



**BYLAWS  
OF THE MEDICAL STAFF  
OF  
CONNECTICUT CHILDREN'S MEDICAL CENTER**

Approved 7/24/08, rev 2/26/09, 3/26/09, 7/30/09, 9/24/09, 11/19/09, 9/30/10, 7/28/11, 5/30/2013, 7/25/13,  
5/22/14, 2/02/16, 6/11/19

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## PREAMBLE

Recognizing that the best interests of patients are protected by concerted effort, the physicians and Dentists practicing in the Connecticut Children's Medical Center facilities hereby organize themselves in conformity with the Bylaws herein stated.

These Bylaws are designed to support the following mission statement of Connecticut Children's as adopted by the Board of Directors and iterated below:

The Connecticut Children's Medical Center (Connecticut Children's) is dedicated to improving the physical and emotional health of children; and

The people of Connecticut Children's embrace a comprehensive view of child health and strive for preeminence in helping each child reach for, and achieve, maximum potential and independence. We stress excellence, innovation, and leadership in providing the highest quality service, education, and research; and

Services: Connecticut Children's is a caring, full-service Medical Center for the benefit of all of our patients. Our philosophy is child- and family-centered with sensitivity to cultural diversity. We provide leadership in developing child health services in our communities and in advocating for children; and

Education: Connecticut Children's is committed to advancing child health through education and serves as a major regional pediatric education resource. We encourage and support programs for health professionals, children, families and the community; and

Research: Connecticut Children's is committed to advancing child health through research. We encourage and support basic, clinical, and health services research of regional and national significance; and

The organized medical staff is structured with the following guiding principles:

- Designated members of the organized medical staff who have independent privileges provide oversight of care, treatment, and services provided by practitioners with privileges;
- The organized medical staff is responsible for structuring itself to provide a uniform standard of quality of patient care, treatment, and services; and
- The organized medical staff is accountable to the Board of Directors.



## DEFINITIONS

1. ANNUAL MEETING shall mean the meeting of the Medical Staff held each year pursuant to Section 12.2.1 of these Bylaws.
2. AFFILIATE UNIT shall mean any inpatient pediatric facility or unit operated by Connecticut Children's Medical Center which is located off of the main campus location. Medical Staff members primarily practicing at such unit shall be members of the Associate category.
3. BOARD OF DIRECTORS or BOARD shall mean the governing body of Connecticut Children's Medical Center.
4. CHIEF EXECUTIVE OFFICER or CEO shall mean the individual appointed by the Board to act on its behalf in the overall administrative management of the Medical Center.
5. CLINICAL PRIVILEGES or PRIVILEGES shall mean the permission granted to a Practitioner or PROFESSIONAL STAFF to provide specifically delineated diagnostic, therapeutic, medical, surgical, dental, podiatric or other health care services to patients in the Medical Center.
6. CONTINUING MEDICAL EDUCATION or CME shall mean medical education credits required by licensure statutes or regulations or any applicable certification body.
7. DEPARTMENT shall mean the two (2) clinical departments of the Medical Staff: the Pediatric Department and the Surgical Department.
8. DENTIST shall mean an individual with a dental degree who is licensed to practice dentistry in the State of Connecticut.
9. DIRECTOR shall mean the head of a Division.
10. DIVISION shall mean an organized specialty division of a Department of the Medical Staff.
11. EXECUTIVE COMMITTEE shall mean the Executive Committee of the Medical Staff.
12. *EX OFFICIO* shall mean service as a member of a body by virtue of an office or position held.
13. JOINT CONFERENCE COMMITTEE or JCC shall mean the committee described in Section 9.3 of these Bylaws.
14. LOCUM TENENS shall mean a Practitioner with specific Privileges who is serving within a specifically limited time frame for a member of the Medical Staff.
15. MEDICAL CENTER shall mean the collective inpatient facilities of Connecticut Children's Medical Center.
16. MEDICAL DIRECTOR shall mean a medical staff physician serving Connecticut Children's to provide medical direction for a specific unit or function. Responsibilities may include administrative or clinical duties.

17. MEDICAL REVIEW COMMITTEE shall mean and include any committee, subcommittee, task force or individual referred to in or authorized under these bylaws, including but not limited to any department and division of the medical staff and any of its committees; any subcommittee or committee participating in a credentialing, re-credentialing, investigative or disciplinary matter; any individual gathering information or providing services for or acting on behalf of any such committee, subcommittee or entity; and the Board and its committees and subcommittees when evaluating and improving the quality and efficiency of services ordered or performed as well as reducing morbidity and mortality and operating in a manner to keep costs within reasonable bounds, or acting on medical staff, quality review, or related matters. All the foregoing are intended to be "Medical Review Committees" within the meaning of that term as set forth in Chapter 368a of the Connecticut General Statutes, as amended from time to time.
18. MEDICAL STAFF shall mean the formal organization of all Practitioners who are privileged to attend to patients or to provide other diagnostic, therapeutic, teaching or research services in Medical Center, as provided in these Bylaws.
19. MEDICAL STAFF YEAR shall commence on December 1st and expire on November 30th.
20. MEDICO-ADMINISTRATIVE OFFICERS shall mean those Physicians with medical responsibility for a clinical Department or Division who also have administrative responsibility for that same Department or Division.
21. MEMBERSHIP PREROGATIVE shall mean a participatory right granted, by virtue of Medical Staff category or otherwise, to a Medical Staff member and exercised subject to the conditions and limitations imposed in these Bylaws and in Medical Center or Medical Staff policies.
22. PHYSICIAN shall mean an individual with an M.D. or D.O. degree who is licensed to practice medicine in the State of Connecticut.
23. PRACTITIONER shall mean any Physician, Dentist, or appropriately licensed and qualified podiatrist applying for or exercising Clinical Privileges or providing other diagnostic, therapeutic, teaching or research services in the Medical Center.
24. PRESIDENT OF THE MEDICAL STAFF shall mean the officer elected by the Medical Staff to fulfill those duties and responsibilities set forth in Article 6 and elsewhere in these Bylaws.
25. PROFESSIONAL STAFF or PS shall mean those health care professionals described in Section 4.14 of these Bylaws.
26. QUALITY shall mean the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
27. RESPONSIBLE PHYSICIAN shall mean the admitting, attending, or consulting Physician making key decisions during that phase of care.
28. RULES AND REGULATIONS shall mean the Medical Staff Rules and Regulations of the Medical Center.

29. SPECIAL NOTICE or NOTICE shall mean written notification sent by certified or registered mail, return receipt requested.

*Any references to males or females, or use of the masculine or feminine gender in these Bylaws, or the Rules and Regulations, and policies of the Medical Staff and the Medical Center, shall be interpreted as including both genders, and shall not be interpreted as indicating any intention to unlawfully discriminate on the basis of gender.*

## ARTICLE 1. NAME

The name of this organization shall be “The Medical Staff of Connecticut Children’s Medical Center.”

## ARTICLE 2. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

### 2.1. PURPOSES

The purposes of the Medical Staff shall be to:

- 2.1.1. Strive to ensure that all patients admitted to, or otherwise treated in or by, the Medical Center receive appropriate medical care in a patient and family sensitive environment.
- 2.1.2. Constitute a professional, collegial body providing for its members’ mutual education, consultation, and professional support to the end that patient care provided at the Medical Center shall be consistently maintained at that level of quality optimally achievable given the state of the healing arts and the resources locally available and leading to the continuous advancement of professional knowledge and skill.
- 2.1.3. Serve as the collegial body through which individual Practitioners shall obtain Membership Prerogatives and Clinical Privileges at the Medical Center.
- 2.1.4. Promote a high level of quality care and professional performance by all Practitioners through an ongoing review and evaluation of each Practitioner’s performance, including as appropriate internal and external review.
- 2.1.5. Develop a self-governing organizational structure, reflected in the Medical Staff’s Bylaws, Rules and Regulations, and other related protocols which shall adequately define responsibility and concomitant authority and accountability of each Medical Staff member, officer, and committee and shall be designed to assure that each Medical Staff member, officer, and committee shall exercise the responsibility and authority commensurate with such individual’s or committee’s respective contributions to patient care and to the teaching and research needs of the Medical Center and shall fulfill like accountability obligations.
- 2.1.6. Provide the primary mechanism for accountability to the Board, through defined Medical Staff components, for the appropriateness and quality of the patient care services, professional and ethical conduct, and teaching and research activities of each individual Practitioner holding membership on the Medical Staff and/or exercising Clinical Privileges.
- 2.1.7. Provide a means or method by which members of the Medical Staff shall formulate recommendations for the Medical Center’s policy-making and planning processes and through which such policies and plans shall be communicated to and observed by each member of the Medical Staff.
- 2.1.8. Provide a means whereby issues concerning the Medical Staff and the Medical Center may be presented to and discussed with the CEO of the Medical Center and the Board by the Medical Staff.

### 2.2. RESPONSIBILITIES

To accomplish the purposes enumerated above, it shall be the obligation and responsibility of the members, officers, and committees of the Medical Staff to:

- 2.2.1. Abide by these Medical Staff Bylaws, Medical Staff and Hospital Policies.

- 2.2.2. Provide quality and culturally sensitive medical care to all patients admitted to, or otherwise treated in or by, the Medical Center.
- 2.2.3. Participate in the Medical Center's quality improvement program(s) by conducting all required and necessary activities for assessing and improving the effectiveness and efficiency of medical care provided in the Medical Center, including, without limitation:
  - (a) Evaluating Practitioner performance through valid and reliable measurement systems based on objective, clinically-sound criteria (e.g., Ongoing Professional Practice Evaluation, Focused Professional Practice Evaluation).
  - (b) Engaging in the ongoing monitoring of critical aspects of care and enforcement of Medical Staff and Medical Center policies.
  - (c) Arranging for Medical Staff participation in programs designed to meet the Medical Staff's educational needs and developing, participating in, and monitoring the Medical Staff's education and training programs.
  - (d) Assuming a leadership role in the education of patients and families in the coordination of care.
  - (e) Ensuring that medical and health care services at the Medical Center are appropriately utilized to meet patients' medical, cultural, and emotional needs consistent with efficient and effective health care resource utilization practices.
- 2.2.4. Evaluate Practitioner credentials for initial and continued membership on the Medical Staff and for the delineation of Clinical Privileges for Medical Staff members and Professional Staff and to make recommendations to the Board concerning appointments and reappointments to the Medical Staff, including membership category, Division assignments, Clinical Privileges, specified services for Professional Staff, and corrective action.
- 2.2.5. Maintain evidence-based professional practices and an atmosphere conducive to the diagnosis and treatment of illness, teaching, and research.
- 2.2.6. Develop, administer, and recommend amendments to these Bylaws and the Rules and Regulations of the Medical Staff and its various components.
- 2.2.7. Enforce compliance with the Bylaws and Rules and Regulations of the Medical Staff and of its administrative and clinical components and with Medical Center bylaws and policies.
- 2.2.8. Participate actively in the Board's short- and long-range planning processes, assist in identifying community health needs, and recommend to the Board appropriate institutional policies and programs to meet those needs.
- 2.2.9. Comply with federal regulations as may from time to time be enacted that pertain to credentials and medical staff membership. The provisions of the regulations, as they may be amended from time to time, are hereby incorporated into these Bylaws.
- 2.2.10. Exercise the authority granted by these Bylaws as necessary to fulfill the foregoing responsibilities in a proper and timely manner.
- 2.2.11. Participate in and complete required continuing medical education and regulatory training as set forth in these Bylaws and/or approved by the Executive Committee.
- 2.2.12. Prepare and complete timely and appropriately documented medical records for all patients whom are cared for as well as maintain continuing medical education and regulatory training as set forth in these Bylaws and/or approved by the Executive Committee.

## ARTICLE 3. MEMBERSHIP

### 3.1. NATURE OF MEMBERSHIP

Membership on the Medical Staff is a privilege that is granted by the Board after considering the recommendations of the Medical Staff, and that shall be extended only to professionally competent Practitioners who agree to and who continuously comply with and meet the qualifications, standards, and requirements set forth in these Bylaws, the Rules and Regulations of the Medical Staff, and other Medical Staff policies, including the directives and policies of the Executive Committee and the other Medical Staff committees. Appointment to and membership on the Medical Staff shall confer on the Medical Staff member only such Clinical Privileges as have been specifically granted by the Board in accordance with these Bylaws.

An individual who fails to satisfy the membership qualifications (as described in Section 3.2 of these Bylaws), standards and requirements is ineligible to apply. A determination of eligibility shall be made prior to submitting the application to the Credentials Committee. A determination of ineligibility does not entitle the individual to the provisions of Article 11 of these Bylaws.

### 3.2. GENERAL QUALIFICATIONS

Each Practitioner who seeks Medical Staff membership shall, at the time of appointment and continuously thereafter, demonstrate to the satisfaction of the Medical Staff and the Board, through documentation and other evidence, the following qualifications:

#### 3.2.1. LICENSURE

A currently valid unrestricted license issued by the State of Connecticut to practice medicine, osteopathy, dentistry, or podiatry and a currently valid federal and state registration to prescribe controlled substances except where the Practitioner demonstrates that such registration is not required in order to exercise the Practitioner's current or requested Clinical Privileges.

#### 3.2.2. PERFORMANCE

- (a) Professional education, training, experience, current competence, and clinical results meeting the standards of the Medical Center.
- (b) With regard to board certification, all applicants to the Medical Staff at the time of being appointed and/or granted Privileges, shall:
  - (i) Be board certified by the American Board of Medical Specialties, Royal College of Physicians & Surgeons of Canada, American Osteopathic Association, American Podiatric Association or by the examining board of a dental specialty recognized by the Council on Dental Accreditation ("CODA") of the American Dental Association.
  - (ii) If not certified by the American Board of Medical Specialties, the Royal College of Physicians & Surgeons of Canada, the American Osteopathic Association, the American Podiatric Medical Association or by a CODA-recognized dental specialty board, be admissible for certification and become certified within five (5) years of completing residency and/or Credentials Committee-approved education/training.

Furthermore, Medical Staff members whose board certificates bear an expiration date shall successfully complete recertification no later than one (1) year following such date. Failure to obtain and maintain board certification, recertification, or meeting the requirements of maintenance of certification (MOC) if required, shall result in automatic termination of all Privileges accorded to such member and termination of such Practitioner's Medical Staff membership. Under certain circumstances and at the discretion of the Executive Committee, the board certification requirement may be waived. Members of the Medical Staff of Medical Center who were on the Medical Staff at the time The Medical Center opened in 1996 and have continuously remained on the Medical Staff are "grandfathered" and exempt from the board certification requirement. Practitioners applying for appointment and privileges at an affiliate unit who were on the Medical Staff at that unit's parent organization at the time of the application and have continuously remained on that Medical Staff are "grandfathered" and exempt from board certification requirement.

### 3.2.3. ATTITUDE

A willingness and capability, based on current attitude and evidence of performance, to work with and relate to other Medical Staff members, members of other health disciplines, the Medical Center's management, and employees, visitors, and the community in general; in a cooperative, professional manner conducive to the maintenance of an environment appropriate to quality patient care. The behavior of members of and applicants for membership on the Medical Staff and Professional Staff constitutes an essential component of professional activity and personal relationships within the Medical Center. Accordingly, in addition to the other qualifications set forth in this Article 3, all members of the Medical Staff and Professional Staff at all times shall demonstrate an ability to interact on a professional basis with members of the Medical Staff, patients, and others and to behave in a professional and civil manner. This requirement is not in any way intended to interfere with a Medical Staff members or Professional Staffs' right: (1) to express opinions freely and to support positions whether or not they are in dispute with those of other Medical Staff members; (2) to engage in honest differences of opinion with respect to diagnosis and treatment or basic program development that are debated in appropriate forums; or (3) to engage in the good faith criticism of others. The following types of behavior, however, which constitute some examples of an inability to interact on a professional basis with others or to behave in a professional and civil manner, are deemed unacceptable conduct for members of the Medical Staff and Professional Staff:

- Threatening or abusive language directed at patients, visitors, Medical Center personnel or other Practitioners;
- Degrading or demeaning comments regarding patients, visitors, Physicians, Medical Center personnel, or the Medical Center;
- Profanity or similarly offensive language while in the Medical Center and/or while speaking with other Medical Center personnel;
- Inappropriate physical contact with another individual that is threatening or intimidating;

- Public derogatory comments about the quality of care being provided by the Medical Center, another Medical Staff member or any other individual, or otherwise critical of the Medical Center, another Medical Staff member or any other individual that are made outside of appropriate Medical Staff and/or administrative channels;
- Inappropriate medical record entries concerning the quality of care being provided by the Medical Center or any other individual or otherwise critical of the Medical Center, other Medical Staff members or personnel;
- Refusal to abide by Medical Staff requirements as delineated in these Bylaws, the Rules and Regulations and Medical Staff policies (including, but not limited to, emergency call issues, response times, medical record keeping and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical Staff and Medical Center staff); and/or
- “Sexual harassment,” which is defined as any verbal and/or physical conduct of a sexual nature that is unwelcome and offensive to those individuals who are subjected to it or witness it.

Furthermore, all members of the Medical Staff shall demonstrate a willingness and capability, based on current attitude and evidence of performance, to:

- (a) Participate equitably in the discharge of Medical Staff obligations appropriate to their Medical Staff membership category; and
- (b) Adhere to generally recognized standards of professional ethics.

Failure to follow the established professional and ethical conduct and behaviors may result in corrective action as defined in Article 11.

#### 3.2.4. DISABILITY

To be free of, or have under adequate control, any significant physical or behavioral impairment that interferes with, or presents a significant possibility of interfering with, the Practitioner’s ability to safely perform the Privileges requested or granted.

#### 3.2.5. PROFESSIONAL LIABILITY INSURANCE

Professional liability insurance is not less than the minimum amount, if any, as determined from time to time by the Board.

#### 3.2.6. ADVANCED LIFE SUPPORT

Neonatal Resuscitation Program (“NRP”) or American Heart Association Pediatric Advanced Life Support (“PALS”) is required for Physicians with Privileges in the Divisions of:

- Critical Care
- Neonatology
- Emergency Medicine (1<sup>st</sup> and 2<sup>nd</sup> Attendings only; excludes Kids Express)
- Anesthesiology (Active Staff only)
- Hospital Medicine
- Members of a regional affiliate unit subject to the above requirements shall be required to receive any required certification within one (1) year of becoming a member of the Medical Staff.



Neonatal Resuscitation Program (within three (3) months of initial appointment and maintenance thereafter) is required, for Professional Staff with Privileges in the Division of:

- Neonatology

American Heart Association Pediatric Advanced Life Support (within three (3) months of initial appointment and maintenance thereafter) is required for Professional Staff with Privileges in the Divisions of:

- Critical Care
- Emergency Medicine
- Hospital Medicine
- Regional Pediatrics (Connecticut Children's employed only)

Advanced Trauma Life Support ("ATLS") certification (within six (6) months of initial appointment and maintenance thereafter) is required for Physicians in the Divisions of:

- Emergency Medicine (1<sup>st</sup> and 2<sup>nd</sup> Attendings only)
- Department of Surgery who are board certified or board eligible in Pediatric Surgery OR those who are privileged in trauma care.

Advanced Trauma Operative Management ("ATOM") course completion (within six (6) months of initial appointment (maintenance thereafter is optional) is required for Physicians in the Division of:

- Surgery who are involved in trauma care.

### 3.3. EFFECT OF OTHER AFFILIATIONS

No Practitioner shall automatically be entitled to membership on the Medical Staff or to the exercise of particular Clinical Privileges merely because the Practitioner (a) is licensed to practice in Connecticut or in any other state; (b) is a member of any professional organization; (c) is certified by any clinical board; (d) is a member of the faculty of a medical school; or (e) had, or presently has, staff membership or privileges at another health care facility or in another practice setting. Furthermore, no Practitioner automatically shall be entitled to reappointment or particular Privileges merely because the Practitioner had, or presently has, Medical Staff membership, those particular Privileges, or other Privileges at the Medical Center.

### 3.4. NONDISCRIMINATION

All provisions of these Bylaws and the accompanying Rules and Regulations, including the granting or denying of Medical Staff membership or Clinical Privileges shall be interpreted and applied so that no person, member of the Medical Staff, applicant for membership, patient, or any other person to whom reference is made directly or indirectly shall be subject to unlawful discrimination based on race, ethnicity, color, sex, gender identity, national origin, ancestry, religious creed, age, veteran status, sexual orientation, civil union or marital status.

### 3.5. BASIC OBLIGATIONS OF INDIVIDUAL STAFF MEMBERSHIP

Each member of the Medical Staff, regardless of assigned Medical Staff category, and each Practitioner exercising Privileges under these Bylaws, shall:

- 3.5.1. Provide patients with continuous care at the generally recognized professional level of quality, cultural sensitivity and efficiency within the Privileges granted to that Practitioner;
- 3.5.2. Abide by the Medical Staff Bylaws, the Rules and Regulations, and the policies, directives, protocols and procedures established by the Executive Committee and the other Medical Staff committees and all other standards and policies of the Medical Center;
- 3.5.3. Discharge such Medical Staff, committee, Department, Division, and Medical Center functions for which the Practitioner shall be responsible by Medical Staff category assignment, appointment, election, or otherwise;
- 3.5.4. Prepare and complete in a timely fashion the medical and other required records for all patients that the Practitioner admits, or in any way provides care to, in the Medical Center;
- 3.5.5. Abide and be governed by generally recognized standards of professional ethics;
- 3.5.6. During each reappointment period, accrue Continuing Medical Education credits as specified in the Rules and Regulations (of which a portion should support the Privileges granted) that shall be referred to the Credentials Committee for consideration at the time of reappointment to the Medical Staff and/or renewal or revision of individual Clinical Privileges;
- 3.5.7. Support the quality improvement and patient safety standards established by nationally recognized accreditation agencies and comply with the Medical Center's quality improvement and patient safety plan(s);
- 3.5.8. Maintain the confidentiality of and not disseminate to any person other than as permitted or required by law, any health information submitted, collected, prepared or obtained by any member of the Medical Staff while (a) treating patients at the Medical Center, (b) obtaining payment for services rendered at the Medical Center, or (c) assisting with health care operations of the Medical Center;
- 3.5.9. Comply with the Medical Center's Notice of Privacy Practices and privacy policies as well as with all applicable state and federal laws and regulations while providing services at the Medical Center.
- 3.5.10. Comply with the following ongoing reporting requirements: Each member of the Medical Staff has an ongoing duty to fully inform the President of the Medical Staff of any of the following events immediately but in no event later than forty-eight (48) hours of becoming aware of such events: (a) the entering into of any agreement or understanding (e.g., consent decree, consent agreement, or any similar arrangement) arising out of matters relating to the member's license to practice or permit or registration to prescribe; (b) any restriction, suspension, termination, voluntarily relinquishment, or agreement not to exercise any license to practice or permit or registration to prescribe; (c) any loss of professional liability (malpractice) insurance or restriction on coverage; (d) any settlement or adverse judgment in a professional liability action; (e) any exclusion from participation in the Medicare or Medicaid Programs or any other federal health insurance program; (f) any conviction of a crime involving health care fraud or the practice of medicine; (g) any entry by the member into the Physician Health Program of the Connecticut State Medical Society or any similar program for impaired physicians, or (h) any final action taken voluntarily or involuntarily that adversely affects medical staff membership or clinical privileges at another health care facility. The President of the Medical Staff may request and the member shall provide the President of the Medical Staff with any further information or documents;

- 3.5.11. Be responsible for requesting consultative services in the following patient care situations:
- (a) Where the patient has or developed a condition that is beyond the approved, delineated privileges of the attending Practitioner;
  - (b) Unusually complicated conditions where the specific skills of other Practitioners may be needed;
  - (c) Where a consultation is requested by the patient or the patient's legal representative;
  - (d) Where consultation is otherwise necessary to protect the safety of the patient or required by the policies of the Medical Center, the Medical Staff, or a Department or Division;
- 3.5.12. Meet requests for consultation from a member of the Medical Staff pursuant to Section 3.5.11 in a timely and responsive manner:
- (a) Emergent requests related to hospitalized patients should result in a consultation within twenty-four (24) hours; routine requests within forty-eight (48) hours. Requests for Emergency Department (ED) patients should result in a response within thirty (30) minutes and/or arrival to the ED within thirty (30) to sixty (60) minutes.
  - (b) More urgent ("stat") consultations should be directly communicated by the Medical Staff member or their designee to the consulting Practitioner's service to ensure a rapid, timely response as established by Medical Center policy.
  - (c) Within the Emergency Department, urgent requests for consultation from an attending Practitioner should result in an on-site evaluation, unless both Practitioners agree that such consultation may be safely deferred. Such agreements for deferment shall be documented in the medical record;
- 3.5.13. If unable to discharge his or her duties, arrange with another Medical Staff member to cover his or her duties and to provide for continuous care for the patients under his or her jurisdiction;
- 3.5.14. Record a complete history and physical examination in a patient's medical record in a timely manner, consistent with applicable law and accreditation standards.

