



# **MEDICAL STAFF BYLAWS**

**September 26, 2019**

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## **PREAMBLE**

**WHEREAS**, Providence St. Peter Hospital in Olympia (hereinafter, the "Hospital") is a Catholic institution operated by *Providence Health & Services - Washington*, a nonprofit corporation organized under the laws of the State of Washington; and

**WHEREAS**, the purpose of the Hospital is to carry out the mission of *Providence Health & Services* by providing patient care, charitable service, education and research; and

**WHEREAS**, it is recognized that the Board of Directors of *Providence Health & Services - Washington* (hereinafter, the "Board of Directors") has ultimate responsibility for the quality of medical care in the Hospital and has delegated to the Community Ministry Board for Providence St. Peter Hospital (hereinafter, the "Community Ministry Board") the authority and responsibility to represent the Board of Directors in Medical Staff matters;

**WHEREAS**, it is recognized that the discharge of the Board of Directors' responsibility requires the rendering of medical judgment and the evaluation of medical competence which are rightfully performed by the Medical Staff; and

**WHEREAS**, it is recognized that the cooperative efforts of the Medical Staff, the Community Ministry Board and the Board of Directors are necessary to fulfill the Hospital's obligations to its patients;

**NOW, THEREFORE**, the physicians, dentists, podiatrists, certified nurse midwives and advanced registered nurse practitioners practicing in Providence St. Peter Hospital hereby organize themselves into a Medical Staff in conformity with these Bylaws promulgated hereunder.

## **DEFINITIONS**

1. The term "Medical Staff" is defined as the formal organization of all duly licensed medical and osteopathic physicians, dentists, podiatrists, certified nurse midwives and advanced registered nurse practitioners who are credentialed as members with or without privileges at Providence St. Peter Hospital.
2. The term, "Organized Medical Staff," is defined as the voting members of the Medical Staff. For these Bylaws and other related documents, Medical Staff include both Members with and without privileges.
3. The term "Board of Directors" is defined as the Board of Directors of *Providence Health & Services - Washington*, which except as the context otherwise requires, shall be deemed to act through its members and through the Community Ministry Board, the officers of the corporation and through the Chief Executive Officer of Providence St. Peter Hospital.
4. The term "Chief Executive" (hereinafter the "CEO") is defined as the individual appointed by the Board of Directors to act on its behalf in the overall management and administration of the Hospital. The term CEO includes any duly appointed Acting CEO serving when the CEO is away from the Hospital. For purposes of matters referred to in the Bylaws, the Medical Staff may rely upon all actions of the CEO as being the actions of the Community Ministry Board taken pursuant to proper delegation of authority from the Community Ministry Board.
5. The term "member" is defined as any physician (MD or DO), dentist (DDS or DMD), podiatrist (DPM), certified nurse midwife (CNM) or advanced registered nurse practitioner (ARNP) appointed to and maintaining membership in any category of the Medical Staff, in accordance with these Bylaws.
6. The term "Allied Health Professional" or "AHP" is defined as an appropriately licensed or otherwise duly qualified individual in the allied health sciences who, although not entitled to Medical Staff membership, may be granted limited clinical privileges or the privilege of performing other specified functions in the Hospital, to such extent and under such conditions as may be provided either in Rules and Regulations of the Medical Staff or otherwise applicable documents.
7. The term "Telemedicine" provider is defined as an appropriately licensed physician (MD or DO), dentist (DDS or DMD), podiatrist (DPM), certified nurse midwife (CNM) or advanced registered nurse practitioner (ARNP) not entitled to Medical Staff membership who is granted clinical privileges or the privilege of performing other specified functions in the Hospital, to such extent and under such conditions as may be provided either in Rules and Regulations of the Medical Staff or otherwise applicable documents.
8. The term "Provider" is defined as any MD, DO, DDS, DMD, DPM, CNM or ARNP who is affiliated with the Hospital as either a member or non-member of the Medical Staff, with or without clinical privileges, or is applying for membership, privileges or both.
9. The term "Medical Staff Year" is defined as a period of twelve (12) months, commencing on the 1st day of January and ending on the 31st day of December each year.
10. The term "Bylaws" is defined as this document by which the Medical Staff regulates itself.
11. The term "Executive Session" is defined as a closed and confidential session of a department or committee. Unless otherwise defined in these Bylaws, the composition of attendees at executive sessions shall be as defined by the Chair.
12. The term "Residents" is defined as those physicians in training authorized under these Bylaws. Whenever in these Bylaws Medical Staff member, physician or provider is referenced, it shall be interpreted to include residents under the supervision of a member of the Medical Staff, unless specifically stated otherwise.

13. The term “Governance Committee” is defined as the Medical Executive Committee, the Credentials Committee, and Departmental Committees of the Medical Staff.
14. The term “adverse action” is defined as a recommendation or action by the Medical Executive Committee, Quality and Credentials Committee, or Community Ministry Board to reduce, restrict, condition, suspend, revoke, deny, defer, or fail to renew requested clinical privileges. Adverse action shall not mean such a recommendation or action based on the failure to pay Medical Staff dues or to maintain medical records.
15. The term “notice of adverse action” is defined as a notice that is mailed to the Affected Medical Staff member or applicant for membership by certified mail, return receipt requested and/or by secure email.
16. The term “Hospital Encounter” is defined as any inpatient or outpatient admission, follow up, consultation, performance of a hospital procedure or interpretation of a procedure or test performed in the Hospital.
17. The term “Additional Benefits” refers to services such as “UpToDate<sup>®</sup>” and access to fitness center and educational sessions.

## **ARTICLE I: NAME**

The name of this organization shall be “The Medical Staff of Providence St. Peter Hospital, Olympia, Washington,” hereinafter referred to as the Medical Staff.

## **ARTICLE II: PURPOSES**

The purposes of this organization are:

1. To provide care to all patients admitted to or treated in any of the facilities, departments or services of the Hospital in accordance with precepts applicable to a Catholic Institution and with full respect for the individual dignity of the patients;
2. To facilitate a professional level of performance by all members of the Medical Staff and other individuals who are authorized to practice in the Hospital, to provide the appropriate delineation of the clinical privileges that may be exercised in the Hospital and to evaluate the performance of all individuals who are privileged to provide patient care services in the Hospital;
3. To provide oversight for the quality of care, treatment, and services provided by members and non-members with privileges in accordance with these Bylaws;
4. To provide an appropriate educational setting that will encourage maintenance of scientific standards and lead to continuous advancement in professional knowledge and skill;
5. To initiate and maintain Rules and Regulations and Policies and Procedures for the governance of the Medical Staff; and
6. To provide a basis for discussion of issues and for the development of working relationships among the Community Ministry Board, the CEO, and the Medical Staff.

## **ARTICLE III: MEDICAL STAFF MEMBERSHIP**

### **Section 1: Nature of Medical Staff Membership**

Membership on the Medical Staff of Providence St. Peter Hospital shall be extended only to professionally competent physicians (MD or DO), dentists (DDS or DMD), podiatrists (DPM), certified nurse midwives (CNM), and advanced registered nurse practitioners (ARNP) who continuously meet the qualifications, standards and requirements set forth in these Bylaws and associated Policies and Procedures of the Medical Staff. While not members, allied health professionals and telemedicine providers will be expected to meet these same qualifications, standards and requirements.

## **Section 2: Qualifications of Medical Staff Membership**

Doctors of Medicine, Osteopathy, Dentistry, Podiatry, Certified Nurse Midwives and Advanced Registered Nurse Practitioners shall be qualified for Medical Staff membership only if they:

1. Document their licensure to practice in the State of Washington, experience, background, training, demonstrated ability, and judgment, with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency.
2. Are determined, on the basis of documented references, including references from hospitals with which the applicant has been associated, to adhere strictly to the lawful ethics of their respective professions, to work cooperatively with others in the hospital setting, to be willing to participate in and properly discharge Medical Staff responsibilities, and to be willing to commit to and regularly assist the Medical Staff in fulfilling its obligations related to patient care within the areas of their professional competence and credentials.
3. Agrees to respect the fact that the Hospital is a Catholic institution and will be administered in accordance with the Ethical and Religious Directives for Catholic Health Facilities and that no medical conduct or procedures within the Hospital will be permitted which are contrary to or incompatible with said Directives. This shall not prohibit the Medical Staff or a member of the Medical Staff from petitioning for a change in official position on a philosophic or practical basis.
4. Are located closely enough (office and residence) to the Hospital to provide direct care to their patients that meets the standards of the community and the expectations of the Medical Staff. These requirements may be further defined within Medical Staff Rules and Regulations and Policies and Procedures and established on the basis of the period of time within which a provider must respond, depending upon the staff category and clinical privileges which are involved and the feasibility of arranging alternative coverage.
5. Are free of or have under adequate control any significant physical or mental health impairment that cannot be reasonably accommodated, without imposing an undue hardship on the Hospital, in order to permit the provider to safely and competently exercise the clinical privileges requested. In addition, are free from use of any type of substance or chemical that affects cognitive, motor or communication ability in a manner that interferes with or presents a reasonable probability of interfering with the essential functions of their area of practice or meeting the standards of care in the community.
6. Must not be excluded from participation in the Medicare, Medicaid or any other Federal Health Care Program, as evidenced by being so listed on the Office of the Inspector General's List of Excluded Individuals or Entities.

## **Section 3: Non-members with Privileges**

Non-members with privileges include, but are not limited to, telemedicine providers and Allied Health Professionals.

1. Telemedicine providers:
  - a. May request and be granted primary privileges directly through the Hospital.
  - b. May have privileges granted at an alternate location and request delegated credentialing through the Hospital.
  - c. Both direct and delegated credentialing is subject to approval by the Credentials Committee, the Medical Executive Committee, and the Community Ministry Board.
  - d. Details regarding initial privileging, reappointment, scope of practice and other responsibilities for Telemedicine providers are defined in the Medical Staff Rules and Regulations and Medical Staff Policies and Procedures.
  - e. Will be expected to satisfy Qualifications listed in Article III, Section 2 for Members of the Medical Staff with the exception of subsection 4. Given the nature or their practice, Telemedicine providers will not be required to meet the Hospital proximity clause.
2. Allied Health Professionals (AHP's):



- a. Must hold a license, certificate or other legal credentials as required by Washington law
- b. Are not eligible for Medical Staff membership.
- c. May request and be granted primary privileges directly through the Hospital.
- d. All credentialing is subject to approval by the Credentials Committee, the Medical Executive Committee, and the Community Ministry Board.
- e. Details regarding initial privileging, reappointment, scope of practice and other responsibilities for AHP's are defined in Medical Staff Rules and Regulations and Medical Staff Policies and Procedures.
- f. Will be expected to satisfy Qualifications listed in Article III, Section 2 for Members of the Medical Staff.

