# TABLE OF CONTENTS

## I. DEFINITIONS

PAGE 1

## II. CATEGORIES OF THE MEDICAL STAFF

A. ACTIVE STAFF

1. Qualifications
2. Responsibilities
3. Prerogatives

PAGE 3

B. ASSOCIATE STAFF

1. Qualifications
2. Responsibilities
3. Prerogatives

PAGE 5

C. COURTESY STAFF

1. Qualifications
2. Responsibilities
3. Prerogatives

PAGE 6

D. CONSULTING STAFF

1. Qualifications
2. Responsibilities
3. Prerogatives

PAGE 8

E. PRECEPTORS (Privileges for Non-Medical Staff Preceptors)

1. Qualifications
2. Responsibilities
3. Prerogatives/Duties

PAGE 9

F. PRECEPTEES (Privileges for Non-Medical Staff Preceptors)

1. Qualifications
2. Responsibilities
3. Prerogatives/Duties

PAGE 11
G. EMERITUS STAFF........................................................................................................12
   1. Qualifications........................................................................................................12
   2. Responsibilities and Prerogatives ........................................................................12

H. AFFILIATE STAFF ..................................................................................................13
   1. Qualifications........................................................................................................13
   2. Responsibilities....................................................................................................13
   3. Prerogatives.........................................................................................................14

I. ADJUNCT STAFF .....................................................................................................14
   1. Qualifications........................................................................................................14
   2. Responsibilities....................................................................................................15
   3. Prerogatives.........................................................................................................16

J. COURTESY REFERRAL STAFF .............................................................................16
   1. Qualifications........................................................................................................16
   2. Responsibilities....................................................................................................17
   3. Prerogatives.........................................................................................................17

III. STRUCTURE OF THE MEDICAL STAFF..........................................................19
   A. GENERAL............................................................................................................19
      1. Medical Staff Year............................................................................................19
      2. Dues..................................................................................................................19

   B. OFFICERS..........................................................................................................19
      1. Qualifications of Officers and Chairpersons..................................................19
      2. President of the Medical Staff.........................................................................20
      3. Vice President/President Elect of the Medical Staff......................................21
      4. Secretary-Treasurer.........................................................................................21
      5. Election of Officers..........................................................................................22
      6. Removal of Officers........................................................................................23
      7. Vacancies in Office..........................................................................................24
C. MEETINGS OF THE MEDICAL STAFF ............................................................24
   1. Annual Staff Meeting .................................................................24
   2. Regular Staff Meetings .................................................................24
   3. Special Staff Meetings .................................................................25
   4. Quorum .......................................................................................25
   5. Agenda .......................................................................................25

D. DEPARTMENT AND COMMITTEE MEETINGS .............................................25
   1. Department Meetings .................................................................25
   2. Committee Meetings .................................................................26
   3. Special Department, Section, and Committee Meetings .............26
   4. Quorum .......................................................................................26
   5. Minutes .......................................................................................27

E. PROVISIONS COMMON TO ALL MEETINGS ..............................................27
   1. Notice of Meetings .......................................................................27
   2. Attendance Requirements .........................................................27
   3. Rules of Order .............................................................................29
   4. Voting .......................................................................................29

IV. CLINICAL DEPARTMENTS ........................................................................30
   A. CLINICAL DEPARTMENTS .............................................................30
      1. Organization of Departments .....................................................30
      2. Creation and Dissolution of Departments and Sections .............30
      3. Functions of Departments .........................................................31
      4. Department Chairpersons .........................................................33
      5. Functions of Department Chairpersons .....................................34
      6. Section Chiefs ..........................................................................36
      7. Functions of Section Chiefs .........................................................37

V. COMMITTEES OF THE MEDICAL STAFF ..................................................38
   A. APPOINTMENT ................................................................................38
      1. Chairpersons ............................................................................38
      2. Members ....................................................................................38
B. EXECUTIVE COMMITTEE .................................................................39
C. CREDENTIALS COMMITTEE .............................................................42
D. QUALITY IMPROVEMENT AND OTHER FUNCTIONS PERFORMED BY MEDICAL STAFF COMMITTEES .................................................................43
E. CREATION OF STANDING COMMITTEES ........................................44
F. SPECIAL COMMITTEES ........................................................................44

VI. REVIEW OF BYLAWS, POLICIES, RULES AND REGULATIONS .............46

VII. BOARD APPROVAL AND INDEMNIFICATION ...........................................47

VIII. RULES AND REGULATIONS OF THE MEDICAL STAFF ..........................48

IX. AMENDMENTS .....................................................................................50

X. HISTORY AND PHYSICAL EXAMINATIONS ...........................................52

XI. ADOPTION ..........................................................................................56

XII. REVISIONS .........................................................................................57
ARTICLE I
GENERAL
1.A. DEFINITIONS

The following definitions apply to terms in this Part:

(1) “APPOINTEE” means any physician, dentist, and podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the Medical Center.

(2) “BOARD” means the Board of Trustees of the Medical Center, which has the overall responsibility for the Medical Center, or its designated committee.

(3) “BOARD CERTIFICATION” is the designation conferred by one of the affiliated specialties of the American Board of Medical Specialties (“ABMS”), the American Osteopathic Association (“AOA”), or the American Board of Podiatric Surgery, upon a practitioner, as applicable who has successfully completed an approved educational training program and an evaluation process, including passing an examination, in the applicant’s area of clinical practice.

(4) “CEO/CAO” means the President of the Medical Center, or designee.

(5) “CLINICAL PRIVILEGES” means the authorization granted by the Board to render specific patient care services.

(6) “DAYS” means calendar days.


(8) “EXECUTIVE COMMITTEE” means the Executive Committee of the Medical Staff.

(9) “MEDICAL CENTER” means ST. FRANCIS MEDICAL CENTER.

(10) “MEDICAL STAFF” means all physicians, dentists and podiatrists who have been appointed to the Medical Staff by the Board.

(11) “MEDICAL STAFF LEADER” means any Medical Staff officer, medical director, department chair, section chair, and committee chair.

(12) “NOTICE” means written communication by regular U.S. mail, e-mail, facsimile, or Medical Center mail, or hand delivery.
(13) “PATIENT CONTACTS” includes any admission, consultation, procedure, response to emergency call, evaluation, treatment, or service performed in any facility operated by the Medical Center or affiliate, including outpatient facilities.

(14) “PHYSICIAN” includes both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).

(15) “PODIATRIST” means a doctor of podiatric medicine (“D.P.M.”).

(16) “REGIONAL PROGRAM” shall be interpreted to mean a program/service not readily available in the community that requires a broader market base to support high quality care and service.

(17) “SPECIAL NOTICE” means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.

(18) Words used in these bylaws shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.
ARTICLE II

CATEGORIES OF THE MEDICAL STAFF

All appointments to the Medical Staff shall be made by the Board and shall be to one of the following categories of the staff. All appointees shall be assigned to a specific department, but shall be eligible for clinical privileges in other departments as applied for and recommended pursuant to these bylaws and approved by the Board.

ARTICLE II – PART A: ACTIVE STAFF

Section I. Qualifications:

The Active Staff shall consist of those physicians, dentists, and podiatrists who have demonstrated an interest in and commitment to St. Francis Medical Center through patient care activities, as well as hospital and Medical Staff services. Specifically, the Active Staff shall consist of individuals who:

(a) have served on the Associate Staff for at least two (2) years prior to becoming eligible for advancement to the Active staff;

(b) are located close enough to the hospital to fulfill their responsibilities and to provide timely and continuous care for their patients in the hospital (the Board shall establish specific geographic requirements for the various specialties after considering the recommendations of the Executive Committee and the departments/sections);

(c) are active in Medical Staff activities and responsibilities, such as committee and department assignments;

(d) there shall be an exception, in that upon appointment of the department chair or the section chief; active staff privileges are immediately conferred, which is subject to the approval of the Executive Committee; and

(e) no applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for Medical Staff or Allied Health Professional Staff membership.
ARTICLE II – PART A:

Section 2. Responsibilities:

Each appointee to the Active Staff; by accepting appointment, shall agree to:

(a) assume all the functions and responsibilities of appointment to the active staff; including, where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments (Active Staff appointees who have served on the Medical Staff may apply for exception from emergency service care responsibilities after 20 years, which is subject to approval by the Department/Section based on needs and approval of the Executive Committee);

(b) attend Medical Staff and department meetings;

(c) serve on Medical Staff committees as assigned (Active appointees who have served on the Medical Staff for a period of 20 years may be exempt from service on committees unless they request otherwise);

(d) faithfully perform the duties of any office or position to which elected or appointed;

(e) participate in quality assessment and monitoring activities as may be assigned by department or committee chairpersons, including the evaluation of provisional appointee;

(f) immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the Hospital CEO, or designee, by telephone call and in writing, any notice to the member or his or her representative of proposed or actual exclusion and/or any pending investigation of the member from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid; and

(g) pay all staff dues and assessments.

