

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
NOVANT HEALTH NEW HANOVER REGIONAL
MEDICAL CENTER**

MEDICAL STAFF BYLAWS

*Adopted by the Medical Staff: July 8, 2022
Approved by the Board of Trustees: July 21, 2022*

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Medical Staff Glossary.

1.B. DELEGATION OF FUNCTIONS

- (1) When a function under these Bylaws is to be carried out by a member of the Administrative Team, by a Medical Staff Member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner or Medical Center employee (or a committee of such individuals). Any such designee must treat and maintain all credentialing, privileging, and peer review information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.
- (2) When a Medical Staff Member is unavailable or unable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. SUBSTANTIAL COMPLIANCE

While every effort will be made to comply with all provisions of these Bylaws, substantial compliance is required. Technical or minor deviations from the procedures set forth within these Bylaws do not invalidate any review or action taken.

1.D. MEDICAL STAFF DUES

- (1) All persons appointed to the Medical Staff shall pay biennial staff dues to the Medical Staff account as may be required by the Medical Staff.
- (2) Dues will be payable at the end of the fiscal year. Failure to pay dues will result in ineligibility to apply for Medical Staff Reappointment.
- (3) Signatories to the Medical Staff account will be the Medical Staff President and the Secretary-Treasurer.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for Appointment to the Medical Staff contained in the Medical Staff and Advanced Practice Professional Credentials Policy (“Credentials Policy”), are eligible to apply for Appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as Appendix A to these Bylaws.

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff will consist of physicians, dentists, oral surgeons, and podiatrists who:

- (a) are involved in at least 24 Patient Contacts per two-year Appointment term; and
- (b) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Medical Center through service on committees and/or active participation in performance improvement or activities related to the evaluation of professional practice.

Guidelines:

Unless an Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of Reappointment that his or her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has fewer than 24 Patient Contacts during his or her two-year Appointment term will not be eligible to request Active Staff status at the time of his or her Reappointment.
- ** The member will be transferred to another staff category that best reflects his or her relationship to the Medical Staff and the Medical Center (options – Courtesy, Consulting, Affiliate, or Coverage).

2.A.2. Prerogatives:

Active Staff members may:

- (a) hold Admitting Privileges (depending on their specific delineation of Clinical Privileges and the nature of their practice);
- (b) exercise such Clinical Privileges as are granted to them;

- (c) vote in all general and special meetings of the Medical Staff and applicable department, division, and committee meetings; and
- (d) hold office, serve as Department Chairs or Division Chiefs, serve on Medical Staff committees, and serve as chairs of committees.

2.A.3. Responsibilities:

Active Staff members must assume all the responsibilities of membership on the Active Staff, including:

- (a) serving on committees, as requested;
- (b) providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department;*
- (c) providing care for unassigned patients;
- (d) participating in the evaluation of new members of the Medical Staff;
- (e) participating in activities related to the evaluation of professional practice and performance improvement (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties);
- (f) accepting inpatient consultations, when requested;
- (g) paying applicable application fees and dues; and
- (h) performing assigned duties.

* Members of the Active Staff who have served on the Active Staff for at least 20 years or 10 years who are 60 years of age or older may request removal from responsibility for providing specialty coverage in the Emergency Department. The relevant Department will recommend to the MEC whether to grant these requests based on need and the effect on others who serve on the call roster for that specialty. Requests for exemption must be submitted in writing to the credentials committee at least 90 days in advance and must be approved by the credentials committee and the MEC. The MEC's recommendation will be subject to final action by the Board. Any such request that is granted by the Board is subject to change if the MEC determines that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities.

2.B. AFFILIATE STAFF

2.B.1. Qualifications:

The Affiliate Staff consists of those physicians, dentists, oral surgeons, and podiatrists who:

- (a) desire to be associated with, but who do not intend to establish a clinical practice at, this Medical Center and meet the eligibility criteria set forth in the Credentials Policy with the exception of those related to board certification, response times, emergency call coverage, coverage arrangements, and eligibility criteria for Clinical Privileges; and
- (b) have indicated or demonstrated a willingness to assume all the responsibilities of membership on the Affiliate Staff as outlined in Section 2.B.2.

The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Medical Center services for their patients by referral of patients to Active Staff members for admission and care.