### 3.6. PREPARATION OF THE HOSPITAL BASED MEDICAL RECORD

#### 3.6.1. CONTENT

The attending physician of record shall ensure that the following elements of the medical record are completed in a timely and legible manner:

- (a) a complete history and physical including chief complaint, history of present illness family history, past medical history, social history, review of systems, present illness, physical examination; review of special reports such as consultation, clinical laboratory, radiology and others; provisional diagnosis, a plan of care including medical and surgical treatment; pathological findings; progress notes; final diagnosis; condition on discharge; follow-up and review of autopsy report, if applicable.
- (b) The attending practitioner of record shall sign the complete history and physical prior to inclusion in the medical record.

This medical record shall be completed within 21 days of discharge of the patient.

The only individuals authorized to make entries into the medical record are those who:

- (a) are employed by, privileged by, or who have contracted services for Connecticut Children's Medical Center, and
- (b) are directly or in a supportive capacity, involved in patient care.

Only forms approved by the Medical Records Committee and supplied by Connecticut Children's Medical Center shall be placed in the medical record.

### 3.6.2. HISTORY AND PHYSICAL EXAMINATION (INPATIENT ADMISSION)

A complete history and physical examination shall be recorded within 24 hours after admission on all inpatients.

When a patient is readmitted within 30 days for the same or a related problem, an interval history and physical examination reflecting any subsequent changes may be included in the medical record in lieu of a complete history and physical.

Patients admitted to the Dental Service shall have a history and physical examination by a physician or a qualified oral/maxillofacial surgeon who is a Medical Staff member.

An admission note written by the attending of record shall be in the chart within 24 hours of admission. (Residents & House officers, as part of their GME training, may perform a history and physical examination.)

Any history and physical examination transmitted to the hospital from a physician who is a Medical Staff member by means of a facsimile machine shall be acceptable, provided it is signed (with date and time), complete, and legible.

### 3.6.3 OPERATIVE NOTES

At the completion of surgery, a brief operative progress report on the patient is entered into the medical record. A complete operative report including the names of the surgeons, findings, procedures, specimens removed, estimated blood loss, any blood transfused and post-operative diagnosis shall be dictated by the resident physician, attending practitioner or the attending before the patient is transferred to another level of care.

The attending practitioner of record shall sign/authenticate all operative notes as soon as possible following the procedure.

A brief operative note must be entered electronically into the medical record immediately following surgery. The brief note must include the following elements:

- procedure performed;
- post-operative diagnosis;
- findings;
- estimated blood loss;
- any specimens removed

In addition, a full operative report shall be documented within one (1) day of surgery and include the same elements with a detailed account of the findings at surgery as well as the details of the surgical technique employed during the procedure.

In the event that the full operative report is documented immediately following surgery and prior to the patient's transition from the recovery room to the next level of care (without a transcription delay), a brief operative note is not required.

The Attending Practitioner who performed the surgical procedure may delegate completion of the brief note and/or full operative report to a member of the House Staff, physician assistant, or an advanced practice registered nurse who was present for the entire procedure. The full operative report must be authenticated by the Attending Practitioner.

### 3.7 TERM OF APPOINTMENT

Appointments to the Medical Staff shall be for a period not to exceed twenty-four (24) months. Upon the recommendation of the Executive Committee, the Board may set a more frequent reappraisal period for reappointment or for the exercise of particular Privileges.

### 3.8 PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

During the appointment and reappointment process, the applicant has the right to (1) review information submitted to support their credentialing application; (2) correct erroneous information; (3) receive the status of their appointment or reappointment application; and (4) review notification of these rights. Such rights shall be described in the Practitioner Credentialing Policy and application cover letter to the applicant.

The Board shall act on appointments, reappointments, or revocation of appointments following a recommendation from the Executive Committee acting in accordance with these Bylaws

#### 3.8.1 APPLICATION FOR APPOINTMENT

Applications for Medical Staff membership shall be issued by the Chair of the Credentials Committee and signed by the applicant.

By applying for appointment to the Medical Staff and/or for Clinical Privileges, each applicant, whether or not the application is accepted, thereby agrees to the provisions of this Article 3, specifically including:

- (a) The applicant shall provide detailed information concerning professional qualifications, including the names of at least two (2) peer references (i.e., appropriate Practitioners in the same professional discipline as the applicant) that have extensive firsthand experience in observing and working with the applicant. The peer recommendations must refer, as appropriate, to relevant training or experience, current competence, ethical conduct, fulfillment of obligations as a medical staff member, and any effects of health status on the privileges being recommended. Where feasible, both of these references shall have served in a chief or supervisory capacity.

- (b) The applicant shall disclose whether (i) the applicant's (A) membership status and/or clinical privileges in any hospital or other institution; (B) membership in any local, state, or national medical society or other professional organization; (C) license to practice any profession; or (D) state or federal registrations or permits to dispense controlled substances, are subject to any pending or previously successful challenge or have ever been voluntarily or involuntarily penalized, reprimanded, investigated, reduced, limited, denied, suspended, revoked, placed on probation, not renewed, voluntarily relinquished or subjected to any other type of adverse action not listed in these Bylaws or (ii) the applicant is listed as debarred, excluded, or otherwise ineligible for participation in federally funded health care programs. The applicant shall provide detailed information with respect to the circumstances of any of the foregoing.
- (c) The applicant shall disclose whether any misdemeanor or felony criminal convictions or charges are filed or pending and sign an authorization for release of information for a criminal history request. The applicant shall provide detailed information with respect to the circumstances of any of the foregoing.
- (d) The applicant shall disclose whether any malpractice or professional liability claim or claims against the applicant are pending and whether any previous claims have been settled or have resulted in a judgment. The applicant shall provide detailed information with respect to the circumstances of any of the foregoing.
- (e) The applicant shall submit a statement attesting to the fact that, to the best of his or her knowledge, no physical or mental health problems or conditions currently exist that would affect his or her ability to safely perform the Clinical Privileges requested.
- (f) The applicant shall provide a current photo hospital identification or a valid photo identification issued by a state or federal agency for review and validating.
- (g) In addition to the signed acknowledgment required from each applicant evidencing such agreement, the applicant, by his or her application, agrees to abide by (i) these Bylaws, Rules and Regulations, and the policies of the Medical Staff; (ii) any Medical Center policies that apply to activities as a Medical Staff member, and (iii) generally recognized standards of professional ethics, as well as the following:
  - (i) To provide for continuous patient care and appropriate practice coverage;
  - (ii) To delegate during absence(s) the responsibility for diagnosis or care of patients only to a Practitioner who is a member of the Medical Staff who is qualified and has appropriate Privileges;
  - (iii) To seek and accept requests for consultation whenever necessary and within the Practitioner's professional capabilities;
  - (iv) To obtain the informed consent of the patient's parent or responsible party where appropriate; and
  - (v) To refrain from illegal fee splitting or other illegal inducements relating to patient referral.
- (h) The applicant authorizes the release to the Medical Center of all information deemed pertinent by the person or committee reviewing the application, consents to communications with any individual or organization who may have information desired by the person or committee reviewing the application, releases from any liability and

agrees not to make any claims against any and all persons and organizations providing or receiving any information, including but not limited to the Medical Staff, the Medical Center administration and the Board, and agrees to a personal interview or interviews if requested.

- (i) The applicant understands that it is the applicant's burden to produce adequate and convincing evidence for the proper evaluation of the application, to comply with all requests for additional information, including reasonable evidence of current ability to safely perform the requested Clinical Privileges, and to resolve all doubts raised about qualifications or fitness for membership on the Medical Staff or for requested Clinical Privileges. The Credentials Committee shall make a reasonable inquiry into, and may require the applicant to submit reasonable evidence of, ability to perform the Clinical Privileges requested.
- (j) The complete application shall be submitted to the Medical Staff Office for processing. The Medical Staff office shall perform appropriate primary source verification of licensure, board certification, relevant training, experience, current competence, ability to perform privileges requested, professional liability insurance and any other information deemed appropriate as identified in this Article. The Medical Staff Office will also query the National Practitioner Data Bank for data related to the applicant. If additional information is required, the application shall be deemed incomplete until such information is provided, which shall be within a specified period of time but not more than sixty (60) days of the request. If the requested information is not provided within the specified period of time, the application shall be closed by the Credentials Committee. In the event that the application is closed because it was incomplete and the applicant desires appointment to the Medical Staff and/or Privileges, the applicant must reapply for appointment to the Medical Staff and/or for Privileges. Once the required information is received, a determination shall be made regarding the application's completeness, and action shall then be taken within one hundred twenty (120) days of the determination of completeness.
- (k) The Division Director shall review the complete and verified application, including the education, training, experience, peer recommendations and demonstrated ability of the applicant, review relevant practitioner-specific data and/or morbidity and mortality data (when available), verify that sufficient space, equipment, staffing, and financial resources are in place or available within a specified timeframe to support the requested Privileges, and make a recommendation to the Credentials Committee for a Medical Staff category and level of Privileges within sixty (60) days of receipt of a complete application packet. The Credentials Committee shall review and evaluate the application and if complete, shall forward a recommendation to the Executive Committee, which shall then forward a recommendation to the Board. If the recommendation of the Executive Committee to the Board is adverse, the applicant shall be informed of the decision and the reason for the decision in a Special Notice from the President of the Medical Staff and the Practitioner may be entitled to due process in accordance with the provisions of Article 11. A final decision by the Board shall be made within sixty (60) days of the recommendation of the Credentials Committee. If the Board accepts a recommendation of the Executive Committee that was not adverse, the applicant shall be informed of the decision in writing. If the Executive Committee

recommends approval of the applicant's application but the decision of the Board is adverse, the applicant shall be informed of the decision and the reason for the decision of the Board in a Special Notice from the President of the Medical Staff and the Practitioner may be entitled to appellate review by the Board in accordance with the provisions of Article 11.

- (l) Individuals in administrative positions who desire Medical Staff membership or Clinical Privileges shall be subject to the same procedures as all other applicants for membership or Privileges.
- (m) Upon appointment to the Medical Staff, the Executive Committee may impose any condition on the applicant's Medical Staff membership and/or Clinical Privileges and such condition shall not entitle the applicant to due process, including a hearing or appellate review pursuant to Article 11, or any rights pursuant to these Medical Staff Bylaws unless such condition is considered an adverse action pursuant to Section 11.2.1.

### 3.8.2 REAPPOINTMENT PROCESS

The provisions of Section 3.8.2 of these Bylaws shall apply to the reappointment process, in addition to the following:

- (a) Applications shall be mailed three (3) to six (6) months in advance of the practitioner's appointment/reappointment term. Applications not returned following a second notice or a third mailing (certified/ registered), will be considered a voluntary resignation of privileges/ appointment. Each recommendation concerning the reappointment of a Medical Staff member and the Clinical Privileges to be granted upon reappointment shall be based upon the same standards used for the evaluation of initial appointments as have been deemed relevant. The Credentials Committee shall make a reasonable inquiry into, and may require the applicant to submit reasonable evidence of, the ability to perform the Clinical Privileges requested. If additional information is required, the application shall be deemed incomplete until such information is provided within a specified period of time, but not more than sixty (60) days of a request therefore. If the request for information is not provided within the specified period of time, the application shall be closed by the Credentials Committee. In the event that the application is closed because it was incomplete and the applicant desires appointment to the Medical Staff and/or Privileges, the applicant must reapply for appointment to the Medical Staff and/or for Privileges. Once the required information is received, determination shall be made regarding the application's completeness and a decision shall then be made within one hundred twenty (120) days of the determination of completeness. The applicant shall be informed in writing of the decision.
- (b) The Credentials Committee and then the Executive Committee shall review all pertinent information available on each applicant for the purpose of determining its recommendations for reappointment to the Medical Staff and for granting Clinical Privileges for the ensuing period. Information considered by the Credentials Committee and the Executive Committee may include, but not be limited to, the following:
  - (i) Professional competence, physical ability to perform privileges requested and documented health status;
  - (ii) Clinical judgment;
  - (iii) Ethics and conduct;



- (iv) Cooperation with Medical Center personnel;
  - (v) Compliance with the Medical Staff Bylaws, Rules and Regulations, the Code of Conduct, and Medical Staff and Medical Center policies;
  - (vi) Participation on Medical Staff committees;
  - (vii) Participation in CME as defined in State Licensure, Division or Rules and Regulations but not less than fifty (50) contact hours of CME every twenty-four (24) months;
  - (viii) Information acquired from the National Practitioner Data Bank query and OIG Exclusions List query;
  - (ix) Information provided by the Medical Staff member regarding previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;
  - (x) Information provided by the Medical Staff member regarding voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital;
  - (xi) Practitioner-specific performance management data relative to service quality, technical quality, resource utilization, patient safety/rights, citizenship, and relationships (if such data are available for that Practitioner).
- (c) In addition, the information considered can include a recommendation from the appropriate internal or external Division Chief/Director or an appropriate peer, for assessment of competency for members not known to the Division Director. When insufficient Practitioner-specific data is available to evaluate a Practitioner's application for reappointment or a Practitioner has not satisfied the minimum patient admission requirements for a Medical Staff category, the Credentials Committee may request and, in such event, the Practitioner shall submit, one (1) peer reference from a chief of service or medical director at another Joint Commission accredited facility at which the practitioner may hold active staff privileges or from a peer in the community. In addition, the Credentials Committee may request the practitioner provide a copy of the Practitioner's most recent professional evaluation from the Practitioner's primary hospital. Peer references will be obtained on all non-physician practitioners. Where a change in Clinical Privileges is recommended, the reasons for such recommendation shall be stated and explained by the Executive Committee.
- (d) The Executive Committee shall make recommendations to the Board concerning the reappointment and/or Clinical Privileges of each applicant for reappointment. Where a membership termination, a change in Clinical Privileges, or appointment for a period of less than twenty-four (24) months is recommended, the reasons for such recommendation shall be stated and explained. In the event that reappointment is recommended for a period of less than twenty-four (24) months, the applicant shall not have the right to a hearing or appellate review in accordance with the provisions of Article 11 of these Bylaws unless the reappointment is for a period of less than six (6) months.
- (e) Whenever failure to apply for reappointment results in the lapse of a Practitioner's appointment to the Medical Staff, the Practitioner shall be required to apply for Medical Staff membership in the same manner as

one applying for initial appointment in order to reinstate his or her Medical Staff membership.

- (f) Upon reappointment to the Medical Staff, the Executive Committee may impose any condition on the applicant's Medical Staff membership and/or privileges and such condition shall not entitle the applicant to due process, including a hearing or appellate review pursuant to Article 11, or any rights pursuant to these Medical Staff Bylaws unless such condition is considered an adverse action pursuant to Section 11.2.1.

### 3.9 NATIONAL PRACTITIONER DATA BANK

The Medical Center and the Medical Staff shall comply with the requirements of the Health Care Quality Improvement Act of 1986 (the "HCQIA") and the regulations of the Department of Health and Human Services implementing the HCQIA. In order to fulfill these requirements, the Medical Center will report adverse actions to the National Practitioner Data Bank ("NPDB") as required by law and/or accrediting agency requirements.

### 3.10 CORPORATE COMPLIANCE

Medical Staff members share in the Medical Center's commitment to strong ethical standards and compliance with all federal and state laws. Medical Staff members are subject to the Medical Center's Code of Conduct and to all Medical Center compliance policies to the extent applicable. In addition, Medical Staff members must maintain the confidentiality of patient protected health information in accordance with the Medical Center's policies related to patient confidentiality generally and the Health Insurance Portability and Accountability Act of 1996.

### 3.11 EXPEDITED PROCESS

An application for Medical Staff appointment or reappointment and/or Privileges may receive an expedited review by at least two voting members of the Board following a favorable recommendation from the Executive Committee. A favorable decision by the two Board representatives will result in approval of the Medical Staff appointment and/or Privileges requested. The full Board shall consider and, if appropriate, ratify all favorable Board representative decisions at its next regularly scheduled meeting. If the Board representative's decision is adverse to an applicant, the matter shall be referred back to the Executive Committee for further evaluation.

An applicant is ineligible for the expedited process if any of the following has occurred:

- (a) Applicant submits an incomplete application;
- (b) Executive Committee makes a recommendation that is adverse or with limitation;
- (c) There is a current challenge or a previously successful challenge to licensure or registration;
- (d) Applicant has received involuntary termination of Medical Staff membership at another organization or voluntarily resigned to avoid disciplinary action;
- (e) Applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges or voluntarily surrendered privileges to avoid disciplinary action; or
- (f) There has been an unusual pattern of or an excessive number of final judgments adverse to the applicant in professional liability actions.

### 3.12 PRACTITIONERS PROVIDING CONTRACTUAL PROFESSIONAL SERVICES

The Medical Center and a Practitioner or a group of Practitioners may provide by agreement that Medical Staff membership and Clinical Privileges are contingent upon such agreement. In the event that an agreement has such a provision or there is such an understanding, then Medical Staff membership and Privileges shall expire simultaneously with termination of the agreement and shall not be subject to the provisions of these Bylaws concerning hearings, appellate review, or other procedural rights. Notwithstanding the existence of a contract between an individual or group and the Medical Center, such individual or group must be appointed and thereafter, reappointed to the Medical Staff and granted Privileges in accordance with these Bylaws.

### 3.13 MEDICO-ADMINISTRATIVE OFFICERS

Notwithstanding any other provision of these Bylaws or of the Rules and Regulations, the provisions of Article 8 of these Bylaws and the contract between the Medico-Administrative Officer and the Medical Center shall control matters relating to the removal of such Medico-Administrative Officer from office and the effect of removal on membership status and Clinical Privileges. Furthermore, the Medical Center may provide by agreement with a Medico-Administrative Officer that membership on the Medical Staff and Clinical Privileges are contingent on, and shall expire simultaneously with, the agreement or understanding with such Medico-Administrative Officer. In the event that an agreement has such a provision or there is such an understanding, the provisions of these Bylaws, the Rules and Regulations, and the policies of the Medical Staff and of the Medical Center with respect to hearings, appellate review, etc., shall not apply. Notwithstanding the existence of a contract between a Medico-Administrative Officer and the Medical Center, a Medico-Administrative Officer seeking Medical Staff membership or Clinical Privileges must be appointed and, thereafter, reappointed to the Medical Staff and granted Clinical Privileges in accordance with these Bylaws.

### 3.14 RESIGNATION

Resignation from Medical Staff appointment and/or voluntary relinquishment of Privileges shall be presented in writing to the Physician-in-Chief or Surgeon-in-Chief and brought before the Credentials Committee and then the Executive Committee for presentation to the Board for informational purposes only. Prior to the effective date of resignation, it is the obligation of the practitioner to ensure that all medical records are complete.

### 3.15 MONTHLY CHECKS

All practitioners shall be checked against the State of Connecticut Disciplinary Action Report and Office of Inspector General Exclusion List on a monthly basis. Individuals identified on such reports or lists shall be handled in accordance with Article 10 of these Bylaws.

## ARTICLE 4. MEDICAL STAFF CATEGORIES AND PROFESSIONAL STAFF

### 4.1 CATEGORIES

There shall be eight (8) categories of membership of the Medical Staff: Active, Associate-Active, Courtesy, Refer & Follow, Consulting, Affiliate, Emeritus and

Honorary. Associate-Active Staff members shall be assigned to a specific Affiliate Unit and shall exercise any Clinical Privileges granted pursuant to these Bylaws. Professional Staff, may be selected and participate in the Medical Staff organization as provided in Section 4.17.

After two (2) consecutive years or one reappointment period in which a Practitioner fails to regularly satisfy the qualifications and obligations for membership in the category of membership to which such Practitioner has been appointed (i.e. Active, Associate-Active, Courtesy, Refer & Follow, Consulting, Honorary and Emeritus) as set forth in this Article 4, such Practitioner shall be automatically transferred to the appropriate Medical Staff category, if any, for which the Practitioner is qualified and the provisions of these Bylaws, the Rules and Regulations, and the policies of the Medical Staff and of the Medical Center with respect to hearings, appellate review, etc., shall not apply.

## 4.2 ACTIVE STAFF

### 4.2.1 QUALIFICATIONS FOR ACTIVE STAFF

An Active Staff member shall:

- (a) Meet the basic qualifications set forth in Section 3.2.
- (b) Regularly admit or otherwise be regularly involved in the care of six (6) or more patients per calendar year in the Medical Center. "Care of" is defined as patient contact and includes admissions, treatments, consultations, teaching and supervision of residents, surgical procedures, or outpatient visits or procedures.
- (c) Attend Department and Division meetings as required in the applicable Rules and Regulations.
- (d) Provide continuous care to patients either directly or through coverage arrangements with another Medical Staff member having at least equivalent Clinical Privileges.

### 4.2.2 MEMBERSHIP PREROGATIVES OF ACTIVE STAFF

Active Staff members may:

- (a) Admit patients without limitation, except as otherwise provided in the Medical Staff Rules and Regulations or delineation of Privileges.
- (b) Be appointed to a Department and a Division and one or more Medical Staff committees and vote on all matters presented for electronic vote, at general and special meetings of the Medical Staff and of the Department, Division or committees of which they are members.
- (c) Hold office at any level in the Medical Staff organization and sit on, or be chairs of, any committee, except as otherwise provided in these Bylaws or pursuant to a resolution of the Executive Committee.
- (d) Exercise only such specific Clinical Privileges as are granted to them in accordance with the processes set forth in these Bylaws.
- (e) Attend annual meetings of the Medical Staff.

### 4.2.3 OBLIGATIONS OF ACTIVE STAFF

Active Staff members, in addition to meeting the basic obligations set forth in Article 3, shall:

- (a) Contribute to the organizational and administrative affairs of the Medical Staff, which may include service in Medical Staff, Department and Division offices and on Medical Center and Medical Staff committees, faithfully performing the duties of any office or position to which elected or appointed.
- (b) Participate in the quality improvement and patient safety activities required of the Medical Staff.
- (c) Discharge the recognized functions of Staff membership by engaging in the Medical Staff's teaching and continuing education programs, providing specialty coverage in the Emergency Department, attending unassigned patients as required, giving consultation to other Medical Staff members consistent with their delineated Privileges, supervising Practitioners during their initial performance review period, and fulfilling such other Medical Staff functions as may reasonably be required of Medical Staff members.
- (d) Comply with Executive Committee, other Medical Staff committee, Department, Division, and Medical Center policies, procedures, and directives.
- (e) Arrange coverage for the member's patients by a member of his or her Division who holds Clinical Privileges that are appropriate to provide such coverage in the event of the member's absence.
- (f) Present any information and opinions that he or she may have in connection with the process by which Practitioners are appointed or reappointed to the Medical Staff or by which corrective or investigative action is taken with respect thereof.
- (g) Pay medical staff dues or reappointment fees in accordance with Medical Staff policies, procedures and directives.