ARTICLE II – PART A:

Section 3. Prerogatives:

Active Staff appointees shall:

(a) be entitled to vote, hold office, serve on Medical Staff committees, and serve as chairpersons of such committees having demonstrated a substantial commitment
to this institution or 50 patient contacts per calendar year. This will be documented and determined by the Department Chair and/or Section Chief with notification to the Medical Staff Office at the time of reappointment;

(b) be entitled to admit and treat patients within the limits of their assigned clinical privileges; and

(c) be entitled to be present at medical staff department and section meetings with the privileges of the floor.

ARTICLE II – PART B: ASSOCIATE STAFF

Section 1. Qualifications:

(a) the Associate Staff shall consist of those physicians, dentists, and podiatrists who wish to be considered a member of the Active Staff; provided that they have centered a major portion of their hospital work in this hospital;

(b) are located close enough to the hospital to fulfill their responsibilities and to provide timely and continuous care for their patients in the hospital (the Board shall establish specific geographic requirements for the various specialties after considering the recommendations of the Executive Committee and the departments/sections);

(c) no applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for Medical Staff or Allied Health Professional Staff membership.

ARTICLE II – PART B:

Section 2. Responsibilities:

Each appointee to the Associate Staff, by accepting appointment, shall agree to:

(a) assume all the functions and responsibilities of appointment to the Associate Staff including, where appropriate, care for unassigned patients, emergency service care, consultation, and teaching assignments;

(b) attend Medical Staff and department meetings;

(c) serve on Medical Staff committees as assigned;
(d) faithfully perform the duties of any position to which appointed;
(e) participate in quality assessment and monitoring activities as assigned by department or committee chairpersons;
(f) immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the Hospital CEO, or designee, by telephone call and in writing, any notice to the member or his or her representative of proposed or actual exclusion and for any pending investigation of the member from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid; and
(g) pay all staff dues and assessments:

ARTICLE II – PART B:
Section 3. Prerogatives:

Associate Staff appointees:

(a) shall be entitled to serve on Medical Staff committees (but not as chairpersons) and to vote on committees; and

(b) shall be entitled to admit and treat patients within the limits of their assigned clinical privileges; but

(c) shall not be eligible to vote at department meetings or general staff meetings, and shall not be eligible to hold office.

ARTICLE II – PART C: COURTESY STAFF
Section 1. Qualifications:

The Courtesy Staff shall consist of physicians, dentists, and podiatrists of demonstrated competence qualified for staff appointment, who:

(a) are not eligible for appointment to the Active or Associate Staff because they intend to and during each appointment year they do attend, admit, treat or are involved in the care of less than 24 patients per year at the hospital (this shall not include use of the hospital’s diagnostic facilities, access to which is unlimited);

(b) are located close enough to the hospital to fulfill their responsibilities and to provide timely and continuous care for their patients in the hospital (the Board
shall establish specific geographic requirements for the various specialties after considering the recommendations of the Executive Committee and the departments/sections;

(c) have an Active Staff appointment at another hospital (this requirement may be waived for dentists and podiatrists);

(d) at each reappointment time, provide evidence of clinical performance at his/her primary hospital such form as may be required by the Credentials Committee, or other committee, in order to allow for an appropriate assessment of continued qualifications for Medical Staff appointment and clinical privileges; and

(e) no applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for Medical Staff or Health Professional Staff membership.

ARTICLE II – PART C:

Section 2. Responsibilities:

Each appointee to the Courtesy Staff:

(a) need not attend staff meetings, but is encouraged to attend department meetings;

(b) shall assume all functions and responsibilities as assigned, including, where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments;

(c) shall have no staff committee responsibilities;

(d) immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the Hospital CEO, or designee, by telephone call and in writing, any notice to the member or his or her representative of proposed or actual exclusion and/or any pending investigation of the member from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid; and

(e) shall pay all staff dues and assessments.
ARTICLE II – PART C:
Section 3. Prerogatives:

   Courtesy Staff appointees:
   (a) may not serve on staff committees, may not vote, and may not hold office; but
   (b) shall be entitled to admit and treat patients (pursuant to Section 1) within the
       limits of their assigned clinical privileges; and
   (c) are permitted to use the hospital’s diagnostic facilities without limitation.

ARTICLE II – PART D: CONSULTING STAFF
Section 1. Qualifications:

(a) The Consulting Staff shall consist of specialists of recognized professional ability
    and expertise not otherwise available on the staff; who are appointed for the
    specific purpose of providing consultation in the diagnosis and treatment of
    patients.

(b) No applicant who is currently excluded from any health care program funded in
    whole or in part by the federal government, including Medicare or Medicaid, is
    eligible or qualified for Medical Staff or Allied Health Professional Staff
    membership.

ARTICLE II – PART D:
Section 2. Responsibilities:

Consulting Staff appointees:

(a) need not attend staff meetings, but are encouraged to attend department meetings;
(b) shall have no staff committee responsibilities;
(c) immediately upon notice of any proposed or actual exclusion from any federally
    funded health care program disclose to the Hospital CEO or designee, by
    telephone call and in writing, any notice to the member or his or her
    representative of proposed or actual exclusion and/or any pending investigation of
    the member from any health care program funded in whole or in part by the
    federal government, including Medicare or Medicaid; and
(d) shall pay all staff dues and assessments.
ARTICLE II – PART D:
Section 3. Prerogatives:

Appointees to the Consulting Staff:
(a) are permitted to use the hospital’s diagnostic facilities; but
(b) are not entitled to admit patients, to vote, to hold staff offices, or to serve on Medical Staff committees.

ARTICLE II – PART E: PRECEPTORS (Privileges for Non-Medical Staff Preceptors)
Section 1. Qualifications:
(a) A Preceptor is a physician, dentist or podiatrist who is recognized by his peers as an expert in a particular area and is capable of instructing others in performing a specific procedure. This instruction will be utilized to assist medical staff members in gaining experience in a particular procedure so as to be in compliance with St. Francis Medical Center training requirements or other departmental requirements.
(b) The Preceptor must submit a Preceptor Application which includes documentation listed in the Bylaws Part II – Appointment, Reappointment and Clinical Privileges Article 2 – Qualifications, Conditions and Responsibilities (2A, 2B and 2C) stating the reason for the privileges, the procedures to be precepted, and the name of the medical staff member who will be precepted.
(c) After completion of the requirements as outlined in the Bylaws Part II – Appointment, Reappointment and Clinical Privileges Article 2 – Qualifications, Conditions and Responsibilities (2A, 2B and 2C) privileges will be offered for a period not to exceed six (6) months. Upon request from a medical staff member and the Preceptor, this period may be extended as approved by the Credentials Committee, Medical Executive Committee, and Board of Trustees.
(d) Any other medical staff member who wishes to utilize the Preceptor must submit their request in writing along with a letter from the Preceptor agreeing to precept the medical staff member.
(e) No applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for Preceptor privileges.

ARTICLE II – PART E:
Section 2. Responsibilities:
(a) Need not attend department or staff meetings.
(b) Shall have no staff committee responsibilities.
(c) Immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the Hospital CEO, or designee, by telephone call and in writing, any notice to the preceptor or his or her representative of proposed or actual exclusion and/or any pending investigation of the preceptor from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid.

ARTICLE II – PART E:
Section 3. Prerogatives/Duties:
(a) A Preceptor will have no admitting or consultative privileges.
(b) Are not entitled to admit patients, to vote, to hold staff offices, or to serve on medical staff committees.
(c) Will be permitted to use the hospital’s diagnostic facilities.
(d) Patients will be admitted to the service of a medical staff member. If the Preceptor will be participating in the care of a patient, the patient must be informed of the Preceptor and his/her function in the cases. If the Preceptor will be participating in an invasive procedure, both the medical staff member’s and the Preceptor’s names must be on the surgical consent form.
ARTICLE II – PART F: PRECEPTEES (Privileges for Non-Medical Staff Preceptees)

Section 1. Qualifications:

(a) A preceptee is a physician, dentist, podiatrist, or fellow, who has direct patient contact and will benefit from instruction provided by medical staff members to enhance expertise and gain experience in the practice of medicine.

(b) A preceptee must complete a Preceptee application which includes the documentation listed in the Bylaws, Part II – Appointment, Reappointment and Clinical Privileges Article 2 – Qualifications, Conditions and Responsibilities (2A, 2B and 2C) stating the reason for the privileges, the medical/surgical practices to be precepted, and the name of the medical staff member who will be the responsible preceptor. The Preceptee must remain at all times under the direct supervision of this preceptor.

(c) After completion of the requirements as outlined in the Bylaws Part II – Appointment, Reappointment and Clinical Privileges Article 2 – Qualifications, Conditions and Responsibilities (2A, 2B and 2C) Preceptee status shall be granted for a period not to exceed six (6) months. Upon request from a medical staff member or Preceptor and the Preceptee, this period may be extended as approved by the Credentials Committee, Medical Executive Committee, and Board of Trustees.