2.B.2. Prerogatives and Responsibilities:

Affiliate Staff members:

- (a) may not admit patients or exercise Clinical Privileges at the Medical Center;
- (b) may attend meetings of the Medical Staff and applicable departments (without vote);
- (c) may not hold office or serve as Department Chairs, Division, Chief, or committee chairs;
- (d) will generally have no staff committee responsibilities, but may be invited to serve on committees (with vote);
- (e) may attend educational activities sponsored by the Medical Staff and the Medical Center;
- (f) may refer patients to members of the Active Staff for admission and/or care;
- (g) are encouraged to submit their relevant outpatient records for inclusion in the Medical Center's medical records for any patients who are referred;
- (h) are encouraged to communicate directly with Active Staff members about the care of any patients referred, as well as to visit any such patients;

- (i) may review the medical records and test results (via paper or electronic access) for any patients who are referred;
- (j) may perform history and physical examinations in the office and have those reports entered into the Medical Center's medical records;
- (k) may not attend patients, write inpatient orders, perform consultations, assist in surgery, or otherwise participate in the provision or management of clinical care to patients at the Medical Center;
- (l) must accept referrals from the Emergency Department for follow-up care of patients treated and released from the Emergency Department;
- (m) may refer patients to the Medical Center's diagnostic facilities and order such tests;
- (n) may actively participate in activities related to the evaluation of professional practice and performance improvement; and
- (o) will pay applicable application fees and dues.

2.C. COURTESY STAFF

2.C.1. Qualifications:

The Courtesy Staff will consist of physicians, dentists, oral surgeons, and podiatrists who:

- (a) are involved in at least six, but fewer than 24, Patient Contacts per two-year Appointment term;
- (b) meet all the same threshold eligibility criteria as other Medical Staff Members, including specifically those relating to availability and response times with respect to the care of their patients; and
- (c) at each Reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for Appointment and Clinical Privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless a Courtesy Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of Reappointment that his or her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has fewer than six Patient Contacts during his or her two-year Appointment term will be transferred to another staff category that accurately reflects his or her relationship to the Medical Staff and the Medical Center (options – Consulting, Affiliate, or Coverage).
- ** Any member who has 24 or more Patient Contacts during his or her two-year Appointment term will be automatically transferred to Active Staff status.

2.C.2. Prerogatives and Responsibilities:

Courtesy Staff members:

- (a) may hold Admitting Privileges depending on their specific delineation of Clinical Privileges and the nature of their practice;
- (b) may exercise such Clinical Privileges as are granted to them;
- (c) may attend and participate in Medical Staff, department, and division meetings (without vote);
- (d) may not hold office or serve as Department Chairs, Division Chiefs, or committee chairs;
- (e) may be invited to serve on committees (with vote);
- (f) are generally excused from providing specialty coverage for the Emergency Department for unassigned patients, but:
 - (1) must assume the care of any of their patients who present to the Emergency Department when requested to do so by an Emergency Department physician,
 - (2) must accept referrals from the Emergency Department for follow-up care of their patients treated in the Emergency Department, and
 - (3) will be required to provide specialty coverage if the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (g) will cooperate in activities related to the evaluation of professional practice and performance improvement; and
- (h) will pay applicable application fees and dues.

2.D. CONSULTING STAFF

2.D.1. Qualifications:

The Consulting Staff will consist of physicians, dentists, oral surgeons, and podiatrists who:

- (a) are of demonstrated professional ability and expertise who provide a service not otherwise available or in very limited supply on the Active Staff (should the service become readily available on the Active Staff, the Consulting Staff members would not be eligible to request continued Consulting Staff status at the time of their next Reappointments and would have to transfer to a different staff category if they desire continued Appointment);
- (b) provide services at the Medical Center only at the request of other members of the Medical Staff; and
- (c) at each Reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for Appointment and Clinical Privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2.D.2. Prerogatives and Responsibilities:

Consulting Staff members:

- (a) may exercise such Clinical Privileges as are granted to them, in conjunction with other members of the Medical Staff;
- (b) may not hold office or serve as Department Chairs, Division Chiefs, or committee chairs;
- (c) may attend meetings of the Medical Staff and applicable department and division meetings (without vote);
- (d) may be invited to serve on committees (with vote);
- (e) are excused from providing specialty coverage for the Emergency Department and providing care for unassigned patients;
- (f) will cooperate in activities related to the evaluation of professional practice and performance improvement; and

- (g) will pay applicable application fees and dues.

2.E. COVERAGE STAFF

2.E.1. Qualifications:

The Coverage Staff will consist of physicians, dentists, oral surgeons, and podiatrists who:

- (a) desire Appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to Active Staff members who are members of their group practice or coverage group;
- (b) at each Reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for Appointment and Clinical Privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians);
- (c) are not required to satisfy any defined response time requirements in place at the Medical Center, except for those times when they are providing coverage; and
- (d) agree that their Appointment and Clinical Privileges will be automatically relinquished, with no right to a hearing or appeal, if their coverage arrangement with the Active Staff member(s) terminates for any reason.

