closed when no further nominations have been made. If only five (5) nominations are made, the five (5) nominees shall constitute the Nominating Committee. If more than five (5) nominations are made, each member of the Active Medical Staff of the Department present and voting shall write on a slip of paper (that shall be provided as a ballot by the Secretary of the Medical Staff) the names (not exceeding five) of those nominees for the Nominating Committee for whom he/she desires to cast a vote. The ballots shall be folded and handed to the Secretary who, with such assistants as the Chair of the Department designates, shall tally the votes and announce the number of votes received for each nominee.
The five (5) nominees receiving the greater number of votes shall constitute the Nominating Committee.

2. Chair of Nominating Committee. The members of the Nominating Committee shall select from their number a Chair who shall be responsible for calling and presiding at meetings and for soliciting, on behalf of the Committee, suggestions for nominations from the Active members of the Department.

3. Duties of Nominating Committee. After soliciting and considering suggestions from the members of the Active Medical Staff of the Department, and after considering any other suggestions received, the Nominating Committee shall:
   i. consult with the Chair of the Department;
   ii. select willing candidates who will serve if elected and nominate one (1) nominee for each office to which an officer is to be elected, and
   iii. not less than sixty (60) days before the annual meeting of the Department, deliver a written report of the nominees selected to all members of the Department, the President of the Medical Staff, the Chair of the Medical Staff Nominating Committee, and to the Chief Executive Officer for the information of the Board.
   iv. No member of the Nominating Committee may seek office unless no nominee could be found to fulfill an office. Should a member of
the Nominating Committee be selected to run for office, that member shall recuse themselves from further deliberations of the Nominating Committee.

4. Nominations by Petition. Nominations other than those made by the Nominating Committee may be made for any or all of the positions that are available to be filled. A written petition signed by not less than twenty percent (20%) of the membership of the Active Medical Staff of the Department shall be delivered to the Secretary of the Department not more than sixty (60) nor less than forty (40) days before the meeting of the Department at which elections are being held. In addition:

i. no member of the Nominating Committee shall either sign a nominating petition nor be nominated by petition;

ii. no member of the Department shall join in the nomination by petition of more than one (1) nominee for each office; and

iii. no one who has not indicated his/her willingness to serve if elected shall be nominated by nominating petition;

iv. Prior to the delivery to the Secretary of the Department of any petition nominating any Department Chair or Vice-Chair, one or more of the members of the Department who signed the petition
shall consult with the Board with respect to any nominee for Department Chair or Vice-Chair; and

v. any nominating petition delivered to the Secretary, as provided in this paragraph "4", shall be duplicated and promptly delivered to all members of the Department, the President of the Medical Staff, the chair of the Medical Staff Nominating Committee, and to the Chief Executive Officer for the information of the Board.

5. Before final selection of any nominee, the Nominating Committee of a Department shall consult with (1) the Chair of the Nominating Committee of the Medical Staff, and (2) the Board, with respect to its selection of nominees for Department Chair and Vice-Chair;

6. Only the Nominating Committees of the Departments of Surgery, Medicine and Family Practice shall select nominees for membership on the Medical Executive Committee, and only one nominee shall be selected by each of those Nominating Committees;

f. **Vacancies in Office.** Except for vacancies in office in the Departments of Laboratory Sciences, Emergency Medicine, and Radiology the provisions of Section 7 of ARTICLE IX relating to vacancies in Medical Staff offices shall
Section 5 “f” verbatim, with the following exceptions:

(i) references to “President”, “Vice-President” and “Medical Staff” shall be read respectively as “Chair”, “Vice-Chair” and “Department”;

(ii) in order to remove an officer or an elected member of the Medical Executive Committee, the vote of two-thirds of the members of the Department who are members of the Active Medical Staff who are present and voting at a general or special meeting of the Department shall be required; and

(iii) before final selection of any nominee for Department Chair or Vice-Chair, the Nominating Committee of a Department shall consult with the Board.

Section 5. Duties of Department Officers.

a. Clinical Department Chairs. Each Clinical Department Chair shall:

(i) be accountable to the Medical Executive Committee for all professional and Medical Staff administrative activities within his/her Department;

(ii) maintain continuing surveillance of the professional performance of all individuals having clinical privileges in his/her Department and report regularly thereon to the Medical Executive Committee;

(iii) integrate the department into the primary functions of the hospital and give guidance on the overall medical policies of the Hospital including making specific recommendations and suggestions regarding his/her
own Department to the Medical Executive Committee in order to assure quality patient care, including participating in assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the department or organization;

(iv) be responsible within his/her Department for enforcement of the Hospital Bylaws, the Medical Staff Bylaws and Medical Staff and Departmental Rules and Regulations, and the development and implementation of policies and procedures that guide and support the provision of care, treatment and services.

(v) be responsible for Departmental implementation of actions taken by the Medical Executive Committee;

(vi) transmit to the Credentials Committee his/her Department's recommendations concerning criteria for clinical privileges that are relevant to the care provided in the department, and the delineation of clinical privileges for all practitioners in his/her Department;

(vii) determine the qualifications and competence of any non-LIP's who provide patient care, treatment, or services within the department;

(viii) have the overall responsibility for teaching, education, research and orientation in his/her Department;

(ix) participate in every phase of administration of his/her Department, including working in close cooperation with the nursing service and Hospital administration in matters affecting patient care such as
personnel, supplies, special regulations, standing orders and techniques; and

(x) oversee coordination and integration of interdepartmental and intradepartmental services and participate jointly with nursing service and Hospital administration in preparing such annual reports pertaining to his/her Department; including budgetary planning, as may be required by the Medical Executive Committee, the Chief Executive Officer, the Chief Medical Officer, or the Board.

(xi) appoint the members of a quality assurance committee to assure that the quality and appropriateness of patient care provided within the Department is monitored and evaluated and the quality of care, treatment and services is continuously assessed.

(xii) Delegate duties of the chair to such individuals or committees in the department as the chair determines appropriate and appoint, and when appropriate, remove, the members of all committees of the department and designate the chair of each departmental committee.

(xiii) Supply references and recommendations required by other institutions or organizations for credentialing purposes.

(xiv) Providing for complete and accurate minutes of all meetings of the department with the assistance of staff provided by the hospital.

b. **Department Vice-Chairs.** Each Department Vice-Chair shall:
(i) have such duties and responsibilities as the Chair determines with a view to insuring that the Vice-Chair, if he/she is required to assume the duties of the Chair or succeeds to the office of Chair, will be adequately prepared to assume the functions of that office; and

(ii) have the powers and duties of the Chair in the absence or inability to serve as the Chair.

c. **Department Secretaries.** Each Department Secretary shall:

(i) keep accurate and complete minutes of all Department meetings;

(ii) call Department meetings at the direction of the Chair; and

(iii) attend all correspondence of the Department.

**Section 6. Assignment to Clinical Departments.** Each member of the Medical Staff shall be assigned by the Medical Executive Committee to a clinical department in accordance with his/her qualifications and with the clinical privileges conferred upon him.