(d) No applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for Preceptee status.

ARTICLE II – PART F:

Section 2. Responsibilities:

(a) Need not attend department or staff meetings.

(b) Shall have no staff committee responsibilities.

(c) Shall pay all staff dues and assessments.

(d) Immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the hospital CEO, or designee, by telephone call and in writing, any notice to the preceptee or his or her
representative of proposed or actual exclusion and/or any pending investigation of the preceptee from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid.

ARTICLE II – PART F:
Section 3. Prerogatives/Duties:
   (a) A Preceptee will have no admitting or consultative privileges.
   (b) Are not entitled to admit patients, to vote, to hold staff offices, or to serve on medical staff committees.
   (c) Will be permitted to use the hospital’s diagnostic facilities.
   (d) Patients will be admitted to the service of a medical staff member. If the Preceptee will be participating in the care of a patient, the patient must be informed of the Preceptee and his/her function in the case. If the Preceptee will be participating in an invasive procedure, both the Medical Staff member and the Preceptee names must be on the surgical consent form.

ARTICLE II – PART G: EMERITUS STAFF
Section 1. Qualifications:
The Emeritus Staff shall consist of Medical Staff appointees who have retired from active hospital practice or other physicians, dentists, or podiatrists who are of outstanding reputation; not necessarily residing in the community.

ARTICLE II – PART G:
Section 2. Responsibilities and Prerogatives:
Persons appointed to the Emeritus Staff shall not be eligible to admit or to attend patients, to vote, or to hold office. Emeritus Staff may be asked to serve on standing Medical Staff committees, or may be appointed to special committees. They may, but are not required to attend any Medical Staff meetings. They shall not be required to pay any dues or assessments.
ARTICLE II – PART H: AFFILIATE STAFF

Section 1. Qualifications:

The Affiliate Staff shall consist of physicians, dentists, and podiatrists of demonstrated competence qualified for staff appointment, who want to participate in a recognized hospital based regional program* (see definitions), and

(a) are appointed for the specific purpose of the care of their patients and/or performing invasive procedures;

(b) have a written agreement with two active members of the medical staff (sponsors) in their respective section within their Department; to provide timely, continuous and emergency care of their patients in the hospital setting in the physician’s absence. This written agreement requires the prior approval of the Department Chairman and appropriate Section Chief. Written agreement must be provided at the Credentials Committee at the time of initial appointment and reappointment and is subject to approval by the Medical Executive Committee at the time appointment and reappointment is considered. If at any time the written agreement changed, the Department Chairman must be notified immediately, and subsequent approval of the Medical Executive Committee must be obtained to continue Affiliate Staff membership;

(c) have and maintain an Active Staff appointment at another hospital;

(d) at each reappointment time, provide evidence of clinical performance at his/her primary hospital in such form as may be required by the Credentials Committee, or other committees, in order to allow for an appropriate assessment of continued qualifications for Medical Staff appointment and clinical privileges; and

(e) no applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for Medical Staff or Allied Health Professional Staff membership.

ARTICLE II – PART H:

Section 2. Responsibilities:

Each appointee to the Affiliate Staff:
(a) need not attend staff meetings, but is encouraged to attend department meetings;
(b) shall assume all functions and responsibilities as assigned by department chairman and must participate in quality assessment and performance improvement activities for their department and section;
(c) shall have no staff committee responsibilities;
(d) immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the hospital CEO, or designee, by telephone call and in writing, any notice to the member of his or her representative of proposed or actual exclusion and/or any pending investigation of the member from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid; and
(e) shall pay all staff dues and assessments.

ARTICLE II – PART H:
Section 3. Prerogatives:
Affiliate Staff appointees:
(a) may not serve on staff committees, may not vote, and may not hold office; but
(b) shall be entitled to admit and treat patients (pursuant to Section 1) within the limits of their assigned clinical privileges; and
(c) are permitted to use the hospital’s diagnostic facilities without limitation.

ARTICLE II – PART I: ADJUNCT STAFF
Section 1. Qualifications:
The Adjunct Staff shall include those physicians who exercise independent judgment within the area of their professional competence under the supervision of other physicians on the Medical Staff who have been accorded privileges to provide such care in the hospital. Specifically, the Adjunct Staff, when performing their duties, should be:
(a) located within the geographic area of the hospital as defined by the Board, close enough to fulfill their responsibilities and to provide timely and continuous care for their patients in the hospital, not including Telemedicine privileged providers; assigned to one of the clinical departments of the medical staff;
(b) assigned to one of the clinical departments of the medical staff;
(c) active in activities/services as established by the clinical department assigned;
(d) at each reappointment time physician must provide evidence of clinical performance at his/her primary hospital (if applicable) in such form as may be required by the credentials committee, or other committee, in order to allow for an appropriate assessment of continued qualifications for medical staff appointment and clinical privileges;
(e) no applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for medical staff or allied health professional staff membership.

ARTICLE II – PART I:

Section 2. Responsibilities:

Each appointee to the Adjunct Staff:

(a) need not attend medical staff meeting, but is encouraged to attend.
    department/section meetings;
(b) shall assume all functions and responsibilities as assigned, including where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments;
(c) participate in quality assessment and monitoring activities as maybe assigned by department chairperson/section chief;
(d) immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the hospital CEO, or designee, by telephone call and in writing, any notice to the member of his or her representative of proposed or actual exclusion and/or any pending investigation of the member from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid; and
(e) shall pay all staff dues and assessments.
ARTICLE II – PART I:
Section 3. Prerogatives:

Adjunct Staff appointees:
(a) are permitted to use the hospital’s diagnostic facilities without limitation; but
(b) are not entitled to admit patients, to vote, to hold staff offices, or to serve on medical staff committees;
(c) are not eligible for appointment to the active or associate staff and related rights, privileges and responsibilities. They shall practice at the discretion of the Board, and thus may be terminated at will by the Board according to the employment policies of the Medical Center or their respective employer; and
(d) whenever a concern or question has been raised regarding clinical privileges or clinical competence of any adjunct appointee, the adjunct physician shall be entitled to the fair hearing and appeal procedures outlined in the Bylaws Part II – Appointment, Reappointment and Clinical, Privileges Article 7 – Hearing and Appeal Procedures.

ARTICLE II – PART J: COURTESY REFERRAL STAFF
Section 1. Qualifications:

The courtesy referral staff shall consist of physicians, dentists, and podiatrists who already have a staff appointment, but have chosen not to use the hospital’s facilities or provide direct patient care services at the hospital’s facility during the preceding credentialing cycle, who:
(a) may continue to refer patients to active staff members of the hospital medical staff;
(b) may continue to refer patients to the hospital facilities for diagnostic and treatment purposes;
(c) provide no direct patient care responsibilities or directly use the hospital facilities or programs;
(d) have an active staff appointment at another hospital (this requirement may be waived for dentists and podiatrists);
(e) at each reappointment must signify in writing to the Credentials Committee that they continue to refer patients to members of the medical staff or the hospital facility, provide evidence of NJ medical licensure and medical malpractice coverage; and

(f) no applicant who is currently excluded from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid, is eligible or qualified for medical staff or allied health professional staff membership.

ARTICLE II – PART J:

Section 2. Responsibilities:

Each appointee to the courtesy referral staff:

(a) need not attend staff meetings and department meetings;
(b) does not participate in any hospital functions or direct patient care responsibilities;
(c) shall have no staff committee responsibilities;
(d) immediately upon notice of any proposed or actual exclusion from any federally funded health care program disclose to the Hospital CEO, or designee, by telephone call and in writing any notice to the member or his or her representative of proposed or actual exclusion and/or any pending investigation of the member from any health care program funded in whole or in part by the federal government; including Medicare or Medicaid; and
(e) shall pay all staff dues and assessments.

ARTICLE II – PART J:

Section 3. Prerogatives:

Courtesy Referral Staff:

(a) do not serve on staff committees, hold office or vote;
(b) shall not be entitled to admit or treat patients;
(c) not be permitted to use the hospital’s diagnostic facilities; and
(d) may reapply for appointment to another staff category providing the required and properly completed credentialing material for that category.
ARTICLE III

STRUCTURE OF THE MEDICAL STAFF

ARTICLE III – PART A: GENERAL

Section 1. Medical Staff Year:

For the purpose of these bylaws, the Medical Staff year commences on the 1st day of March and ends on the last day of February each year.

ARTICLE III – PART A:

Section 2. Dues:

All persons appointed to the Medical Staff shall pay annual staff dues to the hospital’s Medical Staff account as may be required by the Executive Committee and approved by the Board from time to time. Signatories to this account shall be the President and/or the Secretary-Treasurer of the Medical Staff.

ARTICLE III – PART B: OFFICERS

The officers of the Medical Staff shall be the President, Vice President, and Secretary-Treasurer.