#### 4.3 ASSOCIATE-ACTIVE STAFF (Affiliate Unit Specific)

##### 4.3.1 QUALIFICATIONS FOR ASSOCIATE-ACTIVE STAFF

An Associate-Active Staff member shall:

- (a) Meet the basic qualifications in Section 3.2.
- (b) Have an appointment and clinical privileges at an Affiliate Unit.
- (c) Regularly admit or otherwise be regularly involved in the care of patients at the Associate-Active Staff member's assigned Affiliate Unit. "Care of" is defined as patient contact and includes admissions, treatments, consultations, teaching and supervision of residents, surgical procedures, or outpatient visits or procedures.
- (d) Attend Department and Division meetings as required in the applicable Rules and Regulations.
- (e) Be located (office and residence) closely enough to the Associate-Active Staff member's assigned Affiliate Unit to provide continuous care to patients either directly or indirectly through coverage arrangements with another Medical Staff member having at least equivalent Clinical Privileges.

##### 4.3.2 MEMBERSHIP PREROGATIVES OF ASSOCIATE-ACTIVE STAFF

Associate-Active Staff members may:

- (a) Admit or care for patients without limitation to such member's assigned Affiliate Unit, except as otherwise provided in the Medical Staff Rules and Regulations or delineation of Privileges.
- (b) Be appointed to a Department and a Division and one or more Medical Staff committees and vote only on all matters of the Department, Division and committees of which they are members.

- (c) Exercise exclusively at such Associate-Active Staff member's assigned Affiliate Unit such Clinical Privileges as are granted to him or her in accordance with the processes set forth in these Bylaws.
- (d) Attend annual meetings of the Medical Staff.

Nothing contained herein shall prohibit an Associate-Active Staff member from exercising Clinical Privileges elsewhere at the Medical Center if such member holds another category of Medical Staff membership.

#### 4.3.3 OBLIGATIONS OF ASSOCIATE-ACTIVE STAFF

Associate-Active Staff members, in addition to meeting the basic obligations set forth in Article 3, shall:

- (a) Contribute to the organizational and administrative affairs of the Medical Staff, which may include service in Medical Staff, Department and Division offices and on Medical Center and Medical Staff committees, faithfully performing the duties of any office or position to which elected or appointed.
- (b) Participate in the quality improvement and patient safety activities required of the Medical Staff.
- (c) Discharge the recognized functions of Staff membership by engaging in the Medical Staff's teaching and continuing education programs, attending unassigned patients as required, giving consultation to other Medical Staff members consistent with their delineated Privileges, supervising Practitioners during their initial performance review period, and fulfilling such other Medical Staff functions as may reasonably be required of Medical Staff members.
- (d) Comply with Executive Committee, other Medical Staff committee, Department, Division, and Medical Center policies, procedures, and directives.
- (e) Arrange coverage for the member's patients by a member of his or her Division who holds Clinical Privileges that are appropriate to provide such coverage in the event of the member's absence.
- (f) Present any information and opinions that he or she may have in connection with the process by which Practitioners are appointed or reappointed to the Medical Staff or by which corrective or investigative action is taken with respect thereof.

#### 4.4 COURTESY STAFF

##### 4.4.1 QUALIFICATIONS FOR COURTESY STAFF

Courtesy Staff members shall:

- (a) Meet the basic qualifications set forth in Section 3.2.
- (b) Be a member of the active medical staff of another hospital, and provide a letter from such hospital verifying competency. Members of the Division of Pediatric Dentistry and Oral Surgery may be excluded from this requirement on the recommendation of the Division Director.

#### 4.4.2 MEMBERSHIP PREROGATIVES OF COURTESY STAFF

A Courtesy Staff member may:

- (a) Request admission or care of not more than five (5) patients in any calendar year to the Medical Center and attend such patients within the scope of Privileges he or she is granted. "Care of" is defined as patient contact and includes admissions, treatments, consultations, teaching and supervision of residents, surgical procedures, or outpatient visits or procedures.
- (b) Consult within the scope of Privileges awarded, with respect to all patients for whom his or her services may be requested and, in connection with such consultation, provide such attending services as Practitioner may request.
- (c) Be appointed to a Division and attend meetings thereof, but shall not vote or hold office therein.
- (d) Attend annual meetings of the Medical Staff, but shall not vote or hold office therein.

#### 4.4.3 OBLIGATIONS OF COURTESY STAFF

- (a) Courtesy Staff members shall be as specified in Article 3 and Section 4.4.1
- (b) Courtesy Staff members shall not be required, but shall be encouraged, to attend meetings of the Medical Staff, to actively participate in the quality improvement programs of the Medical Center, to actively participate in continuing education programs, and to actively participate in medical education.
- (c) Pay medical staff dues or reappointment fees in accordance with Medical Staff policies, procedures and directives.

#### 4.5 REFER & FOLLOW STAFF

##### 4.5.1 QUALIFICATIONS FOR REFER & FOLLOW STAFF

The Refer & Follow Staff shall consist of those Physicians who wish to be affiliated with the Medical Center and shall refer patients to members of the Active and Courtesy Staff. Refer & Follow do not directly admit or treat patients in the Medical Center. Refer & Follow Staff shall also consist of Medical Staff who do not have patient activity at Connecticut Children's but who may be a provider under a managed care contract who need to be credentialed and re-credentialed accordingly. Refer & Follow Staff must have an established plan for admission and treatment of their patients requiring admission by a member of the Active, Associate Active or Courtesy Staff.

Members of the Refer & Follow Staff shall:

- (a) Meet the basic requirements set forth in Section 3.2.
- (b) Be appointed to a specific Division; fulfill all obligations set forth in the Medical Staff Bylaws and Rules and Regulations of the Medical Staff, except they shall have no on-call responsibilities.

#### 4.5.2 MEMBERSHIP PREROGATIVES FOR REFER & FOLLOW STAFF

Members of the Refer & Follow Staff:

- (a) May not admit, write orders for inpatient care, perform surgical or invasive procedures or otherwise treat patients in the Medical Center.
- (b) Shall not have delineated Clinical Privileges.
- (c) May, review patient's medical records, provide advice and guidance to the attending Physician and receive information concerning their referred patient's medical condition and treatment. May attend annual meetings of the Medical Staff, but may not vote at Medical Staff or Department or Division meetings, or hold office therein.

#### 4.5.3 OBLIGATIONS OF REFER & FOLLOW STAFF

Refer & Follow Staff members shall be required to:

- (a) Abide by all provisions of these Bylaws and the Rules and Regulations and any decisions made pursuant thereto; except that they shall have no responsibility for providing specialty coverage in the Emergency Department or attending unassigned patients.
- (b) Conform to appropriate standards of conduct within the Medical Center.
- (c) Abide by such directives as may be issued from time to time by the Board.
- (d) Pay medical staff dues or reappointment fees in accordance with Medical Staff policies, procedures and directives.

#### 4.6 CONSULTING STAFF

##### 4.6.1 QUALIFICATIONS FOR CONSULTING STAFF

Consulting Staff members shall:

- (a) Meet the basic requirements set forth in Section 3.2.
- (b) Possess expertise or specialized skills needed at Medical Center for a specific project or on an occasional basis when requested by a Division Director, a Medical Staff officer or member of the Medical Staff at another hospital.

If the patient care contacts of Consulting Staff members over any twelve (12) month period are more than occasional (as defined by the Division to which they are assigned and approved by the Executive Committee), they shall be required to obtain Active or Courtesy Staff status.

##### 4.6.2 MEMBERSHIP PREROGATIVES OF CONSULTING STAFF

A Consulting Staff member may:

- (a) Consult within the scope of Privileges awarded, with respect to all patients for whom his or her services may be requested and, in connection with such consultation, provide such attending services as the primary attending Practitioner may request. A Consulting Staff member may not admit patients or perform elective procedures at the Medical Center.



- (b) Be appointed to a Division and attend meetings thereof, but may not vote or hold office therein.
- (c) Attend annual meetings of the Medical Staff, but may not vote or hold office therein.

#### 4.6.3 OBLIGATIONS OF CONSULTING STAFF

- (a) Consulting Staff members shall be required to discharge all of the responsibilities specified in Article 3. Consulting Staff members shall not be required, but shall be encouraged, to attend meetings of the Medical Staff, to actively participate in the quality improvement programs of the Medical Center, to actively participate in continuing education programs, and to actively participate in medical education.
- (b) Pay medical staff dues or reappointment fees in accordance with Medical Staff policies, procedures and directives.

#### 4.7 AFFILIATE STAFF

The Affiliate Staff shall consist of those Physicians who wish to be affiliated with the Medical Center and shall refer patients to members of the Active and Courtesy Staff. Affiliate Staff do not directly admit or treat patients in the Medical Center. Affiliate Staff shall also consist of Medical Staff who do not have patient activity at Connecticut Children's but who may be a provider under a managed care contract, who need to be credentialed and re-credentialed accordingly. Affiliate Staff must have an established plan for admission and treatment of their patients requiring admission by a member of the Active, Associate Active or Courtesy Staff.

##### 4.7.1 QUALIFICATIONS FOR AFFILIATE STAFF

Members of the Affiliate Staff shall:

- (a) Meet the basic requirements set forth in Section 3.2.
- (b) Be appointed to a specific Division; fulfill all obligations set forth in the Medical Staff Bylaws and Rules and Regulations of the Medical Staff, except they shall have no on-call responsibilities.
- (c) Are exempt from the qualifications related to: location, coverage arrangements; and CT Licensure (active state licensure is required)
- (d) Affiliate Staff will consist of members of the Medical Staff who:  
Desire to be associated with, but who do not intend to establish a clinical practice at, this Hospital

##### 4.7.2 MEMBERSHIP PREROGATIVES FOR AFFILIATE STAFF

Members of the Affiliate Staff:

- (a) May not admit, write orders for inpatient care, perform surgical or invasive procedures or otherwise treat patients in the Medical Center.
- (b) Shall not have delineated Clinical Privileges.
- (c) May, review patient's medical records, provide advice and guidance to the attending Physician and receive information concerning their referred patient's medical condition and treatment. May attend annual meetings of the Medical Staff, but may not vote at Medical Staff or Department or Division meetings, or hold office therein.

#### 4.7.3 OBLIGATIONS OF AFFILIATE STAFF

Affiliate Staff members shall be required to:

- (a) Abide by all provisions of these Bylaws and the Rules and Regulations and any decisions made pursuant thereto; except that they shall have no responsibility for providing specialty coverage in the Emergency Department or attending unassigned patients.
- (b) Conform to appropriate standards of conduct within the Medical Center.
- (c) Abide by such directives as may be issued from time to time by the Board.
- (d) Pay medical staff dues or reappointment fees in accordance with Medical Staff policies, procedures and directives.

#### 4.8 HONORARY STAFF

##### 4.8.1 QUALIFICATIONS FOR HONORARY STAFF

Honorary Staff members shall:

- (a) Be a member in good standing, for ten (10) or more years, of the Active, Courtesy, Refer & Follow or Consulting Staff at the time they retired from active practice, or at the time they ceased to regularly admit, attend, or consult in the Medical Center.
- (b) Be nominated by the Division Director, recommended by the Executive Committee and approved by the Board.
- (c) Maintain designation as a member of the Honorary Staff for the life of the Practitioner unless voluntarily relinquished or terminated for cause by the Medical Staff Executive Committee.

##### 4.8.2 MEMBERSHIP PREROGATIVES OF HONORARY STAFF

An Honorary Staff member may receive communication and correspondence from the Medical Staff Office, remain active in non-patient care hospital activities, committees, special projects or leadership activities and attend annual meetings of the Medical Staff, but shall not vote or hold office therein. Honorary Staff appointment confers no privileges for patient care and does not require biennial reappointment. An Honorary Staff member does not have fair hearing rights as specified in these Bylaws.

##### 4.8.3 OBLIGATIONS OF HONORARY STAFF

Honorary Staff members shall be required to:

- (a) Abide by all provisions of these Bylaws and the Rules & Regulations and any decisions made pursuant thereto.
- (b) Conform to appropriate standards of conduct within the Medical Center.
- (c) Abide by such directives as may be issued from time to time by the Board.

## 4.9 EMERITUS STAFF

### 4.9.1 QUALIFICATIONS FOR EMERITUS STAFF

Emeritus Staff members shall:

- (a) Be a member in good standing of the Active, Courtesy, Refer & Follow or Consulting Staff at the time they retired from active practice, or at the time they ceased to regularly admit, attend, or consult in the Medical Center.
- (b) Be self-nominated or nominated by a member of the Division, recommended by the Executive Committee and approved by the Board.
- (c) Maintain designation as a member of the Emeritus Staff for the life of the Practitioner unless voluntarily relinquished or terminated for cause by the Medical Staff Executive Committee.

### 4.9.2 MEMBERSHIP PREROGATIVES OF EMERITUS STAFF

An Emeritus Staff member may receive communication and correspondence from the Medical Staff Office. Emeritus Staff appointment confers no privileges for patient care and does not require biennial reappointment. An Emeritus Staff member does not have fair hearing rights as specified in these Bylaws.

### 4.9.3 OBLIGATIONS OF EMERITUS STAFF

Emeritus Staff members shall be required to:

- (a) Abide by all provisions of these Bylaws and the Rules & Regulations and any decisions made pursuant thereto.
- (b) Conform to appropriate standards of conduct within the Medical Center.
- (c) Abide by such directives as may be issued from time to time by the Board.

## 4.10 INITIAL PERFORMANCE REVIEW PERIOD

### 4.10.1 APPLICABILITY AND DURATION

All new appointments to the Medical Staff shall not exceed twenty-four (24) months, from the date of appointment. All individuals will be treated equally with respect to the length of initial performance appointment unless there is justification to extend the initial performance period.

During their initial performance period, Medical Staff members shall not be eligible to hold office in the Medical Staff organization or serve on the Executive Committee or Credentials Committee, unless the Executive Committee in its discretion makes an exception for a Medical Staff member.

### 4.10.2 PURPOSE

During the initial performance period, a Practitioner's performance shall be specifically observed and evaluated by the Division Director with which the Practitioner has a primary affiliation and by the Director of each other Division in which the Practitioner exercises initial Privileges, or by such other Staff member specifically delegated these tasks by such Director. Such observation and evaluation shall focus on the Practitioner's general competencies, including but

not limited to demonstrated professional ability, interest in the affairs of the Medical Center, and willingness to participate in quality improvement program(s).

As detailed in the Medical Staff Practice Evaluation Policy, the focused professional practice evaluation (FPPE) is a process of data collection and analysis over a limited period of time, performed after granting initial clinical privileges to a newly appointed practitioner to the medical staff or after subsequent granting of additional clinical privileges to an existing medical staff member. Generally, when granting initial or additional clinical privilege(s), the FPPE is used to assess the competency and professional performance of a practitioner specific to that new privilege. The FPPE may also be used when a question arises about a practitioner's ability to provide safe, high-quality care related to a specific already granted privilege.

For new or additional privileges, the FPPE may consist of the review or proctoring of up to five cases (non-core privileges) with successful outcome. If the practitioner fails within that period to complete the applicable minimum number of cases and/or furnish the certification (proctoring forms), a referral shall be made to the Division Director or designee for development of an action plan.

#### 4.11 LEAVE OF ABSENCE

- (a) Request: A staff member may request a voluntary leave of absence from the Medical Staff by submitting written notice to the Division Director and Physician-in-Chief or Surgeon-in-Chief. The information will be informational to the Credentials Committee and Executive Committee.
- (b) A leave of absence may not exceed twenty-four (24) months. During this leave of absence, the Medical Staff member shall be relieved of any and all Medical Staff duties except the duty to timely submit a written request for reinstatement, as described in Paragraph (c) and to apply for reappointment, if the Practitioner's reappointment cycle occurs during his or her leave of absence. A leave of absence prevents any Medical Staff dues from accruing and suspends the member's Privileges. Decisions regarding the granting or denial of a leave of absence shall not be subject to the provisions of Article 11 of these Bylaws or any other review or due process and shall be final.
- (c) Termination of Leave: Prior to the termination of leave, the Medical Staff member must request reinstatement of his/her Privileges by submitting a written notice to the Division Director. If the leave of absence was due to health reasons affecting the Practitioner's ability to exercise Privileges, a medical clearance from the treating practitioner should be included with the request for reinstatement. The Division Director shall review the request and make a decision about reinstatement. Adverse reinstatement decisions shall be forwarded to the Executive Committee for a final decision regarding reinstatement. A leave of absence lasting longer than twenty-four (24) months, a failure to request return from the leave of absence or a failure to apply for reappointment within the leave of absence shall be considered a voluntary resignation of Medical Staff membership, Privileges and Membership Prerogatives without right of hearing or appellate review. A request for membership subsequently received from a Medical Staff member shall be submitted and processed in the manner specified for applications for initial appointments.

#### 4.12 GENERAL QUALIFICATIONS

Each Practitioner who seeks or holds Medical Staff membership shall satisfy, at the time of appointment and continuously thereafter, all of the basic qualifications set forth in these Bylaws as well as any additional qualifications that attach to the Medical Staff category to which such Practitioner seeks appointment or in which membership exists. Under exceptional circumstances, the Board may waive any qualification when in its discretion such waiver will serve the best interests of patient care in Medical Center except where requirements are established by law.

#### 4.13 LIMITATION OF MEMBERSHIP PREROGATIVES

The Membership Prerogatives set forth under each Medical Staff category are general in nature and may be subject to limitation by special conditions attached to a Practitioner's Medical Staff membership by other Sections of these Bylaws, and by other policies of the Medical Center. The Membership Prerogatives of Dentist and Podiatrist members of the Medical Staff shall be limited to those for which they have demonstrated the requisite level of medical education, training, experience and ability.

Any Medical Staff category change requires filing a written request and providing information as directed. The request must meet all the requirements for initial appointment to the category requested.

#### 4.14 PROFESSIONAL STAFF

##### 4.14.1 DEFINED

Professional Staff shall be individuals, other than Physicians, Dentists, Oral Surgeon and Podiatrists, who are qualified by academic and clinical training to render patient care services within their areas of professional competence. Professional Staff shall serve patients who are the primary responsibility of members of the Medical Staff or who are referred for diagnostic testing by community practitioners. Professional Staff shall not have the privilege to admit patients independently. Professional Staff include, but are not limited to, individuals, such as physician assistants, nurse practitioners, certified registered nurse anesthetists, optometrists and psychologists, who are permitted by law and by the Medical Center to provide patient care services in accordance with their Clinical Privileges in collaboration with or under the supervision of a Medical Staff member. Professional Staff shall not include other health professionals, such as audiologists, chemists, directors of pharmacy, dietitians, physical therapists, etc.

##### 4.14.2 QUALIFICATIONS OF PROFESSIONAL STAFF

Only Professional Staff holding a license, certificate, and/or other such credentials as may be required by applicable state law and satisfying the basic qualifications as generally set forth in Article 3 and other Sections of these Bylaws, and who adhere strictly to the ethics of their respective professions as applicable and who work cooperatively with others shall be eligible to provide patient care services in the Medical Center. The Executive Committee may establish additional qualifications required of members of any particular Professional Staff discipline. Professional Staff shall document their experience, background, training, demonstrated ability, physical and mental health status with

sufficient adequacy to demonstrate that any patient treated by them will receive care of generally recognized professional level of quality.

- (a) Advance Practice Registered Nurses shall hold certification, at the time of initial appointment and maintenance thereafter, from one of the following national organizations (as required by Connecticut DPH): American Nurses Credentialing Center (ANCC); National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC); National Certification Board of Pediatric Nurse Practitioners and Nurses (PNCB); American Association of Nurse Anesthetists (AANA); American Academy of Nurse Practitioners (AANP); Oncology Nursing Certification Corporation (ONCC); American Association of Critical-care Nurses (AACN).
- (b) Physician Assistants shall hold certification, at the time of initial appointment and maintenance thereafter, from the National Commission on Certification of Physician Assistants.

Failure to obtain and maintain certification or recertification may result in automatic termination of all Privileges accorded to such member and termination of such Practitioner's Professional Staff membership.

#### 4.14.3 GENERAL PROVISIONS

- (a) All Professional Staff shall participate in continuing education as needed to maintain certification by the applicable certifying specialty organization.
- (b) Professional Staff shall be appointed and reappointed to the Professional Staff and assigned to one of the several Divisions of the Medical Staff for periods not to exceed twenty-four (24) months. They shall be appointed and reappointed by the Board after submission of an application and recommendation by the appropriate Director, the Credentials Committee and the Executive Committee.
- (c) Clinical Privileges granted shall be based upon current licensure, registration or certification, individual training, experience, demonstrated competence and judgment, and current physical and mental health, and shall be within the scope of the professional activities which the Professional Staff are authorized by law to perform. Professional Staff shall be assigned by the Executive Committee to an appropriate Division for supervision and assessment. Protocols for the supervision of supervised Professional Staff shall be described in Divisional policy and the individual Professional Staff shall enter into a collaboration or supervision agreement with the collaborating or supervising Medical Staff member, with approval by the Division Director and the Executive Committee.
- (d) At all times, a Physician member of the Medical Staff must be jointly responsible for the admission and medical care of any patient treated by a Professional Staff member. Each person desiring appointment as a Professional Staff member must specify on the application form the Physician member of the Active Medical Staff who will serve as the Professional Staff's supervising or collaborating Physician. Such responsibility shall include supervision for the general medical care of the patient. In the event the supervising or collaborating Physician becomes unavailable to fulfill the duties of supervision, it is the responsibility of the Professional Staff member to identify a new supervising or collaborating Physician.

- (e) Professional Staff shall retain appropriate responsibility within his/her area of professional competence for each patient in the Medical Center for whom he or she is providing services, or arrange a suitable alternative for such care and supervision, with whom such arrangements for alternate coverage must be made by or through the supervising or collaborating Medical Staff member who has ultimate responsibility for the patient's medical care.
- (f) Provisions in Article 11 of these Bylaws relating to hearings and appellate review shall not apply to Professional Staff. The fair hearing and appellate review mechanism for Professional Staff shall be as follows.
  1. Any applicant whose application for appointment or reappointment and clinical privileges is disapproved, or whose scope of practice is reduced, limited or terminated pursuant to these Bylaws, or who is denied full status following a provisional period shall receive within ten (10) days of such finding, by special notice from the Chair of the Credentials Committee, information explaining the adverse recommendation and that the Professional Staff member shall have the procedural right to request to meet with the Credentials Committee, at its next regularly scheduled meeting, to review the reasons for such recommendations or denials. A copy of such special notice shall be forwarded to the Professional Staff's Division Director who may forward additional information to the Credentials Committee Chair. If no additional information or meeting request is received within ten (10) days of the applicant's receipt of the notice, the Credentials Committee will forward its original recommendation to the Executive Committee.
  2. Should the Credentials Committee, after meeting with the Professional Staff member and/or receiving additional information from the Division Director or other sources, continue to recommend action which is adverse to the applicant, its recommendation will be forwarded to the Executive Committee. The Chair of the Credentials Committee shall notify the Professional Staff member within ten (10) days of such finding, by special notice, of the Committee's recommendation or denial. The applicant shall have ten (10) days from the date he/she receives notice of the Credentials Committee's adverse recommendation, to request a meeting with the Executive Committee at its next regularly scheduled meeting. Following the meeting with the Professional Staff member, if requested, the Executive Committee will make its recommendation to the Board. If no meeting request is received within ten (10) days, the Executive Committee will review the application and Credentials Committee recommendation at its next regularly scheduled meeting and make its recommendation to the Board.
  3. Whenever the decision of the Board is consistent with the recommendation of the Executive Committee, the decision of the Board shall be final. Whenever the proposed decision of the Board is contrary to an Executive Committee recommendation and the Board's decision will be adverse to the Professional Staff member, the Board shall submit the matter to an ad hoc committee consisting of three (3) Board members, one (1) of whom shall Chair and be appointed by the Chairman of the Board and two (2) members of the Executive Committee appointed by the President of the Medical Staff for review and recommendation before making and giving notice of its final

decision. The final decision of the Board shall be provided to the Professional Staff member by special notice from the Chief Executive Officer.