**Section 7. Functions of Academic Directors.** If the Board determines to appoint an academic director for any Department, he/she shall, notwithstanding any other provisions of these Bylaws:

1. assist in the development of and supervise programs of undergraduate, graduate and post-graduate medical education and of paramedical education with the Department;

2. coordinate the educational programs of the Department with those of other Departments and of the Hospital; and
3. report regularly to the Medical Executive Committee, the Chair of the Department, the Chief Academic Officer, and the Chief Medical Officer.

Section 8. Selection of Academic Directors. If the Board determines to appoint an academic director for any Department, the Chair of that Department shall form a search committee that shall consist of: (1) the President of the Medical Staff, or a person designated by him, (2) the Chair of the Department, (3) two other members of the Department who are members of the Active Medical Staff and are elected by Active Staff members of the Department, (4) the member, if any, of the Department who is in charge of that Department's teaching program, (5) the Chief Academic Officer, or, if there is not a Chief Academic Officer, the Chief Medical Officer, and (6) the Chief Executive Officer, or a person designated by him. The Department Chair shall serve as Chair of the search committee. The search committee shall make recommendations and the academic director shall be selected, appointed and retained as provided in Section 9 of ARTICLE IX for the selection of the Chief Medical Officer and the Chief Academic Officer, except that any re-forming of the Search Committee shall be made by the Department Chair.

ARTICLE XI

COMMITTEES

Section 1. General.

a. Classifications. There shall be three classifications of the Medical Staff. The primary differences between the classes shall relate to their respective methods of creation, termination, and modification of responsibilities, and
membership. Designation of a committee within one class or another shall not necessarily imply hierarchical status vis-a-vis any other committee of the Medical Staff.

b. **Nominating Committee.** Nothing in this Article XI shall govern the Nominating Committee, that is treated elsewhere in these Bylaws.

c. **Membership and Chairships.** The President of the Medical Staff shall appoint all committee members and chairs where not otherwise determined by the Bylaw or resolution that created the committee.

**Section 2. Class I Committees.** Class I Committees shall be created and described explicitly within these Bylaws and such specifications shall be a part of these Bylaws within this Article XI, Section 2. Amendment may be only in the same manner as any other part of these Bylaws under Article XVIII. Class I Committees are as follows:

a. **Medical Executive Committee.** The Medical Executive Committee shall consist of: (1) the officers of the Medical Staff, (2) the immediate past President of the Medical Staff, (3) three members of the Active Medical Staff nominated and elected each year as provided in Sections 3 and 5 of ARTICLE IX, (4) Chair of each Department of the Medical Staff, plus (i) an additional member from the Department of Surgery, Medicine and Family Medicine nominated and elected as provided in Section 4 of ARTICLE X, (5) the Chief Medical Officer, and (6) the Chief Academic Officer.
The Chair of the Departments of Emergency Medicine, Laboratory Sciences and Radiology shall be voting members of the Medical Executive Committee even during the period of their Active/Provisional Staff status. The Chair of the Credentials Committee shall have the option at the beginning of his/her tenure on the Credentials Committee to serve on the Medical Executive Committee with a vote. The Chief Executive Officer and the Chief Nursing Officer shall serve on the Medical Executive Committee but without a vote. If a Department Chair or At Large Member of a Department provided for in ARTICLE X, Section 2 "c" is unable to attend a meeting of the Medical Executive Committee, then the Vice-Chair of that Department shall attend with a vote. And, if the Vice-Chair cannot so attend, then the Secretary of that Department shall attend with a vote. And, if the Secretary cannot so attend, then the Department Chair may appoint, in writing, another member of the Active Staff from that Department, who has been a member of the Active Staff for at least two years, to attend with a vote. If an At Large Member provided for in Sections 3 and 5 of Article IX is unable to attend a meeting of the Medical Executive Committee, the President may appoint, in writing, another member of the Active Staff who has been a member of the Active Staff for at least two years, to attend with a vote. The President of the Medical Staff shall be Chair of the Medical Executive Committee.

The Medical Executive Committee shall:
a. be the responsible organ of the Medical Staff to insure quality medical care
b. ensure participation of the Medical Staff in organization performance improvement activities
c. ensure professionally ethical conduct on the part of all members of the Medical Staff
d. initiate or participate in Medical Staff recommendations of individuals for appointment, reappointment,
e. delineate individual clinical privileges, corrective and review procedures as provided in these Bylaws;

(ii) represent and act on behalf of the Medical Staff, subject to: (1) the limitations imposed by these Bylaws; and (2) resolutions of the Medical Staff not inconsistent with these Bylaws or the Bylaws of the Hospital;

(iii) manage Medical Staff affairs (enforcement of rules and regulations, committee and departmental matters, etc.)

(iv) coordinate the activities and general policies of the various Departments and services;

(v) receive and act upon committee reports;

(vi) implement policies of the Medical Staff, that are not otherwise the responsibility of Department personnel;

(vii) provide liaison between the Medical Staff, the Chief Executive Officer and the Board and represent, be responsible to, and act on matters
delegated to them on behalf of the Medical Staff, subject to limitations as may be imposed by the Bylaws.;

(viii) insure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the Hospital;

(ix) report at each meeting of the Medical Staff; act on behalf of the Medical Staff between Medical Staff meetings, and

(x) meet at least monthly and maintain a permanent record of its proceedings and actions.

b. Credentials Committee. The Credentials Committee shall consist of at least five (5) members of the Active Medical Staff appointed by the President of the Medical Staff, subject to the approval of the Medical Executive Committee and so selected as to insure broad representation of the clinical specialties.

The Credentials Committee shall:

(i) make recommendations for appointment and reappointment to the Medical Staff and the delineation of clinical privileges as provided in these Bylaws, and in so doing, thoroughly examine and evaluate the professional competence and character of each practitioner;

(ii) investigate any breach of ethics reported to it;
(iii) review any reports referred to it by the Executive, Medical Records, Quality Assurance, any other committees and by the President of the Medical Staff; and

(iv) meet at least monthly.

c. **Bylaws Committee.** The Bylaws Committee shall consist of:

five (5) members appointed by the President of the Medical Staff who have been members of the Active Medical Staff for at least five (5) years; and two (2) members appointed by the Chair of the Board. The Chief Executive Officer or his/her representatives shall serve on the Bylaws Committee, but without a vote.

The Bylaws Committee shall:

(i) receive and analyze suggestions for changes in the Bylaws from members of the Active Medical Staff or the Board;

(ii) periodically review the Bylaws in the light of new developments in the fields of medicine, related sciences and methods and standards of health care and laws relating to health care;

(iii) review Rules and Regulations of the Medical Staff and all Departmental Rules and Regulations to insure that these do not conflict with the Bylaws; and

(iv) make recommendations to the Medical Staff and the Board for amendments to the Bylaws and any Rules and Regulations where these appear necessary or desirable.
Reports regarding activities and recommendations shall be made, at least annually, to the Medical Executive Committee.

d. Professional Assistance Committee: The Professional Assistance Committee shall consist of five (5) Medical Staff members appointed by the President of the Medical Staff for staggered terms of four years and one (1) Medical Staff member appointed by the Chief Executive Officer of the Hospital to serve on the Committee for a term of four years. No member of the Professional Assistance Committee can also serve at the same time as a member of any Disciplinary Committee of the staff. The President of the Medical Staff, after consultation with the Chief Executive Officer of the Hospital, shall appoint one of the Medical Staff members to serve as Chair.