ARTICLE III – PART B:

Section 1. Qualifications of Officers and Chairpersons:

Only those Active Staff appointees who satisfy the following criteria shall be eligible to serve as Medical Staff officers, department and section chairpersons, or committee chairpersons:

(a) be appointed in good standing to the Medical Staff of the hospital and continue so during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved;

(b) have no pending adverse recommendations concerning staff appointment or clinical privileges;

(c) have demonstrated interest in maintaining quality medical care at the hospital;
(d) not be presently serving as a Medical Staff or corporate officer, Board member, department chairperson, section chief, or committee chairperson at another hospital, and shall not so serve during the term of office (unless an exception to this qualification is made by the Executive Committee and the Board);

(e) have constructively participated in Medical Staff affairs, including peer review activities;

(f) have actively served on at least two Medical Staff committees;

(g) be willing to discharge faithfully the duties and responsibilities of the position to which the individual is elected or appointed;

(h) be knowledgeable concerning the duties of the office;

(i) possess written and oral communication skills; and

(j) possess and have demonstrated an ability for harmonious and professional interpersonal relationships with colleagues, nursing personnel, and other hospital employees.

All Medical Staff officers, department chairpersons, section chiefs, and committee chairpersons must possess at least the above qualifications and maintain such qualifications during their term of office. Failure to do so shall automatically create a vacancy in the office involved, unless an exception is made and approved by the Executive Committee and the Board of Trustees.

ARTICLE III – PART B:

Section 2. President of the Medical Staff:

The President shall:

(a) act in coordination and cooperation with the Chief Executive Officer and Chief Medical Officer in matters of mutual concern involving the hospital;

(b) call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;

(c) make recommendations for appointment of committee chairpersons and members in accordance with the provisions of these bylaws, to all standing and special Medical Staff committees, except the Executive Committee;
(d) appoint an interim department chair when necessary to fulfill a temporary vacancy until an election can be held;

(e) serve as chairperson of the Executive Committee;

(f) serve as *ex officio* member, without vote, on all Medical Staff committees other than the Executive Committee;

(g) represent the views, policies, needs and grievances of the Medical Staff and report on the medical activities of the staff to the Board and to the Chief Executive Officer;

(h) provide day-to-day liaison on medical matters with the Chief Executive Officer and the Board; and

(i) receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the Medical Staff to provide medical care.

**ARTICLE III – PART B:**

Section 3. Vice President/President Elect of the Medical Staff:

The Vice President/President Elect shall:

(a) assume all the duties and have the authority of the President of the Medical Staff in the event of the President’s temporary inability to perform due to illness, absence from the community, or unavailability for any other reason;

(b) serve as a member of the Executive Committee;

(c) automatically succeed the President, should the office of President become vacated for any reason during the President’s term of office; and

(d) perform such additional duties as are assigned by the President, the Executive Committee, or the Board.

**ARTICLE III – PART B:**

Section 4. Secretary-Treasurer:

The Secretary-Treasurer shall:

(a) serve on the Executive Committee;
(b) cause to be kept accurate and complete minutes of all Executive Committee and Medical Staff meetings;

(c) collect staff dues and funds, make disbursements authorized by the Executive Committee or its designees, and prepare annual financial reports or interim reports as may be requested by the President or the Executive Committee;

(d) call meetings on order of the President of the Medical Staff, attend to all correspondence and perform such other duties as pertain to the office of Secretary-Treasurer; and

(e) perform such additional duties as are assigned by the President, the Executive Committee, or the Board.

ARTICLE III – PART B:

Section 5. Election of Officers:

(a) Nominating Committee
   At least three (3) months before the scheduled date of the next Medical Staff election, the President of the Medical Staff shall appoint a Nominating Committee consisting of five (5) Active Staff appointees.

(b) Nomination and Election of Officers and At-Large Members
   (1) The Nominating Committee shall prepare a slate of nominees for each office and for each at-large seat on the Executive Committee to be filled at that election and shall post the slate of nominees at least thirty (30) days prior to the election.

   (2) Nominations for officers of the Medical Staff shall be presented by the Nominating Committee as discussed above. Nominations may also be presented by any other Active Staff appointee at least fifteen (15) days prior to each annual meeting. Any nomination made by an appointee other than the Nominating Committee must be submitted, in writing, with fifteen (15) supporting signatures from Active Staff appointees, to the Nominating Committee at least fifteen (15) days prior to the election. In order to be included on the ballot as a candidate, each nominee must possess all the qualifications set forth in Section 1 of this Part.
(3) The candidates who receive a majority vote of those Medical Staff appointees eligible to vote and present at the meeting at the time the vote is taken shall be elected. The vote shall be by written secret ballot. The election of each officer shall become effective as soon as approved by the Board. Each officer shall then serve from the start of the next Medical Staff year for a term of two (2) years or until a successor has been elected and that election has been approved by the Board.

(4) In any election, if there are three or more candidates for an office and no candidate receives a majority vote, there shall then be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one (1) candidate.

(5) Absentee Voting – Absentee ballots for the election of officers at the annual meeting will be made available through the Medical Staff Office to those members of the Medical Staff who are eligible to vote and who request absentee balloting. The absentee ballot will be provided by the Medical Staff Office via mail and/or electronic communication and must be returned to the Medical Staff Office via mail and/or electronic communication. All requests for absentee voting shall include the specific reason for the request and shall be made to the Executive Committee. The Executive Committee will then decide whether to grant the request.

ARTICLE III – PART B:
Section 6. Removal of Officers:

(a) The Executive Committee, by a two-thirds vote, may remove any Medical Staff officer or Executive Committee member other than a Department Chairperson for conduct detrimental to the interests of the hospital, or if the officer is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office, provided that notice of the meeting at which such action shall be decided is given in writing to such officer at least ten (10) days prior to the date of the meeting. The officer shall be afforded the
opportunity to speak prior to the taking of any vote on such removal. The removal shall be effective when approved by the Board.

(b) In addition, an officer who is found by the Board to no longer meet any of the qualifications set forth in Section 1 of this Part shall automatically relinquish his/her office.

ARTICLE III – PART B:
Section 7. Vacancies in Office:
If there is a vacancy in the office of the President of the Medical Staff prior to the expiration of the President’s term, the Vice President/President Elect shall assume the duties and authority of the President for the remainder of the unexpired term. If there is a vacancy in any other office, the Executive Committee shall appoint another appointee possessing the qualifications set forth in Section 1 of this Part to serve out the remainder of the unexpired term. Such appointment shall be effective when approved by the Board.

ARTICLE III – PART C: MEETINGS OF THE MEDICAL STAFF
Section 1. Annual Staff Meeting:
The last regular Medical Staff meeting before the end of the staff year shall be the bi-annual meeting at which officers and any members at-large of the Executive Committee for the ensuing two (2) years shall be elected.

ARTICLE III – PART C:
Section 2. Regular Staff Meetings:
The Medical Staff shall hold regular meetings four (4) times a year, on dates set at the beginning of the year by the President of the Medical Staff, for the purpose of reviewing and evaluating departmental and committee reports and recommendations, and to act on any other matters placed on the agenda by the President. One of these meetings shall be the annual meeting.
ARTICLE III – PART C:
Section 3. Special Staff Meetings:
Special meetings of the Medical Staff may be called at any time by the President of the Medical Staff, a majority of the Executive Committee, or a petition signed by not less than one-fourth of the voting staff. In the event that it is necessary for the staff to act on a question without being able to meet, the voting staff may be presented with the question by mail and/or electronic communication and their votes returned to the President by mail and/or electronic communication. Such a vote shall be valid so long as the question is voted on by a majority of the staff eligible to vote.

ARTICLE III – PART C:
Section 4. Quorum:
Those members present of the department, section, or committee eligible to vote at any regular or special meeting (but in no event less than two (2) members) shall constitute a quorum.

ARTICLE III – PART C:
Section 5. Agenda:
The agenda at any regular or special Medical Staff meeting and its conduct shall be set by the President of the Medical Staff prior to the meeting.

ARTICLE III – PART D: DEPARTMENT AND COMMITTEE MEETINGS
Section 1. Department Meetings:
Members of each department/section shall meet at least quarterly at a time set by the chairperson of the department or chief of the section to review and evaluate the clinical work of the department/section, to consider the findings of ongoing quality assessment, monitoring and evaluation activities, and may discuss any other matters concerning the department/section. The agenda for the meeting and its general conduct shall be set by the chairperson/chief. Each department/section shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof, after each meeting to
the Executive Committee, Chief Executive Officer, or designee, Chief Medical Officer and Department Chair, when appropriate.

ARTICLE III – PART D:
Section 2. Committee Meetings:
All committees shall meet at least quarterly, unless otherwise specified, at a time set by the chairperson of the committee. The agenda for the meeting and its general conduct shall be set by the chairperson. Each committee shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof, after each meeting to the Executive Committee and the Chief Executive Officer.