- (g) Professional Staff are not deemed to be members of the Medical Staff. However, the various provisions of these Bylaws and the accompanying Rules and Regulations shall apply to them where specifically provided, or where the context requires application.
- (h) Professional Staff shall not have the right to admit patients to the Medical Center, nor shall they have the right to vote on any matters that come before the Medical Staff.
- (i) Each Professional Staff member shall maintain the confidentiality of and shall not disseminate to any person other than as permitted or required by law, any health information submitted, collected, prepared or obtained while (i) treating patients at the Medical Center, (ii) obtaining payment for services rendered at the Medical Center, or (iii) assisting with health care operations of the Medical Center. Each Professional Staff member shall comply with the Medical Center's Notice of Privacy Practices and privacy policies as well as with all applicable state and federal laws and regulations while providing services at Medical Center. In the event that a Professional Staff member fails to comply with this Section 4.14.3(i), the President of the Medical Staff, Division Director shall issue a written warning to the Professional Staff member. If after receipt of a written warning, the Professional Staff member fails to comply with this Section 4.15.3(i), the Professional Staff's (A) Clinical Privileges and (B) right to treat patients and to consult with respect to patients shall be suspended by the President of the Medical Staff or the Division Director effective immediately and continuing until the earlier of thirty (30) days from the effective date of the suspension or such date on which the Professional Staff member agrees in writing to comply with the confidentiality of health information requirements. Except as set forth below, the provisions of these Bylaws regarding due process applicable to Professional Staff, including but not limited to Section 4.15(f), shall not apply. In the event that an Professional Staff member fails to agree in writing to comply with the confidentiality of health information requirements of Sections 3.5.8 and 3.5.9 within ten (10) days from the effective date of a suspension permitted by this Section 4.15(i) or concurrent with the second suspension of a Professional Staff member pursuant to this Section 4.15.3(i), the Division Director shall take all appropriate corrective action necessary to resolve the Professional Staff's failure to comply with this Section 4.15.3(i). Thereafter, the procedures of Section 4.15.3(f), if applicable, shall apply.
- (j) Professional Staff shall pay reappointment fees in accordance with Medical Staff policies, procedures and directives.



## ARTICLE 5. DELINEATION OF CLINICAL PRIVILEGES

### 5.1 EXERCISE OF PRIVILEGES

A Practitioner providing clinical services at the Medical Center by virtue of Medical Staff membership or otherwise may, in connection with such practice, and except as otherwise provided in Sections 5.6 and 5.7, exercise only those Clinical Privileges specifically granted to such Practitioner by the Board. Regardless of the level of Privileges granted, each Practitioner shall obtain consultation when necessary for the safety of patients or when required by the Rules and Regulations or other policies of the Medical Staff, any of its Departments or Divisions, or the Medical Center.

### 5.2 BASIS FOR DETERMINATION OF PRIVILEGES

Privileges governing clinical practice shall be granted in accordance with prior and continuing education, training, experience, demonstrated current competence, judgment, and ability to perform the Clinical Privileges requested as documented and verified in each Practitioner's credentials file and in accordance with the general qualifications set forth in Article 3. The basis for determination of Privileges for current Medical Staff members in connection with reappointment or a requested change in Privileges shall include observed clinical performance and documented results of the Medical Staff's quality improvement program activities.

### 5.3 SYSTEM AND PROCEDURE FOR DELINEATING PRIVILEGES

Clinical privileging is performed in conjunction with the appointment and reappointment process. When a Practitioner requests any revision of Privileges, a license verification and NPDB query will be conducted. Additional Privileges may be requested through the same procedure as prescribed for obtaining the original Privileges. A request for additional Privileges must be supported by documentation of training and/or experience supportive of the request. Additional information to be reviewed by the Division Director and the Credentials Committee includes data from the Practitioner's Ongoing Professional Practice Evaluation. If the Privilege is currently not being performed by the Practitioner, the Privilege may be granted as a proctored Privilege until competence can be validated with Privilege-specific professional practice evaluation. Limitations to Privileges will be explicitly stated in the Practitioner's credentials file.

### 5.4 SPECIAL CONDITIONS FOR PROFESSIONAL STAFF SERVICES

Requests from Professional Staff to perform specified patient care services shall be processed in the manner specified in Section 4.14 and/or 4.15.

### 5.5 SURGERY BY PRACTITIONERS NOT HOLDING MEDICAL DEGREES

#### 5.5.1 PRACTITIONERS PRACTICING DENTISTRY

- (a) Privileges shall be based on the Practitioner's training, experience and demonstrated competence and judgment.
- (b) The scope and extent of surgical procedures that each Dentist may perform shall be specifically delineated and granted based upon the recommendation of the Director of Pediatric Dentistry or Director of Oral Surgery.

- (c) Surgical procedures performed by a Dentist shall be under the supervision of the Director of Pediatric Dentistry or Director of Oral Surgery. This supervision may include, but not be limited to: direct observation, concurrent case review, retrospective case review.

## 5.5.2 PRACTITIONERS PRACTICING PODIATRY

- (a) Podiatrists must be a graduate of an accredited school of podiatry, qualified and licensed by the Licensing Board of Podiatry in the State of Connecticut. Recommendations for Privileges will be obtained, to the extent possible, from other podiatrists as well as Physicians specializing in Orthopaedics.
- (b) A staff podiatrist may admit patients to the Medical Center in collaboration with a Physician who specializes in orthopaedics, who shall be responsible for the overall aspects of the patient's care throughout the Medical Center. Written concurrence of the Director of Orthopaedic Surgery or his or her designee is required.
- (c) Podiatric patients shall be admitted to the Orthopaedic Surgery Division and a Physician shall be responsible for the written medical history and physical examination prior to anesthesia and/or surgery.
- (d) Surgical procedures performed by a podiatrist shall be under the supervision of the Director of Orthopaedic Surgery or his or her designee. This supervision may include, but not be limited to: direct observation, concurrent case review and/or retrospective case review.

## 5.6 EMERGENCY AND DISASTER PRIVILEGES

### 5.6.1 EMERGENCY PRIVILEGES

In case of an emergency in which serious permanent harm or aggravation of injury or disease is imminent, or in which the life of a patient is in immediate danger, and any delay in administering treatment could add to that danger, any currently privileged Medical Staff member or Professional Staff member shall be authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the existing Medical Staff member's or Professional Staff member's license but regardless of Division affiliation, Medical Staff category, or level of Privileges. Emergency Privileges will be granted by the CEO or his or her designee, on a case-by-case basis. The granting of emergency Privileges will be in accordance with Medical Staff and Medical Center policies and procedures, and shall include, without limitation, primary source verification within seventy-two (72) hours of granting such emergency Privileges. A Practitioner exercising emergency Privileges shall be obligated to summon all consultative assistance deemed necessary and to arrange for appropriate follow-up care. Such emergency Privileges shall automatically terminate when the emergency no longer exists and/or when the care of the patient(s) is transitioned to another Medical Staff member.

### 5.6.2 DISASTER PRIVILEGES

Physicians who are not currently members of the Medical Staff may be granted disaster Privileges during an "emergency" situation, where an "emergency" is defined as a federal, state, or local government emergency, or when the Medical Center's Emergency Operations Plan is activated. The Medical Center, in consultation with the President of the Medical Staff or his/her designee, will reasonably exhaust the resources of current

members of the Medical Staff before accepting or soliciting support from outside Physicians. Disaster Privileges will be granted by the CEO or his or her designee, on a case-by-case basis. The granting of disaster Privileges will be in accordance with Medical Staff and Medical Center policies and procedures, and shall include, without limitation, primary source verification within seventy-two (72) hours of granting such disaster Privileges.

When the emergency no longer exists, or upon identification of any adverse information about the Practitioner, the disaster Privileges shall be automatically terminated, but in no event shall such disaster privileges be granted for a period longer than seventy-two (72) hours without an affirmative decision to re-grant such privileges by the CEO or his designee. Practitioners receiving this type of emergency Privileges are not entitled to the hearing and appellate review procedures as provided in Article 11.

## 5.7 TEMPORARY PRIVILEGES

### 5.7.1. CONDITIONS

Temporary Privileges may be granted only in the circumstances described in Section 5.7.2 (a) to an appropriately licensed Practitioner, (b) when the information available (including completed application, NPDB check, OIG check and criminal background check) shall support a favorable determination regarding the requesting Practitioner's qualifications, ability and judgment to exercise the Privileges requested and (c) after verification that the Practitioner has satisfied the professional liability insurance requirement, and has met if any, of these Bylaws requirements. applicable State licensure requirements and demonstrates current competence and ability to perform the clinical privileges requested. Special requirements of consultation and reporting may be imposed by the Division Director responsible for the Practitioner. All temporary Privileges of applicants shall be specifically delineated regardless of circumstance.

### 5.7.1 CIRCUMSTANCES

Upon the written concurrence of the Division Director or his/her designee where the Privileges will be exercised, the President of the Medical Staff or his/her designee, and the CEO or his/her designee, after appropriate verifications are completed by the Medical Staff Office, may grant temporary Privileges in the following circumstances:

- (a) Pendency of Application: Prior to the recommendation by the Medical Staff Executive Committee of an application for appointment and after receipt of a completed and verified application for Medical Staff appointment and a written request for specific temporary Privileges for a period not to exceed 120 days, subject to the recommendation of the Division Director. The completed application must indicate that the applicant has (i) no current or previously successful challenge to licensure or registration; (ii) not been subject to involuntary termination of medical staff membership at another organization; and (iii) not been subject to involuntary limitation, reduction, denial, or loss of Clinical Privileges. This shall be done only when appointment without undue restriction is anticipated.

- (b) Care of Specific Patients: Upon receipt of a written request for specific temporary Privileges for patient care needs or services for the care of one or more specific patients. Such Privileges shall be granted for a defined period not to exceed 120(120) days.
- (c) Education: After receipt of a written request to learn or teach or serve as proctor for a specific procedure(s) from a Practitioner who is not an applicant for Medical Staff membership. Such Privileges may be granted for a period of thirty (30) days with one thirty (30) day renewal.
- (d) Locum Tenens: Upon receipt of a written request for specific temporary Privileges, to a Practitioner who is not an applicant for Medical Staff membership and who is serving as a Locum Tenens for a member of the Medical Staff or for the Medical Center to satisfy a patient care need. Locum Tenens Privileges may be granted to fulfill an important patient care need for a defined period generally not to exceed one hundred (100) days consecutively. In the event the Locum Tenens is to cover a practitioner called up for military duty, the defined period may be up to but shall not exceed six (6) months.

#### 5.7.2 TERMINATION OF TEMPORARY PRIVILEGES

The CEO or his/her designee shall, on the discovery of any information or the occurrence of any event of a nature which raises questions about a Practitioner's professional qualifications or ability to exercise all or any of the temporary Privileges granted, and may at any other time after consultation with the Director responsible for supervision and the Physician-in-Chief or Surgeon-in-Chief (as applicable), terminate all or any of a Practitioner's temporary Privileges, provided that where the life or well-being of a patient is determined to be endangered, the termination may be effected by any person entitled to impose precautionary suspensions under these Bylaws. In the event of any such termination, the Practitioner's patients then in the Medical Center shall be assigned to another Practitioner by the Director responsible for the Practitioner. The wishes of the patient shall be considered, where feasible, in choosing a substitute Practitioner.

#### 5.7.3 RIGHTS OF THE PRACTITIONER

A Practitioner shall not be entitled to the procedural rights afforded by the Bylaws in the event that the Practitioner's request for temporary Privileges is refused or such granted temporary privileges are subsequently terminated pursuant to Section 5.7.3 hereof.

### 5.8 TELEMEDICINE PRIVILEGES

#### 5.8.1. QUALIFICATIONS

A Practitioner is eligible for Telemedicine Privileges if the Practitioner:

- (a) Meets the basic qualifications set forth in Section 3.2 of these Bylaws;
- (b) Provides Telemedicine services to patients of the Medical Center either through a direct written agreement with the Medical Center or through an agreement with a third party provider of radiological or neurological services which has a written agreement with the Medical Center;
- (c) Maintains the same privileges at the distant site from which the Practitioner performs the Telemedicine services as are requested at the Medical Center;

- (d) Has a current and unrestricted license to practice medicine in the State of Connecticut; and
- (e) Is not barred or excluded from participation in federally funded healthcare programs and meets all other legal and regulatory requirements regarding Telemedicine in the State of Connecticut.

#### 5.8.1 PREROGATIVES

A Practitioner with Telemedicine Privileges:

- (a) Is not eligible for Medical Staff membership;
- (b) Is not eligible to conduct research activities at or through the Medical Center;
- (c) Is not eligible for appointment to a Division or to vote, serve on a committee, or hold office;
- (d) Is not eligible to attend meetings of the Medical Staff;
- (e) Cannot admit or attend to patients at the Medical Center;
- (f) Is not entitled to any rights or prerogatives of these Bylaws, including, without limitation, the right to hearings, appellate review, or other procedural or due process rights; and
- (g) May consult, within the scope of Privileges granted, with respect to patients for whom the Practitioner's services have been requested.
- (h) Shall pay medical staff dues or reappointment fees in accordance with Medical Staff policies, procedures and directives.

#### 5.8.2 RESPONSIBILITIES

A Practitioner with Telemedicine Privileges shall apply for such Privileges and be processed in accordance with the Medical Center's Credentialing Policy, and shall abide by all applicable provisions of the Privileges granted, the agreement by and between the Practitioner and the Medical Center, and the applicable provisions of these Bylaws, the Rules and Regulations and other Medical Staff policies and procedures, including, without limitation, carrying professional liability insurance in an amount required by these Bylaws.

### ARTICLE 6. STAFF OFFICERS

#### 6.1 GENERAL OFFICERS OF THE STAFF

##### 6.1.1 IDENTIFICATION

The general officers of the Medical Staff shall be a president, a vice president, a secretary and a treasurer.

##### 6.1.2 QUALIFICATIONS

Each general officer shall be a member of the Active Staff at the time of nomination and election, shall remain a member in good standing continuously during the term of office, and shall be willing and able to discharge the duties of the particular office faithfully. They shall have demonstrated executive ability and be recognized for their high level of clinical competence. No individual may hold two general Medical Staff offices concurrently.

### 6.1.3 TERM OF THE OFFICE

The term of office of general Medical Staff officers shall be two Medical Staff Years. Officers shall assume office on the first day of December following their election or appointment except that an officer elected to fill a vacancy shall assume office immediately upon election. Each officer shall serve until the end of the term and until a successor is elected, unless the officer sooner resigns or is removed from office.

### 6.1.4 ELECTION OF OFFICERS

Officers shall be chosen by election by majority vote cast by those members of the Medical Staff present, eligible, and qualified to vote for general officers. The President of the Medical Staff and Vice-President of the Medical Staff shall be elected in even numbered years and the Secretary and Treasurer shall serve without proposed term limits and be elected in odd numbered years.

### 6.1.5 COMPOSITION OF NOMINATING COMMITTEE

The Executive Committee shall elect by vote of a majority of members present at a meeting at which there is a quorum (greater than half the members) a Nominating Committee of four (4) members of the Active Staff, at least two (2) of which are not members of the Executive Committee, not less than five (5) months prior to the Annual Meeting at which officers are to be elected. Any Executive Committee member may propose nominees for membership on the Nominating Committee.

### 6.1.6 TIMETABLE

Not less than forty (40) days prior to the date of the Annual Meeting, the Nominating Committee shall develop a list of at least one candidate for election to each office to be filled at such Annual Meeting. Such candidates shall have been advised of their inclusion on such list and shall have expressed their willingness to serve if elected.

### 6.1.7 PETITION CANDIDATES

Additional candidates for election to any office shall be included on the Nominating Committee's list of candidates by petition on behalf of such candidate signed by at least five percent (5%) of the voting members of the Medical Staff, provided such petition is delivered to the Nominating Committee not less than thirty (30) days prior to the date of the Annual Meeting and is accompanied by such candidate's written confirmation of his or her willingness to serve in such office.

### 6.1.8 VOTING

The list of candidates so developed will be presented to the Executive Committee for approval by majority vote of the members present (assuming a quorum is present at the time of the vote). The approved list shall be communicated to the voting members of the Medical Staff (via email or postal mail) not less than ten (10) days prior to the date of the Annual Meeting. At the Annual Meeting, the presiding officer shall declare the candidates on such list of nominees as duly

nominated, without the necessity of a motion made or seconded. No additional nominations may be made from the floor. A quorum being present at such Annual Meeting, the nominee for an office receiving a majority of the votes cast for such office shall be elected. If no candidate receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. In the event of a tie, a special election will be held for that office. The tying candidates shall be on the ballot. A mail ballot is permissible for the special election.

An absentee ballot shall be available to a Medical Staff member who is qualified and eligible to vote who:

- (a) Is unable to attend the Annual Meeting; and
- (b) Submits an e-mail, written or faxed request for the absentee ballot ten (10) business days prior to the Annual Meeting, as documented by a postmark or timestamp.

The absentee ballot must be completed in writing and received by the Medical Staff Office before 12:00 p.m. on the day of the Annual Meeting.

## 6.2 VACANCIES

Vacancies in the office of Vice-President, Secretary or Treasurer shall be filled by the Executive Committee for the balance of the term. In the event that a vacancy occurs in the office of President, the Vice-President shall become President for the unexpired term and there shall be thereupon a vacancy in the office of Vice-President.

## 6.3 RESIGNATION AND REMOVAL FROM OFFICE

### 6.3.1 RESIGNATION

Any general Medical Staff officer may resign at any time by giving written notice to the Executive Committee. Such resignation shall take effect on the date of receipt or at any later time specified in it.

### 6.3.2 REMOVAL

In the event that an officer's Privileges have been suspended or terminated, such officer shall be automatically removed from office.

Removal of a general Medical Staff officer for good cause may be effected by the Board acting on its own initiative or by a seventy-five percent (75%) vote by secret ballot of the members of the Medical Staff present and eligible and qualified to vote for Medical Staff officers, such vote being taken at a special meeting called for that purpose. A quorum shall be required for this special meeting. Permissible grounds for removal shall include, without limitation: (a) failure to perform the duties of the position held in a timely and appropriate manner; and (b) failure to continuously satisfy the qualifications for the position. No such removal shall be effective unless and until ratified by the Board. In the event that the officer under consideration for removal is the President, the Vice-President shall act as the chair for meetings of the Medical Staff and the Executive Committee while the action for removal is being considered.

## 6.4 DUTIES OF THE OFFICERS

The responsibilities and authority including specific functions and tasks of general Medical Staff officers and other Medical Staff members elected or appointed as officers of Divisions and committees are set forth in these Bylaws. The overall duties of general Medical Staff officers shall be as provided in this Section 6.4.

### 6.4.1 DUTIES OF THE PRESIDENT

The President shall preside at Medical Staff meetings and at meetings of the Executive Committee. He or she shall have the power to call Medical Staff meetings and meetings of the Executive Committee with vote. He or she shall be an *Ex-Officio* member without vote at all other Medical Staff committees, he or she shall attend Board of Directors and Board Quality meetings, shall be the chairperson (with voting rights) of the Quality Safety Committee, and shall be a member of the Bylaws Committee. An elected President may not serve consecutive terms as President, except that a President may serve one (1) full two (2) year term in addition to any partial term he or she may serve in order to fill a vacancy in the office. The President shall be accountable to the Board, in conjunction with the Medical Executive Committee, for the quality and efficiency of clinical services performed at the Medical Center.

### 6.4.2 DUTIES OF THE VICE PRESIDENT

Whenever the President of the Medical Staff is unable to fulfill the duties of office by reason of illness, absence or other temporary or permanent incapacity, the Vice President shall exercise all the responsibilities and authority of the President of the Medical Staff. He shall be a member of the Executive Committee and the Bylaws Committee. It is anticipated that the Vice President will stand for election as President at the end of his or her two (2) year term. An elected Vice-President may not serve consecutive terms as Vice President, except that a Vice President may serve one (1) full two (2) year term in addition to any partial term he or she may serve in order to fill a vacancy in the office.

### 6.4.3 DUTIES OF THE SECRETARY

The Secretary shall keep, or cause to be kept, accurate and complete minutes of all meetings of the Medical Staff, the Executive Committee and the Joint Conference Committee. He or she shall attend to all correspondence and perform such other duties as ordinarily pertain to his/her office. He or she shall give members proper notice of all above meetings. He or she shall notify Division Directors annually of the proper time for new nominations, reappointments, promotions and annual reports. There are no term limits for this position.

### 6.4.4 DUTIES OF THE TREASURER

The Treasurer shall account for all Medical Staff funds and submit an annual report. There are no term limits for this role.



## ARTICLE 7. CLINICAL ORGANIZATION

### 7.1 CLINICAL SERVICES

The Medical Staff shall have a Department of Pediatrics and a Department of Surgery. Each Department includes such Divisions as the Department shall determine to be necessary for proper patient care. The Department of Pediatrics and the Department of Surgery shall be led by the Physician-in-Chief and Surgeon-in-Chief, respectively, who shall each report to the CEO.

#### 7.1.1 DEPARTMENT OF PEDIATRICS

The Department of Pediatrics shall include the Divisions of Adolescent Medicine, Allergy/Immunology, Cardiology, Community Pediatrics, Critical Care, Dermatology, Developmental Pediatrics, Emergency Medicine, Endocrinology, Gastroenterology/Nutrition, General Pediatrics, Genetics, Hematology and Oncology, Hospital Medicine, Infectious Diseases, Neonatology, Nephrology, Neurology, Pain and Palliative Medicine, Psychiatry, Pulmonary Medicine, Physical & Rehabilitation Medicine, Rheumatology and Regional Pediatrics.

#### 7.1.2 DEPARTMENT OF SURGERY

The Department of Surgery shall consist of the Divisions of Anesthesiology, Cardiac Surgery, Pediatric Dentistry, Oral Surgery, General Surgery, Gynecology, Neurosurgery, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pathology & Laboratory Medicine, Plastic, Reconstructive and Hand Surgery, Radiology and Urology.

### 7.2 REQUIREMENTS FOR AFFILIATION WITH DIVISIONS

Each Department and Division shall be a separate organizational component of the Medical Staff, and all Medical Staff members shall be a member of the Department and Division which most closely reflects their professional training and experience and the clinical area in which their practices are concentrated. A Practitioner may be granted Clinical Privileges in one or more Divisions. The exercise of Clinical Privileges within the jurisdiction of any Division shall be subject to the rules and regulations of that Division and the authority of the Division Director.