The Professional Assistance Committee shall:

(i) recognize the responsibility of the Medical Staff for the provision of competent patient care and to provide assistance to those members who, because of a physical, emotional, or mental impairment, are in need of assistance and monitoring in order to gain restoration of optimal functioning and be able to provide active patient care.

(ii) educate the Medical Staff in particular and the hospital community about issues concerning physician impairment and to advise the administration of those instances in which a physician has been unwilling to accept assistance and, as a result thereof, is at a point at which patient care is endangered.
(iii) assist and act as an advocate for any member of the Medical Staff who is so impaired. The Committee is not intended to be a Disciplinary Committee.

(iv) be a delegated body within the Hospital to evaluate the concerns it receives through its Chair or from any other source. The Chair shall be responsible for receiving and transmitting all substantial concerns to the Committee. Any Medical Staff member in need of assistance may seek the assistance of this Committee voluntarily. Access shall also be afforded to the Resident and Allied Health members of the hospital community.

(v) advise the involved practitioner of the particular concern about to be reviewed. All deliberations and contacts must be carried out with great discretion and sensitivity. If the concern received by the Committee finally is deemed to be justified, appropriate members of the committee and others as deemed needed, directed by the Chair of the Committee, shall contact the member in need of the assistance to establish the initiation of a voluntary diagnostic and therapeutic program.

(vi) assist the member in need of assistance to secure appropriate professional resources for diagnostic, therapeutic and rehabilitative purposes. A systematic report on the status, purpose, and prognosis of the member in need of assistance shall be sought by the Committee from the facility or persons who have assumed the responsibility for the
assistance of the member. After successful rehabilitation of the member, the committee shall assist the member in the reinstatement of possibly curtailed privileges and the resumption of professional responsibilities leading to an active practice and the resumption of a healthy life. In the event a member in need of assistance refuses treatment or fails to continue treatment to successful rehabilitation, the Committee shall make an appropriate recommendation to the Executive Medical Committee and the Chief Executive Officer.

(vii) establish an educational process to increase the awareness of the Medical Staff in identifying and assisting any member possibly in need of help.

(viii) meet at least three times per year. Additional meetings may be called by the Chair as needed.

(ix) forward Minutes to the Medical Executive Committee, the Medical Director and the Chief Executive Officer of the Hospital and shall be as brief as possible relating to actions taken by the Committee and protecting the confidentiality of all proceedings. Confidentiality is imperative: No identifying data shall be included. Said Minutes shall be stored in a safe and confidential manner.

(x) report activities and recommendations at least annually to the Medical Executive Committee.
Section 3. Class II Committees. All other standing committees shall be authorized by this Section 3 of Article XI and shall be listed and specified in a "Standing Committee Structure" Section attached to the Bylaws. The Standing Committee Structure shall from time to time, be revised so as to always be current.

The Medical Executive Committee is authorized herein to create any necessary standing committees. For each such committee, it shall determine the size, distribution of membership, duties, responsibilities, authority, and reporting requirements of each committee. Membership on committees may include other hospital personnel who are not themselves members of the Medical Staff. Unless so stated, a committee need not necessarily be considered as subordinate to the Medical Executive Committee.

The creation or termination of a Class II standing committee or an amendment to the specification of attributes or membership of such a committee shall not require amendment of the Bylaws. Twenty-five days prior notice to all voting members of the Medical Executive Committee shall be required and a majority vote shall govern. All members of the Medical Staff and the CEO for transmission to the Board shall be notified of any such changes within five days after passage. No such change shall become effective unless approved by the Board. Upon such Board approval, the "Standing Committee Structure" Section attached to the Bylaws shall be updated. Such standing committees shall continue to function until terminated.

Section 4. Class III Special Committees. The President of the Medical Staff, the Medical Executive Committee or the Medical Staff may by ordinary resolution, and with no prior notice create special committees for specific short-term purposes. Such
resolution must designate the size, purpose, authority, responsibility, and reporting requirements, of the special committee. It may or may not determine the chairship or membership of the special committee the resolution creates. It may not usurp any of the prerogatives of a Class I or a Class II Committee. Special committees shall expire within one year unless renewed by another resolution.

ARTICLE XII

MEDICAL STAFF MEETINGS

Section 1. Regular Meetings. The annual meeting of the Medical Staff shall be held on the last Wednesday in January. At the annual meeting, officers shall be elected and assume office as the first order of business following the approval of minutes; annual reports of all clinical departments and committees shall be presented; and such other business shall be conducted as provided in these Bylaws or brought before the meeting. Other regular meetings of the Medical Staff shall be held on the last Wednesday of May, September, and November of each calendar year. The members of the Board shall be invited to attend the regular January meeting of the Medical Staff.

Section 2. Special Meetings. The President of the Medical Staff may, and at written request of the Board or at least twenty (20) members of the Active Medical Staff shall, call a special meeting of the Medical Staff by giving notice as provided in Section 4 of this Article. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.
Section 3. Time and Place. The Medical Executive Committee shall determine the time of day and place of regular meetings. The time and place of any special meeting shall be as provided in the notice of the meeting.

Section 4. Notice. Written notice stating the time and place of any meeting of the Medical Staff shall be delivered to each member of the Medical Staff required or entitled to be present at meetings of the Medical Staff at least ten (10) days, and not more than thirty (30) days, before the date of the meeting. Attendance at a meeting shall constitute waiver of notice of that meeting.

Section 5. Quorum. Fifty-one percent (51%) of the members of the Active Medical Staff shall constitute a quorum in order to begin a Staff meeting. Thereafter and for the duration of the meeting, a quorum shall be no less than one-third (1/3).

Section 6. Manner of Action. Except as provided in these Bylaws, the action of a majority of the members of the Medical Staff who are entitled to vote and who are present and voting at a meeting at which a quorum is present, shall be the action of the Medical Staff.

Section 7. Attendance.

a. Requirements. Except as provided in this Section 7, practitioners who are full or provisional members of the Medical Staff are required to attend at least one general Medical Staff meeting per year. Failure to comply with the attendance requirements specified in this Section 7 shall be grounds for (i) in the case of full staff members, appointment to another staff category or provisional status; or (ii) in the case of a provisional member, reappointment of the member to
provisional status or non-reappointment of the member to the Medical Staff; shall be grounds for corrective action as provided in Article VII, and shall be considered at the time of reappointment as provided in ARTICLE V. The Secretary of the Medical Staff shall keep a record of attendance at Medical Staff meetings and shall report regularly in writing thereon to the Medical Executive Committee and to the Chief Executive Officer.

Section 8. Voting Rights:

a. **Active Medical Staff Members.** Full members of the Active Medical Staff are eligible to vote any meeting of the Medical Staff at which they are present. Provisional members of the Medical Staff are not entitled to vote.

b. **Consulting and Courtesy Staff Members.** Members of the Consulting Medical Staff who are not also members of the Active Medical Staff and members of the Courtesy Medical Staff, are not entitled to vote at any meeting of the Medical Staff. Such members are, however, entitled and are encouraged to attend the meetings of the Medical Staff and shall have the privilege of the floor in respect to matters that come before a meeting at which they are present.