ARTICLE III – PART D:
Section 3. Special Department, Section, and Committee Meetings:
(a) A special meeting of any department, section, or committee may be called by or at the request of the appropriate chairperson/chief, the President of the Medical Staff, or by a petition signed by not less than one-fourth of the members of the department, section, or committee.
(b) In the event that it is necessary for a department, section, or committee to act on a question without being able to meet, the voting members may be presented with the question, in person, by mail or electronic mail and their vote returned to the chairperson/chief of the department, section, or committee. Such a vote shall be binding so long as the question is voted on by a majority of the department, section, or committee eligible to vote.

ARTICLE III – PART D:
Section 4. Quorum:
Those members present of the department, section, or committee eligible to vote at any regular or special meeting (but in no event less than two (2) members) shall constitute a quorum. Once a quorum is established, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.
ARTICLE III – PART D:
Section 5. Minutes:

Minutes of each meeting of each department, section, and committee shall be prepared and shall include a record of the attendance of members, of the recommendations made, and of the votes taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly forwarded to the Executive Committee and, at the same time, to the Chief Executive Officer, or designee, Chief Medical Officer and certain committees as specified elsewhere in these bylaws. A permanent file of the minutes of each department, section, and committee meeting shall be maintained by the hospital.

ARTICLE III – PART E: PROVISIONS COMMON TO ALL MEETINGS
Section 1. Notice of Meetings:

Notice of all meetings of the Medical Staff departments, sections and committees shall be posted on the Medical Staff bulletin board, and delivered, either in person, by mail or electronic mail, to each Medical Staff appointee at least five (5) working days in advance of such meetings. Such notice shall state the date, time, and place of the meeting. When mailed, the notice shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each appointee at his address as it appears on the records of the hospital. Such posting and mailing shall be deemed to constitute actual notice to the persons concerned. The attendance of any individual at any meeting shall constitute a waiver of that individual’s notice of said meeting.

ARTICLE III – PART E:
Section 2. Attendance Requirements:

(a) Each Active and Associate Staff appointee shall be required to attend at least fifty percent (50%) of all regular Medical Staff meetings and applicable department and section meetings in each year. Failure to meet the foregoing attendance requirements (1) results in the appointee voluntary relinquishment of voting rights for the ensuing year, and (2) may constitute grounds for non-reappointment to the
staff. Department Chairpersons and Section Chiefs shall report such failures to the Executive Committee. This request may be waived by the President of the Medical Staff for those with exceptional reasons for their absence from such meetings.

(b) Any Medical Staff appointee whose clinical work is scheduled for discussion at a regular department/section meeting shall be so notified and shall be expected to attend such meeting. If such individual is not otherwise required to attend the meeting, the chairperson/chief of the department/section shall give the individual advance written notice of the time and place of the meeting at which attendance is expected. Whenever the individual fails to attend the initial meeting and apparent or suspected deviation from standard clinical practice is involved, a second notice to the individual shall so state, shall be sent by certified mail, return receipt requested, and the individual’s attendance at the meeting at which the alleged deviation is to be discussed shall be mandatory.

(c) The chairperson/chief of the applicable department/section shall notify the Executive Committee of the failure of an individual to attend any meeting with respect to which notice was given that attendance was mandatory. Unless excused by the Executive Committee upon showing of good cause, such failure shall constitute voluntary relinquishment of all or such portion of the individual’s admitting privileges as the Executive Committee may direct. Such relinquishment shall remain in effect until the matter is resolved. In all other cases, if the individual shall make a timely request for postponement, supported by an adequate showing that the absence will be unavoidable, the presentation may be postponed by the chairperson/chief of the individual’s department/section, or by the Executive Committee if the department chairperson/section chief is the individual involved, until not later than the next regularly scheduled meeting. Otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

(d) Persons appointed to the Consulting and Courtesy Staff categories of the Medical Staff shall be expected to attend and participate in department/section meetings
unless unavoidably prevented from doing so, but shall not be required to do so as a condition of continued staff appointment.

ARTICLE III – PART E:

Section 3. Rules of Order:

The Presiding Officer shall have the authority to rule definitively on all matters of procedure. While the most current edition of Robert’s Rules of Order may be used for reference, in the discretion of the Presiding Officer, it shall not be binding. Rather, specific provisions of these Bylaws and Medical Staff, department, division, or committee custom shall prevail at all meetings and elections.

Revised: 2/24/10

ARTICLE III – PART E:

Section 4. Voting:

Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.
ARTICLE IV
CLINICAL DEPARTMENTS

ARTICLE IV – PART A: CLINICAL DEPARTMENTS

Section 1. Organization of Departments:

(a) Each department shall be organized as a separate part of the Medical Staff with primary responsibility for the review and improvement of the quality of care. Each department shall have a chairperson who (1) is selected as set forth in these bylaws, and (2) has the authority, duties, and responsibilities as set forth in these bylaws.

(b) An up-to-date list of departments and sections of the Medical Staff is set forth in the Medical Staff Organization and Functions Manual.

ARTICLE IV – PART A:

Section 2. Creation and Dissolution of Departments and Sections:

(a) The Executive Committee will periodically assess the Medical Staff departmental structure and recommend to the Board whether any action is desirable for better organizational efficiency and improved patient care (i.e., creating new or combining departments, eliminating departments). In addition, any group of staff appointees who satisfy the criteria for departmental designation set forth below may petition the Executive Committee in writing and with appropriate supporting documentation for such a designation. The Executive Committee will consider the request and forward its recommendation to the Board for final action. Action taken by the Board pursuant to this section shall be effective on the date of Board action and shall not require formal amendment of these bylaws.

(b) The following factors shall be considered by the Executive Committee and the Board in determining whether the creation of a department or a section is warranted:

(1) there are at least three (3) Active Staff appointees who are available for appointment to the department or section; and
(2) the level of clinical activity that will be affected by the new department or section is substantial enough to warrant imposing the responsibility to accomplish departmental and section functions on a routine basis.

(c) The following factors shall be considered by the Executive Committee and the Board in determining whether the elimination of a department or a section is warranted:

1. there is no longer an adequate number of Medical Staff appointees in the department or section to enable it to accomplish the functions set forth in these bylaws;

2. there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties of the appointees in the department or section;

3. the department or section fails to meet at least quarterly;

4. the department or section fails to fulfill all departments or section responsibilities and functions; or

5. no qualified individuals willing to serve as chairperson or chief.

ARTICLE IV – PART A:
Section 3. Functions of Departments:

(a) Each clinical department chairperson shall recommend to the Credentials Committee written criteria for the assignment of clinical privileges within the department and each of its sections. Such criteria shall be consistent with and subject to the bylaws, policies, rules and regulations of the Medical Staff and the hospital. These criteria shall be effective when approved by the Board. Clinical privileges shall be based upon demonstrated competence, training, and experience within the specialties covered by the department/section.

(b) Each department and section shall monitor and evaluate medical care on a retrospective, concurrent, and prospective basis using peer review guidelines compliant with peer review policy in all major clinical activities of the department or section. This monitoring and evaluation must at least include:
(1) the identification and collection of information about important aspects of patient care provided in the department or section;

(2) the identification of the indicators used to monitor the quality and appropriateness of the important aspects of care; and

(3) the periodic assessment of patient care information to evaluate the quality and appropriateness of care, to identify opportunities to improve care, and to identify important problems in patient care.

Each department and section shall recommend, subject to approval and adoption by the Executive Committee and Board, objective criteria that reflect current knowledge and clinical experience. These criteria shall be used by each department and section and by the hospital’s continuous quality assessment and improvement program in the monitoring and evaluation of patient care. When important problems in patient care and clinical performance or opportunities to improve care are identified, each department and section shall document the actions taken and evaluate the effectiveness of such actions.

(c) Each relevant department and section shall either conduct or supervise a comprehensive review to examine justification of surgery performed, whether tissue was removed or not, and to evaluate the acceptability and the quality of the procedure chosen for the surgery. Specific consideration shall be given to cases involving complications and to the agreement or disagreement of the pre-operative and post-operative (including pathological) diagnoses. Written reports shall be maintained reflecting the results of all evaluations performed and actions taken.