2.E.2. Prerogatives and Responsibilities:

Coverage Staff members:

- (a) when providing coverage assistance for an Active Staff member, will be entitled to admit and/or treat patients who are the responsibility of the Active Staff member who is being covered (i.e., the Active Staff member's own patients or unassigned patients who present through the Emergency Department when the Active Staff member is on call);
- (b) will assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, care for unassigned patients, emergency service care, consultation, and teaching assignments when covering for members of their group practice or coverage group;
- (c) will be entitled to attend Medical Staff, department, and division meetings (without vote);

- (d) may not hold office or serve as Department Chairs, Division Chiefs, or committee chairs;
- (e) will generally have no staff committee responsibilities, but may be invited to serve on committees (with vote); and
- (f) will pay applicable application fees and dues.

2.F. HONORARY STAFF

2.F.1. Qualifications:

- (a) The Honorary Staff will consist of members who have retired from the practice of medicine at the Medical Center who have been recommended for Honorary Staff Appointment by the MEC.
- (b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a Reappointment application/Reappointment processing.

2.F.2. Prerogatives and Responsibilities:

Honorary Staff members:

- (a) may not consult, admit, or attend to patients;
- (b) may attend Medical Staff, Department, and Service meetings (without vote);
- (c) may be appointed to committees (with vote);
- (d) are entitled to attend educational programs of the Medical Staff and the Medical Center;
- (e) may not hold office or serve as committee chairs; and
- (f) are not required to pay application fees and dues.

ARTICLE 3

OFFICERS

3.A. DESIGNATION

The officers of the Medical Staff will be the Medical Staff President, Medical Staff Vice President, Immediate Past Medical Staff President, and Secretary-Treasurer.

3.B. ELIGIBILITY CRITERIA

Only those Medical Staff Members who satisfy the following criteria initially and continuously, as determined by the MEC, will be eligible to serve as an officer of the Medical Staff, unless an exception is recommended by the MEC and approved by the Board. They must:

- (1) be appointed in good standing to the Active Staff;
- (2) have no past or pending adverse recommendations concerning Appointment or Clinical Privileges;
- (3) not presently be serving as a Medical Staff officer, Board member or department chair at any other hospital and will not so serve during their term of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position or other involvement in performance improvement functions at this Medical Center for at least two years;
- (6) attend continuing education relating to Medical Staff leadership, credentialing, and/or peer review functions prior to or during the term of the office;
- (7) have demonstrated an ability to work well with others; and
- (8) disclose any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with the Medical Center or any affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner. The Nominating Committee will assess any such conflicts to determine whether they are such that they render the individual ineligible for the position.

3.C. DUTIES

3.C.1. Medical Staff President:

The Medical Staff President will:

- (a) act in coordination and cooperation with the Administrative Team in matters of mutual concern involving the care of patients in the Medical Center;
- (b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the CEO and the Board;
- (c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
- (d) chair the MEC and Leadership Council (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
- (e) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the policies and procedures of the Medical Center;
- (f) be bonded;
- (g) become Immediate Past Medical Staff President upon completion of his or her term; and
- (h) perform all functions authorized in these Bylaws and all other applicable Medical Staff policies.

3.C.2. Medical Staff Vice President:

The Medical Staff Vice President will:

- (a) assume all duties of the Medical Staff President and act with full authority as Medical Staff President when the Medical Staff President is unavailable within a reasonable period of time;
- (b) serve on the MEC, the Credentials Committee, and the Leadership Council, with vote;
- (c) assume all such additional duties as are assigned to him or her by the Medical Staff President or the MEC; and
- (d) become Medical Staff President upon completion of his or her term.

3.C.3. Secretary-Treasurer:

The Secretary-Treasurer will:

- (a) serve on the MEC, the CPE, and the Leadership Council, with vote;
- (b) oversee the preparation of accurate and complete minutes of all MEC and general Medical Staff meetings;
- (c) be responsible for the collection of and accounting for any funds in the Medical Staff Fund and report to the Medical Staff;
- (d) be bonded;
- (e) become Medical Staff Vice President upon completion of his or her term; and
- (f) assume all such additional duties as are assigned to him or her by the Medical Staff President or the MEC.

3.C.4. Immediate Past Medical Staff President:

The Immediate Past Medical Staff President will:

- (a) serve on the Credentials Committee, Leadership Council, and MEC, with vote;
- (b) serve as an advisor to other Medical Staff leaders; and
- (c) assume all duties assigned by the Medical Staff President or the MEC.