Section 9. Agenda.

a. The agenda at any regular meeting of the Medical Staff shall include:
   1. Call to order;
   2. Reading and approval of minutes of last business meeting;
   3. Election of officers, if any officer is to be elected;
4. Report of the Credentials Committee;
5. Unfinished business;
6. Report of the Chief Executive Officer;
7. Communications;
8. Reports of other standing or special committees;
9. New business;
10. Discussion and recommendations for improving hospital work; and
11. Adjournment.

b. The agenda at special meetings shall be:
1. Reading of the notice calling the meeting;
2. Discussion of and action on the business for which the meeting was called; and
3. Adjournment.

ARTICLE XIII

DEPARTMENTAL, SECTIONAL AND COMMITTEE MEETINGS

All regular meetings of departments, sections and committees shall be held with such frequency as is provided in these Bylaws or, where these Bylaws do not provide for the frequency of meetings, as the Medical Executive Committee may determine.

Section 1. Regular Meetings. Departments, sections and committees shall by resolution provide for the time and place of regular meetings without further notice, provided that the annual meeting of each Department shall be held in January preceding the annual meeting of the Medical Staff. Each Department shall have at
least four meetings per year (i.e. quarterly) to be held, not less than 30 days apart, to review and evaluate the clinical work of the practitioners of that Department.

**Section 2. Special Meetings.** Special meetings of any Department, section or committee may be called by the Chair of the Department, section or committee, the President of the Medical Staff or one-third of the voting members of the Department, section or committee by giving notice as provided in Section 3 of this Article.

**Section 3. Notice.**

a. **Notice of Special Meetings.** Written or oral notice stating the time and place of any special meeting of a Department, section or committee shall be given to each member of the Department, section or committee at least three (3) days before the date of the meeting. Attendance at a meeting shall constitute a waiver of notice of that meeting.

b. **Notice of Meetings Involving a Practitioner's Patients.** Any practitioner with clinical privileges shall be notified in writing of, and may be present at, any meetings of a Department, section or committee at which the clinical course of one of his/her patients is to be presented for discussion. If the practitioner is absent, the discussion, at the discretion of the Chair, may proceed or be continued until a subsequent meeting at which the practitioner is present.

**Section 4. Quorum.** Fifty percent (50%) of the membership of a Department, section or committee entitled to vote shall constitute a quorum at any meeting, and no business may be transacted unless a quorum is present.

**Section 5. Manner of Action.**
a. **Formal Action.** Except as provided in these Bylaws, the action of a majority of the members who are entitled to vote and who are present and voting at a meeting at which a quorum is present shall be the action of a Department, section or committee.

b. **Informal Action.** Except as provided in these Bylaws, any action that may be taken at a meeting of a Department, section or committee may be taken without a meeting if a consent in writing setting forth the action taken, is signed by all the members of the Department, section or committee who are entitled to vote.

**Section 6. Minutes.** Minutes of each regular and special meeting of a Department, section or committee shall be kept and shall include a record of attendance and the numerical vote taken on each matter. Minutes taken at any such meeting shall be presented for approval at the next meeting, signed by the Chair of the Department, section or committee and forwarded to the President of the Medical Staff, or, if the committee is a committee of a Department or section, to the Department or Section Chair with a copy to the President of the Medical Staff.

**Section 7. Attendance Requirements**

a. **Departmental Meetings.** Practitioners who are full or provisional members of the Active Medical Staff shall be required to attend the number of department meetings set at the discretion of the department chair. Each practitioner will attend at least one meeting per year. Attendance at other Standing Committees (any Class I, any Standing Committees of
the Medical Staff, all Quality Assurance Committees of the Departments, and any other "Medical Executive Committee approved committees may be substituted, at the discretion of the department chair, for department meeting attendance requirements). Failure to comply with the attendance requirements specified in this Section 7 "a" shall be grounds for (i) in the case of full staff members, appointment to another staff category or provisional status, or (ii) in the case of a provisional member, reappointment of the member to provisional status or non-reappointment of the member to the Medical Staff, and shall be grounds for corrective action as provided in ARTICLE VII, and shall be considered at the time of reappointment as provided for in ARTICLE V. Only members of the Active Staff shall be eligible to vote at any Departmental meeting.

b. **Section Meetings.** Practitioners who are full or provisional members of the Active Medical Staff shall be required to attend as many section meetings as required by Rules and Regulations of any section of which they are members.

**ARTICLE XIV**

**CLINICO-PATHOLOGICAL CONFERENCES**

The Department of Laboratory Sciences, in conjunction with the other Departments, shall hold at least six (6) clinico-pathological conferences for the Medical Staff in each calendar year.
ARTICLE XV
RULES AND REGULATIONS

Section 1. Medical Staff and Departments. The Medical Staff and each Department shall adopt Rules and Regulations, that may be amended from time to time. Department Rules and Regulations and amendments to them shall be consistent with the Rules and Regulations of the Medical Staff. Medical Staff and Department Rules and Regulations and amendments to them shall be (1) consistent with the Medical Staff Bylaws and the Bylaws of the Hospital, and (2) subject to the approval of the Medical Staff and the Board. Rules and Regulations of the Medical Staff may provide for automatic suspension and termination of a practitioner's privileges. Rules and Regulations of the Medical Staff and amendments to them may be adopted or approved at any meeting of the Medical Staff, provided that notice of any such meeting, setting forth any proposed rule, regulation or amendment, shall be given at least thirty (30) days before the meeting. Rules and Regulations of a Department and amendments to them may be adopted or approved at any meeting of the Department, provided that notice of any such meeting, setting forth any proposed rule, regulation or amendment, shall be given at least thirty (30) days before the meeting.

Section 2. Sections. A Department may include within its Rules and Regulations of its Sections. In addition, Sections may adopt additional Rules and Regulations that are consistent with the Department and Medical Staff Rules and Regulations, the Medical Staff Bylaws, and the Bylaws of the Hospital. The Rules and
Regulations of a Section are subject to the approval of the applicable Department. In addition, if the President of the Medical Staff or his/her designee, Chief Medical Officer or his/her designee, or the Chief Executive Officer or his/her designee, determine that a Section’s Rules and Regulations should be subject to review by the Medical Staff or the Board, then said Section’s Rules and Regulations shall be subject to the approval of the Medical Staff and the Board. Rules and Regulations of a Section may be adopted or approved at any meeting of the Section, provided that notice of any such meeting, setting forth any proposed rule, regulation or amendment, shall be given at least thirty (30) days before the Meeting.

**ARTICLE XVI**

**RULES OF ORDER**

Proceedings at meetings of the Medical Staff, departments, sections or committees shall be conducted pursuant to Robert's Rules of Order, as amended from time to time, except to the extent that Robert's Rules of Order are inconsistent with the Bylaws, Rules and Regulations of the Medical Staff, in which case the Medical Staff Bylaws, Rules and Regulations shall control.