### 7.3 FUNCTIONS OF DEPARTMENTS

#### 7.3.1 MEETING AND GENERAL FUNCTIONS

As soon as possible after the start of each calendar year, the Physician-in-Chief and Surgeon-in-Chief shall each call a meeting of all Division Directors within their respective Departments for the purpose of organization. Matters of patient care, teaching, research and other aspects of the operation of the Department for the ensuing year shall be discussed and planned. Each Department shall devise and implement rules and procedures for the care of all patients' subject to the jurisdiction of that Department.

### 7.3.2 PHYSICIAN-IN-CHIEF

The Physician-in-Chief of the Medical Center shall also serve as the Chair of the Department of Pediatrics at the University of Connecticut. He or she shall be recommended by a search committee appointed jointly by the Dean of the University of Connecticut School of Medicine and the CEO. He or she will report directly to the CEO for matters related to clinical activities and to the Dean of the School of Medicine for all academic affairs.

The Physician-in-Chief:

- (a) Will oversee the conduct of all clinical, research and academic programs for the Department of Pediatrics;
- (b) Will be responsible for the appointment and removal of the Division Directors within the Department of Pediatrics;
- (c) Will oversee all graduate and undergraduate medical training programs for the Department of Pediatrics;
- (d) Will oversee quality improvement activities within the Department of Pediatrics;
- (e) Will recommend all academic appointments and promotions within the Department of Pediatrics in compliance with institutional requirements of the University of Connecticut School of Medicine;
- (f) Will be an *Ex-Officio* member, without vote, of the Board, the Executive Committee of the Board, the Joint Conference Committee, and the Executive Committee of the Medical Staff;
- (g) Will make budgetary recommendations for the Department of Pediatrics to the CEO.

### 7.3.3 SURGEON-IN-CHIEF

The Surgeon-in-Chief shall also serve as the Vice Chair of the Department of Surgery at the University of Connecticut. He or she shall report to the CEO for matters related to clinical activities, and to the Dean of the University of Connecticut School of Medicine for all academic affairs. He or she shall be recommended by a search committee appointed jointly by the Dean of the University of Connecticut School of Medicine and the CEO.

The Surgeon-in-Chief:

- (a) Will oversee the conduct of all clinical, research and academic programs for the Department of Surgery;
- (b) Will be responsible for the appointment and removal of the Division Directors within the Department of Surgery;
- (c) Will oversee all graduate and undergraduate surgical training programs for the Department of Surgery;
- (d) Will oversee quality improvement activities within Department of Surgery;
- (e) Will recommend all academic appointments and promotions within the Department of Surgery in compliance with institutional requirements of the University of Connecticut School of Medicine;
- (f) Will be an *Ex-Officio* member, without vote, of the Board, the Executive Committee of the Board, the Joint Conference Committee, and the Executive Committee of the Medical Staff;
- (g) Will make budgetary recommendations for the Department of Surgery to the CEO.

#### 7.3.4 MEDICAL DIRECTOR FOR MEDICAL STAFF AFFAIRS

The Medical Director for Medical Staff Affairs shall be appointed by the Physician-in-Chief, in collaboration with the Surgeon-in-Chief and CEO. His/her responsibilities shall include but not be limited to:

- a) Assist the Medical Staff and Hospital Leadership in fulfilling their responsibilities to patients for the provision of quality care.
- b) Assist hospital leadership in optimizing: 1) delivery of care and process of disease management, 2) patient satisfaction, 3) patient safety and 4) appropriateness of care. Assist Hospital Leadership to assure that quality management programs are carried out in all clinical areas through the development and implementation of effective disease management programs, clinical protocols and guidelines, other decision tools, and review of the outcomes.

### 7.4 FUNCTIONS OF DIVISIONS

#### 7.4.1 MEETING AND GENERAL FUNCTIONS

Divisions shall each hold meetings no less than quarterly. Divisions fulfill administrative, collegial, peer review and quality improvement functions. Through election to Medical Staff offices and representation on committees, the Medical Staff members affiliated with each Division shall perform these same functions on a multidisciplinary, Medical Staff- and Medical Center-wide basis.

#### 7.4.2 ADMINISTRATIVE FUNCTIONS

Each Division shall encourage its members to contribute their professional views and insights to the formulation of Medical Staff and Medical Center policies and plans, shall communicate formulated policies and plans back to its members for implementation, and shall coordinate the professional services of its members with those of other Divisions and with the Medical Center and the Medical Staff Services Office.

#### 7.4.3 QUALITY IMPROVEMENT FUNCTIONS

Each Division shall discharge the following quality improvement and accountability functions, either alone or in concert with other organizational components of the Medical Staff and the Medical Center:

- (a) Establish minimum requirements for the Clinical Privileges that may be exercised by its members and others exercising Clinical Privileges within such specialty, review the demonstrated results of Privileges so exercised, and frame recommendations for future Privileges.
- (b) Monitor its members' performance, on an ongoing and concurrent basis, for adherence to Medical Staff, Medical Center, and Department and Division policies and procedures, including requirements for alternate coverage and for obtaining consultation, for adherence to sound principles of clinical practice, for appropriate surgical and other procedures, for unexpected clinical occurrences, and for patient safety.
- (c) Establish such committees or other mechanisms as are necessary and desirable to properly perform the quality improvement functions assigned to it.

#### 7.4.4 PROFESSIONAL FUNCTIONS

Each Division shall serve as the most immediate peer group for providing clinical support among and between peers, for teaching, continuing education, research and sharing of new knowledge, and for providing consultation within the Division and throughout the Medical Center in its specialty area.

The following clinical services shall maintain emergency service consultation call lists and shall provide services as detailed in the EMTALA On-Call Policy:

Anesthesiology	Nephrology
Cardiac Surgery	Neurology
Cardiology	Neurosurgery
Critical Care	Ophthalmology
Dentistry	Oral-maxillofacial Surgery
Endocrinology	Orthopaedic Surgery/Sports Medicine
Gastroenterology	Otolaryngology
General Surgery	Plastic, Reconstructive and Hand Surgery
Genetics	General Pediatrics (Primary Care)
Gynecology	Adolescent Medicine & SCAN
Hematology/Oncology	Psychiatry
Hospital Medicine	Pulmonology
Infectious Disease	Radiology
Neonatology	Rheumatology
	Urology

It is the obligation of each service (listed above) to provide specialty coverage in the Emergency Department and give consultation consistent with individual practitioner delineated privileges.

### ARTICLE 8. LEADERSHIP OF DIVISIONS

#### 8.1 DIVISION DIRECTORS

##### 8.1.1 FUNCTIONS AND RESPONSIBILITIES

Division Directors will be responsible for the development and maintenance of clinical and academic activities of their Divisions. They will be accountable for all professional and administrative activities in their Divisions. They will be required to enforce the Bylaws, Division Rules and Regulations and must continue to monitor and evaluate the clinical and the professional performance of practitioners in the Division. Directors may serve either under a contract with the Medical Center or on a voluntary basis.

##### 8.1.2 ACCOUNTABILITY

The Directors will be accountable to the Physician-in-Chief/Surgeon-in-Chief for clinical and academic activities as they pertain to the Medical Center and for institutional administrative matters; and to the appropriate University Department Head of the University of Connecticut School of Medicine for educational matters. The Director of the Division of Pediatric Dentistry and Oral Surgery will be

accountable to the Dean of the University of Connecticut School of Dental Medicine for academic and educational matters.

### 8.1.3 SELECTION PROCESS

Salaried Directors will be appointed by the Physician-in-Chief or Surgeon-in-Chief and CEO, as appropriate.

Non-salaried Directors may be selected by the Physician-in-Chief or Surgeon-in-Chief, as appropriate, in consultation with the members of the Division and/or President of the Medical Staff.

The Director of the Division of Pediatric Dentistry and Oral Surgery will be the Head of the Department of Pediatric Dentistry of the University of Connecticut School of Dental Medicine or his/her designee.

### 8.1.4 QUALIFICATIONS

All Directors shall be board certified in Pediatrics or Surgery and/or the appropriate sub-specialty.

## 8.2 ANNUAL APPOINTMENT

Each Division Director shall serve until removed.

## 8.3 RESIGNATION AND REMOVAL

A Director may resign at any time by giving written notice to the Physician-in-Chief or Surgeon-in-Chief, as appropriate. Such resignation shall take effect on the date of receipt of written notice or at any later time specified in it. A Director may be removed with or without cause by the respective Physician-in-Chief or Surgeon-in-Chief and CEO, as appropriate.

## 8.4 VACANCIES

An unexpected vacancy in a Director position shall be filled from the members of the Division concerned through appointment of an acting officer by the respective Physician-in-Chief or Surgeon-in-Chief, as appropriate and the CEO. The acting officer shall serve pending the selection of a successor as provided in Section 8.1.3.

## 8.5 RESPONSIBILITY, AUTHORITY AND REPORTING OBLIGATIONS OF DIRECTORS

### 8.5.2 RESPONSIBILITY AND AUTHORITY

A Division Director shall have the responsibility and authority to carry out whatever functions are assigned by the Division, by the Board, by the respective Physician-in-Chief or Surgeon-in-Chief, by the Executive Committee, by these Bylaws and, where applicable, by contract with the Medical Center.

### 8.5.3 REPORTING OBLIGATIONS

Division Directors shall each report:

- (a) At regularly scheduled Department Medical Staff meetings on their Division's activities.
- (b) When necessary or requested, to the President of the Medical Staff on matters of immediacy, especially where action to coordinate clinical services to maintain quality or to assure patient safety are at issue.
- (c) To the respective Physician-in-Chief or Surgeon-in-Chief on issues relating to the Director's administrative duties for coordination of the Medical Center's personnel, proper functioning of equipment, efficient scheduling and similar matters.

Division Directors shall report at regularly scheduled Department meetings on their Division's activities, to the respective Physician-in-Chief or Surgeon-in-Chief as well as the President of the Medical Staff or other appropriate Practitioner for matters described in Section 8.5.2(b), and to the CEO for matters described in Section 8.5.2(c).

### 8.5.4 SPECIFIC DUTIES AND OBLIGATIONS OF DIVISION DIRECTORS

To assure that the functions of the Divisions as provided in these Bylaws are accomplished and to meet their responsibility for all professional and administrative activities within the Divisions, Division Directors shall have these specific duties and obligations:

- (a) Preside over and prepare the agenda for all Division meetings.
- (b) Participate on a continuous basis in managing the Division through cooperation and coordination with nursing and other patient care services units and/or Medical Center management on all matters affecting patient care.
- (c) Participate in planning with respect to the Division's personnel, equipment, facilities, services and budget.
- (d) Communicate and implement within the Division actions taken by the committees and the Board.
- (e) Unless otherwise provided, give guidance on the overall medical policies of the Medical Center; recommend to the Medical Staff criteria for Clinical Privileges that are relevant to the care provided in the Division, and make specific recommendations and suggestions regarding the Division to the Executive Committee, Medical Center management and the Board.
- (f) Implement and supervise, in cooperation with other appropriate officials of the Medical Staff and the Medical Center, systems to carry out the quality improvement functions assigned to the Division.
- (g) Assist in the orientation and continuing education of all persons in the division.
- (h) Assist in developing, implementing, supervising, coordinating and evaluating, in conjunction with other appropriate officers, committees, or Divisions of the Medical Staff, education, training and research programs for the members of the Division.
- (i) Maintain ongoing review of the quality of patient care and the professional performance of all Practitioners and others with Clinical Privileges or performing specified services in the Division and present written reports to the Executive Committee and other Medical Staff and Medical Center committees when appropriate.

- (j) Prepare and transmit to the appropriate authorities as required by these Bylaws recommendations concerning appointment, reappointment, delineation of Clinical Privileges, and corrective action with respect to Practitioners in the Division.
- (k) Enforce Medical Center, Medical Staff bylaws, the Rules and Regulations, and policies and procedures within the Division, including initiating corrective action and evaluating clinical performance and requiring consultation to be provided or sought when necessary.
- (l) Unless otherwise provided in these Bylaws, appoint Division committees as necessary to perform the functions of the Division and designate a chair of each such committee.
- (m) Perform such other duties as are commensurate with the position as are set forth in these Bylaws and, where applicable, in a contract with the Medical Center, and as may from time to time be reasonably requested by the President of the Medical Staff, the Executive Committee, the respective Physician-in-Chief or Surgeon-in-Chief, or the CEO.
- (n) Conduct investigations and submit reports and recommendations as required by the Medical Staff's credentialing procedures to the Credentials Committee regarding appointment, reappointment, delineation of Clinical Privileges and corrective action with respect to Practitioners holding membership or exercising Privileges or services in or applying to the Division. Perform an appraisal for the Credentials Committee of each Medical Staff applicant and a reappraisal of each member of the Division at the time of reappointment. Such reappraisal shall include information relative to the individual's professional performance, judgment, and when appropriate, technical skill. This reappraisal shall also include determination of the individual's health status in the perspective of the Practitioner's ability to perform the Clinical Privileges requested.

## ARTICLE 9. COMMITTEES

### 9.1 GENERAL PURPOSES AND PRINCIPLES GOVERNING COMMITTEES

As the Medical Staff must be concerned with meeting the community's medical needs, it must look toward a broad, integrated approach to service through various committees which shall either be standing or special. The standing committees described in this Article are established for the purposes of (a) evaluating and improving the quality of health care rendered in the Medical Center, (b) reducing morbidity and mortality from any cause or condition, (c) establishing and enforcing guidelines designed to keep the cost of health care within reasonable bounds, (d) reviewing the professional qualifications and activities of the Medical Staff and Professional Staff and applicants for admission to the Medical Staff and Professional Staff member staff, (e) reporting variances to accepted standards of clinical performance to individual Practitioners and Professional Staff and (f) for such additional purposes as may be set forth. Many activities of committees, subcommittees, Departments, Divisions and individuals provided for in these Bylaws are carried out for purposes of evaluating and improving the quality and efficiency of services ordered or performed as well as reducing morbidity and mortality and operating in a manner to keep costs within reasonable bounds. It is intended and understood that when so engaged each committee or subcommittee created or referred to in or authorized by these Bylaws or the Bylaws of the Medical Center including but not limited to the Executive Committee; Antimicrobial Stewardship Committee, Bylaws Committee; Emergency Management Preparedness Committee;

Committee on Practitioner Health; Credentials Committee; Infection Control Committee; Joint Conference Committee; Medical Ethics Committee; Medical Records Committee; Medication Management Committee; Perioperative Leadership Committee; Quality & Safety Committee; Peer Review Committee; Pharmacy and Therapeutics Committee; Risk Management Committee; Sedation Committee; Transfusion & Utilization Committee; Tumor Committee; Utilization Management Committee; all committees, subcommittees and task forces created pursuant to these Bylaws; all Departments and Divisions of the Medical Staff and their committees; any subcommittee or committee participating in a credentialing, re-credentialing, investigative or disciplinary matter; any individual gathering information or providing services for or acting on behalf of any such committee, subcommittee or entity; and the Board and its committees and subcommittees when acting on Medical Staff, quality review, or related matters, are serving as Medical Review Committees as defined in Chapter 368a of the Connecticut General Statutes, as amended from time to time. The Joint Commission, while performing accreditation services for the Medical Center, shall be acting as a Medical Review Committee engaged in peer review as an agent of the Medical Center and the Medical Staff. In its capacity as an agent, the Joint Commission shall be bound to protect the confidentiality of information pursuant to state law and the contract between the Joint Commission and the Medical Center.

#### 9.1.1 COMPOSITION OF AND APPOINTMENT TO COMMITTEES

All committees' chairs, other than those of the Executive Committee and as otherwise specifically provided in this Article, shall be appointed by the President of the Medical Staff after consultation with the Surgeon-in-Chief and the Physician-in-Chief. All committees shall have at least three (3) Medical Staff members, representing a cross-section of the Medical Staff's Divisions. Unless otherwise specified in this Article, committee members shall be chosen by the committee chair after consultation with the Surgeon-in-Chief and the Physician-in-Chief. In some cases, ad hoc (non-voting) committee members chosen by the committee chair in consultation with the committee members and with the Executive Committee, may be family members from the Family Advisory Board. If possible, and at the discretion of the President of the Medical Staff, Practitioners will be given the opportunity to serve on the committees of their choice. Committee members shall attend seventy percent (70%) of all scheduled meetings in any Medical Staff Year. Failure to do so shall first result in the issuance of a warning by the President of the Medical Staff. If a committee member receives more than one (1) warning in any rolling twelve (12) month period, such member shall be removed from the committee by the President of the Medical Staff. Committee members and chairs shall serve at the will of the President of the Medical Staff until a successor is appointed. The chair of each committee shall submit minutes from each committee meeting to the Executive Committee for review.

Medical Staff members shall be represented on hospital committees, not defined by these Bylaws, including but not limited to: Emergency Management Preparedness Committee; Infection Prevention and Control Committee; Medical Ethics Committee; Medication Management Safety Committee; Perioperative Leadership Committee; Quality & Safety Committee; Risk Management Committee; Transfusion Committee, Tumor Committee and Utilization Management Committee.



## 9.1.2 ACTION THROUGH SUBCOMMITTEES

Any standing committee may elect to perform any of its specifically designated functions by constituting any number of its members as a subcommittee for that purpose. Any such subcommittee may include individuals in addition to members of the standing committee. Such additional members shall be appointed by the committee chair after consultation with the President of the Medical Staff

## 9.1.3 SUBSTITUTION

At any time, it deems it necessary and desirable for the proper discharge of the functions required of the Medical Staff by these Bylaws and the bylaws and policies of the Medical Center, the Executive Committee may establish, eliminate or merge standing or special committees, change the functions of a committee, or assign the function to the Medical Staff as a whole.

## 9.1.4 VOTING

Notwithstanding anything to the contrary contained herein regarding the composition of committees, only Active Staff members shall be eligible to vote at any meeting of a committee or a subcommittee thereof, provided, however, that nothing contained herein shall prevent the attendance of witnesses or other individuals possessing information relevant to the matters being considered by the committee for purposes of providing such information, testimony or advice to such committee.

## 9.2 EXECUTIVE COMMITTEE

### 9.2.1 PURPOSE AND DUTIES

The Executive Committee shall be empowered to represent and act for the Medical Staff and to coordinate all activities and policies of the Medical Staff and its Departments, Divisions and committees, subject to such limitations as may be imposed by the Medical Staff or these Bylaws. It shall meet at least ten (10) times per year, keep a permanent record of its proceedings, decisions and actions and communicate its decisions and actions that affect or define Medical Staff policies, rules or positions by periodic written summary reports.

The Executive Committee shall be responsible for:

- (a) Making recommendations directly to the Board for its approval concerning: structure of the Medical Staff; mechanisms used to review credentials and delineate individual Clinical Privileges; individuals for Medical Staff and Professional Staff membership; delineated Clinical Privileges; participation in quality improvement activities by the Medical Staff and mechanisms to conduct, evaluate, and revise such activities; the mechanism by which Medical Staff membership may be terminated; and the mechanism for hearing and appellate review.
- (b) Receiving, coordinating and acting upon the reports and recommendations from Departments, Divisions, committees, other assigned activity groups and offices concerning the functions assigned to them and the discharge of their delegated responsibilities.

- (c) Overseeing the overall quality improvement and patient safety programs of the Medical Staff, receiving reports from the various committees concerning these activities, and accounting to the Board and to the Medical Staff by written reports for the overall quality, safety and efficiency of patient care rendered by Medical Staff members and Professional Staff in the Medical Center, as specified in the Medical Center's and Medical Staff's quality improvement plan(s).
- (d) Making recommendations on medico-administrative and Medical Center's management matters.
- (e) Enforcing these Bylaws and the Rules and Regulations.

## 9.2.2 COMPOSITION

The Executive Committee shall consist of:

- (a) The general officers of the Medical Staff (President, Vice President, Secretary and Treasurer).
- (b) Two (2) representatives from the Department of Pediatrics elected from the Active Staff Members in the Department of Pediatrics.
- (c) Two (2) representatives from the Department of Surgery elected from the Active Staff Members in the Department of Surgery.

The preceding committee members shall all have voting rights. The CEO, the Physician-in-Chief, the Surgeon-in-Chief, Vice-President and Chief Financial Officer of the Medical Center, Senior Vice-President of Quality and Safety, Medical Director for Medical Staff Services, Senior Vice-President of the Clinical Care Services and Chief Nursing Officer are *Ex-Officio* members without a vote. The President of the Medical Staff shall serve as the chair of the Executive Committee. The general officers of the Medical Staff shall serve for such period in which they hold office. Elected members of the Executive Committee shall serve staggered terms of two (2) years, such that one (1) representative from each of the Department of Pediatrics and the Department of Surgery are elected each year by the respective member of Active Staff members in their Department. Notwithstanding the foregoing, two (2) members shall be elected for a term of one (1) year at the election to be held at the Annual Meeting. Professional Staff members may serve on the committee without a vote.

## 9.2.3 ELECTION

In alternate years, the President of the Medical Staff shall submit to the Medical Staff forty (40) days prior to the election date a list of four (4) nominees for election to the Executive Committee, two (2) of which shall be from the Department of Pediatrics and two (2) of which shall be from the Department of Surgery. Medical Staff members may submit to the President the names of other candidates who are willing to serve on the Executive Committee. These names will be included on the ballot. Voting shall be by secret ballot. Election to the Executive Committee shall require a majority vote of the Active Medical Staff members of the applicable Department being represented who are represented by ballot.

#### 9.2.4 VACANCY

In the event that a member of the Executive Committee is unable to continue to serve during the course of a Medical Staff year for any reason, a new member shall be chosen in a manner similar to the manner in which the member being replaced was chosen, following insofar as possible the provisions of these Bylaws setting forth the manner of selection.

#### 9.2.5 REMOVAL

Members of the Executive Committee other than general officers of the Medical Staff may be removed from their position by a two-thirds (2/3) vote of the Executive Committee if the Executive Committee deems that they have not properly fulfilled the obligations and responsibilities of that position. Any vacancy that may occur shall be filled by election at the first regular meeting of the full Medical Staff following the vacancy. The Practitioner(s) who are elected shall serve that position for the remainder of the unexpired term of his or her predecessor.

#### 9.3 JOINT CONFERENCE COMMITTEE (JCC)

The Joint Conference Committee shall consist of the Chair of the Board, three (3) other members of the Board appointed or elected in accordance with the Bylaws of the Medical Center and the CEO, President, Vice-President, Secretary, Physician-in-Chief, and Surgeon-in-Chief, provided that at all times there shall be an equal number of members from the Medical Staff and the Board. This committee shall serve as a liaison between the Medical Staff, the Board, and the CEO, and shall advise on issues of mutual interest. Its primary function shall be to provide a forum for conflict resolution including conflict between the medical staff and the medical executive committee on issues including, but not limited to, proposals to adopt a rule, regulation, or policy or amendment thereto, and to promote better understanding and cooperation between the Board and the Medical Staff. This committee shall review and report upon any matter regarding Medical Staff membership or Clinical Privileges that is submitted to the committee for review in accordance with these Bylaws. Meetings shall be held as necessary to accomplish the committee's purpose. Special meetings may be called by the Chair of the Board, by the President of the Medical Staff, by the CEO, or upon request of any three (3) members of the committee. The Chair of the Board shall serve as chair of the JCC.