Fair Hearing procedures for Non-members with Privileges are the same as for Medical Staff members and are defined in these Bylaws.

#### **Section 4: Nondiscrimination**

No applicant shall be denied nor granted Medical Staff membership or clinical privileges on the basis of age, gender, race, creed, color, national origin or sexual orientation, or on the basis of any other criterion unrelated to professional qualifications or the purposes, needs and capabilities of the Hospital.

#### **Section 5: Other Affiliations**

No physician, dentist, podiatrist, certified nurse midwife or advanced nurse practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in the Hospital merely by virtue of licensure to practice allopathic medicine, osteopathy, dentistry, podiatry, midwifery or advanced nurse practice in this or any other state, by virtue of membership in any professional organization, or by virtue of having or having had similar membership or privileges at this institution or elsewhere.

#### **Section 6: Basic Responsibilities of the Medical Staff Membership**

Each member, non-member and allied health professional of the Medical Staff shall:

1. Provide patients with care at the recognized professional level of quality and efficiency;
2. Retain responsibility within their area of professional competence for the continuous care and supervision of each patient in the Hospital for whom they are providing services, or arrange for a suitable alternative to assure such care and supervision;
3. Abide by the Medical Staff Bylaws and Rules and Regulations and by all other lawful standards, policies, and rules of the Medical Staff. Agree to adhere to the "Principles of Partnership" jointly adopted by the Medical Staff and Hospital Administration.<sup>1</sup>
4. Discharge such Medical Staff, department, committee and hospital functions, including, but not limited to peer review, quality assurance activities, utilization review, emergency service and backup functions for which they are responsible by virtue of their Staff category assignment, appointment, election, utilization of Allied Health Professionals, or exercise of privileges, prerogatives, or other rights in the Hospital;
5. Prepare and complete in timely fashion the medical and other required records for all patients admitted to or treated in the Hospital;
6. Agree to act in an ethical, professional and courteous manner and to provide all patients the same level of quality of care on a non-discriminatory basis.

#### **Section 7: Duration of Appointment**

1. Initial appointments and reappointments to the Medical Staff shall be made by the Community Ministry Board. The Community Ministry Board shall act on initial appointments,

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<sup>1</sup> Principles of Partnership are incorporated within these Bylaws by this reference.

reappointments, or revocation of appointments only after there has been recommendation from the Credentials Committee and the Medical Executive Committee in accordance with the provisions of these Bylaws.

2. Appointment to the Medical Staff will normally be for no more than twenty-four calendar months.
3. Initial appointments and privileges shall be subject to focused professional practice evaluation as defined by Medical Staff Policy.

### **Section 8: Staff Dues and Assessments**

1. Annual Medical Staff dues and special assessments shall be determined by the Medical Executive Committee.
2. Medical Staff members and privileged providers shall pay required annual dues and application fees.
3. Annual dues and application fees assessed to non-members with privileges will be as recommended by the Medical Executive Committee and approved by the Community Ministry Board.
4. Failure to pay annual dues or assessments as set forth herein shall result in suspension of Medical Staff membership or clinical privileges without the right to a Hearing and Appellate Review.

## **ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF**

The categories of the Medical Staff include: Member with Privileges, Member without Privileges, and Honorary Medical Staff. Non-members with Privileges that care for patients at the hospital are affiliated and authorized in accordance with these Bylaws, the Medical Staff Rules and Regulations and Medical Staff Policies and Procedures. Family Medicine Residents are not members of the medical staff, but are described within these Bylaws. Assignment to categories of the Medical Staff shall be made by the Departmental Committee Chair, subject to approval by the Credentials Committee, the Medical Executive Committee and the Community Ministry Board.

Call responsibilities are assigned by the Department Chairs and are based on several criteria including, but not limited to, community and hospital needs; availability of specialty services and Emergency Department back-up needs.

All new Members with Privileges, Members without Privileges and Non-members with Privileges will be obligated to be board certified or actively pursuing board certification in their specialty within 5 years of board qualification. Medical Staff will be expected to maintain board certification or qualification by the American Board of Medical Specialties or the American Osteopathic Association Board, or certification by an equivalent board as defined by the Credentials Committee. If not actively pursuing re-certification at reappointment, the provider's application will be considered incomplete.

All current Members with Privileges, Members without Privileges and Non-members with Privileges who are already board certified will be required to maintain board certification or be actively pursuing board certification.

### **Section 1: Member with Privileges**

The Member with Privileges category shall include providers of the Medical Staff with membership, who wish to exercise privileges at the Hospital as granted by the Community Ministry Board. During the first year of assignment to the Member with Privileges category, each provider will be assigned Focused Professional Practice Evaluation (FPPE) requirements and Ongoing Professional Practice Evaluation (OPPE) requirements as defined in Medical Staff Bylaws and Medical Staff Policies and Procedures.

1. **Qualifications for the Member with Privileges**

- A. Meet all qualifications for Medical Staff membership as set forth in the Medical Staff Bylaws and Medical Staff Policies and Procedures.
  - B. Meet all qualifications for clinical privileges.
2. **Prerogatives of the Member with Privileges**
- A. May exercise all clinical privileges as granted by the Community Ministry Board consistent with Hospital and Medical Staff Bylaws and Medical Staff Policies and Procedures.
  - B. May vote at general and special meetings of the Medical Staff, and committees of which they are a member.
  - C. After the first year of membership, may hold Medical Staff Office per Medical Staff Bylaws and Medical Staff Policies and Procedures.
  - D. Will have full access to the hospital electronic medical record.
  - E. May utilize the Medical Staff library and participate in continuing medical education opportunities.
3. **Obligations of the Member with Privileges**
- A. Participate equitably in the discharge of Medical Staff functions including but not limited to the following:
    - 1) Satisfy assigned FPPE and OPPE requirements.
    - 2) Participate in requested peer-review and other quality initiatives to maintain patient care standards.
    - 3) Participate in call responsibilities as assigned by their Department Chair. It is the expectation that call responsibilities will reflect both the community need and scope of provider practice at the Hospital.
    - 4) Guarantee continuous care to the hospitalized patients for whom they have accepted responsibility.
    - 5) Fulfill other Medical Staff functions as may be reasonably required.

## **Section 2: Member without Privileges**

The Member without Privileges category shall consist of those providers who wish to participate as members of the Medical Staff for governance, educational or collegial purposes or to promote continuity of care through referrals and collaboration with other Medical Staff members, but who do not wish to exercise clinical privileges. This may include but is not limited to:

- Providers whose medical practice does not include the provision of care to hospitalized patients at Providence St. Peter Hospital.
- Providers that are Medical Directors for facilities that provide care for patients along the continuum such as skilled nursing facilities and hospice.
- Government employees such as public health officers who have no, or very limited, clinical medical practice activities (e.g., city and state health offices).

1. **Qualifications for the Member without Privileges**
  - A. Meet all qualifications for Medical Staff membership as set forth in the Medical Staff Bylaws and Policies.
  - B. Do not possess active clinical privileges.
2. **Prerogatives of the Member without Privileges**
  - A. May not exercise clinical privileges or provide hospital encounters.
  - B. May follow a patient in the hospital that is under another provider's care.
  - C. May not enter orders, notes, data or any other information in the electronic medical record.
  - D. May order outpatient infusion services and outpatient IV therapies.
  - E. May vote at general and special meetings of the Medical Staff, and committees of which they are a member.
  - F. After the first year of medical staff membership, may hold Medical Staff Office per Medical Staff Bylaws and Medical Staff Policies and Procedures.
  - G. Will have read-only access to the hospital electronic medical record.
  - H. May utilize the Medical Staff library and participate in continuing medical education opportunities.
3. **Obligations of the Member without Privileges**
  - A. Participate equitably in the discharge of Medical Staff functions including but not limited to the following:
    - 1) Do not require an FPPE or OPPE.
    - 2) May participate in requested peer-review and other quality initiatives.
    - 3) Do not participate in call coverage for inpatients
    - 4) Fulfill other Medical Staff functions as may be reasonably required.

### **Section 3: Non-members with Privileges**

Non-members with Privileges shall include providers who wish to exercise privileges at the Hospital as granted by the Community Ministry Board, but who do not pursue or qualify for Medical Staff membership. This category will consist of Allied Health Professionals and Telemedicine providers. During the first year of privileges, each provider will be assigned a Focused Professional Practice Evaluation (FPPE). For Telemedicine providers, this FPPE may be completed by the hospital that provides primary credentialing as outlined in the Policies and Procedures pertaining to Delegated Credentialing. The Non-member with Privileges will be required to participate in Ongoing Professional Practice Evaluations per Medical Staff Policies and Bylaws.

1. **Qualifications for Non-members with Privileges and Allied Health Professionals**
  - A. Meet all qualifications for Non-members with Privileges as set forth in the Medical Staff Bylaws and Medical Staff Policies and Procedures.
  - B. Meet all qualifications for clinical privileges.
2. **Prerogatives of Non-members with Privileges and Allied Health Professionals**
  - A. May exercise all clinical privileges as granted by the Community Ministry Board consistent with Hospital and Medical Staff Bylaws and Medical Staff Policies and Procedures.
  - B. May attend, but not vote at general and special meetings of the Medical Staff.
  - C. May not hold Medical Staff Office.

- D. May not serve on peer review committees including Departmental Committees other than the Medical Staff Assistance Committee. Exceptions may be granted at the discretion of the Medical Executive Committee.
  - E. May serve and vote on non-peer review Medical Staff Committees.
  - F. Will have full access to the hospital electronic medical record.
  - H. May utilize the Medical Staff library and participate in continuing medical education opportunities.
3. **Obligations of Non-members with Privileges and Allied Health Professionals**
- A. Participate equitably in the discharge of Medical Staff functions including but not limited to the following:
    - 1) Satisfy assigned FPPE and OPPE requirements.
    - 2) Participate in requested peer-review and other quality initiatives to maintain patient care standards.
    - 3) Participate in call responsibilities as determined by their Department Chair. It is the expectation that call responsibilities will reflect both the community need and scope of provider practice at the Hospital.
    - 4) Guarantee continuous care to the hospitalized patients for whom they have accepted responsibility.