(d) In discharging these functions, each department and section shall report after each meeting to the appropriate utilization and/or quality assessment committee detailing its analysis of patient care and to the Credentials Committee whenever further investigation and action is indicated, involving any individual member of the department. Copies of these reports shall be filed with the Executive Committee and the Chief Executive Officer.
ARTICLE IV – PART A:

Section 4. Department Chairpersons:

(a) The chairperson of each department shall be an appointee to the Active Staff who possesses the qualifications set forth in Article III, Part B, Section 1 of these bylaws. Reviewed 11/19/12

(b) Are certified by the appropriate specialty board in the area in which privileges are requested unless such requirement is waived by the Board after considering the specific competence, training, and experience of the individual in question (as attested by the Credentials Committee, Executive Committee and/or other Medical Professional Recommendations). Reviewed 11/19/12

(c) The chairperson of each department shall generally be appointed by the Board after considering the recommendation by vote of the department and the endorsement by the Executive Committee. Initial appointment of a chairperson shall be made for a period of two (2) years. Reappointment by the Board may be made thereafter, after considering the recommendation of the department and the Executive Committee. A vice chairperson of each department shall be appointed by the Board, if desired by the chairperson, after receiving the recommendation of the chairperson. The vice chairperson’s tenure shall coincide with that of the chairperson. The vice chairperson will assume the interim chairmanship if chairman should resign or take leave of absence or because of illness, until an election can be held. Reviewed 11/19/12

(d) The director of the residency program shall also be chair of the department for those departments sponsoring a residency program. That person shall be appointed based on item (e). Revised 11/19/12

(e) However, for those departments where it is necessary to conduct a search for a chairperson, the President of the Medical Staff shall appoint a multidisciplinary search committee with majority representation from the department in question. The chairperson of this department shall then be appointed by the Board after considering the recommendation of the search committee and the Executive Committee. Initial appointment of the chairperson shall be made for a period of two (2) years. Reappointment of the chairperson by the Board may be made
thereafter, after considering the recommendation of the department and the Executive Committee. When making its recommendation for reappointment, the department shall consider the criteria found in the job description. Assessments of the chairperson at reappointment may also come from outside the department. Reviewed 11/19/12

(f) Removal of a chairperson during a term of office may be initiated by a two-thirds vote of all active staff appointees in the department, upon approval by the Board, or by the Board on its own motion after consultation with and/or review of information from the Executive Committee and the department/section in question. Reviewed 11/19/12

ARTICLE IV – PART A:
Section 5. Functions of Department Chairpersons:
Roles and Responsibilities of Department Chairpersons

Each chairperson shall:

(a) be responsible for administrative and clinically related activities within the department and its sections;

(b) continually monitor the professional performance of all individuals who have delineated clinical privileges in the department, and report to the Credentials Committee as part of the reappointment process and at such other times as may be indicated;

(c) recommend criteria for clinical privileges relevant to the care provided in the department;

(d) be responsible for enforcement within the department of the hospital policies and bylaws and the Medical Staff Bylaws, Policies, Rules and Regulations;

(e) be responsible for implementation within the department of actions taken by the Board and the Executive Committee;

(f) make a report to the Credentials Committee concerning the appointment, reappointment, and delineation of clinical privileges for all applicants seeking privileges in the department;
(g) be responsible for the establishment and implementation of orientation, and any teaching, continuing education; and research programs in the department;

(h) report and recommend to hospital management when necessary with respect to matters affecting patient care in the department, including sufficient number of qualified and competent persons to provide care, supplies, space and other resources, special regulations, standing orders and techniques;

(i) assess and recommend to hospital management when necessary any off site sources, i.e. contracted services, which affect patient care;

(j) assist the hospital management in the preparation of annual reports and such budget planning pertaining to the department as may be required by the Chief Executive Officer or the Board;

(k) delegate to a vice chairperson of the department such duties as appropriate;

(l) establish sections within the department and recommend chiefs thereof, subject to the approval of the Executive Committee and the Board;

(m) be responsible for the continuous assessment and improvement of the quality of care, treatment and services provided within the department;

(n) develop and implement policies and procedures that guide and support the provision of care, treatment, and services;

(o) be responsible for planning and directing the future course of the department in collaboration with the membership;

(p) integrate the department and sections into the primary functions of the organization;

(q) participate with the Executive Committee, other department chairperson, and the administration in balancing the interests of individual members of the department, section, Medical Staff, and Medical Center;

(r) coordinate and integrate interdepartmental and intradepartmental services;

(s) maintain and advance working relationships with other departments, administration, and non-medical departments of the Medical Center;

(t) maintain and promote the values and ethics of the Medical Staff and Medical Center;
(u) guide and evaluate the activities of each section of the department, attending meetings as deemed appropriate;

(v) counsel members of the department who exhibit disruptive or inappropriate behavior which conflicts with the best interests of patient care or working relationships in the department or medical center and consult with the Professional Assistance Program of New Jersey as outlined in the policy and procedure manual when necessary;

(w) cooperate with and participate in review of utilization practices of members of the department;

(x) maintain quality control programs, as appropriate;

(y) represent the department on the Executive Committee.

ARTICLE IV – PART A:

Section 6. Section Chiefs:

(a) The chief of each section shall be an appointee to the Active Staff who is qualified by training experience, and administrative ability for the position, and who meets the criteria set forth in Article III, Part B, Section 1.

(b) The chief of each section shall be appointed by the Board after being recommended by the department chairperson. The tenure of the chiefs shall coincide with that of the department chairperson. A vice chair of each section (if desired by the chief) shall be appointed by the chief and approved by the Board. The vice chief’s tenure shall coincide with that of the chief.

(c) Removal of a chief during a term of office may be initiated by a two-thirds vote of all Active Staff appointees in the section, effective upon approval by the Board, or by the Board on its own motion after consultation with and/or review of information from the Executive Committee and the department/section in question.
ARTICLE IV – PART A:
Section 7. Functions of Section Chiefs:

Each section chief shall:

(a) be responsible for administrative and clinical activities within the section;

(b) maintain continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the section;

(c) recommend criteria for clinical privileges within the section to the department chairperson;

(d) review the professional performance of all individuals with clinical privileges in the section and report to the department chairperson as part of the reappointment process and at such other times as may be indicated;

(e) be responsible for implementation within the section of actions taken by the Board, the Executive Committee, and the department chairperson;

(f) make reports to the department chairperson concerning the appointment and delineation of clinical privileges for all applicants seeking privileges in the section;

(g) be responsible for the establishment, implementation and effectiveness of the teaching, education and research program in the section;

(h) delegate to a vice chief of the section such duties as appropriate; and

(i) be responsible for the continuous assessment and improvement of the quality of care and services provided in the section and the prompt reporting to the department chairperson of any evidence of clinical incompetence or professional misconduct.
ARTICLE V

COMMITTEES OF THE MEDICAL STAFF

ARTICLE V – PART A: APPOINTMENT

Section 1. Chairpersons:

(a) All committee chairpersons, unless otherwise provided for in these bylaws, will be appointed by the Board after receiving and considering recommendations from the President of the Medical Staff. All chairpersons shall be selected based on the criteria set forth in Article III, Part B. Section 1 of these bylaws. Such appointments will be made by the Board, at its first meeting after the end of the Medical Staff year, for an initial term of two (2) years.

(b) After serving an initial term, a chairperson may be reappointed by the Board upon the Board’s receiving and considering a recommendation from the President of the Medical Staff.

ARTICLE V – PART A:

Section 2. Members:

(a) Except as otherwise provided for in these bylaws, members of each committee shall be appointed for a two year term by the President of the Medical Staff, in consultation with the Chief Executive Officer, not more than ten (10) days after the end of the Medical Staff year, and there shall be no limitation in the number of terms they may serve. All appointed members may be removed and vacancies filled at the discretion of the President of the Medical Staff.

(b) The Chief Executive Officer and the President of the Medical Staff, or their respective direct designees, shall be members, ex officio, without vote, on all committees.

(c) Unless otherwise provided in these bylaws, the secretary of each committee shall be appointed by the chairperson of the committee.

(d) Unless otherwise provided in these bylaws or in the Organization and Functions Manual, only Medical Staff appointees shall vote on matters pertaining to the clinical practice of medicine and surgery.
ARTICLE V – PART B: EXECUTIVE COMMITTEE

Section 1. Composition:

(a) The Executive Committee shall be a standing committee and shall consist of the three (3) officers of the Medical Staff, Vice President of Medical Affairs, Chairperson of the Credentials Committee, two (2) members of the Department of Medicine and two (2) members of the Department of Surgery, and the Chairpersons of the Departments of Medicine, Surgery, Cardiology, Cardiothoracic Surgery, Gynecology, Psychiatry, Anesthesiology, Pathology, Radiology and Emergency Medicine. All members of the Executive Committee are required to be active members of their departments, satisfy the criteria set forth in Article III, Part B, Section 1 of these Bylaws, Part I, with voting privileges and shall serve a two-year term. Revised 2/15/2011

The Executive Committee membership will be adjusted so that non-salaried members of the Executive Committee will maintain at least a simple majority. This adjustment will be made at the annual medical staff meeting by electing members at large from the Medical Staff. These members at large will also serve for two (2) year terms. Salaried members of the medical staff shall be defined as those members who have a full time contract with the Medical Center even though they may bill privately. All disputes in this adjustment of membership will be decided at a general meeting of the medical staff in consultation with the medical staff attorney.

The Executive Committee shall not refuse to seat any representative duly selected by a clinical department so long as that member is an active member of the Medical Staff and satisfies the criteria set forth in Article III, Part B. Section 1 of these bylaws. In order to remain a member of the Executive Committee, a member must attend 75% of these meetings per year.

The President of the Medical Staff shall serve as the Chairman of the Executive Committee. He may vote to break tie votes. The President shall have the power to invite to the Executive Committee any member of the Medical Staff or guest he may deem necessary.
When Chairman of Credentials Committee is not an appointed member of the Executive Committee, the Chairman of the Credentials Committee that the President of the Medical Staff selects, shall be a voting member of the Executive Committee.