**ARTICLE XVII**

**ANNUAL DUES OF THE MEDICAL STAFF**

An annual fee to be set periodically by vote of the Medical Staff upon recommendation of the Medical Executive Committee, shall be paid by practitioners
who are full or provisional members of the Active, Courtesy, or Consulting Medical Staff for maintenance of the Medical Staff. The funds will be in the custody and management of the Secretary-Treasurer and disbursed at the discretion of the Medical Executive Committee. The Secretary-Treasurer of the Medical Staff will make a full report of this fund at the annual meeting of the Medical Staff. Failure to comply with the obligation will be taken into consideration at the appropriate time of reappointment.

**ARTICLE XVIII**

**EFFECTIVE DATE AND AMENDMENTS TO BYLAWS**

**Section 1. Effective Date of These Bylaws.** These Bylaws shall become effective when they have been: (1) adopted by the Medical Staff as provided in the Bylaws of the Medical Staff of the Hospital in effect immediately prior to submission of these Bylaws to the Medical Staff; and (2) approved by the Board. These Bylaws, when effective, shall supersede any Bylaws of the Medical Staff in effect at the time of the adoption of these Bylaws. Any Rules and Regulations of the Medical Staff or of any Department or Section then in effect, and any special committees then in existence, shall remain in effect, or existence, to the extent they are not inconsistent with these Bylaws. After becoming effective, these Bylaws shall remain in effect until amended as provided in this Article.

**Section 2. Amendments.**

a. **Proposal.** Amendments to these Bylaws may be proposed by any member of the Active Medical Staff or by the Board. Any proposal to amend these Bylaws shall be submitted in writing to the Bylaws Committee, the Medical
Executive Committee and, unless made by the Board, to the Chief Executive Officer for transmittal to the Board.

b. **Report of the Bylaws Committee.** Within sixty (60) days after receipt of any proposal to amend these Bylaws, the Bylaws Committee shall: (1) review and analyze the proposal, (2) prepare a written report with recommendations concerning the proposal, and (3) deliver its report to the Secretary of the Medical Staff for transmittal to the Medical Staff and to the Chief Executive Officer for transmittal to the Board.

c. **Presentation of Proposed Amendments.** Upon receipt of any report from the Bylaws Committee concerning a proposal to amend these Bylaws, the Secretary shall promptly deliver a copy to each member of the Active Medical Staff together with a copy of the proposed amendment or amendments. At the regular meeting of the Medical Staff next following the expiration of a period of thirty (30) days after delivery of such copies to the members of the Active Medical Staff, the proposal to amend these Bylaws and the report of the Bylaws Committee shall be presented. In the meantime, the Bylaws Committee shall receive and analyze any suggestions concerning the proposal from any member of the Active Medical Staff and from any other source and shall comment thereon at the meeting of the Medical Staff at which the proposal is presented.

d. **Approval of Amendments by the Medical Staff.** At any meeting of the Medical Staff at which a proposal to amend these Bylaws is presented as
provided in paragraph "c" of this Section 2, the proposal, after discussion and debate, shall be submitted to a vote. The affirmative vote of two-thirds of the members of the Active Medical Staff present and voting shall be required to constitute approval by the Medical Staff of any amendment to these Bylaws. The Secretary of the Medical Staff, within five (5) days after the meeting of the Medical Staff at which any amendment is approved, shall deliver a copy of the amendment to the Chief Executive Officer for presentation to the Board for consideration at its next regular meeting.

e. Approval of Amendments by the Board. The Board, at the meeting at which the amendment is presented, shall either approve or disapprove the amendment or defer action until its next regular meeting, at which it shall approve or disapprove the amendment, unless by agreement with the Medical Executive Committee, the Board further delays action to permit consultation with the Medical Staff.

f. Effective Date of Amendments to These Bylaws. No amendment to these Bylaws shall become effective until it has been approved by the Medical Staff and the Board.

g. Administrative Procedures. When administrative procedures associated with processes described in the medical staff bylaws for corrective actions, fair hearing and appeal, credentialing, privileging and appointment, and histories and physicals are described in the medical staff policies that supplement the bylaws, they must be reviewed and recommended by the
Medical Executive Committee and then sent on to the Board of Trustees for approval.
APPENDIX A
RULES AND REGULATIONS OF THE MEDICAL STAFF

1. The standards of the Joint Commission on Accreditation of Hospitals shall be the standards of the Staff.

2. Except in emergency, no patient shall be admitted to the Hospital until after a provisional diagnosis has been stated. In case of emergency, the provisional diagnosis shall be stated as soon after admission as possible. Physicians admitting patients shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger from any cause whatever, or to assure protection of the patient from self-harm.

3. Standing and pre-printed orders shall be agreed upon by the Medical Staff and the Chief Executive Officer. They can be changed only by mutual consent of the Medical Executive Committee which represents the Medical Staff and Chief Executive Officer, and the latter shall notify all personnel concerned. These orders shall be consistent with the hospital and medical staff policy on "standing" and "pre-printed" orders.

4. All orders for treatment and all entries in the medical records shall be in writing and shall be legible, dated and timed. Verbal orders shall be considered to be in writing if dictated to a Registered Nurse or Licensed Pharmacist, or to a Licensed Practical Nurse on the Transitional Care Unit or Medical Assistants in the outpatient site. Modification of diet and/or enteral and parenteral nutrition supplement orders shall be written in the medical record by the physician and/or
licensed practitioner responsible for the care of the patient. The physician or licensed practitioner may grant permission allowing the registered dietitian to write orders to modify diets, order nutritional supplements, modify enteral or parenteral nutrition via the order section of the medical record. Those orders written by a registered dietitian need to be co-signed by a physician. Diet consistency orders can also be written in the medical record by a Licensed Speech Language Pathologist, and need to be co-signed by a physician. 

Physician Assistants, Registered or Certified Respiratory Therapists, Licensed Physical Therapists, Registered Radiology Technologists, Registered Occupational Therapists, Licensed Speech-Language Pathologists, Licensed Social Workers, Licensed or Registered Dieticians, and Licensed Clinical Social Workers may accept verbal orders or telephone orders in their own field of practice from a physician, and may write the order on the chart in circumstances where an immediate written physician order is not possible or practical. Verbal orders shall be signed before the member of the medical staff or the house staff member leaves the area. Telephone orders shall be signed within 72 hours by the physician giving the order or may be authenticated by another practitioner who is responsible for the care of the patient and who is authorized to write orders as per applicable state and federal law.

4b. Similar to other Medical Staff members, Radiologists are practitioners with clinical privileges authorized by the Medical Staff and the Governing Body to
order services. A Radiologist may update, correct, or order a more clinically appropriate diagnostic test without notifying the primary treating physician.