#### **Section 4: The Honorary Medical Staff**

The Honorary Staff category shall consist of providers who are not in active practice, but who are honored by the Medical Executive Committee with an emeritus position. Honorary Medical Staff shall not possess clinical privileges or provide hospital encounters.

- 1. **Qualification of Honorary Medical Staff**
  - A. Providers that no longer provide direct patient care.
- 2. **Prerogatives of Honorary Medical Staff**
  - A. May attend, but not vote at general and special meetings of the Medical Staff.
  - B. May not hold Medical Staff Office.
  - C. May not serve on peer review committees including Departmental Committees other than the Medical Staff Assistance Committee.
  - D. May serve and vote on non-peer review Medical Staff Committees and the Medical Staff Assistance Committee.
  - E. When appropriate will have read-only access to the hospital electronic medical record.
  - F. May utilize the Medical Staff library and participate in all continuing medical education opportunities.
  - G. Are not assessed medical staff dues.
- 3. **Obligations of the Honorary Medical Staff**
  - A. None of the general obligations defined for other Medical Staff categories are applicable.

#### **Section 5: Family Medicine Residents**

The resident staff shall consist of residents and fellows who have a MD or DO degree and who have been duly appointed by the CEO in consultation with the Director of the Family Medicine Residency Program. They shall therefore be designated as a Resident in Family Medicine. The residents shall be immediately responsible to the Director of the Family Medicine Residency Program. They shall be responsible to their attending physician and the chair of the designated clinical service at all times and for all clinical activities.

## **ARTICLE V: CLINICAL PRIVILEGES**

### **Section 1: Criteria for Privileging and Re-privileging**

Sufficient evidence of current license, training, experience, capacity to perform, and clinical competence as outlined in Medical Staff Policies and Procedures must be submitted by each applicant for clinical privileges.

### **Section 2: Process for Privileging and Re-privileging**

Applicants requesting initial Medical Staff membership, clinical privileges, or both shall be processed and reviewed in accordance with established Policies and Procedures of the Medical Staff. This includes review and recommendation by the providers' Department Chair, the Credentials Committee, and the Medical Executive Committee. Final action is granted by the Community Ministry Board.

Applicants for reappointment of Medical Staff membership with or without clinical privileges shall be processed and reviewed in accordance with established Medical Staff Policies and Procedures.

### **Section 3: Exercise of Privileges**

Every physician, dentist, podiatrist, certified nurse midwife, advanced registered nurse practitioner or other provider practicing at Providence St. Peter Hospital by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, be entitled to exercise only those clinical privileges delineated and specifically granted by the Community Ministry Board, except as provided in the Policies and Procedures of the Medical Staff dealing with Temporary Privileges and Emergency Privileges.

### **Section 4: Disaster Privileges**

Providers who do not possess Medical Staff privileges at Providence St. Peter Hospital may be granted temporary emergency privileges by the Chief Executive, Chief Medical Officer (or their designees) or Medical Staff President or the Credentials Committee Chair (or their designees), when the Hospital's disaster plan has been activated and the current Medical Staff is insufficient to deal with the crisis.

### **Section 5: Delegated Privileging**

Providers who are not members of the Medical Staff, but wish privileges to practice at the Hospital may obtain privileges as provided in the Policy and Procedures of the Medical Staff referencing Delegated Privileging. They are entitled to exercise only those clinical privileges delineated and specifically granted by the Community Ministry Board.

## **ARTICLE VI: OFFICERS OF THE MEDICAL STAFF**

The officers of the Medical Staff shall be:

1. President
2. President-elect
3. Immediate Past-president

### **Section 1: Qualifications of Officers**

All officers shall be members in good standing at the time of nomination and election and shall remain qualified as members in good standing during their terms of office. Officers may not simultaneously be officers of a Medical Staff at another hospital and must be a Medical Staff member for at least one year at the time of election.

### **Section 2: Election of Officers**

1. Officers shall be elected by vote of the Medical Staff. Only members of the Medical Staff shall be eligible to vote.
2. No less than four (4) weeks prior to a vote of the Medical Staff, an ad hoc nominating committee will be appointed by the President, subject to the advice and consent of the Medical Executive Committee.

- A. This ad hoc committee will consist of at least three past Medical Staff Presidents who are still in active practice.
  - B. The ad hoc committee shall select one or more nominees for each Medical Staff office.
  - C. After acceptance of nomination is obtained, the ad hoc committee will forward the name of its nominee to the Medical Executive Committee.
3. Nomination by petition requires the signatures of at least five members of the Medical Staff and must be filed with the Medical Staff Office at least 15 business days prior to a scheduled vote of the Medical Staff. Documentation of an agreement to serve must be received from the nominee. The Medical Staff shall be notified of these additional nominees at the same time that a ballot is presented to Medical Staff members for a vote.
  4. Voting shall take place by ballot submitted by those eligible to vote.
  5. The election will be decided based on a simple majority of returned ballots.

### **Section 3: Term of Office**

The President and President-elect shall each serve a term of two Medical Staff Years. The Immediate Past-president shall serve a term of one Medical Staff Year. Officers shall take office on the first (1st) day of the Medical Staff Year.

### **Section 4: Vacancies in Office**

The Medical Executive Committee shall fill vacancies in office during the Medical Staff Year, with the exception of the presidency. If there is a vacancy in the office of President, the President-elect shall serve as President. The new President shall immediately appoint an ad hoc nominating Committee to decide promptly upon nominees for the required open position(s). Such nominees shall be reported to the Medical Executive Committee and to the Medical Staff. A special election to fill the position shall occur in accordance with these Medical Staff Bylaws.

### **Section 5: Removal from Office**

Any officer whose election is subject to these Bylaws may be removed from office for valid cause, including, but not limited to, gross neglect or malfeasance in office, or serious acts of moral turpitude.

Failure to maintain Medical Staff status shall immediately result in removal from office.

Recall of a Medical Staff officer may be initiated by the Medical Executive Committee and effected by a 2/3 majority vote of that committee or shall be initiated by a petition signed by at least 1/3 of the Medical Staff. A special Medical Staff meeting will be called by the President at which time the question of recall shall be put to a vote. If the officer subject to removal is the Medical Staff President the President-elect will assume the responsibility of organizing and presiding over the special Medical Staff meeting. To be successful, a recall vote must pass by 2/3 majority of the Medical Staff members present and voting. In the event the recall vote is successful, the position(s) in question shall be declared vacant and filled in accordance with the provisions of this Article, regarding vacancies in office shall apply.

### **Section 6: Duties of Officers**

Job descriptions of all Medical Staff Officers are an Addendum to these Bylaws by this reference.

1. President: The President shall serve as the chief administrative officer of the Medical Staff and will fulfill those duties specified in the position description.
2. President elect: The President elect shall assume all the duties and have the authority of the President in the absence of the President. The President-elect will serve as the Chair of the Credentials Committee and will fulfill additional functions specified in the position description.

3. Immediate Past-president: The Immediate Past-president shall serve as a member of the Medical Executive Committee of the Medical Staff and shall perform the duties described in the position description.

## **ARTICLE VII: DEPARTMENTAL ORGANIZATION**

### **Section 1: Organization of Departments and Services**

1. The Medical Staff will be organized in departments. Departments shall be as determined by the Medical Executive Committee with ratification by the Medical Staff at its subsequent annual meeting.
2. Each Department shall be responsible to the Medical Executive Committee for reviewing the procedures and practices necessary to promote quality health care at Providence St. Peter Hospital in the areas of professional practice and specialization under the Department's authority
3. Each Department shall be responsible for reviewing the focused and ongoing professional performance of its members and non-members with privileges.
4. Each Department shall be responsible for other business as assigned by the Medical Executive Committee.
5. The Chair of each Department shall be elected by its members in accordance with the Rules and Regulations and shall serve as a voting member of the Medical Executive Committee. The Departmental Chair must be a member of the Medical Staff and have been a member in good standing of the Department for at least one year. Departmental Chairs are subject to Article VI, Section 5 "Removal from Office."
6. Roles and Responsibilities of the Chair shall include but not be limited to:
  - A. Clinically related activities of the Department.
  - B. Administratively related activities of the Department, unless otherwise provided by the Hospital.
  - C. Oversee quality of clinical care including concerns, safety issues, and continuing surveillance of the professional performance of all individuals in the Department who have delineated clinical privileges.
  - D. Recommending to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the Department.
  - E. Recommending clinical privileges for each member and non-members with privileges within the Department.
  - F. Assessing and recommending to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the Department or the organization.
  - G. Integration of the Department or service into the primary functions of the organization.
  - H. Coordination and integration of interdepartmental and intradepartmental services.
  - I. Development and implementation of policies and procedures that guide and support the provision of patient care, treatment, and services.
  - J. Recommendations for a sufficient number of qualified and competent persons to provide patient care, treatment, and services.
  - K. Determination of the qualifications and competence of Department or service personnel who are not members of the Medical Staff and who provide patient care, treatment and services.
  - L. Continuous assessment and improvement of the quality of patient care, treatment, and services.
  - M. Maintenance of quality control programs, as appropriate.
  - N. Serves as resource for orientation and continuing education of all persons in the Department or service.
  - O. Recommending space and other resources needed by the Department or service.



## **ARTICLE VIII: COMMITTEES OF THE MEDICAL STAFF**

### **Section 1: Classifications of Committees**

Governance committees shall include the Medical Executive Committee, the Credentials Committee, and other committees as designated by the Medical Executive Committee and listed in the Medical Staff organizational chart, and Policies and Procedures.

### **Section 2: Eligibility, Appointment and Tenure**

Members are eligible to serve on Medical Staff governance committees. Members and chairs of non-Peer Review Medical Staff committees shall be appointed by the President of the Medical Staff. Peer review committee members and chairs are elected per Medical Staff Rules and Regulations.