(b) The Executive Committee members at large shall be elected at the annual Medical Staff meeting. Members at large shall be eligible for re-election.

(c) The Chairperson of the Board may attend meetings of the Executive Committee and participate in its discussions, but without vote.

(d) The Chief Executive Officer of the hospital or his/her designee attends each Executive Committee meeting and participates in its discussions, but without vote.

ARTICLE V – PART B:

Section 2. Duties:

The Executive Committee is delegated the primary authority over activities related to the Medical Staff and to performance improvement activities. This authority may be removed or modified by amending these Bylaws and related policies. The Executive Committee is responsible for the following:

(a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between Medical Executive Committee meetings);

(b) recommending directly to the Board on at least the following:

(1) the Medical Staff’s structure;

(2) the mechanism used to review credentials and to delineate individual clinical privileges;

(3) applicants for Medical Staff appointment and reappointment;

(4) delineation of clinical privileges for each eligible individual;

(5) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;

(6) the mechanism by which Medical Staff appointment may be terminated;
(7) hearing procedures; and
(8) reports and recommendations from Medical Staff committees, departments, and other groups, as appropriate;

(c) consulting with Administration on quality-related aspects of contracts for patient care services;
(d) providing oversight and guidance with respect to continuing medical education activities;
(e) reviewing or delegating the review of quality indicators to facilitate uniformity regarding patient care services;
(f) providing leadership in activities related to patient safety;
(g) providing oversight in the process of analyzing and improving patient satisfaction;
(h) ensuring that, at least every three years, the Bylaws and applicable policies are reviewed and updated;
(i) recommending clinical services, if any, to be provided by telemedicine;
(j) reviewing and approving all standing orders for consistency with nationally recognized and evidence-based guidelines;
(k) performing any other functions as are assigned to it by these Bylaws, Parts I and II, or other applicable policies;
(l) keeping the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the hospital; and

(m) monitoring the correction of any cited deficiencies resulting from inspection by the State Department of Health, the Joint Commission, and regulatory bodies, and compliance with State and Federal regulations and the Joint Commission directives.

ARTICLE V – PART B:
Section 3. Meetings, Reports and Recommendations:

The Executive Committee shall meet each month or more often if necessary to transact pending business. Executive Committee meeting can be cancelled at the discretion of the President of the Medical Staff if there is no significant business. The Secretary-Treasurer will maintain reports of all meetings, which reports shall include the minutes of the
various committees and departments of the staff. Copies of all minutes and reports of the Executive Committee shall be transmitted to the Chief Executive Officer routinely as prepared. Recommendations of the Executive Committee shall be transmitted to the Board with a copy to the Chief Executive Officer and Chief Medical Officer. The Chairperson of the Executive Committee shall be available to meet with the Board or its applicable committee on all recommendations that the Executive Committee may make.

ARTICLE V – PART C: CREDENTIALS COMMITTEE

Section 1. Composition:

(a) The Credentials Committee shall consist of Active Staff appointees who possess the qualifications set forth in Article III, Part B, Section 1 of these Bylaws. Particular consideration is to be given to Past Presidents of the Medical Staff and physicians knowledgeable in the credentialing process. The membership is to be reasonable representative of all major clinical specialties.

(b) At the time of committee appointments, one of the members of the Committee shall be selected by the President of the Medical Staff to be the chairperson for the ensuing term.

(c) Except as set forth in these Bylaws, service on this Committee shall be considered as the primary Medical Staff obligation of each member of the Committee and these members shall not be required to serve on other Medical Staff committees. Committee members may also be excused from all other Medical Staff duties.

ARTICLE V – PART C:

Section 2. Duties:

The duties of the Credentials Committee shall be:

(a) to review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges, to interview such applicants as may be necessary, and to make a written report of its findings and recommendations;

(b) to review the credentials of all applicants who request to practice at the hospital as Clinical Associates, to interview such applicants as may be necessary, and to make a written report of its findings and recommendations;
(c) to review, as questions arise, all information available regarding the clinical competence and behavior of persons currently appointed to the Medical Staff and of those practicing as Clinical Associates and, as a result of such review, to make a written report of its findings and recommendations; and

(d) to fulfill the role of the investigative body as outlined in the Bylaws Part II Appointment, Reappointment and Clinical Privileges section under 6.B.2. Initiation of Investigation.

ARTICLE V – PART C:

Section 3. Meetings, Reports and Recommendations:

The Credentials Committee shall meet monthly or more often if necessary to accomplish its duties, shall maintain a permanent record of its proceedings and actions, and shall report to the Executive Committee, the Chief-Executive Officer, and the Board. The Chairperson of the Credentials Committee shall be a member of the Executive Committee and be available to meet with the Executive committee, the Chief-Executive Officer and the Board (or its applicable committee) on all recommendations that the Credentials Committee may make.

ARTICLE V – PART D: QUALITY IMPROVEMENT AND OTHER FUNCTIONS PERFORMED BY MEDICAL STAFF COMMITTEES

A description of other Medical Staff committees that carry out quality improvement and other functions delegated to the Medical Staff, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization and Functions Manual. The Medical Staff is actively involved in the measurement, assessment, and improvement of at least the following:

(1) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;

(2) the Hospital’s and individual practitioners’ performance on Joint Commission and Centers for Medicare & Medicaid Services core measures;

(3) medical assessment and treatment of patients;
medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
(5) the utilization of blood and blood components, including review of significant transfusion reactions;
(6) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
(7) appropriateness of clinical practice patterns;
(8) significant departures from established patterns of clinical practice;
(9) use of information about adverse privileging determinations regarding any practitioner;
(10) the use of developed criteria for autopsies;
(11) sentinel events, including root cause analyses and responses to unanticipated adverse events;
(12) healthcare associated infections;
(13) unnecessary procedures or treatment;
(14) appropriate resource utilization;
(15) education of patients and families;
(16) coordination of care, treatment, and services with other practitioners and Hospital personnel;
(17) accurate, timely, and legible completion of patients’ medical records;
(18) the required content and quality of history and physical examinations, as well as the time frames required for completion, which are set forth in Appendix B of these Bylaws;
(19) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual’s performance; and
(20) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.

ARTICLE V – PART E: CREATION OF STANDING COMMITTEES

In accordance with Article IV of the Medical Staff Organization and Functions Manual; the Executive Committee of the Medical Staff may, without amendment of these bylaws,
establish additional committees to perform one or more staff functions. In the same manner, the Executive Committee may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these bylaws which is not assigned to a standing or special committee shall be performed by the Executive Committee.

ARTICLE V – PART F: SPECIAL COMMITTEES

Special committees shall be created, and their members and chairpersons shall be appointed, by the President of the Medical Staff. Such committees shall confine their activities to the purpose for which they were appointed, and shall report to the Executive Committee.
ARTICLE VI

REVIEW OF BYLAWS, POLICIES, RULES AND REGULATIONS

The Medical Staff bylaws, policies, rules and regulations, and other associated documents shall be reviewed every three (3) years, or more often, if appropriate under the circumstances.
ARTICLE VII

BOARD APPROVAL AND INDEMNIFICATION

All Medical Staff officers, department chairpersons, section chiefs, and committee chairpersons, committee members, and individual staff appointees who act for and on behalf of the hospital in discharging their hospital responsibilities and professional review activities pursuant to these Bylaws, Parts I and II (Policy on Appointment, Reappointment and Clinical Privileges) shall be indemnified, to the fullest extent permitted by law, upon approval of the appointment and/or election of the individual by the Board.
ARTICLE VIII

RULES AND REGULATIONS OF THE MEDICAL STAFF

(a) Medical Staff rules and regulations, as may be necessary to implement more specifically the general principles of conduct found in these bylaws, shall be adopted in accordance with this Article. Rules and regulations shall set standards of practice that are to be required of each Individual exercising clinical privileges in the hospital, and shall act as aid to evaluating performances under, and compliance with, these standards. Rules and regulations shall have the same force and effect as the bylaws.

(b) Particular rules and regulations may be adopted, amended, repealed, or added by vote of the Executive Committee at any regular or special meeting, provided that copies of the proposed amendments, additions, or repeals are posted on the Medical Staff bulletin board and made available to all members of the Executive Committee fourteen (14) days before being voted upon, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Executive Committee before the change is voted upon. Adoption of and changes to the rules and regulations as set forth above shall be an interim measure until the changes are verified by a majority vote of the Medical Staff at its next meeting and then approved by the Board.

(c) Rules and regulations may also be adopted, amended, repealed, or added by the Medical Staff at a regular meeting or special meeting called for that purpose provided that the procedure used in amending the Medical Staff bylaws is followed. All such changes shall become effective only when approved by the Board.