#### 9.4 ANTIMICROBIAL STEWARDSHIP COMMITTEE

##### 9.4.1. PURPOSES AND DUTIES

1) Optimize antimicrobial usage by improving the appropriateness of necessary use (optimal drug selection, dose, duration and route) and limiting rates of inappropriate use. 2) Review and analyze current antimicrobial use, pathogen prevalence, and resistance patterns to identify opportunities for improvement in the treatment of patients with infectious diseases and take action on such opportunities. 3) Support independent licensed prescribers and staff by providing evidence-based education, guidance and recommendations (therapy and diagnostics) regarding antimicrobial resistance and antimicrobial stewardship practices to empower them to correctly prescribe (or not prescribe) antimicrobials. 4) Measure Antimicrobial Stewardship Performance towards goals

by monitoring and reporting quality metrics on the antimicrobial consumption and initiatives to the Medical Staff Executive Committee as well as appropriate staff and other committees. 5) Provide educational materials to enhance patient and family education about the appropriate use of antimicrobial medications, including antibiotics, and antibiotic usage and resistance.

#### 9.4.2. COMPOSITION

The Antimicrobial Stewardship Committee consists of a Pediatric Infectious Diseases physician, Pediatric Infectious Diseases Pharmacist, Infection Preventionist, Microbiologist, with additional representatives from pediatric specialties that utilize antimicrobial agents and trainees.

Antimicrobial Stewardship Committee meetings are held at least 10 times per year, but generally monthly.

### 9.5 BYLAWS COMMITTEE

#### 9.5.1 PURPOSES AND DUTIES

The Bylaws Committee shall fulfill Medical Staff responsibilities relating to revision of Medical Staff Bylaws and Rules and Regulations by conducting ongoing review of the Bylaws and Rules and Regulations, and submitting written recommendations to the Executive Committee and to the Board for changes in these documents. It shall meet as often as necessary, but at least annually, and shall be responsible to the Executive Committee.

#### 9.5.2 COMPOSITION

The Bylaws Committee shall consist of the President of the Medical Staff, Vice-President, Medical Staff, immediate past President of the Medical Staff, Director/Manager of Medical Staff Services Department, and Director/Manager of Health Information Management. Additional members may be added as needed, at the discretion of the chair.

### 9.6 COMMITTEE ON PRACTITIONER HEALTH

#### 9.6.1 PURPOSES AND DUTIES

The Committee on Practitioner Health is a peer review committee that shall cause to have evaluated a Practitioner to determine if he/she is in need of resources and/or supportive services. The Practitioner Health Committee shall be convened and the members of the Committee shall be appointed at such time as an issue relating to a Practitioner's health has been identified by or reported to the President of the Medical Staff and/or Physician-in-Chief, Surgeon-in-Chief, or Residency Program Director. Meetings shall be called by the chair as needed. Emergency meetings may be called by the chair or any two (2) members of the committee.

Specifically, the Committee on Practitioner Health shall:

- (a) Conduct a review as promptly as possible.
- (b) Report applicable findings to the Executive Committee.

- (c) Comply with and enforce the Medical Staff's Practitioner Health Policy.
- (d) Educate the Medical Staff and other staff about illness and impairment recognition issues specific to Practitioner's.
- (e) Accept self-referrals by Practitioners and referrals to the committee by others.
- (f) As appropriate, refer affected Practitioners to the appropriate internal or external professional resources for diagnosis and treatment of the condition or concern.
- (g) Maintain the confidentiality of the Practitioner seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the well-being or safety of a patient, staff member, or others may be threatened.
- (h) Evaluate the credibility of any complaint, allegation or concern brought to the attention of the committee.
- (i) Where appropriate, refer a Practitioner to the Executive Committee for consideration for corrective action pursuant to Article 10 of these Bylaws.
- (j) Monitor or assist in the monitoring of the affected Practitioner until the rehabilitation or any disciplinary process is complete.

In performing its duties, the committee shall have the authority by a vote of at least two-thirds (2/3) of its members to direct that a Practitioner be examined by an independent Physician designated by the committee. The Medical Center shall pay the cost of any such evaluation and the Practitioner who is to be evaluated shall agree that the independent Physician's report shall be provided to the committee. Any practitioner who refuses to cooperate with the committee in this regard shall be referred to the Executive Committee for consideration of other action including action pursuant to Article 11 of the Bylaws.

## 9.6.2 COMPOSITION

The Committee on Practitioner Health shall include five (5) Physicians appointed by the President of the Medical Staff at such time as an issue relating to a Practitioner's health is reported to the President of the Medical Staff. The President of the Medical Staff shall appoint the chair.

## 9.7 CREDENTIALS COMMITTEE

### 9.7.1 PURPOSES AND DUTIES

The Credentials Committee shall coordinate the Medical Staff credentials function.

Specifically, the Credentials Committee shall:

- (a) Review, investigate and fully consider the credentials and qualifications of all applicants for all Medical Staff appointments and reappointments, make recommendations for Medical Staff membership and delineate Clinical Privileges in compliance with the provisions of these Bylaws.
- (b) Issue a report to the Executive Committee concerning each applicant for Medical Staff membership or reappointment or Clinical Privileges, including specific consideration of the recommendations from the Division(s) in which the applicant requests privileges.
- (c) Assure that a credentials file is maintained for each member of the Medical Staff and Professional Staff, including records of participation in

## Medical Staff activities.

The Credentials Committee may delegate authority to the chair to act on its behalf if an application is complete and verified without any adverse findings. The Credentials Committee shall meet regularly but at least bi-monthly.

### 9.7.2 COMPOSITION

The Credentials Committee shall consist of at least five (5) Medical Staff members representing both the Department of Pediatrics and the Department of Surgery. The President of the Medical Staff shall appoint the chair. The Medical Staff representatives shall be selected by the chair in collaboration with the President of the Medical Staff. Every effort shall be made to select representatives from larger Divisions within the two (2) Departments. Professional Staff members may serve as a representative of the committee. A representative from Medical Center administration shall serve on this committee but shall not vote or count for purposes of determining a quorum. An appointed medical staff coordinator shall serve on the committee, but shall not vote or count for purposes of determining a quorum.

## 9.8 MEDICAL RECORDS COMMITTEE

### 9.8.1 PURPOSES AND DUTIES

The Medical Records Committee shall assist the Health Information Management department in matters pertaining to that department, review and make recommendations for Medical Staff and Medical Center policies, rules and regulations relating to medical records, including:

- (a) Completion of medical records
- (b) Forms and formats
- (c) Filing, indexing, storage and destruction
- (d) Record availability
- (e) Methods of enforcement
- (f) Review and evaluation of medical records to determine whether they are sufficiently complete to facilitate continuity of care and communications between individuals providing patient care services in the Medical Center

The Medical Records Committee shall meet at least quarterly, or more frequently as deemed necessary by the chair.

### 9.8.2 COMPOSITION

The Medical Records Committee shall consist of at least seven (7) members, one representing each of the Department of Pediatrics, Department of Surgery, Medical Center administration, the Health Information department, Patient Care Services, the Quality Improvement department, and the Information Services department. Medical Staff representatives shall be selected by their respective Division. The President of the Medical Staff shall appoint the chair.

## 9.9.1 PEER REVIEW COMMITTEE

### 9.9.1 PURPOSES AND DUTIES

With the acknowledgment of the Medical Center, the Executive Committee delegates responsibility for the development and oversight of the peer review program to the Peer Review Committee. This program ensures that the Medical Center, through the activities of its Medical Staff, assesses the performance and professionalism of individuals exercising Clinical Privileges Performance management data derived from analyses of subspecialty-specific indicators and individual cases are linked to involved Practitioners and provide part of the objective basis for the Medical Staff reappointment process. The Peer Review Committee may conduct a focused review or seek an external peer review of a Practitioner's case(s) or performance and may make recommendations to the Executive Committee for corrective action involving a Practitioner. In addition, the Peer Review Committee evaluates cases involving breaches of the Medical Staff Code of Conduct Policy and makes recommendations for corrective actions to the respective Division Chief, Physician-in-Chief, Surgeon-in-Chief, and/or Medical Executive Committee. The Peer Review Committee also communicates pertinent findings to Division Directors and individual Practitioners, as well as other committees or entities when systems or process issues are identified during its deliberations. The Peer Review Committee is scheduled to meet at least nine (9) times per calendar year, or more often as deemed necessary by the Chairperson. Attendance at 2/3 of the committee meetings is deemed acceptable per annum. A quorum of 5 voting members will be required to hold a vote.

### 9.9.2 COMPOSITION

The Peer Review Committee consists of voting members including the Committee Chairperson, President of the Medical Staff, Vice-President of the Medical Staff, and at least two (2) representatives from the Department of Surgery and two (2) representatives from the Department of Pediatrics. The Vice President for Quality and Patient Safety, the Physician-in-Chief, and the Surgeon-in-Chief are non-voting members. An appointed Peer Review Committee Coordinator and the Director/Manager of the Medical Staff Office serve on the committee, also without voting rights.

The chair of the Peer Review Committee is appointed by the President of the Medical Staff and approved by the Executive Committee for a three (3) year term, with unlimited possible successive terms. In order to be appointed as chair, an individual must have served for at least one (1) year on the Peer Review Committee. Representatives from the Department of Surgery and the Department of Pediatrics are appointed by the President, based upon the recommendations of the Peer Review Committee Chairperson and in consultation with the Physician-in-Chief, and Surgeon-in-Chief, and subject to approval by the Executive Committee. These Physicians shall serve three (3) year terms These Physicians may also hold unlimited successive terms.

## 9.10 PHARMACY AND THERAPEUTICS COMMITTEE

### 9.10.1 PURPOSES AND DUTIES

The Pharmacy and Therapeutics Committee shall fulfill Medical Staff functions relating to pharmacy and therapeutics including receiving reports and following up on deficiencies identified. It shall meet quarterly or more frequently as need requires.

Specifically, the Pharmacy and Therapeutics Committee shall:

- (a) Be responsible for the development and monitoring of all drug utilization policies and practices within the Medical Center.
- (b) Be responsible for the development and surveillance of all drug utilization policies and practices within the Medical Center.
- (c) Assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety, and other matters relating to drugs in the Medical Center.
- (d) Serve as an advisory group to the Medical Staff and Pharmacy on matters pertaining to the choice of available drugs.
- (e) Prevent unnecessary duplication in the procurement and inventory of drugs.
- (f) Evaluate clinical data concerning new drugs or preparations requested for use in the Medical Center.
- (g) Establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs.
- (h) Review, coordinate and recommend changes to the Medical Center, Medical Staff, Department and Division rules, regulations, policies and procedures regarding the evaluation, appraisal, selection procurement, storage, distribution, use, safety procedures and all other matters relating to pharmaceuticals and isotopes in Medical Center, at least once every three (3) years.
- (i) Develop and review periodically a formulary for use in the Medical Center, prescribe the necessary operating rules and regulations for its use, and assure that said rules and regulations are available to and observed by all Medical Staff members.
- (j) Review all unexpected drug reactions and review significant medication errors, including reports, findings and corrective action plans of the Medical Safety Improvement Team.

### 9.10.2 COMPOSITION

The Pharmacy and Therapeutics Committee shall consist of at least three (3) Medical Staff members representing Anesthesia, General Surgery and other relevant Divisions as deemed necessary by the chair. *Ex-Officio* members, without voting rights, shall include representatives from Pharmacy, Nursing, Clinical Nutrition, Risk Management and Respiratory Therapy. Medical Staff representatives shall be selected by their respective Divisions. The chair shall be appointed by the President of the Medical Staff.



## 9.11 SEDATION COMMITTEE

### 9.11.1 PURPOSES AND DUTIES

The Sedation Committee shall promote the provision of uniform care to patients receiving sedation during diagnostic, therapeutic or minor surgical procedures through the Medical Center. The committee will:

- 1) Review compliance with policies and procedures, adverse outcomes and report these activities and outcomes to the Quality Safety Committee on a periodic basis.
- 2) Report any and all significant events to Peer Review.
- 3) Make recommendations for provider credentialing to the Medical Executive Committee.
- 4) Ensure regulatory compliance and safe practice. The committee shall meet bi-monthly or more frequently as deemed necessary by the chair. The Sedation Committee shall report its activities and outcomes to the Quality Safety Committee on a periodic basis.
- 5) Distribute minutes of all activities to the President of the Medical Staff, Medical Executive Committee and the Chair of Anesthesiology.

### 9.11.2 COMPOSITION

The Sedation Committee Chair or applicable designee will be appointed by the President of the Medical Staff upon taking office. The committee shall consist of the following voting members which include one medical staff representative appointed by each Division Head: Anesthesiology, Critical Care, Neonatology, Emergency Medicine, and Pain Medicine. In addition, the Chair will appoint (3) at large members from the medical staff whom are credentialed in sedation and not part of the aforementioned Divisions.

The chair of the committee and all members will be members of the Active Staff with sedation privileges. The chair may increase membership as needed to achieve adequate representation from across the institution. There shall be no more than two voting members from any single Division.

A quorum of greater than 5 voting members will be required to hold a vote. Any motion will require a 2/3 majority or greater to pass. An attendance requirement of 75% per annum will be required for all appointees. If attendance falls below this level, then the Chair may request a new appointee.

## ARTICLE 10. PEER REVIEW PROCEDURES

There are three (3) types of intervention which may be undertaken to address attitude, behavior and/or performance out of compliance with these Bylaws. The Medical Staff leadership will select the most appropriate intervention(s) depending upon the facts and circumstances.

### 10.1 COLLEGIAL INTERVENTION

Collegial intervention is an informal communication between a Practitioner/ Professional Staff member and a colleague under the direction of Medical Staff leadership. Medical Staff leaders and Medical Center administration may use collegial and educational efforts to address questions relating to an individual's clinical practice and professional

conduct. The goal of collegial intervention is to arrive at voluntary, responsive actions. Collegial efforts may include, but are not limited to, counseling, sharing of comparative data, monitoring and additional training or education.

Collegial intervention efforts are encouraged, but are not mandatory, and shall be within the discretion of the appropriate Medical Staff leaders. The President in conjunction with the Executive Committee shall determine whether to direct a matter to be handled in accordance with another Section of these Bylaws, such as the corrective action process. The collegial intervention provided in this Section 10.1 is not a procedural right of the Practitioner and shall not be conducted according to the procedural rules provided in Article 11 of these Bylaws. The Practitioner/ Professional Staff member shall not be permitted to bring an attorney or other representative to interviews. All collegial intervention efforts by Medical Staff leaders and Medical Center administration are part of the Medical Center's performance improvement and professional peer review activities.

## 10.2 DISCRETIONARY INTERVIEW PRIOR TO CORRECTIVE ACTION

Prior to initiating corrective action against a member of the Medical Staff, the initiating party may, but is not obligated to, afford the Practitioner a formal interview at which the circumstances prompting the corrective action shall be discussed and the Practitioner shall be permitted to present relevant information on the Practitioner's own behalf. Upon a written request from the initiating party, a formal interview shall be initiated by Special Notice to the Practitioner from the Director of the appropriate Division or the President of the Medical Staff, with copies transmitted to the President of the Medical Staff and the members of the Executive Committee (if initiated by a Division Director). The President of the Medical Staff may be present as an observer at a formal interview. If the Practitioner fails to respond to the Special Notice or declines to participate in the interview, corrective action shall immediately proceed in accordance with these Bylaws. The formal interview provided in this Section 10.2 is not a procedural right of the Practitioner and shall not be conducted according to the procedural rules provided in Article 11 of these Bylaws. The Practitioner shall not be permitted to bring an attorney or other representative to formal interviews.

## 10.3 PEER REVIEW PROCESS (CORRECTIVE ACTION)

Whenever a member of the Medical Staff with Clinical Privileges engages in, makes or exhibits acts, statements, demeanor or professional conduct, either within or outside of the Medical Center, and the same is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care, disruptive to Medical Center or Medical Center operations or an impairment to the community's confidence in the Medical Center, evaluating the possible need for corrective action or proceeding with a formalized process. Review of the Practitioner may be initiated by an officer of the Medical Staff, by the Physician-in-Chief or the Surgeon-in-Chief, by the Director of any Division in which the Practitioner holds membership or exercises Clinical Privileges, by the President of the Medical Center, the CEO or by the Board.

### 10.3.1 REQUESTS AND NOTICES

All requests for corrective action shall be in writing, submitted to the Executive Committee, and supported by reference to the specific activities or conduct constituting the grounds for the request.

### 10.3.2 INVESTIGATION

After deliberation, the Executive Committee shall either act on the request or direct that an investigation concerning the grounds for the corrective review be undertaken. No investigation shall begin and no action of the Executive Committee, Medical Staff officer, Department, Division, committee or other component of the Medical Staff or otherwise shall be considered an investigation until the Executive Committee formally takes action documented by a written resolution of the Executive Committee that indicates that an investigation has begun. The Executive Committee shall conduct such investigation itself or assign this task to a Medical Staff officer, Department or Division, standing or ad hoc committee, or other organizational component of the Medical Staff. Expert assistance may be obtained to assist in an investigation. This investigative process is not a "hearing" as that term is used for purposes of hearing and appellate review. It may include a consultation with the Practitioner involved and with the individuals who may have knowledge of the events involved. If the investigation is conducted by a group or individual other than the Executive Committee, that group or individual shall forward a written report of the investigation to the Executive Committee as soon as is practicable. Failure to submit information requested by the Executive Committee (or a Medical Staff officer, Department or Division, standing or ad hoc committee, or other organizational component of the Medical Staff) as part of an investigation within the time specified in the request shall result in voluntary relinquishment of Privileges and Medical Staff membership. The Executive Committee may at any time within its discretion, terminate the investigative process and proceed with action as provided below. An ad hoc committee can be appointed if specialty expertise is sought by external review. If an investigation is conducted by the Executive Committee pursuant to a request or inquiry by the Board, the results of such investigation and recommendation shall be forwarded to the Board.

### 10.3.3 EXECUTIVE COMMITTEE ACTION

As soon as is practicable after the conclusion of the investigative process, if any, but in any event within thirty (30) days after receipt of the request for corrective action, unless deferred, the Executive Committee shall act upon such request. Its action may, without limitation, recommend:

- (a) Rejection of the request for corrective action.
- (b) A warning or formal letter of reprimand.
- (c) A probationary period with monitoring of cases but without special requirements of prior or concurrent consultation or direct supervision.
- (d) Suspension of Membership Prerogatives that do not affect Clinical Privileges.
- (e) Individual requirements of prior or concurrent consultation or direct supervision.
- (f) Reduction, suspension, or revocation of Clinical Privileges.
- (g) Reduction of Medical Staff category or suspension or limitation of any Membership Prerogatives directly related to the Practitioner's provision of patient care.
- (h) Suspension or revocation of Medical Staff membership.
- (i) Further inquiry or other appropriate action.

A copy of any and all documentation related to the decision of the Executive Committee shall be retained in the member's permanent file and may be utilized in the reappointment process for such member.

#### 10.3.4 DEFERRAL

If additional time is needed to complete the investigative process, the Executive Committee may defer action on the request for good cause. A subsequent recommendation for any one or more of the actions provided in Section 10.3.3 shall be made as promptly as possible.

#### 10.3.5 PROCEDURAL RIGHTS

A recommendation made by the Executive Committee pursuant to Section 10.3.3 for individual consultation, decreased Privileges, reduced Medical Staff category (other than any automatic reductions in Medical Staff category for failure to satisfy the qualifications of such category pursuant to Section 4.1 of these Bylaws), diminished or suspended Membership Prerogatives affecting Clinical Privileges, or suspended or revoked Medical Staff membership shall be deemed "adverse" and shall entitle the Practitioner to the procedural rights contained in Article 11.

#### 10.3.6 OTHER ACTION

A recommendation made by the Executive Committee pursuant to Section 10.3.3 for rejection, warning/reprimand, probation with monitoring, or diminished Membership Prerogatives that do not affect Clinical Privileges shall not be deemed "adverse."

### 10.4 PRECAUTIONARY SUSPENSION

#### 10.4.1 PRECAUTIONARY SUSPENSION

The CEO, the chair of the Board, the President of the Medical Staff, and the Physician-in-Chief or Surgeon-in-Chief, as appropriate, shall each have the authority to summarily suspend all or a portion of the Clinical Privileges or the Medical Staff membership of a Practitioner where the failure to take such an action could result in an imminent danger to the health of any individual. Such suspension shall become effective immediately upon imposition. Immediately upon the imposition of a precautionary suspension, the Physician-in-Chief, Surgeon-in-Chief, or the responsible Director of a Division shall have the authority to provide for alternate medical coverage of the patients under the suspended Practitioner's care in the Medical Center at the time of suspension. The wishes of the patients or their legal guardians shall be considered in the selection of an alternate Practitioner.

#### 10.4.2 EXECUTIVE COMMITTEE ACTION

As soon as possible, but in any event within five (5) business days after a precautionary suspension is imposed, the Executive Committee shall convene to review and consider the action taken. The Executive Committee may recommend modification, continuation, or termination of the suspension.

#### 10.4.3 PROCEDURAL RIGHTS

If the Executive Committee recommends immediate termination or modification of the suspension to one of the sanctions provided for in Section 10.3.3 (e) through (h), the Practitioner shall be entitled to the procedural rights contained in

Article 11. If such procedural rights are exercised, the hearing and appellate review process concerning the Precautionary Suspension may be combined with the hearing and appellate review process for other related adverse actions.

#### 10.4.4 OTHER ACTION

An Executive Committee recommendation to terminate or modify the suspension to a lesser sanction not triggering procedural rights shall be transmitted immediately, together with all supporting documentation, to the chair of the Board and the President of the Medical Staff. The terms of the Precautionary Suspension as originally imposed shall remain in effect pending a final decision by the Board, as applicable.

### 10.5 AUTOMATIC REVOCATION, RESTRICTION, SUSPENSION OR PROBATION

#### 10.5.1 LICENSE

- (a) Revocation: Whenever a Practitioner's license to practice in Connecticut is revoked or voluntarily relinquished, the Practitioner's Medical Staff membership and Clinical Privileges shall be immediately and automatically revoked without resort to the provisions of Article 11. If the license subsequently is restored or a new license is issued, the Practitioner may, if eligible, apply for initial appointment to the Medical Staff in the same manner as other new applicants.
- (b) Restriction: Whenever a Practitioner's license is partially limited or restricted in any way, those Clinical Privileges which had been granted that are within the scope of the limitation or restriction shall be similarly limited or restricted automatically, effective upon, for at least the term of, and consistent with any other conditions of the restriction or limitation until reinstatement is requested by the Practitioner and granted by the President in accordance with Section 10.5.1(f) hereof. Further action on the matter shall proceed under Section 10.5.4.
- (c) Suspension: Whenever a Practitioner's license is suspended, Medical Staff membership and Clinical Privileges shall be automatically suspended effective upon and for at least the term of the suspension until reinstatement is requested by the Practitioner and granted by the President of the Medical Staff in accordance with Section 10.5.1(f) hereof. Further action on the matter shall proceed under Section 10.5.4.
- (d) Probation: Whenever a Practitioner is placed on probation by a licensing authority, the Practitioner's voting and office-holding Membership Prerogatives shall be automatically suspended effective upon and for at least the term of the probation until reinstatement is requested by the Practitioner and granted by the President of the Medical Staff in accordance with Section 10.5.1(f) hereof. Further action on the matter shall proceed under Section 10.5.4.
- (e) Non-Renewal: Whenever a Practitioner's license is declared void because of non-renewal, as defined by the State of Connecticut, Department of Public Health, the Practitioner's Medical Staff or Professional Staff membership and Clinical Privileges shall be automatically suspended. Presentation of a valid license within ninety (90) days shall allow reinstatement of Medical Staff or Professional Staff membership and Clinical Privileges if reinstatement is requested by the Practitioner and granted by the President of the Medical Staff in

accordance with Section 10.5.1(f) hereof. Further action on the matter shall proceed under Section 10.5.4. After ninety (90) days, the Practitioner's Medical Staff membership and Clinical Privileges shall automatically terminate and upon reinstatement of the Practitioner's license, the Practitioner may, if eligible, apply for initial appointment to the Medical Staff in the same manner as other new applicants.