5. The attending physician or certified nurse midwife shall be held responsible for the preparation of a complete medical record for each of his/her patients. This record shall include identification data; complaint; personal history; family history; history of present illness; physical examination; order sheet; special reports such as consultations, clinical laboratory, x-ray and others; provisional diagnosis; medical or surgical treatment; signed consent for operation (when applicable); operative report; pathological findings; discharge summaries, follow-up and autopsy report when available. No medical record shall be filed until it is complete unless the physician has left the MacNeal Hospital Medical Staff and has been notified via certified mail/letter that he/she has records to complete, and has failed after 90 days to complete the records, or the physician is deceased. The Medical Records Department in conjunction with the Medical Executive Committee shall define what constitutes an incomplete medical record. The Medical Records Department shall notify the physician of an incomplete record 10 days after discharge, and the physician shall have 20 days to complete the charts that are available to them in the Medical Records Department. Any practitioner who fails to comply with the requirements contained in this Rule No. 5 shall be deemed delinquent and shall result in his/her placement upon the Non-Admit List as defined elsewhere in these Rules and Regulations. The president of the Medical Staff may for good cause grant a practitioner additional
time to fulfill the obligations of this Rule No. 5. The President of the Medical Staff shall notify the Medical Executive Committee of any extension of time granted to a practitioner to fulfill the obligations of Rule No. 5. A grace period shall be applicable for practitioners on vacation or leave. The grace period will extend for seven (7) days from the next publishing of the Non-Admit List after his/her return from vacation or leave.

6. An appropriate History and Physical examination shall, in all cases, be accomplished within twenty-four (24) hours from the time of admission by the appropriately privileged individuals in accordance with State law and hospital policy. See hospital History and Physical policy for more detail.

7. When such History and Physical examinations are not recorded before the time stated for operation, the operation shall be canceled unless the attending surgeon states, in writing, that such delay would constitute a hazard to the patient.

8. Indications for consultation shall be formulated, promulgated and enforced by each Department.

9. Initial consults must be completed within 24 hours of the time when consultant is notified.

10. The Medical Record is the property of the hospital. Medical records may be removed from the hospital’s jurisdiction and safekeeping only as required by law, court order, or subpoena.
11. A surgical operation shall be performed only on written consent of the patient or his/her legal representative, except in emergencies.

12. Immediately following all operative or other high risk procedures, a written report must be documented in the medical record to include: name of licensed independent practitioner and assistants, procedure(s) performed and description of the procedure, findings, estimated blood loss, specimens removed and postoperative findings. The full operative report must be dictated or written by the operating surgeon within 24 hours from the end time of the surgical procedure. All tissues removed at operation except those approved and listed by the Medical Executive Committee, shall be sent to the hospital pathologist, at the discretion of the surgeon, who shall make such examination as he/she may consider necessary to arrive at a pathological diagnosis and he/she shall sign his/her report.

13. Daily visits to the patient are necessary in the hospital except, as noted below, for the Transitional Care Unit and Psychiatric Units.

A. Attending physicians, or their designees, must see their patients on a daily basis. Designee may be any medical staff member with appropriate privileges who has agreed to cover. Consulting physicians must see patients they are caring for as the clinical needs of the patient necessitate.

B. All visits shall be recorded at the time of the visit on the patient’s record by the appropriate physician. If the visit cannot be recorded at the actual time of the visit, the progress note shall indicate such with notation of “late entry”.
C. Each member of the Staff shall name a member of the Staff who may be called upon to attend or consult on patients either in emergency or in his/her absence due to any cause.

D. All physicians are responsible to: 1) arrange for their coverage when absent; 2) to notify the appropriate areas of the hospital of their absence; and 3) to obtain the agreement of the covering physician. The Medical Staff Office should be notified of any planned or prolonged absence. For patients presently in the hospital, this coverage should be documented in the chart, either as an order or in the progress notes, and communicated to the nursing staff caring for that patient.

E. In case of failure to name such physician coverage, the Department Chair or his/her designee, or the Medical Director of the Transitional Care Unit, the Medical Director of Psychiatry, or their designees, shall have the authority to request any member of the Staff to act as temporary coverage should he/she (the Chair or Medical Director or designee) consider it necessary.

F. Failure to provide appropriate coverage may result in a corrective action being requested as per Article VII, Section 1.b of these Bylaws.

Psychiatry: Patients in the Psychiatry program must be seen within twenty-four (24) hours of their admission, and within 24 hours prior to discharge by the Psychiatrist. Patients must be seen thereafter at a minimum frequency of every other day by the psychiatrist or collaborating APN with periodic visits by
the psychiatrist during the course of the patient's stay. If the patient has some other co-existing medical or surgical problem, the severity of which would necessitate the visit of a physician more frequently as if the patient was on a general medical/surgical floor, then the patient should be visited by the appropriate physician as needed;

Transitional Care Unit: A minimum of one visit every 96 hours is required for patients in the Transitional Care Unit, unless they have some other co-existing medical or surgical problem, the severity of which would necessitate the visit of a physician more frequently as if the patient was on a general medical/surgical floor.

Inpatient Rehabilitation Facility: A minimum of 3 face to face visits by a licensed physician with specialized training and experience in inpatient rehabilitation must access the patient both medically and functionally as well as modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process. This is required for patients in the Inpatient Rehabilitation Facility, unless they have some other co-existing medical or surgical problem, the severity of which would necessitate the visit of a physician more frequently as if the patient was on a general medical/surgical floor.

14. A. With regard to professional graduate education, MacNeal house officers
shall be responsible for the daily notes and orders pertaining to patients under their care. The notes shall include a pertinent assessment of the patient’s condition and some notation of the treatment plan.

B. It is the attending/supervisory physician’s responsibility to oversee all aspects of patient care. It should be noted that a house officer’s orders do not need to be co-signed by the attending/supervisory physician; however attendings must co-sign the notes to show that they are exercising the appropriate supervision. Participation by house officers in the care of a patient does not relieve the attending physician of his/her obligations under Rule #5 to be “responsible for the preparation of a complete medical record for each patient” and Rule #12, to make “daily visits to the patient...in the hospital”. The daily note written by the attending physician will indicate his/her concurrence with, or correction of, the findings and plan documented by the house officer.

C. Additionally, all house officers shall be supervised by attending physicians who are appropriately credentialed for the clinical activities that they will be supervising. The Directors of each of the residency programs will:

(i) Communicate to the Medical Executive Committee that only physicians credentialed appropriately will be supervising residents for those things the attending is privileged to do;
(ii) Will review this list at least annually, and immediately with any new faculty, and keep an active up-to-date list of privileges for all faculty members on file in the residency program; and

(iii) Keep an up-to-date list of procedures in which residents have been shown to be competent. This list should be readily available to any nursing unit to ascertain that the resident is competent to perform the indicated procedures.

Medical students are not allowed to write orders and their notes must be signed by the attending physician with either a concurrence or disagreement of the note written in the chart.

E. Annually, the Directors of the residency programs will provide to the Medical Executive Committee written descriptions of the role, responsibilities, and patient care activities of the residents. The Program Directors will also communicate the mechanisms by which the residents' supervisors and the Program Director make decisions about each resident's progressive involvement and independence in specific patient care activities.

15. Patients shall be discharged only on order of the attending physician.

16. Free access to all medical records of all patients shall be afforded to staff physicians in good standing for bona fide study and research, consistent with preserving the confidentiality of personal information concerning the individual patients.
17. Each practitioner who seeks Medical Staff membership must, at the time of appointment and continuously thereafter, demonstrate to the satisfaction of the Medical Staff and the Board, appropriate Professional Liability Insurance coverage. Said coverage shall be in an amount not less than the minimum amount as determined by the Board after consultation with the Executive Committee of the Medical Staff. Failure to comply with this insurance requirement shall result in automatic suspension of privileges until such time as said insurance requirement is fulfilled. If suspension occurs due to non-compliance of above, the Medical Staff Leave of Absence policy will be utilized for return requirements.