(d) The Medical Executive Committee and the Board will have the power to provisionally adopt urgent amendments to the rules and regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of provisionally adopted amendments will be provided to each member of the Medical Staff as
soon as possible. The Medical Staff will have 30 days to review and provide comments on the provisional amendments to the Medical Executive Committee. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendments will stand. If there is conflict over the provisional amendments, the process for resolving conflicts set forth below will be implemented.
ARTICLE IX

AMENDMENTS

(a) All proposed amendments of these bylaws initiated by the Medical Staff shall, as a matter of procedure, be referred to the Executive Committee. Amendments shall then be effectuated in one of two ways:

(1) The Executive Committee shall report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a meeting called for such purpose. They shall be voted upon at that meeting provided that they shall have been posted on the Medical Staff bulletin Board at least fourteen (14) days prior to the meeting. To be adopted, an amendment must receive a majority of the votes cast by the voting staff who are present at the time of such vote and who do vote. Amendments so adopted shall be effective when approved by the Board which approval shall not be unreasonably withheld; or

(2) Proposed amendments may also be presented to the voting staff by mail or electronic mail. Along with the proposed amendments, the Executive Committee may, in its discretion, provide a written report on them either favorably or unfavorably. In addition, the proposed amendment shall be posted on the Medical Staff bulletin board at least fourteen (14) days prior to the return date requested for the vote. To be adopted, an amendment must receive a majority of the votes cast, so long as the amendment is voted on by a majority of the staff eligible to vote. Amendments so adopted shall be effective when approved by the Board which approval shall not be unreasonably withheld.

(b) The Executive Committee shall have the power to adopt such amendments to the bylaws as are, in the committee’s judgment, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling, or other errors of grammar or expression. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within sixty (60) days of adoption.
by the Executive Committee. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Executive Committee. Immediately upon adoption, such amendments shall be sent to the Chief Executive Officer and posted on the Medical Staff bulletin board for fourteen (14) days.

(c) If significant changes are made in the medical staff bylaws, rules and regulations, or policies, medical staff members and other individuals who have delineated clinical privileges are provided with revised texts of the written materials.
ARTICLE X

HISTORY AND PHYSICAL EXAMINATIONS

1. The attending practitioner shall be responsible for the preparation of a complete and legible medical record for each patient. Its contents shall be pertinent and current. This record shall include identification data, complaints, personal history, family history, history of present illness, physical examination, provisional diagnosis, special reports such as consultations, clinical laboratory and radiology services and others, medical or surgical treatment, operative report, pathological findings, progress notes, final diagnosis, condition on discharge, summary or discharge note, disposition of patient, and autopsy report when performed.

a. A complete admission history and physical examination shall be recorded within twenty-four (24) hours of admission.

b. For elective pre-operative surgical admissions, the history and physical examination may be completed within thirty (30) days prior to admission and shall meet all of the following requirements:

• An appropriate assessment, which should include a physical examination of the patient to update any components of the patient’s current medical status that may have changed since the prior H&P or to address any areas where more current data is needed, was completed at the time of admission confirming that the necessity for the procedure or care is still present and the H&P is still current;

AND

• The physician or other individual qualified to perform the H&P writes an update note addressing the patient’s current status and any changes in the patient’s status at the time of admission. The update note must be on or attached to the H&P;

AND
• The H&P, including all updates and assessments, must be included within 24 hours after admission in the patient’s medical record. If a pre-operative H&P does not meet all these requirements at the time of admission, a complete history and physical examination shall be recorded prior to surgery or invasive procedure being performed.

c. For all inpatients, the H&P, including all updates and assessments, must be on the patient’s medical record within 24 hours after admission.

d. All emergency department admissions shall have a history and physical examination recorded as soon as possible after admission.

e. The history and physical report should document and include all pertinent findings resulting from an assessment of all the systems of the body. If a complete history has been recorded, and a physical examination performed prior to the patient’s admission to the hospital, a durable, legible copy of these reports may be used in the patient’s hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a licensed physician and meet the requirements outlined in 2b.

f. Results of laboratory tests, x-rays, and other studies completed outside of the hospital and pertinent to the patient’s hospitalization may be incorporated in the patient’s hospital record. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded.

g. The content of a history and physical is as follows:

• Medical history
• Chief complaint
• Details of present illness
• Relevant past, social and family histories (appropriate to the patient’s age)
• An inventory by body system
• A report of relevant physical examinations
• A statement of the conclusions or impressions drawn from the admission history and physical examination
• A statement on the course of action planned

h. In a life threatening situation the written history and physical may be deferred until after the procedure. The history and physical should be completed as soon as possible, but in no instance, later than twenty-four (24) hours.

2. The attending physician shall countersign, date and time the history and physical examination, consultation, operative note, operative report and discharge summary when they have been recorded by a member of the resident staff.

3. The attending physician shall countersign, date and time the history and physical examination, the discharge summary, and the consultation note when they have been recorded by the Certified Registered Nurse Practitioner, Certified Nurse Specialist or Physician Assistant.

4. H&P on non-inpatient services are required as defined in applicable Medical Staff Policies.

5. a. A podiatrist with clinical privileges to do so may perform a history and physical examination on ASA Class I and ASA Class II podiatric patients. Any patient identified by the podiatrist to have pathology on the history and physical will require a consultation performed by an appropriate Medical Doctor (MD) or Doctor of Osteopathy (DO).

b. For podiatric patients who have been determined to be ASA Class III or higher, a consultation with an appropriate Medical Doctor (MD) or Doctor of Osteopathy (DO) shall be performed. This consultant shall perform the required history and physical examination.

c. A podiatrist with clinical privileges may initiate the procedure for admitting an inpatient who has been determined to be ASA Class I and ASA Class II.

d. A podiatrist with clinical privileges may, with the concurrence of an appropriate member of the medical staff, initiate the procedure for admitting an inpatient who has been determined to be ASA Class III or
higher. This concurring medical staff member shall assume responsibility for the overall aspects of the patient’s care throughout the hospital stay, including the medical history and physical examination. Podiatrists are responsible for the part of their patients’ history and physical examination that relates to podiatry. Such patients will be admitted to the same basic medical appraisal as patients admitted in other services.

6. Patients admitted by members of the dental section must have an adequate history and physical by a member of the medical staff before dental surgery. The members of the dental section are responsible for the part of their patients’ history and physical examination that relates to dentistry. Indicated consultations shall be held in complicated cases.

7. A Certified Registered Nurse Practitioner, Certified Nurse Specialist and Physician Assistant with clinical privileges to do so may perform a history and physical examination as governed by their respective Joint Protocols established through practice agreements with a collaborating physician.

The Certified Registered Nurse Practitioner, Certified Nurse Specialist and Physician Assistant are responsible for completing the history and physical examination.
ARTICLE X

ADOPTION

(a) These bylaws adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff bylaws, and henceforth all activities and actions of the Medical Staff and of each individual exercising clinical privilege at the hospital shall be taken under and pursuant to the requirements of these bylaws. Neither the Medical Staff nor the Board will unilaterally amend the Medical Staff bylaws.

(b) The present rules and regulations of the Medical Staff are hereby readopted and placed into effect insofar as they are consistent with these bylaws, until such time as they are amended in accordance with the terms of these bylaws.

Adopted by the Medical Staff
May 17, 1994

Approved by the Board of Trustee
June 14, 1994
ARTICLE XI

REVISIONS

Pages 2, 4, 24 and 26
Approved by Medical Staff – 2/20/1996
Approved by Board of Trustees – 4/16/1996

Addition of Article II – Part F: Affiliate Staff
Approved by Medical Staff – 2/17/1998
Approved by Board of Trustees – 3/10/1998

Pages
Approved by Medical Staff – 2/19/1999
Approved by Board of Trustees – 3/9/1999

Pages
Approved by Medical Staff – 5/18/1999
Approved by Board of Trustees – 6/15/1999

Addition of Article II – Part G: Adjunct Staff
Approved by Medical Staff – 5/16/2000
Approved by Board of Trustees – 6/20/2000

Page 4
Approved by Medical Staff – 2/20/2001
Approved by Board of Trustees – 3/13/2001

Pages 10, 22, 25
Approved by Medical Staff – 9/18/2001
Approved by Board of Trustees – 11/13/2001

Article II – Part E: Preceptors
Approved by Medical Staff – 9/16/2003
Approved by Board of Trustees – 10/14/2003

Article II – Part E: Preceptors
Approved by Medical Staff – 9/16/2003
Approved Board of Trustees – 10/14/2003

Article III – Part E: Provisions Common to all Meetings
Section 1 &: Section 2(a)
Approved by Medical Staff – 2/15/2005
Approved by Board of Trustees – 3/8/2005
Article V – Part B: Executive Committee
Section 1(a)
Approved by Medical Staff – 2/15/2005
Approved by Board of Trustees – 3/8/2005

Article V – Part C: Credentials Committee
Section 1(a)
Approved by Medical Staff – 5/17/2005
Approved by Board of Trustees – 6/14/2005

Bylaws
MEC Approved: 06/07/2016
Medical Staff Approval: 9/20/2016
Board of Trustees Approved: 10/11/2016