- (f) Upon the renewal of a Practitioner's license or the termination of a restriction, suspension or probation of a Practitioner's license, the Practitioner may request in writing to the President of the Medical Staff for reinstatement of Medical Staff membership, Membership Prerogatives and Clinical Privileges, as applicable. The President of the Medical Staff shall review the request for reinstatement and if such license has been renewed or the restriction, suspension or probation has been terminated, the Practitioner's Medical Staff membership, Membership Prerogatives and Clinical Privileges, as applicable, shall be so reinstated unless further action is or has been taken pursuant to Section 10.5.4. Notwithstanding the foregoing, in the event that the Practitioner's term of appointment expires during a suspension or period of non-renewal of the Practitioner's license, the Practitioner's Medical Staff membership and Clinical Privileges shall automatically terminate and upon termination of such suspension, the Practitioner may, if eligible, apply for initial appointment to the Medical Staff in the same manner as other new applicants.
- (g) In the event of a revocation or suspension of Medical Staff membership or Clinical Privileges pursuant to this Section 10.5.1, the provisions of Article 11 of these Bylaws shall not apply.

#### 10.5.2 DEPARTMENT OF CONSUMER PROTECTION CONTROLLED SUBSTANCE REGISTRATION (CSR) AND DRUG ENFORCEMENT ADMINISTRATION (DEA)

- (a) Revocation: Whenever a Practitioner's controlled substance registration or prescribing authority with either the DEA or CSR is revoked or voluntarily relinquished, the Practitioner shall be immediately and automatically divested of the right to prescribe medications covered by the registration or prescribing authority without resort to the provisions of Article 11, until reinstatement of the right to prescribe medications is requested by the Practitioner and granted by the President in accordance with Section 10.5.2(f) hereof. Further action on the matter shall proceed under Section 10.5.4.
- (b) Restriction: Whenever a Practitioner's controlled substance registration or prescribing authority with either the DEA or CSR is restricted or limited in any way, the Practitioner's right to prescribe medications covered by the registration or prescribing authority shall be similarly restricted or limited automatically effective upon, for at least the term of, and consistent with any other conditions of the restriction or limitation until the reinstatement of the right to prescribe medications is requested by the Practitioner and granted by the President in accordance with Section 10.5.2(f) hereof. Further action on the matter shall proceed under Section 10.5.4.
- (c) Suspension: Whenever a Practitioner's controlled substance registration or prescribing authority with either the DEA or CSR is suspended, the Practitioner shall be divested of the right to prescribe medications covered by the registration or prescribing authority effective upon and for

at least the time of the suspension until reinstatement of the right to prescribe medications is requested by the Practitioner and granted by the President in accordance with Section 10.5.2(f) hereof. Further action on the matter shall proceed under Section 10.5.4, below.

- (d) Probation: Whenever Practitioner is placed on probation, insofar as the use of the controlled substance registration or prescribing authority is concerned, the Practitioner shall be divested of the right to prescribe medications covered by the registration or prescribing authority effective upon and for at least the time of the probation until reinstatement of the right to prescribe medications is requested by the Practitioner and granted by the President in accordance with Section 10.5.2(f) hereof. Further action on the matter shall proceed under Section 10.5.4 below.
- (e) Non-Renewal: Whenever a Practitioner's controlled substance registration or prescribing authority with either the DEA or CSR lapses due to non-renewal the Practitioner shall be divested of the right to prescribe medications covered by the controlled substance registration or prescribing authority effective upon the date of expiration and for the duration of time until a valid controlled substance registration or prescribing authority is reinstated and until reinstatement of the right to prescribe medications is requested by the Practitioner and granted by the President in accordance with Section 10.5.2(f) hereof. Further action on the matter shall proceed under Section 10.5.4 below.
- (f) Upon the renewal or the termination of a restriction, suspension or probation of a Practitioner's controlled substance registration or prescribing authority, the Practitioner may request in writing to the President of the Medical Staff for reinstatement of the Practitioner's right to prescribe medications, as applicable. The President of the Medical Staff shall review the request for reinstatement and if such registration or authority has been renewed or the restriction, suspension or probation has been terminated, the Practitioner's right to prescribe medications, as applicable, shall be so reinstated.
- (g) In the event of revocation, restriction, suspension or probation of a Practitioner's right to prescribe medications pursuant to this Section 10.5.2, the provisions of Article 11 of these Bylaws shall not apply.

### 10.5.3 EXCLUSION FROM PARTICIPATION IN FEDERALLY FUNDED HEALTHCARE PROGRAMS

- (a) Whenever a Practitioner is listed as being barred from participation in Medicare, Medicaid or such other federally or state funded healthcare programs, the Practitioner's Medical Staff Membership and Clinical Privileges shall automatically be revoked.
- (b) In the event of a revocation of a Practitioner's Staff Membership or Clinical Privileges pursuant to this Section 10.5.3, the provisions of Article 11 of these Bylaws shall not apply. If the Practitioner becomes no longer barred or excluded, the Practitioner may, if eligible, apply for initial appointment to the Medical Staff in the same manner as other new applicants.

#### 10.5.4 EXECUTIVE COMMITTEE DELIBERATION

As soon as practicable (a) after Practitioner's license is revoked, restricted, suspended, or placed on probation, or (b) after a Practitioner's controlled substance registration is revoked, restricted, suspended or placed on probation, the Executive Committee shall convene to review and consider the facts upon which such action was taken. The Executive Committee may then recommend such further corrective action as is appropriate to the facts disclosed in the investigation, including limitation of Membership Prerogatives. Thereafter, the procedure in Section 10.3.5 or 10.3.6, as applicable, shall be followed.

#### 10.5.5 MEDICAL RECORDS

- (a) Timely Preparation and Completion: After written warning for failure to complete medical records in timely fashion, (a) a Practitioner's or Professional Staff member's Clinical Privileges (except with respect to patients already in Medical Center), and a Practitioner's right to admit patients, to schedule procedures, and to consult with respect to patients, and (b) voting and office-holding Membership Prerogatives shall be automatically suspended effective on the date specified in the written warning and continuing until the delinquent medical records are completed, provided, however, that in no event shall the Practitioner be relieved of the Practitioner's obligation to provide care and coverage in the Emergency Department of the Medical Center. The Practitioner or Professional Staff member shall be notified of the suspension by a Health Information Management Professional, Medical Staff officer or the Division Director. The provisions of Article 11 shall not apply.
- (b) Referral to Executive Committee: After the third (3<sup>rd</sup>) suspension in any six (6) month period or fourth (4<sup>th</sup>) suspension within any twelve (12) month period for failure to complete or prepare medical records, or for any suspension greater than thirty (30) days, the Division Director shall report the Practitioner's deficiencies to the President of the Medical Staff who shall request an investigation by the Executive Committee. If the recommendation is adverse, the maximum penalty imposed shall be a temporary suspension of Clinical Privileges for no longer than thirty (30) days. The provisions of Article 11 shall not apply.

#### 10.5.6 PROFESSIONAL LIABILITY INSURANCE

For failure to maintain the minimum amount of professional liability insurance, if any, required in accordance with these Bylaws, a Practitioner's medical and Clinical Privileges shall be immediately suspended. In the event of such suspension, the provisions of Article 11 of these Bylaws shall not apply, and the Practitioner's Medical Staff/Professional Staff membership and Clinical Privileges shall remain suspended for a period of forty- five (45) days and will be considered to have voluntarily resigned after this time period for inability to furnish proof of coverage to the Medical Staff Office. Notwithstanding the foregoing, the Executive Committee may investigate and then recommend such further action as is appropriate to the facts disclosed in the investigation. Thereafter, the procedure in Section 10.3.5 or 10.3.6, as applicable, shall be followed. If a suspension under this Section is in effect at the time of reappointment, the member's Medical Staff appointment shall terminate and the provisions of Article 11 shall not apply.



#### 10.5.7 OMISSION OR MISREPRESENTATION

In the event that an applicant for appointment or reappointment to the Medical Staff and/or for Clinical Privileges omits or misrepresents information in support of such application determined by the Credentials Committee to be material to its decision on the application, the applicant's application shall be withdrawn, or if such omission or misrepresentation is found following appointment or reappointment to the Medical Staff, such Medical Staff member's membership or Clinical Privileges shall immediately terminate, and in either case the applicant shall not be entitled to any due process or other rights, including, without limitation, the right to a hearing or appellate review pursuant to Article 11 of these Medical Staff Bylaws.

#### 10.5.8 FAILURE TO PAY FEES

Failure to pay any appointment or reappointment fees required under the member's staff membership and/or clinical privileges, after two written warnings spaced thirty (30) days apart, shall be automatically suspended and remain so until the Medical Staff member pays the delinquent fees. For failure to pay within sixty (60) days after the date of the automatic suspension shall be deemed a voluntary resignation from the Medical Staff. The Medical Staff member shall not be entitled to the procedural rights set forth in Article 11.

#### 10.5.9 CONVICTION OF A FELONY

If any member of the Medical Staff shall be convicted of a felony, his/her Medical Staff membership and clinical privileges shall be immediately and automatically terminated.

### ARTICLE 11. PROCEDURAL RIGHTS

In the event that any other provision of these Bylaws provides that this Article 11 does not apply to a particular action or decision, then the provisions of this Article shall not apply regardless of whether the action or decision otherwise would appear to be subject to this Article.

#### 11.1 STANDARDS FOR PROFESSIONAL ACTIONS

##### 11.1.1 IN GENERAL

All professional review actions shall be taken:

- (a) In the reasonable belief that the action was in furtherance of quality health care.
- (b) After a reasonable effort to obtain the facts of the matter.
- (c) In the case of adverse professional review actions, after adequate notice and hearing procedures are afforded to the Practitioner, as set forth in these Bylaws, or after such other procedures as are fair to the Practitioner under the circumstances.
- (d) In the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after meeting the requirement of subparagraph (c), above.

## 11.1.2 DEFINITION OF PROFESSIONAL REVIEW ACTION

For purposes of Section 11.1.1, the term “professional review action” shall mean an action or recommendation of the Executive Committee, Board, or other Medical Center professional review body which is taken or made in the conduct of a professional review activity, which is based on the competence or professional conduct of a Practitioner (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the Practitioner’s Medical Staff membership or Clinical Privileges. Such term includes a formal decision not to take such an action or make such a recommendation and also includes professional review activities relating to a professional review act.

## 11.2 ADVERSE ACTIONS

### 11.2.1 ADVERSE RECOMMENDATIONS AND DECISIONS DEFINED

The following recommendations or decisions are adverse when made under circumstances described in Section 11.2.2.

- (a) Denial of initial Medical Staff appointment.
- (b) Denial of reappointment.
- (c) Suspension of Medical Staff membership.
- (d) Revocation of Medical Staff membership, excluding reduction pursuant to Section 4.2.
- (e) Denial of requested appointment to or advancement in Medical Staff category, except for denial based on the applicant’s failure to meet the qualifications for such category as set forth in Article 4.
- (f) Reduction in Medical Staff category.
- (g) Suspension or limitation of the right to admit patients or of any other Membership Prerogative directly related to the Practitioner’s provision of patient care.
- (h) Denial of requested Division affiliation.
- (i) Denial or restriction of requested Clinical Privileges.
- (j) Reduction in Clinical Privileges.
- (k) Suspension of Clinical Privileges.
- (l) Revocation of Clinical Privileges.
- (m) Individual application of or individual changes in mandatory consultation requirements.
- (n) Any other such recommendation or decision reducing, restricting, suspending, revoking, denying, or failing to renew Clinical Privileges.
- (o) Reappointment for a period of less than six (6) months.

### 11.2.2 WHEN DEEMED ADVERSE

A recommendation or decision described in Section 11.2.1 shall be deemed adverse only when it has been:

- (a) Recommended by the Executive Committee, or
- (b) Adopted by the Board under circumstances where no prior right to request a hearing existed.

### 11.2.3 ACTIONS NOT DEEMED ADVERSE

Only actions specified in Section 11.2.1 shall entitle the Practitioner to any hearing or appellate review rights. Actions in regard to members of the Professional Staff are not subject to the provisions of this Article 11 and are provided for in Section 4.14.3(f) or 4.15.3(f). Furthermore, the following actions or circumstances shall not entitle the Practitioner to any hearing or appellate review rights:

- (a) The issuance of a warning.
- (b) The issuance of a formal letter of reprimand.
- (c) The imposition of a probationary period with monitoring of practices but without special requirements of consultation or supervision.
- (d) The Practitioner's failure to maintain professional liability insurance as required by Section 3.2.5.
- (e) Any actions taken with regard to a Practitioner's Clinical Privileges as a result of the Practitioner's failure to maintain advanced life support certification as required by Section 3.2.6.
- (f) The Practitioner's failure to maintain a currently valid Connecticut license to practice medicine, osteopathy, dentistry, or podiatry as required by Section 3.2.1 or a currently valid registration to prescribe controlled substances if required by Section 3.2.1.
- (g) The Practitioner's failure to achieve board certification or recertification within the time frames specified in Section 3.2.2.
- (h) Any actions taken with regard to a Practitioner's Clinical Privileges as a result of the revocation, restriction, suspension, probation or non-renewal of the Practitioner's license to practice, in accordance with Section 10.5.1.
- (i) Any actions taken with regard to a Practitioner's right to prescribe medications as a result of the revocation, restriction, suspension, probation or non-renewal of the practitioner's controlled substances registration, in accordance with Section 10.5.2.
- (j) The suspension or restriction of Clinical Privileges, for a period of no longer than fourteen (14) days, during which time an investigation is being conducted to determine the need for corrective action.
- (k) The closure of an incomplete application to the Medical Staff and/or for Clinical Privileges by the Credentials Committee pursuant to Section 3.7.1 or the closure of an incomplete application for reappointment to the Medical Staff and/or for Clinical Privileges pursuant to Section 3.7.2.
- (l) Any condition of Medical Staff membership and/or Clinical Privileges imposed on appointment or reappointment that would not otherwise be considered an action listed in Section 11.2.1 hereof.
- (m) Any other actions not specifically subject to hearing and appellate review under this Article 11.
- (n) Exclusion or debarment from participation in federally or state funded healthcare programs, in accordance with Section 10.5.3.
- (o) The suspension of Clinical Privileges for a period not to exceed thirty (30) days for failure to comply with the confidentiality of health information requirements of Sections 3.5.8 and 3.5.9 in accordance with Section 10.5.7(a).
- (p) The termination of Medical Staff membership and Clinical Privileges due to an omission or misrepresentation pursuant to Section 10.5.8 hereof.
- (q) Any action described in Section 11.2.1 which is based solely on the Practitioner's failure to meet the minimum qualifications for a Medical Staff category, as described in Article 4 hereof.

### 11.3 PROCEDURES FOR HEARINGS AND APPELLATE REVIEWS

All hearings and appellate reviews shall be conducted in accordance with the procedures and safeguards set forth in this Article to assure that the affected Practitioner is accorded all rights to which the practitioner is entitled.

#### 11.3.1 RIGHT TO HEARING AND TO APPELLATE REVIEW

- (a) When any Practitioner receives Special Notice of a recommendation by the Executive Committee that, if ratified by decision of the Board, will adversely affect the Practitioner's appointment to or status as a member of the medical Staff or the Practitioner's exercise of Clinical Privileges, the Practitioner shall, upon proper and timely request, be entitled to a hearing before an ad hoc committee of the Medical Staff. If the recommendation of the Executive Committee following such hearing is still adverse, the Practitioner shall, upon proper and timely request, then be entitled to an appellate review by the Board before the Board makes a final decision on the matter.
- (b) When any Practitioner receives Special Notice of a decision by the Board that will adversely affect the Practitioner's appointment or status as a member of the Medical Staff or the Practitioner's exercise of Clinical Privileges, and such decision is not based on a prior adverse recommendation by the Executive Committee with respect to which the Practitioner was entitled to a hearing and appellate review, the Practitioner shall, upon proper and timely request, be entitled to an appellate review by the Board, before the Board makes a final decision on the matter.

#### 11.3.2 REQUEST FOR HEARING

- (a) The President shall be responsible for giving prompt Special Notice of an adverse recommendation or decision to the affected Practitioner who shall be entitled to a hearing or to an appellate review. Such Special Notice shall state (i) that a professional review action has been proposed to be taken against the Practitioner and the reasons for the proposed action; (ii) that the Practitioner has a right to request a hearing on the proposed action and that a request for a hearing must be made in writing within thirty (30) days; and (iii) a summary of the Practitioner's rights in the hearing. A copy of these Bylaws with regard to hearing and appellate review shall accompany this Notice.
- (b) The failure of a Practitioner to request a hearing to which the Practitioner is entitled by these Bylaws within thirty (30) days and in the manner herein provided shall be deemed a waiver of the Practitioner's right to such hearing and to any appellate review to which the Practitioner might otherwise have been entitled on the matter. The adverse recommendation of the Executive Committee pursuant to Section 11.3.1(a) above or of a hearing committee appointed by the Board pursuant to Section 11.3.1(b) above shall become and remain effective against the Practitioner pending the Board's final decision on the matter. The President shall promptly notify the affected Practitioner of the Practitioner's status by Special Notice.

### 11.3.3 NOTICE OF HEARING

- (a) Within thirty (30) days after receipt of a request for a hearing from a Practitioner entitled to the same, the Executive Committee or the Board, as the case may be, shall schedule and arrange for such a hearing and shall, through the President of the Medical Staff, notify the Practitioner of the time, place, and date of the hearing, by Special Notice. The hearing date shall be not less than thirty-five (35) days or more than ninety (90) days from the date of the Special Notice to the Practitioner. Granting of an earlier hearing or a postponement shall be made in the sole discretion of the hearing committee.
- (b) The notice of hearing shall state in concise language the acts or omissions with which the Practitioner is charged, a list of specific or representative charts being questioned or the other reasons or subject matter that was considered in making the adverse recommendation or decision. Such notice shall contain a list of the witnesses (if any) expected to testify at the hearing on behalf of the Executive Committee or the Board. Additional witnesses may be called as necessary and notice that they will be called shall be provided whenever possible.

### 11.3.4 COMPOSITION OF HEARING COMMITTEE

- (a) When a hearing relates to an adverse recommendation of the Executive Committee, such hearing shall be conducted by an ad hoc hearing committee of not less than three (3) members of the Medical Staff appointed by the President of the Medical Staff in consultation with the Executive Committee and one (1) of the members so appointed shall be designated as chair. Generally, the majority of the hearing committee members will be peers of the practitioner involved. No Medical Staff member who has actively participated in the consideration of the adverse recommendation shall be appointed a member of this hearing committee unless it is otherwise impossible to select a representative group due to the size of the Medical Staff. No individual who is in direct economic competition with the Practitioner involved shall be appointed a member of this hearing committee.
- (b) When a hearing relates to an adverse decision of the Board that is not based on a prior adverse recommendation of the Executive Committee, the Board shall appoint a hearing committee of not less than three (3) members to conduct such hearing and shall designate one (1) of the members of this committee as chair. At least one (1) representative from the Medical Staff shall be included on this committee. No individual who is in direct economic competition with the Practitioner involved shall be included on this committee.

### 11.3.5 CONDUCT OF HEARING

- (a) There shall be at least a majority of the members of the hearing committee present when the hearing takes place, and no member may vote by proxy.
- (b) An accurate record of the hearing shall be kept. The mechanism shall be established by the ad hoc hearing committee, and may be accomplished by use of a court reporter, electronic recording unit, detailed transcription or by the taking of adequate minutes. The Practitioner for whom the

hearing is held has the right to obtain copies of the records upon payment of any reasonable charges.

- (c) The personal presence of the Practitioner for whom the hearing has been scheduled shall be required. A Practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived the rights herein provided in the same manner as provided in Sections 11.3.2 (a) and (b) of this Article and to have accepted the adverse recommendation or decision involved and the same thereupon shall become and remain in effect as provided in said Sections.
- (d) The affected Practitioner shall be entitled to be accompanied and/or represented at the hearing by an attorney or other person of the Practitioner's choice. The presenter of the adverse recommendation or decision as well as the hearing committee also may be represented by counsel.
- (e) Either a hearing officer, if one is appointed, or the chair of the hearing committee or the hearing officer's or chair's designee shall preside over the hearing to determine the order of procedure during the hearing, to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence, and to maintain decorum. Any person who does not comply with the orders or ruling of the chair or hearing officer, or who ignores such orders or rulings and, for example, continues to make repetitive objections or submit repetitive testimony, may be required by the hearing committee to leave the hearing.
- (f) The hearing shall not be conducted according to rules of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make the evidence inadmissible over objection in civil or criminal action. The Practitioner for whom the hearing is being held shall, prior to, during, or at the close of the hearing but not subsequent thereto, be entitled to submit memoranda concerning any issue of procedure or of fact and such memoranda shall become a part of the hearing record.
- (g) The Executive Committee, when its action has prompted the hearing, shall appoint one of its members or some other Medical Staff member to represent it at the hearing, to present the facts in support of its adverse recommendations and to examine witnesses. The Board, when its action has prompted the hearing, shall appoint one of its members to represent it at the hearing, to present the facts in support of its adverse decision and to examine witnesses. It shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendation or decision.
- (h) The affected Practitioner shall have the following rights: to call and examine witnesses; to introduce any evidence determined to be relevant by the hearing officer or the chair of the hearing committee, as applicable, regardless of its admissibility in a court of law; to cross-examine any witness on any matter relevant to the issue of the hearing; to challenge any witness, to rebut any evidence and to submit a written statement at the close of the hearing. If the Practitioner does not testify on the Practitioner's own behalf, the Practitioner may be called and examined as if under cross-examination. The affected Practitioner shall provide the hearing committee and the presenter of the adverse recommendation with a list of witnesses expected to testify at least five business days in

advance of the hearing. Additional witnesses may be called as necessary and notice that they will be called shall be provided whenever possible.

- (i) At its discretion, the hearing committee may call its own witnesses or obtain expert assistance in connection with any matter pending before it. Any written reports by such experts shall be provided to all parties to the hearing. The hearing committee may, without Special Notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the Practitioner for whom the hearing was convened.
- (j) After final adjournment of the hearing, the hearing committee shall promptly prepare a written report and recommendation and shall forward the same together with the hearing record and all other documentation to the Executive Committee or to the Board, whichever appointed it. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the Executive Committee or decision of the Board, and shall include a statement of the basis for the recommendation. The Practitioner shall be given a copy of the report and shall be advised of the Practitioner's right to request an appellate review in accordance with these Bylaws.
- (k) The Executive Committee, when its action has prompted the hearing, shall consider the recommendations of the hearing committee and may accept, modify, or reject such recommendations. The Executive Committee shall then make written recommendations to the Board which shall include a statement of the basis for its recommendations. The Practitioner shall be given by Special Notice a copy of the written recommendation of the Executive Committee and written notices of the Practitioner's right under these Bylaws to request, within thirty (30) days of the date of said Notice, an appellate review.
- (l) The Board, when its action has prompted the hearing, shall receive the recommendations of the hearing committee and shall notify the Practitioner by Special Notice of the Practitioner's right under these Bylaws to request within thirty (30) days an appellate review by the Board.