### **Section 3: Medical Executive Committee**

1. Composition: The Medical Executive Committee shall consist of the officers, all Departmental Committee Chairs and two at-large members. A majority of voting Medical Executive Committee members must be fully licensed physicians who currently practice in the community and are members of the Medical Staff. The membership of the Medical Executive Committee may include other providers and any other individuals as determined by the organized Medical Staff. Representatives of Hospital Administration shall be nominated by the Chief Executive and shall serve as ex-officio, non-voting members of the Medical Executive Committee subject to Medical Executive Committee approval.
2. Duties: The Medical Executive Committee shall:
  - A. Act for the Medical Staff in the intervals between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws. The organized Medical Staff delegates to the Medical Executive Committee the authority to amend Medical Staff Rules and Regulations and Policies and Procedures of the Medical Staff. Recommended revisions to the Rules and Regulations and Policies and Procedures will be forwarded electronically to the Medical Staff. After considering available Medical Staff input, the Medical Executive Committee will submit recommended revisions to the Rules and Regulations and Policies and Procedures to the Community Ministry Board for final approval.
  - B. Receive and act upon the reports and recommendations of the Medical Staff, Departmental, and multi-disciplinary committees and of assigned activity groups.
  - C. Implement the approved Policies and Procedures of the Medical Staff.
  - D. Recommend to the Community Ministry Board all matters relating to staff categorization, organizational structure, Department assignments, appointments and reappointments, clinical privileges, and any corrective actions.
  - E. Be responsible to the Community Ministry Board for the promotion of the quality of the overall medical care rendered by the Medical Staff to patients in the Hospital.
  - F. Initiate and pursue corrective action when warranted in accordance with these Bylaws.
  - G. Inform the Medical Staff of accreditation programs and take appropriate action to facilitate the Joint Commission of Healthcare Organizations accreditation process.
  - H. Serve as a liaison between the Medical Staff, the Chief Executive, and the Community Ministry Board.
  - I. Recommend action to the Chief Executive on matters of a medical administrative nature.
  - J. Make recommendations on hospital management matters to the Community Ministry Board through the Chief Executive.
  - K. Conduct the preparations for all meeting programs, either directly or through delegation, to a suitable individual or committee.
  - L. Take reasonable steps to promote the professional and ethical conduct and competent clinical performance of all individuals within the Medical Staff Organization, including initiation of and participation in Medical Staff corrective review measures as provided in these Bylaws and Policies and Procedures of the Medical Staff.

3. Meetings: The Medical Executive Committee shall meet at least monthly. Special meetings may be called by the President and may substitute for regular meetings by decision of the President. The Chief Executive or their designee participates in each meeting on an ex-officio basis. They may not make motions or vote.
4. Conflict and Dispute Resolution: In the event of a dispute or conflict between the organized Medical Staff and the Medical Executive Committee on matters including, but not limited to, proposals to adopt a rule and regulation or policy and procedure or an amendment thereto, the Medical Staff member(s) must first attempt to resolve the dispute directly with the Medical Executive Committee. In the event this action does not result in the resolution of the dispute or conflict, the organized Medical Staff may communicate with the Community Ministry Board directly. Details of the process for conflict and dispute resolution shall reside in Providence Health & Services Policy, "Leadership Group Conflict Management."

#### **Section 4: Credentials Committee**

1. Composition: The Credentials Committee shall consist of at least seven members of the Medical Staff appointed by the Medical Staff President. The President-elect of the Medical Staff shall serve as Chair. Selection of members shall be on a basis that will ensure broad representation of the Medical Staff. Members shall serve three-year terms, beginning and ending at intervals to insure continuity on the committee. Members may be reappointed for consecutive terms. Ad hoc committees may be formed to address specialty issues of credentialing. The Committee Chair can appoint ad hoc committee members as non-voting members of the Credentials Committee.
2. Duties: The duties of the Credentials Committee shall be to review and evaluate qualifications of each provider applying for initial appointment, reappointment or modification of clinical privileges. In connection therewith, the committee shall obtain and consider the recommendations of appropriate Departments. Based on this review and evaluation, the committee shall make recommendations to the Medical Executive Committee for membership and delineation of clinical privileges in compliance with the Bylaws, Rules and Regulations and Policies and Procedures of the Medical Staff, and to otherwise perform the duties as defined therein.

#### **Section 5: Additional Committees**

Additional Medical Staff committees will be as defined by the Medical Executive Committee, and described in the policy on committees, as needed to perform the Medical Staff functions described herein.

### **ARTICLE IX: STAFF FUNCTIONS**

Provision shall be made in these Bylaws or by resolution of the Medical Executive Committee approved by the Community Ministry Board, either through assignment to the Departments, to staff committees, to staff officers, or to interdisciplinary hospital committees, for the effective performance of the staff functions specified in this section and described in the Rules and Regulations and Policies and Procedures of the Medical Staff and of such other staff functions as the Medical Executive Committee or the Community Ministry Board shall reasonably require. These staff functions are:

1. Monitor and evaluate care provided in Providence St. Peter Hospital and develop clinical policy relating to continuous quality improvement;
2. Conduct or coordinate quality and appropriateness and improvement activities, including invasive procedure, blood usage, drug usage reviews, medical record and other reviews, including Ongoing Professional Practice Evaluations and Focused Professional Practice Evaluations;
3. Conduct or coordinate utilization review activities;
4. Conduct or coordinate credentials investigations regarding the granting of clinical privileges and specified services to members and non-members with privileges;
5. Provide continuing medical education opportunities responsive to quality assessment and improvement activities, new state-of-the-art developments and other perceived needs;
6. Develop and maintain surveillance over drug utilization policies and practices;

7. Investigate and control nosocomial infections and monitor the Hospital's infection control program;
8. Plan for response to fire and other disasters, for hospital growth and development and for the provision of services required to meet the needs of the community;
9. Direct staff organizational activities, including staff Bylaws, review and revision, staff officer and committee nominations, liaison with the Community Ministry Board and Hospital Administration, and review and maintenance of hospital accreditation;
10. Coordinate the care provided by members and non-members with privileges with the care provided by the nursing service and with the activities of other hospital patient care and administrative services;
11. Provide mechanisms which include fair Hearing and due process for addressing adverse decisions for applicants regarding Medical Staff appointment or reappointment and granting of initial, renewed, or revised clinical privileges; and
12. Engage in other functions reasonably requested by the Medical Executive Committee and the Community Ministry Board.

## **ARTICLE X: PARLIMENTARY AUTHORITY**

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the business in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and special rules of order of the Medical Staff.

## **ARTICLE XI: DUE PROCESS**

### **Section 1: Right to Hearing**

Any member, non-member with privileges, or applicant for Medical Staff membership or privileges who is the subject of an adverse action and who timely files a request for Hearing with the Manager of Medical Staff Services as set forth in the notice of adverse action shall have the right to request a Hearing in accordance with Appendix A.

### **Section 2: Right to Appellate Review**

In any case involving a Medical Staff member, non-member with privileges or applicant for membership or privileges where:

1. The action of the Community Ministry Board, acting through the Quality and Credentials Committee, is adverse, and
2. The affected member, non-member with privileges, or applicant has requested and received a Hearing pursuant to these Bylaws; such person shall have the right to request an Appellate Review as provided in Appendix A.

## **ARTICLE XII: CONFIDENTIALITY, IMMUNITY, AND LIABILITY**

### **Section 1: Authorization and Conditions**

As conditions of applying for, or exercising Medical Staff membership or clinical privileges within the Hospital, the provider:

1. Authorizes representatives of the Hospital and Medical Staff to solicit, provide, and act upon information bearing on the provider's professional ability and qualifications.
2. Agrees to be bound by the Bylaws, Rules and Regulations, manuals, and the governing Policies and Procedures of the Medical Staff and of the Hospital.

### **Section 2: Confidentiality of Information**

Information regarding the maintenance of quality patient care shall, to the fullest extent permitted by law, be kept confidential. This information shall not become a part of any particular patient's file or of the general hospital records.

### **Section 3: Immunity from Liability**

No representative of the Hospital or Medical Staff shall be liable for damages or other relief for any action, statement or recommendation made within the scope of the person's duties as a representative, if such representative acts in good faith, makes a reasonable effort to ascertain the truthfulness of the facts and reasonably believes that the action, statement, or recommendation is warranted by such facts. No representative of the Hospital, Medical Staff, or third party shall be liable for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of the Hospital, Medical Staff, other health care facility, or organization of health professionals concerning a provider who is or has been an applicant to or a member of the staff, or who did or does exercise clinical privileges or provide specified services at the Hospital, provided that such representative or third party acts in good faith.

### **Section 4: Releases**

Each provider shall, upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of this article. Execution of such releases shall not be a prerequisite to the effectiveness of this article.

## **ARTICLE XIII: MEDICAL RECORDS DOCUMENTATION**

### **Section 1: Histories and Physicals**

A medical history and physical examination must be completed and documented for each patient no more than 30 days before or 24 hours after inpatient admission or registration, but prior to surgery or a procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician (as defined by Centers for Medicare and Medicaid Services, "CMS"), or other qualified licensed individual in accordance with Washington State law and hospital policy. For a medical history and physical examination that was completed within 30- days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia. Additional information regarding history and physical documentation requirements is delineated in the Medical Staff Rules and Regulations.

## **ARTICLE XIV: ADOPTION OF BYLAWS, BYLAW AMENDMENTS AND RELATED DOCUMENTS**

The organized Medical Staff has the ability to adopt Medical Staff Bylaws, Rules and Regulations and Policies and Procedures, and amendments thereto, and to propose them directly to the Community Ministry Board. Adoption or amendment of the Medical Staff Bylaws cannot be delegated. The Medical Staff delegates to the Medical Executive Committee the authority to decide whether to hold an annual meeting of the medical staff in person or to present any proposed documents or nominees by written or electronically transmitted ballot.

The Medical Staff delegates to the Medical Executive Committee the authority to act on its behalf in approving changes, amendments or revisions to the Rules and Regulations and Policies and Procedures referenced in these Bylaws. The Medical Executive Committee will recommend to the Community Ministry Board Rules and Regulations, Policies and Procedures, and other pertinent documents which further define the general policies contained in these Bylaws. These proposed documents with or without amendments will be provided to the Organized Medical Staff members prior to consideration by the Medical Executive Committee during which time they may comment in writing. Upon adoption by the Board, these documents will be incorporated by reference and become part of these Medical Staff Bylaws.

If members of the organized Medical Staff propose to adopt a rule, regulation or an amendment thereto, they must first communicate the proposal to the Medical Executive Committee. If the Medical Executive Committee proposes to adopt a rule and regulation, or an amendment thereto, it must first communicate the proposal to the Medical Staff.

If members of the organized Medical Staff propose to adopt a policy and procedure or an amendment thereto, they must first communicate the proposal to the applicable Departmental Committee.

The Medical Executive Committee or its designee shall review these Bylaws at least every three (3) years, beginning in 1996. The Medical Executive Committee may make minor corrections or changes to these Bylaws due to spelling, punctuation, grammar, context or if required by law. No prior notice of such changes is required. All changes made will be reported to the Medical Staff and to the Community Ministry Board.