18. There shall be a Non-Admit List. Being on this non-admit list means that the practitioner shall have revoked bed privileges including patient admissions, emergency room, outpatient department and operating room privileges, as well as assisting in the operating room. Practitioners on the non-admit list may not begin or assume the care and treatment of any hospitalized patient until they are no longer on the non-admit list. Any patients already under the care of the practitioner shall remain under their care for the duration of that hospitalization. OB patients may be admitted, but direct care must be under another Staff member with appropriate privileges.

19. Each member of the Medical Staff shall be issued an identification badge that shall have a current picture of the Staff member and show the member's name and title. Such badges must be worn by all staff members at all times while on
hospital property, including the hospital campus and its ambulatory care facilities. Such badges must be worn on the outer garment by the Staff member and positioned for easy identification. If any identification badge is lost or damaged, the Staff member must immediately notify the appropriate division or department chair and obtain a new one. Each identification badge shall be individually assigned and shall not be given or loaned to another person.

20. The Hospital and Medical Staff shall adopt and maintain a list of physicians on call for duty after the initial examination to respond, examine and treat patients with emergency medical conditions to the extent necessary to stabilize the patient. The Chair of each Department is responsible for assuring that the on-call list is maintained.

21. The Hospital and Medical Staff recognize the importance of, and are in the practice of, providing an appropriate medical screening examination to patients' presenting to the Emergency Department or Labor and Delivery Unit requesting evaluation and treatment. Any member of the Medical, Dental, or Allied Health Staff of the hospital is qualified to perform a medical screening examination, within the scope of their practice as delineated by their hospital privileges.

22. Allied Health Personnel shall be credentialed by the Medical Staff Office, through a process similar to the medical staff process, as per the Medical Staff Office Allied Health Credentialing policy. Advance Practice Nurses may function as licensed independent practitioners, in association with their collaborating physician, in accordance with the Illinois Nurse Practice Act and the MacNeal...
Advanced Practice Nurse privilege cards. All other Allied Health Professionals will work under the supervision of their sponsoring physician. All physicians assistants and Advance Practice Nurses making application to the MacNeal Hospital Allied Health Staff must have a State Controlled Substance License as well as a Federal DEA certificate within six months of application (as applicable).

23. In the event of a conflict between members of the Active Staff and the Medical Executive Committee regarding the adoption of any policy or any amendment thereto, or with regard to any other matter, upon the petition signed by 25% of the members of the Active Staff entitled to vote, the matter shall be submitted to the secretary of the medical staff for presentation, discussion and vote at the next medical staff meeting.

24. The Hospital and Medical Staff recognize the importance of orientation for new practitioners to the medical staff. Each practitioner must, at the time of appointment, arrange for new physician orientation through the medical staff office and attend such orientation prior to privileges being activated. Failure to comply with this requirement shall result in non-activation of privileges until such orientation is completed.
APPENDIX B

STANDING COMMITTEE STRUCTURE

CANCER COMMITTEE

I. Composition of Committee: The committee shall be comprised of physician and non-physician members as designated by the Commission on Cancer for the appropriate facility category. The President of the Medical Staff of MacNeal Hospital shall appoint the Cancer Committee Chair and all other physician members of the committee. The Cancer Committee Chair will designate the Cancer Liaison Physician.

II. Responsibilities

1. Develops and evaluates the annual goals and objectives for the clinical, educational and programmatic activities related to cancer.

2. Promotes a coordinated, multidisciplinary approach to cancer patient management.

3. Ensures that educational and consultative cancer conferences cover all major sites and related issues.

4. Ensures that an active supportive care system is in place for patients, families and staff.

5. Monitor quality management and improvement through completion of quality management studies that focus on quality, access to care, and outcomes.

6. Promotes clinical research.
7. Supervises the oncology registry and ensure accurate and timely abstracting, staging, and follow-up reporting.

8. Performs quality control of registry data.

9. Encourages data usage and regular reporting.

10. Will annually disseminate data pertaining to quality and outcomes of cancer patient care.

11. Participates in all special studies as required by the Commission on Cancer.

12. Submits data for the annual call for data to the National Cancer Data Base.

13. Submits data to the Illinois State Cancer Registry.

14. Be required to critique study results and note any variations from the national or regional standards of care.

15. Upholds medical, scientific and ethical standards.

16. Is dedicated to ensuring that the MacNeal Hospital Cancer Program is in compliance with the American College of Surgeons Commission on Cancer.

III. **Meetings:** The Committee shall meet at least quarterly

IV. **Committee Reporting:** This Committee reports and submits minutes to the Medical Staff Executive Committee.

**ETHICS COMMITTEE**
The Ethics Committee shall consist of at least five (5) members of the Active Medical Staff with adequate representation from the various departments. In addition, there shall be representation from Nursing, Pastoral Care, and Intensive Care Services as indicated. The Committee shall report and make recommendations on a regular basis to the Medical Executive Committee.

**Functions**

The Ethics Committee of the Medical Staff of MacNeal Hospital has as its chief function the gathering of information in the field of ethics, and then directing educational programs on biomedical ethical issues. The Committee also desires to provide forums for discussion among hospital personnel about biomedical issues, and to serve in an advisory capacity and/or a resource to persons involved in making decisions in this field including both medical personnel and the families involved.

**MEDICAL EDUCATION COMMITTEE**

The Medical Education Committee shall consist of the Chief Academic Officer, the Directors or their designee of each of the educational programs and volunteers of the Medical Staff appointed by the President of the Medical Staff, and an individual appointed by the Chief Executive Officer. The Chief Medical Officer of the hospital shall be an ex-officio member of the Committee.

The Medical Education Committee shall:

1. Be responsible for the coordination of all undergraduate and graduate medical education;
2. Maintain liaison with all other departments of the hospital that conduct teaching programs to assess the ongoing activities of its residents and medical students;

3. Report to the Medical Executive Committee on its activities including, but not limited to the results of the residency matching program and those items listed in Rules and Regulations 13.C.i.ii.iii.

CONTINUING MEDICAL EDUCATION (CME) COMMITTEE

The CME Committee shall plan the overall scope and emphasis of the CME program for attending physicians based on the CME Mission, medical staff needs and quality improvement data.

Chair: The Chair of the CME Committee shall be appointed by the President of the Medical Staff and should have knowledge and background in the CME process.

Membership: The CME Committee shall consist of the Chief Medical Officer, physician representatives from the Medical Staff departments appointed by the President of the Medical Staff, the Director of Quality Improvement, the Health Sciences Resource Center Manager, and the CME Coordinator.

Duties and Responsibilities:

- Review and approve all MacNeal Hospital CME program offerings, including CME for the annual Medical Staff meeting, and other special requests
- Designate network-based CME activities for Category 1 credit
- Monitor the quality of the overall and individual programs
• Provide a liaison between Medical Staff departments and the CME staff
• Develop policies and procedures related to the MacNeal Hospital CME program to ensure compliance with the Essential Elements of Accreditation of the Illinois State Medical Society
• Maintain appropriate accreditation
• Annually report to the Medical Executive Committee on its activities and results of its quality evaluations.