#### 11.3.6 APPEAL TO THE BOARD

- (a) Within thirty (30) days after receipt of a Special Notice by an affected Practitioner of an adverse recommendation made after a hearing as above provided, the Practitioner may, by Special Notice to the Board delivered to the President of the Medical Center, request an appellate review by the Board. The Practitioner may file a written statement and/or request that oral argument be permitted.
- (b) If such appellate review is not requested within thirty (30) days, the affected Practitioner shall be deemed to have waived the Practitioner's right to the same and to have such adverse recommendation or decision and the same shall become effective immediately as provided in Section 11.3.7 of this Article.
- (c) Promptly after receipt of such request for appellate review, the Board shall schedule a date for such a review, including a time and place for oral argument if such has been requested, and shall, through the

President of the Medical Center by Special Notice, notify the affected Practitioner of the same. The date of the appellate review ordinarily shall be not less than thirty (30) days or more than sixty (60) days from the date of receipt of the request for appellate review, except that when the Practitioner requesting the review is under a suspension which is then in effect, upon the request of the Practitioner, such review shall be scheduled as soon as arrangements for it may reasonably be made. For good cause shown, the Board or a duly appointed appellate review committee may, in its sole discretion, extend the time period for appellate review.

- (d) The appellate review shall be conducted by the Board or by a duly appointed appellate review committee of the Board of not less than five (5) members. If the adverse recommendation being reviewed was made by a hearing committee appointed by the Board, appellate review shall be by a committee of the Board made up of members who did not participate in the hearing or on the hearing committee.
- (e) The affected Practitioner shall have access to the report and any available transcription of the hearing and all other written material, favorable or unfavorable, that was considered in making the adverse recommendation or decision against the Practitioner. The Practitioner shall have the opportunity to submit a written statement on the Practitioner's behalf, in which those factual and procedural matters with which the Practitioner disagrees, and the Practitioner's reasons for such disagreement, shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted by the Practitioner via Special Notice to the Board through the President of the Medical Center at least fifteen (15) days prior to the scheduled date for the appellate review; a copy also shall be simultaneously provided to the Executive Committee, to the hearing committee that rendered the prior adverse recommendation, and to the representative presenting the adverse decision or recommendation. A similar statement may be submitted by the Executive Committee or by the hearing committee appointed by the Board and, if submitted, the President of the Medical Center shall provide by Special Notice a copy thereof to the Practitioner at least fifteen (15) days prior to the date of such appellate review.
- (f) The Board or its appointed review committee shall act as an appellate body. It shall review the record created in the proceedings and shall consider the written statements submitted pursuant to subparagraph (e) of this Section for the purpose of determining whether the adverse recommendation or decision against the affected Practitioner was justified and was not arbitrary or capricious. If oral argument is requested as part of the review procedure, the affected Practitioner shall be present at such oral argument, shall be permitted to speak against the adverse recommendation or decision and shall answer questions raised by any member of the appellate review body. The Executive Committee, the Board or the hearing committee, as the case may be, shall also be represented by an individual who shall be permitted to speak in favor of the adverse recommendation or decision and who shall answer questions raised by any member of the appellate review body.



- (g) New or additional matters not raised during the original hearing or in the hearing committee report, or otherwise reflected in the record, shall only be introduced at the appellate review under extraordinary circumstances as determined in the sole discretion of the Board or committee thereof appointed to conduct the appellate review.
- (h) If the appellate review is conducted by the Board, it may affirm, modify, or reverse the decision or recommendation under review or, in its discretion, it may refer the matter back to the Executive Committee for further review and recommendation within a period of time to be specified by the Board. Such referral may include a request of the Executive Committee for further hearing to resolve specified disputed issues.
- (i) If the appellate review is conducted by a committee of the Board, such committee shall, after the scheduled or adjourned date of the appellate review, make on a timely basis a written report recommending that the Board affirm, modify or reverse the decision or recommendation under review, or it may refer the matter back to the hearing committee or Executive Committee whichever entity made the decision or recommendation under review, for further review and recommendation within a period of time to be specified by the appellate review committee. Such referral may include a request that the hearing committee or Executive Committee, as the case may be, arrange for a further hearing to resolve disputed issues. After receipt of such recommendation after referral, the committee shall convene and promptly make its recommendations to the Board as above provided.
- (j) The appellate review shall not be deemed to be concluded until all the procedural steps provided in this Section have been completed or waived. Where permitted by the Medical Center's Bylaws, all action required of the Board may be taken by a committee of the Board.

#### 11.3.7 FINAL DECISION BY THE BOARD

- (a) After conclusion of the appellate review, the Board shall promptly make its final decision in the matter and shall send notice thereof to the Executive Committee and, through the President of the Medical Center, to the affected Practitioner by Special Notice. Such Notice shall include a statement of the basis for the decision. The decision of the Board shall be immediately effective and final and shall not be subject to further hearing or appellate review.
- (b) Notwithstanding any other provision of these Bylaws, no Practitioner shall be entitled to more than one hearing (by either the Executive Committee or the Board as set forth in Section 11.3.1(a) or (b) above) and one appellate review by the Board (pursuant to Section 11.3.6 above) on any matter or group of related matters that was the subject of action by the Executive Committee, or by the Board, or by a duly authorized committee of the Board, or by both.

#### 11.3.8 TIME LIMITS

All actions required under this Article for which no time limit is specified shall be taken within a reasonable period of time, which shall, when practical, not exceed one (1) month.

### 11.3.9 PROCEDURE

The foregoing procedures for hearing and appellate review are intended as guidelines for assuring the Practitioner a fair hearing and review and shall not be construed as establishing any rigid format for the hearing committee, the Board, or other committees involved in the hearing and review process.

## ARTICLE 12. MEETINGS

### 12.1 MEDICAL STAFF YEAR

For purposes of the business of the Medical Staff, the Medical Staff Year shall commence on December 1st and expire on November 30th.

### 12.2 MEDICAL STAFF MEETINGS

#### 12.2.1 REGULAR MEETINGS

An Annual Meeting shall be held in the Fall of each year. The Executive Committee may authorize the holding of additional Medical Staff meetings by resolution. The resolution authorizing any such additional meeting(s) shall require notice specifying the place, date and time for the meeting, and that the meeting can transact any business as may come before it.

#### 12.2.2 SPECIAL MEETINGS

A special meeting of the Medical Staff may be called by the President of the Medical Staff and shall be called by the President of the Medical Staff at the written request of the Board, the Executive Committee or twenty percent (20%) of the members of the Active Staff. The President of the Medical Staff shall call this special meeting within fifteen (15) days of such request.

### 12.3 DIVISION AND COMMITTEE MEETINGS

#### 12.3.1 REGULAR MEETINGS

Divisions and committees may, by resolution, provide the time for holding regular meetings and no notice other than such resolution is then required. Divisions shall meet at least monthly but frequently enough to consider both patient care outcomes and business issues.

#### 12.3.2 SPECIAL MEETINGS

A special meeting of any Division or committee may be called by the Director thereof and shall be called by the Director or chair at the written request of the Board, the Executive Committee, the President of the Medical Staff, or five (5) of the group's current members.

## 12.4 ATTENDANCE REQUIREMENT

### 12.4.1 SPECIAL APPEARANCES OR CONFERENCES

- (a) A Practitioner whose patient's clinical course of treatment is scheduled for discussion at a Medical Staff, Division or committee meeting shall be notified and invited to present the case.
- (b) Whenever a Medical Staff, Division, or educational program is prompted by findings of quality improvement program activities, the Practitioner whose performance prompted the program shall be notified of the time, date, and place of the program, of the subject matter to be covered, and of its special applicability to the Practitioner's practice. Except in unusual circumstances the Practitioner shall be required to be present.
- (c) Whenever a pattern of apparent or suspected deviation from standard clinical practice is identified within a Practitioner's practice, the President of the Medical Staff, or the applicable Division Director may require the Practitioner at the earliest mutually acceptable time to confer with such officer or Director or with a standing or ad hoc committee that is considering the matter. Failure of a Practitioner to appear at any such conference, unless excused by the individual calling the conference, may result in automatic referral to the Executive Committee for appropriate disciplinary action.

## 12.5 MEETING PROCEDURES

### 12.5.1 NOTICE OF MEETINGS

Written notice of any regular Medical Staff meeting, or of any regular committee or Division meeting not held pursuant to resolution, shall be delivered personally or by mail or through accepted electronic means to each person entitled to be present not less than five (5) days nor more than fifteen (15) days before the date of such meeting. Notice of any special meeting of the Medical Staff, a Division, or committee shall be given orally or in writing at least seventy-two (72) hours prior to the meeting and shall be posted. Personal attendance at a meeting constitutes a waiver of notice of such meeting, except when a person attends a meeting for the express purpose of objecting, at the beginning of the meeting, to the transaction of any business because the meeting was not duly called or convened. No business shall be transacted at any special meeting except that stated in the meeting notice.

### 12.5.2 QUORUM AND ACTION

- (a) **MEDICAL STAFF MEETINGS**  
At any regular or special meeting of the Medical Staff, a quorum shall be twenty percent (20%) of the qualified members of the Active Medical Staff. Vote shall be decided by simple majority of those Active Medical Staff members present at the time of the vote.
- (b) **DIVISION AND COMMITTEE MEETINGS**  
At any Division or committee meeting, except the Executive Committee, the quorum shall be defined as fifty percent (50%) of those members eligible to attend such meeting, but not less than two (2) members. The action of a majority of the members present at a meeting at which a

quorum is present shall be the action of a committee or Division. Action may be taken without a meeting by unanimous consent in writing, setting forth the action so taken signed by each member entitled to vote.

#### 12.5.3 RIGHTS OF *EX OFFICIO* MEMBERS

Except as otherwise specifically provided in these Bylaws, persons serving under these Bylaws as *Ex Officio* members of a committee shall have all rights and privileges of regular members except that they shall not be counted in determining the existence of a quorum and shall not be allowed to vote.

#### 12.5.4 MINUTES

Minutes of each regular and special meeting of a committee or Division shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly submitted to the attendees for approval and, after such approval is obtained, forwarded to the Executive Committee. Each committee and Division shall maintain a permanent file of the minutes of each of its meetings.

#### 12.5.5 PROCEDURAL RULES

Meetings of the Medical Staff, Divisions and committees shall be conducted according to the then current edition of Robert's Rules of Order Newly Revised. In the event of conflict between said Rules of Order and any provision of these Bylaws, these Bylaws shall control.

### ARTICLE 13. CONFIDENTIALITY, IMMUNITY, AND RELEASES

#### 13.1 SPECIAL DEFINITIONS

For purposes of this Article, the following definitions shall apply:

- (a) INFORMATION shall mean records or proceedings, minutes, interviews, Records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data and other disclosures or communications whether in written or oral form relating to any of the subject matter specified in Section 13.5.
- (b) MALICE shall mean the dissemination of a known falsehood or of information with a reckless disregard for the truth.
- (c) PRACTITIONER/PROFESSIONAL STAFF shall mean, for purposes of this Article 13, a Medical Staff or Professional Staff member or applicant.
- (d) REPRESENTATIVE shall mean the Board of the Medical Center or any of its subsidiaries and any director, trustee, or committee of the Medical Center or any of its subsidiaries; the President of the Medical Staff or any designee; registered nurses and other employees of the Medical Center or Medical Center subsidiaries; the Medical Staff organization and any member, officer, Division, or committee thereof; and any individual authorized by any of the foregoing to perform specific Information gathering, analysis, use, or disseminating functions.
- (e) THIRD PARTIES shall mean both individuals and organizations providing Information to any Representative.

## 13.2 AUTHORIZATIONS AND CONDITIONS

By submitting an application for Medical Staff or Professional Staff membership or by applying for or exercising Clinical Privileges or providing specific patient care services in any Medical Center, a Practitioner/ Professional Staff member shall be deemed to:

- (a) Authorize Representatives of the Medical Center and its subsidiaries and the Medical Staff to solicit, provide, and act upon Information bearing on the Practitioner/ Professional Staff's professional ability and qualifications.
- (b) Agree to be bound by the provisions of this Article and to waive all legal claims against any Representative who acts in accordance with the provisions of this Article.
- (c) Agree that the hearing and appeal process is the sole and exclusive remedy for professional review actions.
- (d) Acknowledge and agree that a Practitioner/Professional staff member who takes legal action against the Medical Center and/or Medical Staff members in relation to rights set forth in these Bylaws and does not prevail, must reimburse the defendants for all legal fees incurred.
- (e) Acknowledge that the provisions of this Article are express conditions to the Practitioner/ Professional Staff's application for, or acceptance of, Medical Staff or Professional Staff membership and to the exercise of Clinical Privileges or provision of specified patient services at any Medical Center.

## 13.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any Practitioner/PROFESSIONAL STAFF submitted, collected, or prepared by any Representative of the Medical Center or its subsidiaries or the Medical Staff or representative of any other health care system, facility, organization or Medical Staff for the purpose of evaluating and improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, determining that health care services are professionally indicated or were performed in compliance with the applicable standard of care, or establishing and enforcing guidelines to keep health care costs within reasonable bounds, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than an appropriate Representative nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to Information of like kind that may be provided by Third Parties. This Information shall not become part of any particular patient's record.

## 13.4 IMMUNITY FROM LIABILITY

### 13.4.1 FOR ACTION TAKEN

No Representative shall be liable to a Practitioner/Professional Staff member for damages or other relief for any decision, opinion, action, statement, or recommendation made within the scope of such Representative's duties, if the Representative acts in good faith and without Malice after reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the decision, opinion, action, statement, or recommendation is warranted by such facts.

## 13.4.2 FOR PROVIDING INFORMATION

No Representative and no Third Party shall be liable to a Practitioner/Professional Staff member for damages or other relief by reason of providing Information, including otherwise privileged or confidential Information, to a Representative or to any health care system, facility or organization of health professionals concerning a Practitioner/ Professional Staff member who is or has been an applicant to or member of the Medical Staff or Professional Staff member or who did or does exercise Clinical Privileges or provide specified services at Medical Center, provided that such Representative or Third Party acts in good faith and without Malice and provided further that such Information is related to the performance of the duties and functions of the recipient and is reported in a factual manner.

## 13.5 ACTIVITIES AND INFORMATION COVERED

### 13.5.1 ACTIVITIES

The confidentiality and immunity provided by this Article shall apply to all acts, communications, proceedings, interviews, reports, records, minutes, forms memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, or disclosures performed or made in connection with the activities of the Medical Center, the Medical Staff, or any other health care system, facility or organization concerning, but not limited to:

- (a) Applications for Medical Staff or Professional Staff appointment, Clinical Privileges or specified services.
- (b) Periodic reappraisals for reappointment, Clinical Privileges or specified services.
- (c) Corrective or disciplinary action.
- (d) Hearings and appellate reviews.
- (e) Quality improvement program activities.
- (f) Utilization reviews.
- (g) Claims reviews.
- (h) Profiles and profile analyses.
- (i) Risk Management.
- (j) Other Medical Center and Medical Staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

### 13.5.2 INFORMATION

The Information referred to in this Article may relate to a Practitioner/ Professional Staff's professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

13.6 RELEASES

Each Practitioner/ Professional Staff member shall, upon request, execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith, absence of Malice, and the exercise of a reasonable effort to ascertain truthfulness, as may be consistent with applicable law. Execution of such releases is not a prerequisite to the effectiveness of this Article which shall be binding on all Practitioners/Professional Staff including all members of the Medical Staff and Professional Staff as well as applicants for membership and all persons who apply for or exercise Clinical Privileges or apply to provide specific patient care services.

13.7 CUMULATIVE EFFECT

Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of Information and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof.

ARTICLE 14. GENERAL PROVISIONS

14.1 MEDICAL STAFF RULES AND REGULATIONS AND POLICIES

Subject to approval by the Board, the Medical Staff shall adopt such rules and regulations and policies as may be necessary to implement more specifically the general principles found in these Bylaws. Such Rules and Regulations and policies shall be a part of these Bylaws. The procedures outlined in Article 15 of these Bylaws shall be followed in the adoption and amendment of the rules and regulations and policies.

14.2 DIVISION POLICIES

Subject to the approval of the Executive Committee, each Division shall formulate its own written Bylaws and policies for the conduct of its affairs and the discharge of its responsibilities. Such written Bylaws and policies shall be consistent with these Bylaws and the Rules and Regulations of the Medical Staff.

14.3 RELATIONSHIP OF STAFF WITH THE BOARD

It is the Medical Staffs understanding that the Board shall be responsible for the following functions:

14.3.1 CREDENTIALS OVERSIGHT

To receive from the Medical Staff and to act upon written recommendations and completed applications for Staff assignment, clinical unit affiliations, Membership Prerogatives, Clinical Privileges, and corrective action.

14.3.2 EVALUATION AND MONITORING OVERSIGHT

To cooperate with and assist the Medical Staff and other health care professionals providing patient care services in implementing with a quality improvement program to review, evaluate, monitor and improve the quality and

efficiency of care delivered within Medical Center and receive written reports on the findings of, and specific recommendations resulting from, the quality improvement program.

#### 14.3.3 ADMINISTRATIVE OVERSIGHT

To continuously assess the effectiveness and results of the Medical Staff's review, evaluation and monitoring activities, evaluate the changes that have been or should be made to improve the quality and efficiency of patient care within Medical Center, and take action as warranted by its findings.

#### 14.3.4 ORGANIZATIONAL OVERSIGHT

To receive Medical Staff recommendations on the adoption, amendment or repeal of Medical Staff Bylaws and Rules and Regulations, and to act upon them in accordance with the provisions of the Medical Center's corporate bylaws governing adoption and amendment of the Medical Staff Bylaws.

#### 14.3.5 OTHER

To perform such other duties concerning professional staff matters as may be appropriate.

### 14.4 INDEMNIFICATION

To the extent permitted by law, the Medical Center shall indemnify and provide a defense to any member of the Medical Staff who is named a defendant or respondent in any claim, suit, or proceeding that arises out of the member's good faith performance of any Medical Center or Medical Staff function authorized by these Bylaws or Rules and Regulations, including, but not limited to, services as a member of a committee conducting peer review or a fair hearing, or service as a Division Director.

### 14.5 CONSTRUCTION OF MEDICAL STAFF AND HOSPITAL BYLAWS

When construing these Bylaws, the following principles shall apply.

#### 14.5.1 WAIVER

Failure of the Medical Staff and/or the Board to follow or enforce any provision of these Bylaws shall not constitute abrogation of the right to follow or enforce the same or any other provision at any future date.

#### 14.5.2 SEVERABILITY

If any provision of these Bylaws is found by a court with competent jurisdiction to be invalid or in violation of any law or regulation, such provision shall be deemed to be severed from the Bylaws and the remainder of the Bylaws shall be given effect as if such invalid provision never had been part of the Bylaws.

#### 14.5.3 COMPLIANCE WITH LAWS, ETC.

In the event that any law or regulation or mandatory Joint Commission provision requires the Board or the Medical Staff to take specific action in connection with



credentialing or any other matter covered by these Bylaws, such law, regulations, or accreditation requirement shall be deemed to be a part of these Bylaws and to the extent possible shall be construed as being consistent with the provisions of these Bylaws.

#### 14.5.4 CONSTRUCTION

To the extent possible, these Bylaws, the Medical Staff Rules and Regulations, bylaws and policies of Divisions, and agreements between the Medical Center and members of the Medical Staff shall be construed as being consistent with each other. If consistent construction is not possible, then provisions which specifically provide that the Medical Staff Bylaws supersede inconsistent provisions shall be given effect. This Section 14.5 is not intended to alter or supersede other provisions of these Bylaws which specify how such provisions are to be interpreted, construed, or applied.

#### 14.5.5 MEDICAL CENTER BYLAWS

Nothing contained in these Bylaws shall be deemed to supersede, waive or otherwise affect the bylaws and/or rules and regulations of the Medical Center and if there be any conflict between these Bylaws and the bylaws and/or rules and regulations of the Medical Center, the said bylaws and/or rules and regulations of the Medical Center shall govern.

#### 14.5.6 NONDISCRIMINATION

In accordance with the policies of the Medical Center, all provisions of these Bylaws and the accompanying rules and regulations shall be interpreted and applied so that no person, member of the Medical Staff, Professional Staff, applicant for membership, patient or any other person to whom reference is made directly or indirectly shall be subject to unlawful discrimination under any program or activities of the Medical Center or the Medical Staff.

#### 14.5.7 HEADINGS

All captions and titles used in these Bylaws are for convenience only and shall not limit or otherwise affect in any way the scope or interpretation of any provisions of these Bylaws.

#### 14.5.8 REVIEW

The Medical Staff Bylaws and Rules and Regulations and policies shall be reviewed periodically by the Bylaws Committee. The report of its review shall be forwarded to the Medical Executive Committee with appropriate recommendations.

### ARTICLE 15. ADOPTION AND AMENDMENT

#### 15.1 MEDICAL STAFF AUTHORITY AND RESPONSIBILITY

The Board has delegated to the Medical Staff the authority and responsibility to initiate and recommend to the Board the Medical Staff Bylaws and Rules and Regulations and policies. The adoption and amendment of these Bylaws shall require the actions

specified in the applicable provisions of this Article. Copies of revisions to any portion of the Medical Staff Bylaws and Rules and Regulations shall be made available to all members of the Medical Staff.

## 15.2 ADOPTION

These Bylaws, together with the appended Rules and Regulations and policies, shall be adopted by the Medical Staff to serve as the Bylaws for the Medical Staff and shall replace the current Medical Staff Bylaws and Rules and Regulations and policies at the Medical Center.

## 15.3 AMENDMENT

A proposed amendment shall be submitted either to the Bylaws Committee directly, the Executive Committee directly, the Board directly, or to any regular or special meeting of the Medical Staff. Any proposed amendment shall be referred to the Bylaws Committee, which shall make its recommendation to the Executive Committee. The Executive Committee shall provide a report of its recommendations to the Medical Staff as an electronic notice or with the notice of a regular meeting, or a special meeting called for such purpose. The notice of any amendment to be considered by the Board will be provided at least fifteen (15) days before such consideration. A copy of the proposed amendment(s), with the recommendations of the Executive Committee, shall be delivered by mail or through accepted electronic means to Medical Staff members entitled to vote. Adoption or amendment of these Bylaws or Rules and Regulations shall require the affirmative vote of a two-thirds (2/3) majority of the Medical Staff members present, eligible and qualified who vote on Bylaws, at a regular or special Medical Staff meeting at which a quorum is present. In the event approval of amendments needs to be accomplished in the period of time between regularly scheduled annual meetings and a special meeting is not planned, an electronic ballot may be used. Each use of an electronic ballot must be specifically approved by two-thirds (2/3) of the membership of the Executive Committee present and voting. The ballot, the proposed amendment(s) and a summary of the issues will be sent by regular mail or through accepted electronic means to those Medical Staff members eligible and qualified to vote. The ballot must be returned to the Medical Staff Services Office by the date specified in the ballot, which shall not be less than fifteen (15) days from the date the ballot was distributed. Approval by mail ballot requires a two-thirds (2/3) majority of those responding and a response of greater than fifty percent (50%) of the members eligible and qualified to vote. A non-returned response shall be considered a favorable vote. The Medical Staff's action shall be forwarded to the Board for its action.

If there is conflict or objection over the provisional amendment, the Joint Conference Committee shall be convened to address the conflict. Following the Joint Conference Committee review, the revised amendment shall be forwarded to the Board for action.

The Bylaws Committee, with the approval of the Executive Committee, shall have the authority to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, punctuation, spelling or other errors of grammar or expression.

#### 15.4 BOARD ACTION

In accordance with the corporate bylaws of the Medical Center, Medical Staff recommendations concerning adoption or amendment of these Bylaws, Rules and regulations and policies shall be effective within thirty (30) days of the affirmative vote of the Board.

#### 15.5 RELATED PROTOCOLS

Division policies and other Medical Staff policies and protocols that are noted in but not part of the Medical Staff Bylaws or Rules and Regulations must be consistent with such Bylaws and Rules and Regulations and shall be effective upon approval by the Executive Committee.