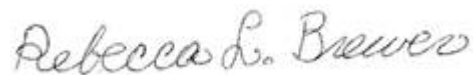
Adoption of or amendments to these Bylaws may be made by:

1. Two-thirds majority vote of all written or electronically submitted ballots by Medical Staff members. Notice and the text of the Bylaws, or the amendments thereto, must be mailed or electronically transmitted at least 15 days prior to the ballot due date or meeting date and to voting Medical Staff members.
  - A. Ballots may be obtained in advance through the Medical Staff Services by Medical Staff members who will not be available to attend the meeting due to on-call obligations.
  - B. Executed ballots must be personally submitted within 24 hours of the meeting and validated by a staff member of Medical Staff Services.
2. In the event of an urgent need to amend Medical Staff Bylaws necessary to comply with law or regulation, the Medical Staff delegates authority to the Medical Executive Committee to provisionally adopt such an amendment without written or electronically transmitted notice to the medical staff. The Medical Executive Committee will forward its recommendation to the Community Ministry Board. The Community Ministry Board may also provisionally approve an urgent amendment without prior notification to the medical staff. After such provisional approval, the medical staff will be notified of the urgent amendment. With this notification, the medical staff is given an opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the medical staff and the Medical Executive Committee, the provisional amendment will stand. If there is conflict over the provisional amendment, the process for resolving conflict between the medical staff and the Medical Executive Committee will be initiated. Any revisions to the amendment must be submitted to the Community Ministry Board for final approval.

***ADOPTED by the Medical Staff of Providence St. Peter Hospital and approved by the Medical Executive Committee and Community Ministry Board on September 26, 2019***



Jeffrey C. Christenson, MD, Medical Staff President



Community Ministry Board Chair

## **APPENDIX A – DUE PROCESS PROCEDURE**

### **ARTICLE I – Concerns Regarding Medical Staff Members**

#### **Section 1: Concerns**

Professionals are encouraged to resolve concerns on a one-to-one basis. It is recognized that instances may arise when a satisfactory resolution cannot be reached without the involvement of a third party. Concerns will be addressed through the Concerns Regarding Medical Staff Practitioners policy.

### **ARTICLE II – Concerns Investigated with Potential for Adverse Action**

#### **Section 1: Formal Investigations**

Any two of the following, Medical Staff President or designee, the CMO, and/or the Departmental Committee Chair or designee, may initiate a formal investigation if they conclude a concern or pattern of concerns warrants the process and that there is a possibility that there may be a recommendation for adverse action for the involved member, non-member with privileges or allied health professional. The investigation may be led by a voting member of the Medical Executive Committee. The member, non-member with privileges or allied health professional will be notified within 5 business days of the investigation and will be given the opportunity to provide written and/or verbal feedback to the investigator(s).

The investigator(s) may appoint an independent external peer reviewer, review panel or organization to assist in its investigation. Such reviewer, panel or organization shall have the right to examine all relevant documents and to interview persons with information relevant to the complaint and the affected member, non-member with privileges or allied health professional. A subcommittee or external peer reviewer shall not include partners, associates, competitors, or relatives of a member. After completion of its review, a report shall be forwarded to the Medical Executive Committee for its consideration.

#### **Section 2: Interview and Special Appearance Prior to Corrective Action**

The investigator(s) may request an interview and special appearance from the member, non-member with privileges or allied health professional. The member, non-member with privileges or allied health professional will be given notice by documented telephone call, secure e-mail or in writing by courier service at least five business days in advance of the meeting. Such notice shall include the date, time and place of the meeting, and a general statement of the issue involved. A copy of the complaint and any information gathered will be given to the member at least 48 hours before the meeting.

When the member, non-member with privileges or allied health professional has been requested to appear (Special Appearance), appearance is mandatory, and failure of the member, non-member with privileges or allied health professional to appear without good cause at the meeting will result in automatic suspension.

At this interview, the member, non-member with privileges or allied health professional shall be informed of the evidence supporting the review requested and shall be invited to discuss, explain or refute it. A written record is maintained in the member's, non-member with privileges' or allied health professional's credentials file reflecting the substance of the interview. If the member, non-member with privileges or allied health professional fails or declines to participate in the interview, the appropriate corrective action may be initiated. This meeting is not a procedural right of the member, non-member with privileges or allied health professional and need not be conducted according to the procedural rules provided in the Fair Hearing Plan. After the review is completed, a summary of the conclusions is placed in the member's credentials file.

### **Section 3: Recommendation of No Adverse Action**

If after the formal investigation there are no recommendations for adverse action, the member will receive notification of the decision and feedback of the review findings. A report of the investigation will be placed in the member's credentials file.

### **Section 4: Recommendation of Adverse Action after Formal Investigation**

The Medical Executive Committee will review within 10 business days the formal investigation, the substance and completeness of the concern(s), and decide if further investigation is indicated. If an investigation remains open, the Medical Executive Committee shall complete it within 15 business days of the initial meeting date. The member, non-member with privileges or allied health professional will be given an opportunity to meet with the Medical Executive Committee to discuss, explain or refute the concern(s).

The Medical Executive Committee may recommend dismissal of the concern(s); issuance of a warning; a letter of admonition or reprimand; suspension, reduction, restriction, condition, or termination of privileges; suspension or termination of Medical Staff membership; imposition of a requirement that a preceptor be appointed or that the member, non-member with privileges or allied health professional secure consultation or assistance; or any other appropriate action.

The Medical Executive Committee shall give notice of its recommendation to the member, non-member with privileges or allied health professional, by documented telephone call, secure e-mail or in writing by courier service, within 2 business days. Any recommended adverse action shall be subject to a Hearing and Appellate Review, as set forth in Articles VI and VII.

If a decision is made for adverse action, Medical Staff Services may assign a support person to the member, non-member with privileges or allied health professional to help them navigate the Due Process Procedure. The member, non-member with privileges or allied health professional shall be advised that the hospital may be required, under certain conditions, to report a member under investigation to the National Practitioner Data Bank as stated within these Medical Staff Bylaws. An investigation is considered ongoing until a final action is taken, or when it is formally closed.

### **Section 5: Action by Medical Executive Committee and Quality and Credentials Committee**

A Medical Executive Committee recommendation for adverse action shall be forwarded to the Quality and Credentials Committee for consideration.

1. If the member, non-member with privileges or allied health professional accepts the recommended adverse action of the Medical Executive Committee, that recommendation will be forwarded to Quality and Credentials Committee for review. If the Quality and Credentials Committee accepts the recommendation, the member, non-member with privileges or allied health professional will forfeit all rights to a Hearing and Appellate Review, and the adverse action will be applied.
2. If the Quality and Credentials Committee disagrees with the decision and/or recommended action of the Medical Executive Committee, it will refer the matter back to the Medical Executive Committee for its reconsideration within 5 business days, with its concerns detailed in writing. The member, non-member with privileges or allied health professional has the right to request a Hearing after Medical Executive Committee reconsideration, even if he or she initially had waived that right. After receiving a subsequent recommendation from the Medical Executive Committee, and any new evidence, the Quality and Credentials Committee shall then take final action on the reconsidered recommendation. If the Quality and Credentials Committee decides to dismiss the complaint, the complaint will be dismissed immediately.

3. The Medical Staff President will notify the member, non-member with privileges or allied health professional within 48 hours by documented telephone call, secure e-mail or in writing by courier service, of the Quality and Credentials Committee decision.

## **ARTICLE III – Precautionary Suspension**

### **Section 1: Imposition of Precautionary Suspension**

Any two (2) of the following: Medical Staff President, Chief Medical Officer, Departmental Committee Chair, Quality and Credentials Committee Chair, or CEO shall have authority to summarily suspend all or any portion of the clinical privileges of a Member, Non-member with Privileges or Allied Health Professional whenever failure to take such action may result in an imminent danger to the health and/or safety of any individual, or to the orderly operations of the Hospital. Such precautionary suspension shall become effective immediately upon imposition. Notice of precautionary suspension shall promptly be forwarded to the Medical Executive Committee, to the CEO and to the Quality and Credentials Committee Chair and shall be personally delivered to the affected Member, Non-member with Privileges or Allied Health Professional with written evidence of receipt requested.

The member's, non-member with privilege's or allied health professional's privileges to attend or provide care or consultation to patients, practice in the Hospital, and participate in Medical Staff affairs are immediately suspended, pending the outcome of an inquiry. If the member supervises a Provider Extender, that Provider Extender's privileges are also automatically suspended. A Precautionary Suspension cannot exceed 7 business days. Such suspension shall be deemed an interim precautionary step and is not a complete professional review action in and of itself. It shall not imply any final finding of responsibility for the situation that caused the suspension.

### **Section 2: Continuity of Patient Care**

Immediately upon the imposition of a precautionary suspension, the Medical Staff President, Chief Medical Officer, or responsible Departmental Committee Chair, shall have the responsibility to provide for alternative medical coverage for the patients of the suspended member, non-member with privileges or allied health professional still in the Hospital at the time of such suspension. The wishes of the patient and the member, non-member with privileges or allied health professional under suspension shall be considered in the selection of such alternative coverage.

### **Section 3: Action by the Medical Executive Committee**

The member, non-member with privileges or allied health professional shall be entitled to an informal meeting with Medical Executive Committee and the parties who imposed the precautionary suspension, within 5 business days of imposition. At this meeting, the member, non-member with privileges or allied health professional will be advised of the specific allegations and be invited to discuss, explain or refute them. This meeting does not constitute a Hearing, as set forth in the Fair Hearing Plan.

Within 2 business days of this meeting, the Medical Executive Committee shall recommend modification, continuance or termination of the terms of the suspension, and that action will take effect immediately. The Medical Staff President shall promptly notify the Quality and Credentials Committee Chair of the action, with written notice to the member, non-member with privileges or allied health professional. Written notice shall be personally delivered to the affected member, non-member with privileges or allied health professional with written evidence of receipt requested.

The member, non-member with privileges or allied health professional has the right to full Due Process, and will be notified in writing of his or her right to a Hearing pursuant to Article VI, with a copy of the Due Process procedure attached. If a precautionary suspension is modified, its conditions shall remain in effect pending the outcome of Due Process. The Quality and Credentials Committee Chair will be notified of the Medical Executive Committee action.



If for any reason the Medical Executive Committee does not make a disposition within 7 business days of a precautionary suspension being imposed, the suspended member (and any affected Provider Extender), non-member with privileges or allied health professional shall automatically be reinstated to the status previously held.