PERINATAL REVIEW

The Committee would be made up of no more than 9 individuals.

The distribution of membership would be as follows:

- Administration 1
- Neonatology 1
- Nursing 2
- Pediatrics 2
- OB/Gyn 1
- Family Medicine 1
- Medical Director 1
- Chairperson, Perinatal M/M 1

All members would have a vote.

Duties and Responsibilities

1. Develop protocols describing indications for Neonatology coverage of newborn deliveries.

2. Develop protocols describing indications for Neonatology involvement in newborn healthcare issues.
3. Review and implement protocols issued by the local and State Department of Public Health, the Illinois Perinatal Association and MacNeal's Perinatal Referral Center.

4. Review and implement where appropriate guidelines issued by the American Academy of Pediatrics and the American College of Obstetrics-Gynecology.


6. Evaluate and recommend equipment purchases for the Nursery and Delivery Room suites.

7. Create a Mortality and Morbidity Subcommittee that would report directly to the Perinatal Advisory Committee (see Addendum A for description and responsibilities).

**Authority**

This Committee is strictly an advisory body.

**Reporting Requirements**

Any recommendations made by the Perinatal Advisory Committee would be forwarded to the appropriate Department Chair for action. A copy of the Minutes will be forwarded to the Department Chair of Pediatrics. This Committee is to report directly to the Chief Medical Officer.
PHARMACY AND THERAPEUTICS COMMITTEE

The Medical Staff, in conjunction with the Director of Pharmacy, is responsible for the functioning of the Pharmacy and Therapeutics Committee, and the policies and procedures relating to the use of medication in the facility.

Membership

The Pharmacy and Therapeutics Committee shall consist of at least five (5) members of the Active Staff with adequate representation from the various departments. In addition, there shall be non-voting representation from Nursing, Dietary, Administration and other departments, services and individuals who participate in Pharmacy & Therapeutics activities as required.

Duties and Responsibilities

The Pharmacy and Therapeutics Committee is responsible for, but not limited to, the following:

1. Developing medication related policies and procedures
2. Reviewing drug shortages, withdrawals and recalls
3. Developing and maintaining a formulary system and approving additions and deletions to the formulary acceptable for use in the facility, and communicating such to the Medical Staff
4. Defining and reviewing all significant adverse drug reactions
5. Defining and reviewing all significant medication errors
6. Participating in activities relating to the review and evaluation of drug usage
7. Participating, as necessary, in the use of investigational drugs and drugs in clinical trials

**PROFESSIONAL LIBRARY SERVICES COMMITTEE**

The Professional Library Services Committee shall consist of at least three (3) members of the Active Medical Staff appointed by the President of the Medical Staff and an individual appointed by the Chief Executive Officer. The committee may invite non-voting representatives from nursing, allied health professionals, medical education, and any other non-medical staff group that utilizes the library services, for advice and input in performing the responsibilities of the committee.

The Professional Library Services Committee shall be responsible for a periodic analysis of the changing needs of the Hospital's library service, including the deletion of outmoded material and the acquisition of new material. Reports regarding performance and any areas of need shall be made to the Medical Executive Committee and the Chief Executive Officer for appropriate action.

**INFECTION CONTROL COMMITTEE**

The Infection Control Committee is a multidisciplinary committee that addresses issues related to infection control in patients treated in the hospital, employees, visitors and the medical staff.

**Chairperson**

The Chairperson of the Infection Control Committee will be an Infectious Disease consultant.
Membership

The Committee membership will include the infection control practitioner, representatives from the medical staff, administration, nursing, sterile processing, housekeeping, laboratory, and employee health.

Duties and Responsibilities

1. Determine the type of surveillance for monitoring nosocomial infections. This will be reassessed annually.
2. Review data relevant to infection control in employees, medical staff, and visitors.
3. Evaluate products relevant to infection control.
4. Oversee education of hospital personnel in infection control.
5. Supervise isolation procedures in the hospital.
6. Review policies and procedures for the hospital infection control manual.
7. Review and monitor microbiology data relevant to infection control.
8. Monitor nosocomial and community-acquired infections that are reportable to the public health authorities.
UTILIZATION MANAGEMENT COMMITTEE

I. Composition of Committee:

1. The Chief Medical Officer or his/her designee shall act as Chair of the Committee.

2. The Committee will be composed of three (3) or more physicians of the Active Medical Staff who broadly represent the services of the medical staff, and assisted by other professional personnel as needed. The President of the Medical Staff shall appoint Physician committee members. For the first year, there shall be at least one appointee for one year at least one appointee for two years, and at least one appointee for three years. Subsequent to year one appointment shall be for three years.

2. Each appointed Physician member of the committee and the Chair shall have a vote.

3. Representatives from Administration, Health Information Management, Patient Care Management, Quality Management, pharmacy, and Nursing, as well as the hospital Physician Advisor(s) shall attend Committee meetings as non-voting members.

4. Upon invitation from the Chairman, other representatives of the hospital or medical staff may sit in on meetings.

5. The Chairman and other designated members of the Committee may serve in the capacity of physician advisors as needed.

6. The Hospital may delegate certain portions of this Plan to outside agencies from time to time. Such delegation, with description of responsibilities and authority shall be approved in advance by the Committee and the Board.

II. Responsibilities

The responsibilities of the Committee shall be as follows:

1. To develop, maintain, and execute an effective Utilization Management Plan; to review and revise Plan as necessary; and to assure that the functions required by the Plan are continuously performed and documented in a proper and timely manner.

2. To effect the efficient utilization of beds and supportive services through concurrent and retrospective reviews of the necessity for inpatient admissions, appropriate duration of stays, and the timely and appropriate use of diagnostic and therapeutic services.

3. To effect the development of a plan whereby the patient receives the care that he/she needs, delivered in the most efficient and cost-effective manner available, that will assure the quality of care in conformity with criteria of optimal use as determined by the practitioner's peers. Any quality concerns identified during the review process may be referred either to the Patient Care Committee, or the appropriate Medical Staff Quality Committee for evaluation and action.

4. To effect the development, maintenance, and execution of the functional elements of the Peer Review Organization Program (PRO), namely, admission request, pre-admission request, pre-admission testing, admission certification, length of stay review, discharge planning, and retrospective evaluation of performance measured against generally accepted criteria.

5. To review the patterns and profiles generated by the Peer Review Organization and the hospital, to identify opportunities to improve provision of care and to initiate appropriate actions.
6. To collaborate in monitoring and analyzing the review activities on non-physician reviews, and the hospital's appointed Physician Advisors

7. To collaborate in the establishment and approval of criteria, standards, and norms for pre-admission review, admission review, and continued stay review; and to assist in continuing modification of such criteria, standards, and norms.

8. Oversight of the development of a collegial process to engage medical staff in appropriate utilization.

III. Meetings: The Committee shall meet on a monthly basis, or more frequently as needed.

IV. Committee Reporting: This Committee reports and submits minutes to the Medical Staff Executive Committee.