#### **Section 4: Action by Quality and Credentials Committee on behalf of the Community Ministry Board**

Within 5 business days after receipt of the Medical Executive Committee recommendation an action for termination, modification or continuation of suspension, the Quality and Credentials Committee shall act to affirm, to modify by increasing or reducing the discipline recommended, or to reject the Medical Executive Committee recommendation. Such rejection shall have the effect of a remand to the Medical Executive Committee, which may then dismiss the matter or impose any corrective action for which the Community Ministry Board approval is not required.

The Quality and Credentials Committee Chair shall, in writing, notify the Medical Executive Committee and the affected Member, Non-member with Privileges or Allied Health Professional (personal delivery with written evidence of delivery requested) of its action. In cases to which the Member, Non-member with Privileges or Allied Health Professional has the right to a Hearing pursuant to Article VI, the notice shall set forth the Member's, Non-member with privileges' or Allied Health Professional's rights and shall be accompanied with a copy of the Due Process procedure.

### **ARTICLE IV – Automatic Suspension**

#### **Section 1: Imposition of Automatic Suspension**

A member's, non-member with privileges' or allied health professional's membership and/or privileges will be automatically suspended when any of the following occur:

1. As recommended by the State of Washington regarding restrictions to practice as outlined in Section 2 of this Article.
2. Suspension, restriction, probation or revocation of DEA registration certificate;
3. Failure to satisfy a request for Special Appearance;
4. Failure to participate in evaluation of qualifications for medical staff membership and/or privileges;
5. Criminal conviction or a plea of “no contest” to a felony or misdemeanor involving a charge of moral turpitude; or
6. Exclusion from participation in the Medicare, Medicaid or other Federal health care programs or being listed on the Office of Inspector General's List of Excluded Individuals/Entities.

If a Departmental Committee Chair is suspended, his or her duties are automatically terminated and the affected Departmental Committee will select an Interim Chair. If a Medical Executive Committee Member is suspended, his or her duties are automatically terminated and replacement will be in accordance with these Medical Bylaws regarding vacancies in office.

Hearing and appellate review rights do not apply to the imposition of automatic suspension. Notice of the automatic suspension or limitation shall be promptly forwarded to the Medical Executive Committee, the Quality and Credentials Committee, and to the appropriate Hospital departments. The Member, Non-member with Privileges or Allied Health Professional will be notified by documented telephone call, email, or in writing by courier service, within 24 hours.

## **Section 2: State License**

1. When a member's, non-member with privileges' or allied health professional's license to practice in the state of Washington is revoked, restricted, suspended, lapses, or placed on probation the member's, non-member with privileges' or allied health professional's clinical privileges shall automatically become subject to the same terms and conditions as the action imposed by the state on the date such action becomes effective and throughout its term. Upon reinstatement of the member's, non-member with privileges' or allied health professional's license to practice without such restrictions or limitations, the Medical Executive Committee will determine which, if any, of the member's privileges will be reinstated subject to Community Board approval.

If a license lapses, the member's, non-member with privileges' or allied health professional's clinical privileges shall be administratively suspended until Medical Staff Services verifies current state licensure. Lapses exceeding 10 business days will be reviewed by the Medical Executive Committee prior to reinstating clinical privileges.

2. Additional Conditions: Additional conditions may be placed on the member's, non-member with privileges' or allied health professional's privileges by the Medical Executive Committee. Changes in privileges due to actions by the Washington State Medical Quality Assurance Commission, or other state disciplinary boards, cannot be appealed through the Due Process Procedure, but additional conditions imposed by Medical Executive Committee can be appealed. The Medical Executive Committee will notify the Member, Non-member with Privileges or Allied Health Professional by documented telephone call, e-mail or in writing by courier service of the adverse action taken and what, if any, appeal rights the member is entitled to.

## **Section 3: Drug Enforcement Administration (DEA) Certificate**

If a member's right to prescribe controlled substances is revoked, restricted, suspended, placed on probation by a proper licensing authority, his or her privileges to prescribe such substances in the Hospital will also be revoked, restricted, suspended or placed on probation automatically. Upon reinstatement of the Member's DEA certificate, the Medical Executive Committee will determine which, if any, of the member's privileges will be reinstated subject to Community Board approval.

## **Section 4: Professional Liability Insurance**

A member's Medical Staff appointment and clinical privileges are immediately suspended for failure to maintain the minimum amount of professional liability insurance required by the Medical Staff Bylaws and Policies. The member may be reinstated when proof of coverage is provided to Medical Staff Services.

## **Section 5: Special Appearance**

Failure of the member to appear, without good cause, at an interview requested pursuant to these Medical Staff Bylaws regarding Special Appearance will result in automatic suspension of all clinical privileges, except for emergency patients and imminent deliveries. These privileges will be restored upon compliance with the Special Appearance requirement. Failure to comply within 20 business days will be considered a voluntary resignation from the Medical Staff.

## **Section 6: Medical Records**

Completion of medical records is a requirement for Medical Staff membership and privileges. Failure to complete medical records may result in automatic suspension of privileges. Privileges will be reinstated upon completion of delinquent medical records in accordance with the Delinquent Medical Records Policy.

## **Section 7: Participation in Practice Evaluation**

A member, non-member with privileges or allied health professional who fails to participate in an evaluation of their qualifications for Medical Staff membership or privileges (such as a Focused Professional Practice Evaluation), or privileges as required under these Bylaws (whether an evaluation of physical or mental health, or of clinical management skills), shall automatically relinquish all privileges. These privileges shall be restored upon compliance with the requirement for an evaluation. Failure to comply within 20 business days shall be considered a voluntary resignation from the Medical Staff.

## **Section 8: Criminal Conviction**

A medical staff member, non-member with privileges or allied health professional who has been convicted of, or pled “guilty” or “no contest” or its equivalent to a felony, or a misdemeanor involving a charge of moral turpitude, in any jurisdiction shall be automatically suspended. Such suspension shall become effective upon such conviction or plea, regardless of whether an appeal is filed. Such suspension shall remain in effect until the member has been cleared of any conviction. At that time the member, non-member with privileges or allied health professional must reapply for Medical Staff appointment and privileges in accordance with applicable Medical Staff policies and procedures.

## **Section 9: Medicare/Medicaid Exclusion**

A medical staff member or non-member with privileges who has been excluded from participation in the Medicare, Medicaid or other Federal health care programs or has been listed on the Office of Inspector General’s List of Excluded Individuals/Entities shall be automatically suspended. Such suspension shall remain in effect until the member or non-member with privileges is no longer an Excluded Individual. At that time the member or non-member with privileges must reapply for medical staff appointment and privileges in accordance with applicable Medical Staff policies and procedures.

## **Section 10: Continuity of Patient Care**

Immediately upon the imposition of an automatic suspension, the Medical Staff President, Chief Medical Officer, or responsible Departmental Committee Chair, shall have the responsibility to provide for alternative medical coverage for the patients of the suspended member, non-member with privileges or allied health professional still in the Hospital at the time of such suspension. The wishes of the patient and the member, non-member with privileges or allied health professional under suspension shall be considered in the selection of such alternative coverage.

# **ARTICLE V – Fair Hearing Plan**

The Fair Hearing Plan (the “Plan”) consists of two parts: the Hearing Committee and the Appellate Review Committee. Each part has a specific role in the Plan. A member, non-member with privileges, allied health professional or applicant for Medical Staff membership or privileges, depending on the circumstances, may have recourse to one, both, or neither parts of this Plan. The applicable circumstances are listed in this Appendix.

## **Section 1: Definitions**

The following definitions apply to the provisions of this Plan,

1. “Appellate Review Committee” means the group designated under this Plan to hear an appeal properly requested and pursued by an Affected Provider or Allied Health Professional.
2. “Hearing Committee” means the committee appointed under this Plan to preside over an evidentiary hearing properly requested and pursued by an Affected Provider or Allied Health Professional.
3. “Party” or “parties” means the Affected Provider or Allied Health Professional who requested the hearing or appellate review and the body or bodies who participate in the hearing or appellate review.
4. “Affected Provider” means the applicant, or member, non-member with privileges or allied health professional against whom an adverse action has been recommended or taken.

5. “Special notice” means written notification delivered personally, with written evidence of delivery.
6. “Official notice” means the act by which the Hearing Committee will, without the production of evidence, recognize the existence and truth of certain facts relevant to the controversy and generally regarded as true.
7. “Referral back” or “refer back” means the process whereby the Community Ministry Board, Quality and Credentials Committee, or the Appellate Review Committee requires a body to reconsider its previous recommendation. Any referral back shall state the reasons, set a limit within which a subsequent recommendation must be made, and may include a directive for additional investigation or hearing.
8. The abbreviation, “MEC”, refers to the Medical Executive Committee.

## **Section 2: General Provisions**

1. Hearing Officer Appointment and Duties: The use of a hearing officer to assist with procedural matters at the Hearing is optional and is to be determined by the Hearing Committee chair after consultation with the Medical Staff President. The Hearing Committee chair shall decide whether the hearing officer shall provide advice only or whether he or she shall preside at the hearing. A hearing officer may or may not be an attorney at law, but must be experienced in conducting hearings. A hearing officer may not vote and may not be a partner, associate, competitor or relative of the Affected Provider or Allied Health Professional.
2. Attorneys:
  - A. At Hearing: The Affected Provider or Allied Health Professional may be represented by an attorney at the hearing, provided they have notified the Manager of Medical Staff Services at least 5 business days prior to the hearing.
  - B. At Appellate Review: The Affected Provider may be represented by an attorney at an appellate review, provided they so notified the Manager of Medical Staff Services at least 5 business days prior to the appellate review.
  - C. Responsibility for Attorneys: If an Affected Provider elects to be represented by an attorney, they will be solely responsible for payment of all attorney fees no matter which party prevails at the hearing.
  - D. Equal Representation and Preparation Assistance: Only if the Affected Provider has requested representation by an attorney at the hearing or appellate review may the Medical Executive Committee or the Quality and Credentials Committee be allowed such representation. The Medical Executive Committee or the Quality and Credentials Committee shall then give the Affected Provider or their attorney notice of who will represent the Medical Executive Committee or the Quality and Credentials Committee. The foregoing provisions shall not be deemed to deprive the Affected Provider or Allied Health Professional, the Medical Executive Committee, or the Quality and Credentials Committee of the right to legal counsel in connection with preparation for a hearing or an appellate review.
3. Number of Hearings and Review: Notwithstanding any other provision of the Bylaws or of this Plan, no Affected Provider or Allied Health Practitioner is entitled to request more than one evidentiary Hearing and one Appellate Review with respect to the adverse recommendation or action triggering the right.

## **Section 3: Reporting Requirements for Hospitals to Licensing Authorities**

1. The Hospital is required to report to the National Practitioner Data Bank (NPDB), a professional review action, based on reasons related to professional competence or conduct, adversely affecting clinical privileges for a period longer than 30 days or voluntary surrender or restriction of privileges while under or to avoid investigation.

Reports must be submitted to the appropriate State licensing board within 15 days from the date the adverse action was taken or clinical privileges were voluntarily surrendered.

Suspensions are reportable if they are in effect or imposed for more than 30 days; and they are based on the professional competence or professional conduct of the physician, dentist, or other health care practitioner that adversely affects, or could adversely affect, the health or welfare of a patient; and they are the result of a professional review action taken by the Hospital.

“Summary (also known as Precautionary Suspensions) suspensions are considered to be final when they become professional review actions through action of the authorized hospital committee or body, according to Hospital Bylaws.”

Members should refer to the most recent version of the NPDB Guidebook, and seek professional guidance to understand the implications of NPDB reporting in their specific circumstances, if applicable.

2. The Hospital and Medical Staff shall act according to the Medical Staff Policy, Reporting to Licensing Authorities.

## **ARTICLE VI – Evidentiary Hearing**

### **Section 1: Initiation of Hearing**

1. Grounds for Hearing

Any Affected Provider or Allied Health Professional who is the subject of an adverse recommendation or action, and who files a written request with the Manager of Medical Staff Services, as set forth in the notice of adverse action defined herein, shall be entitled to one (1) hearing in accordance with this Article and with the Plan (Article V). The Manager of Medical Staff Services will notify the Medical Staff President and Quality and Credentials Committee Chair if the Affected Provider or Allied Health Professional has requested a hearing. The request for a hearing must be received, in writing within 20 business days of receipt of notice of the adverse action.

Except as otherwise provided in the Bylaws, the following recommendations or actions with respect to an Affected Provider or Allied Health Professional, if deemed adverse, shall be grounds for a hearing when requested as described above:

- A. A denial, suspension or revocation of Medical Staff appointment or reappointment;
- B. A denial of requested appointment or advancement in Medical Staff category;
- C. An involuntary change in Medical Staff category not due to clinical inactivity;
- D. A denial or restriction of requested clinical privileges;
- E. A suspension, revocation or involuntary reduction of clinical privileges;
- F. A suspension or limitation of the right to admit patients;
- G. An imposition of or increased scope of mandatory consultation requirement after the completion of initial focused professional practice evaluation (FPPE).

A recommendation or action listed above is adverse only when:

- A. It has been recommended by the Medical Executive Committee; or
- B. It was taken by the Quality and Credentials Committee or Community Ministry Board under circumstances in which no prior right to request a hearing existed.

2. Notice of Adverse Recommendation or Action: The Manager of Medical Staff Services promptly gives the Affected Provider or Allied Health Professional Special Notice of an adverse recommendation or action taken under Article VI. The notice shall:

- A. Notify the Affected Provider or Allied Health Professional of the adverse recommendation or action, the reasons therefore, and their right to a hearing under the Fair Hearing Plan;
  - B. Summarize the rights of the Affected Provider or Allied Health Professional in the hearing;
  - C. Specify that the Affected Provider or Allied Health Professional has 20 business days after receiving the notice to submit a written request for a hearing under the conditions listed below;
  - D. State that failure to request a hearing within 20 business days will result in loss of rights to any hearing or appellate review related to the notice;
  - E. State that any higher authority required or permitted under this Plan to act on the matter will not be bound by the adverse recommendation or action, but may take any action that it deems warranted by the circumstances;
  - F. State that upon receipt of the Affected Provider's hearing request, the Manager of Medical Staff Services will notify them of the date, time and location of the hearing; and,
  - G. State that if the Affected Provider or Allied Health Professional wishes representation by an attorney, they must notify the Manager of Medical Staff Services at least 5 days before the hearing.
3. Request for Hearing: The Affected Provider or Allied Health Professional shall have 20 business days after receiving the notice under Section B to file a written request for a hearing. The request must be delivered to the Manager of Medical Staff Services either in person or by certified or registered mail.
4. Waiver by Failure to Request a Hearing: An Affected Provider or Allied Health Professional who fails to request a hearing within the time and manner specified in Section C will lose their right to any hearing or appellate review to which they might otherwise have been entitled. The Manager of Medical Staff Services shall promptly send the Affected Provider or Allied Health Professional Special Notice of Forfeiture.

Under certain circumstances as defined within these Medical Staff Bylaws, the Affected Provider or Allied Health Professional may be entitled to an Appellate Review, based on Quality and Credentials Committee action that is different from the recommendation of the Medical Executive Committee.

## **Section 2: Hearing Prerequisites**

1. Notice of Time, Place and Location: The Hearing Committee Chair shall notify the Affected Provider or Allied Health Professional in writing by Special Notice of the date, time and location of the hearing. The date shall not be less than 20 business days or more than 30 business days after the receipt of the request for a hearing, except when the Affected Provider or Allied Health Professional requests an expedited hearing, in which case the hearing shall be held no less than 10 nor more than 15 business days after such request.
2. Statement of Events, Issues and Witnesses: The notice of hearing also shall include a written notice, prepared by the Medical Executive Committee that states concisely the reasons for the adverse recommendation or action, including the events that were reviewed, and a list of any medical records in question. The notice of hearing also shall include a list of proposed witnesses,

if any, expected to testify at the hearing in support of the adverse recommendation or action. This statement, the proposed witness list, and list of supporting medical records may be amended or added to at any time, even during the hearing, as long as the additional material is relevant to the subject of the adverse action, and as long as the Affected Provider or Allied Health Professional and their counsel have no less than 2 business days and no more than 7 business days to study this additional information and to prepare any rebuttal.

3. Witness List: The Affected Provider or Allied Health Professional requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on his or her behalf within 10 business days after receiving the notice of hearing. The witness list shall include a brief summary of the nature of the anticipated testimony. The witness list of either party may, at the discretion of the Hearing Committee Chair or Hearing Officer, be amended or added to, provided that notice of changes is given to the other party. The Hearing Committee Chair or Hearing Officer shall have the authority to limit the number of witnesses.
4. Composition of the Hearing Committee: The Medical Staff President shall promptly appoint a Hearing Committee, consisting of 3 Active Members, one of whom shall be designated Hearing Committee Chair. No person shall be eligible for appointment to the Hearing Committee who is (i) a member of the Medical Executive Committee, (ii) a partner, associate, competitor or relative of the Affected Provider or Allied Health Professional, nor (iii) a person who instigated or participated in any earlier action for which the hearing was requested.

At the time the Hearing Committee is appointed, the Affected Provider or Allied Health Professional shall be informed of its composition. The Affected Provider or Allied Health Professional shall be entitled to challenge the membership of the Committee, and shall have the right to dismiss one proposed member without cause. Any other challenge will be forwarded to the MEC, which will consider it and take whatever action it deems appropriate.

### **Section 3: Hearing Procedure**

1. Personal Presence: The hearing shall be conducted only in the presence of the entire Hearing Committee and the Affected Provider or Allied Health Professional. The Chair shall preside and shall, with the advice of the Committee, make all necessary rulings. The Chair may choose to use a Hearing Officer, as defined within Article V, Section 2.1.

The personal presence of the Affected Provider or Allied Health Professional is required at the hearing. An Affected Provider or Allied Health Professional who fails to appear at the hearing, or fails to respond to questions, without good cause, shall lose their right to a hearing.

2. Representation: The Affected Provider or Allied Health Professional may be accompanied and represented at the hearing by an attorney, as described in Article V, Section 2.2 General Provisions of the Plan. The Affected Provider or Allied Health Professional may instead choose to be accompanied by another Member, Non-member with Privileges or Allied Health Professional in good standing, or a member of the local professional society.

If the Affected Provider or Allied Health Professional chooses to have an attorney then the Medical Executive Committee shall appoint one of its members, the Chief Medical Officer, or another member in good standing to represent the Medical Executive Committee in conjunction with the Medical Executive Committee's attorney. In the event that the Affected Provider or Allied Health Professional chooses not to be represented by an attorney, the Medical Executive Committee shall appoint one of its members or another Member, Non-member with Privileges or Allied Health Professional in good standing to represent it at the hearing, to present the events, issues and facts that support its recommendation, and to examine witnesses.

3. Rights of Parties: During the hearing, each party may present written evidence; call, examine, and cross-examine witnesses; and introduce exhibits. Each party may request that the record of the hearing be made using a court reporter or an electronic recorder. If a court reporter is used at

the Affected Provider's or Allied Health Professional's request, it shall be at their expense. If the Affected Provider or Allied Health Professional does not request a court reporter they shall be given a copy of the record upon payment of the actual cost of transcription or duplication.

Written evidence must be submitted at least 5 business days before the hearing.

If the Affected Provider or Allied Health Professional does not testify on their own behalf, they may be called and examined as though under cross-examination, at the request of either the Hearing Committee or the Medical Executive Committee representative.

4. Procedure and Evidence: The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons might customarily rely in the conduct of serious affairs may be considered regardless of the admissibility of such evidence in a court of law. The Hearing Committee also is entitled to consider all other relevant information that can be considered under the Bylaws in connection with credentials matters. Each party shall be entitled, before the close of the hearing, to submit memoranda concerning any issue of law or fact. Such memoranda shall become part of the hearing record. Oral evidence shall be taken only on oath or affirmation.
5. Official Notice: In reaching their decision, the Hearing Committee may take Official Notice, by recognizing the existence and truth of certain facts, without production of evidence, that are relevant to the subject of the hearing and are generally regarded as true. This may include generally accepted scientific or technical matters germane to the hearing. Both parties must be informed of matters to be "noticed", and those matters must be documented in the Hearing Record. Any party shall be given opportunity to make a timely request that a matter be officially noticed, and to refute any officially noticed matter by evidence, or by written or oral presentation of authority, as determined by the Hearing Committee.
6. Scope of Review and Burden of Proof: The representative of the Medical Executive Committee shall have the initial duty to present evidence for each issue or case in support of its recommendation or action. Thereafter, the burden shall shift to the Affected Provider or Allied Health Professional to present evidence in response. After all evidence has been presented by both sides the Hearing Committee shall recommend in favor of the Medical Executive Committee unless it finds that recommendation or action was not supported by substantial evidence, or that the recommendation prompting the hearing was arbitrary or capricious.
7. Hearing Record: A hearing record must be kept that is sufficient to permit an informed judgment to be made by any group that may be called later to review the record and render a decision or recommendation. The Hearing Committee may select the method to be used to make the record, such as a court reporter, an electronic recorder, detailed transcription, or minutes of the proceedings. The hearing record shall contain all exhibits or other documentation considered; written statements submitted by the parties, and correspondence between the parties, or between the Hearing Committee and the parties, if any, during the hearing. The Affected Provider or Allied Health Professional shall be provided with a copy of the hearing record, upon payment of the actual cost of transcription or duplication.
8. Postponement: The Hearing Committee may in its discretion and for good cause, grant requests for postponing the commencement of the hearing. When an expedited hearing is requested, the hearing may not be postponed more than 7 business days, unless the Affected Provider or Allied Health Professional consents, in writing, to a longer postponement.
9. Presence of Committee Members Vote: The entire Hearing Committee must be present throughout the hearing and for all deliberations. All issues shall be decided by majority vote.
10. Recesses and Adjournment: The Hearing Committee may, without Special Notice, recess the hearing and reconvene it for the convenience of all parties, or for the purpose of obtaining new or



additional evidence or consultation. No combination of recesses shall exceed 10 business days, without written consent from the Affected Provider or Allied Health Professional.

Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall deliberate outside the presence of all parties, and at its own convenience. Upon conclusion of deliberations the hearing shall be adjourned, which shall be no later than 10 business days after the hearing is closed.

#### **Section 4: Hearing Committee Report and Further Action**

1. Report and Medical Executive Committee Action: Within 5 business days after adjournment, the Hearing Committee shall make a written report, including its recommendations, and shall forward it to the Medical Executive Committee for its consideration. This report will include a copy of the hearing record. A copy of the report also shall be sent to the Affected Provider or Allied Health Professional by Special Notice. The Medical Executive Committee may affirm, modify or change their original recommendations. These recommendations, along with the hearing record and the Hearing Committee report will be forwarded to Quality and Credentials Committee within 5 business days of receipt by the Medical Executive Committee.
2. Action by Quality and Credentials Committee: Within 10 business days after receipt of the Medical Executive Committee recommendations, the Quality and Credentials Committee will meet to review the findings of the Medical Executive Committee and the Hearing Committee, the hearing record and any other documentation used by the Medical Executive Committee or Hearing Committee. The Quality and Credentials Committee will then affirm, modify or reject those recommendations. The Affected Provider or Allied Health Professional shall receive the Quality and Credentials Committee decision by Special Notice.
  - A. If the Medical Executive Committee decision is favorable to the Affected Provider or Allied Health Professional, the Quality and Credentials Committee may adopt or reject the recommendation, in whole or in part, or refer the matter back to the Medical Executive Committee for further consideration. After receiving any subsequent recommendation and any new evidence, the Quality and Credentials Committee shall make a decision.
  - B. If the Quality and Credentials Committee decision is favorable, it will be considered final, according to the authority granted to Quality and Credentials Committee by the Community Ministry Board.
  - C. If the Quality and Credentials Committee decision, after receiving the reconsidered recommendation of the Medical Executive Committee, remains adverse, the Affected Provider or Allied Health Professional shall be informed by Special Notice of their right to request an Appellate Review.
  - D. If the Medical Executive Committee decision is adverse and the Quality and Credentials Committee decision is in accordance with the Medical Executive Committee recommendations, the Affected Provider or shall be informed by Special Notice of their right to request an Appellate Review.
  - E. If the Medical Executive Committee decision is adverse and the Quality and Credentials Committee renders a different decision, then the matter shall be referred back to the Medical Executive Committee for reconsideration. After receiving the reconsidered recommendation, if the Quality and Credentials Committee decision is favorable to the Affected Provider or Allied Health Professional, then the decision shall be considered final. If, however, the decision is adverse, the Affected Provider or Allied Health Professional shall be informed by Special Notice of their right to request an Appellate Review.

- F. The Affected Provider must submit a request for Appellate Review, in writing, to the Manager of Medical Staff Services within 10 business days after receipt of the Quality and Credentials Committee decision. If the Affected Provider fails to request Appellate Review within 10 business days, they will lose that right, and the Board decision will be considered final.

## **ARTICLE VII - Appellate Review**

### **Section 1: Initiation and Prerequisites for Appellate Review**

1. Request for Appellate Review: If after a hearing, the decision of the Community Ministry Board, acting through the Quality and Credentials Committee, is adverse, an Affected Provider or Allied Health Professional shall have 10 business days after receiving Special Notice under Article V, Section 4 to file a written request for an appellate review. The request must be delivered to the Manager of Medical Staff Services in person or by certified or registered mail, and may include a request for a copy of the Hearing Committee Report and record of all material not previously furnished to him or her that was considered. Copies will be provided upon payment of the actual cost of duplication.
2. Failure to Request Appellate Review: An Affected Provider or Allied Health Professional who fails to request an appellate review within the time and in the manner specified loses any right to an appellate review.
3. Notice of Time and Place for Appellate Review: The Medical Staff President shall deliver a timely and proper request to the Quality and Credentials Committee Chair. As soon as practicable, the Quality and Credentials Committee Chair shall schedule and arrange for an appellate review that shall be not less than 15 business days nor more than 25 business days after the Manager of Medical Staff Services received the request; provided, however, that appellate review for an Affected Provider or Allied Health Professional who is under a suspension then in effect shall be held as soon as the arrangements for it may be reasonably made, but not later than 15 business days after the Manager of Medical Staff Services received the request.

At least 10 business days prior to the appellate review, the Manager of Medical Staff Services shall send the Affected Provider or Allied Health Professional Special Notice of the time, place and date of the review. The time may be extended by the Appellate Review Committee for good cause and if the request is made as soon as is reasonably practical after discovery of the need for extension. If the Affected Provider or Allied Health Professional wishes to be represented by an attorney at any appellate review, he or she must so notify the Manager of Medical Staff Services at least 5 business days prior to the appellate review, as detailed in Article V, Section 2 of the Plan.

4. Appellate Review Committee: The Community Ministry Board shall appoint an Appellate Review Committee. The Appellate Review Committee shall consist of six (6) members, two (2) of whom shall be members of the Active Staff who are not a partner, associate, competitor, or relative of the Affected Provider or Allied Health Professional, three (3) members of the Community Ministry Board, and one (1) who shall be a representative of the Administration. No Member, Community Ministry Board Member, or representative of Administration appointed to the Appellate Review Committee shall be a person who has instigated or participated in earlier proceedings in the case.

### **Section 2: Appellate Review Procedure and Final Action**

1. Nature of Proceedings: The proceedings by the Appellate Review Committee are a review based upon the Medical Executive Committee investigation and recommendations, the hearing record, the Hearing Committee's report, all subsequent results and action, the written statements, if any, submitted, and any other material that may be presented and accepted under

Article VI. The purpose of appellate review is to review the record of earlier proceedings to determine if the recommendations and the action taken: (1) involve substantial procedural compliance with this Plan; (2) are not arbitrary or capricious; and (3) are supported by substantial evidence.

The Appellate Review Committee may make a recommendation different than the recommendation and action appealed from only if the Appellate Review Committee finds that one or more of the requirements in subsection A are not supported by the record. "Substantial evidence" shall mean evidence that a reasonable person could accept as adequate to support a conclusion. It is not the task of the Appellate Review Committee to substitute its judgment for the Community Ministry Board or determine which side presented the greater weight of evidence.

2. Written Statements: The Affected Provider or Allied Health Professional may submit a written statement containing objections to the findings, actions, and procedural rulings, together with his or her reasons. This written statement may cover any matters raised at any step in the Due Process procedure. The statement shall be submitted to the Appellate Review Committee and the other parties through the Manager of Medical Staff Services at least 10 business days prior to the scheduled date of the review, except if the review committee waives the time limit. A similar statement may be submitted by the Quality and Credentials Committee, whose adverse action occasioned the review. If submitted, the Manager of Medical Staff Services shall provide a copy to the Affected Provider or Allied Health Professional at least 5 business days prior to the scheduled date of the appellate review.
3. Chair: The chair of the Appellate Review Committee is the presiding officer and will be selected by the Committee from among its members. He or she determines the order or procedure during the review, makes all required rulings with the advice of the committee, and maintains decorum.
4. Consideration of New or Additional Matters: New or additional factual evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record will be cause for the Appellate Review Committee Chair to refer the matter back to the Medical Executive Committee for consideration. The party requesting consideration of the new or additional evidence must show that it could not have anticipated the production of such evidence at an earlier point in the proceedings. The requesting party shall submit to the Appellate Review Committee Chair a written description of the new or additional evidence as soon as it becomes aware of the evidence, but in no event later than 3 business days prior to the scheduled date of the review. The Chair shall immediately transmit the description to the Medical Staff President, and shall refer the matter back to the Medical Executive Committee. The Medical Executive Committee may affirm, modify or change their original recommendations. These recommendations will be forwarded to Quality and Credentials Committee within 5 business days of receipt by the Medical Executive Committee. The actions of Quality and Credentials Committee shall, at this point, be similar to those taken after an Evidentiary Hearing, Article VI. The above reconsideration does not negate the Affected Provider's or Allied Health Professional's right to appellate review if they was entitled to it before the review of new or additional evidence, as defined above.
5. Presence of Members and Vote: All members of the Appellate Review Committee must be present throughout the review and deliberations.
6. Recesses and Adjournments: At the conclusion of the oral statements, if allowed, the appellate review shall be closed. The Committee shall then, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The appellate review shall be adjourned at the conclusion of those deliberations.

7. Action by Appellate Review Committee: The Appellate Review Committee may recommend that the Community Ministry Board affirm, modify or reverse the adverse result or action, The Committee shall, within 15 business days, forward a report containing its recommendation, the Appellate Hearing Record, and all documentation to the Community Ministry Board. A copy of the report shall be sent to the practitioner by Special Notice.

### **Section 3: Final Action by Community Ministry Board**

Within ten business days after Receipt thereof, the Community Ministry Board shall act upon the Recommendation of the Appellate Review Committee. Members of the Community Ministry Board who voted previously on the same complaint (e.g. Quality and Credentials Committee, Appellate Review Committee) may participate in these deliberations, but may not vote a second time.

The Community Ministry Board decision shall be immediately effective as the final decision on the matter. There is no appeal of the Community Ministry Board decision. The Affected Provider or Allied Health Professional shall not be present during deliberations and voting, but may be invited to appear personally before the Community Ministry Board to hear the decision. The Community Ministry Board also shall inform the Affected Provider or Allied Health Professional of its decision by Special Notice.