3.D. NOMINATIONS

- (1) The Nominating Committee will consist of a chair who is appointed by the Leadership Council and additional members to be representative of the specialties of the Medical Staff who will be recommended by the Department Chairs and appointed by the Medical Staff President. When possible, preference will be given to individuals who have served in past Medical Staff leadership roles. The VPMA will also be a member of the committee, *ex officio*, without vote.
- (2) The Nominating Committee will convene at least 45 days prior to the election and will submit the names of at least one qualified nominee for the office of Secretary-Treasurer. All nominees must meet the eligibility criteria in Section 3.B and agree to serve, if elected. Notice of the nominees will be provided to the Voting Staff at least 21 days prior to the election.
- (3) Additional nominations may also be submitted in writing by petition signed by at least five members of the Voting Staff at least 14 days prior to the election. In order

for a nomination to be added to the ballot, the candidate must meet the qualifications in Section 3.B, in the judgment of the Nominating Committee, and be willing to serve.

- (4) Nominations from the floor will not be accepted.

3.E. ELECTION

- (1) Elections will be held at the annual meeting of the Medical Staff. Candidates receiving a majority of votes cast at the meeting by those members of the Voting Staff where a quorum of 10% is present and voting at that meeting will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election will be held promptly between the two candidates receiving the highest number of votes.
- (2) In the alternative, and in the discretion of the MEC, elections may occur solely by written or electronic ballot returned to Medical Staff Services in the manner as indicated on the ballot at the time it is distributed. Ballots will be provided to all members of the Voting Staff and completed ballots must be received in Medical Staff Services by the date indicated on the ballot. Those who receive a majority of the votes cast by at least 10% of the Voting Staff will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.

3.F. TERMS AND PROGRESSION OF OFFICERS

An individual who is elected to the position of Secretary-Treasurer will serve in that role for one year before serving consecutive one-year terms as Medical Staff Vice President, Medical Staff President, and then Immediate Past Medical Staff President.

3.G. REMOVAL

- (1) Failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws will result in automatic removal from office. In addition, removal of an elected officer may be effectuated by a two-thirds vote of the MEC for:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Medical Center and/or its Medical Staff; or

- (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual will be given written notice of the date of the meeting at which action is to be considered. The individual will be afforded an opportunity to speak to the MEC prior to a vote on removal.

3.H. VACANCIES

- (1) A vacancy in the office of Medical Staff President will be filled by the Medical Staff Vice President, who will serve until the end of the Medical Staff President's unexpired term.
- (2) A vacancy in the office of Medical Staff Vice President will be filled by the Secretary-Treasurer, who will serve until the end of the Medical Staff President's unexpired term
- (3) In the event there is a vacancy in the Secretary-Treasurer position, the MEC will appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the MEC.

ARTICLE 4

CLINICAL DEPARTMENTS, DIVISIONS, AND SERVICE LINES

4.A. ORGANIZATION

The Medical Staff will be organized into departments and divisions as determined by the MEC and listed in the Organization Manual. The MEC may create new departments, eliminate departments, create or eliminate divisions within departments, or otherwise reorganize the department structure, in accordance with the amendment provisions contained in these Bylaws.

4.B. ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

- (1) Upon initial Appointment to the Medical Staff, each Medical Staff Member will be assigned to a clinical department and division, if applicable. Assignment to a particular department or division does not preclude a Medical Staff Member from seeking and being granted Clinical Privileges typically associated with another department.
- (2) A Medical Staff Member may request a change in department or division assignment to reflect a change in his or her clinical practice.
- (3) Department or division assignment may be transferred at the discretion of the MEC.

4.C. FUNCTIONS OF DEPARTMENTS

The departments will be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments, (ii) to monitor the practice of all those with Clinical Privileges in a given department, and (iii) to assure emergency call coverage for all patients.

4.D. QUALIFICATIONS OF ELECTED DEPARTMENT CHAIRS

Each Department Chair will satisfy the eligibility criteria in Section 3.B, unless waived by the MEC.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS

- (1) Except as otherwise provided by contract, Department Chairs will be elected by the department, subject to MEC approval and confirmation by the Board. The Leadership Council will help to identify and recommend qualified candidates who must meet the qualifications in Section 3.B, unless waived by the MEC, and be willing to serve. The election will be by written or electronic ballot. Ballots may be returned in person, by mail, or by facsimile by the date indicated on the ballot.

Those who receive a majority of the votes cast will be elected, subject to Board confirmation, which confirmation will signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no one is willing to serve as a Department Chair, the Medical Staff President will appoint an individual, in consultation with the MEC.

- (2) Any Department Chair may be removed by a two-thirds vote of the department or by a two-thirds vote of the MEC after reasonable notice and opportunity to be heard. Grounds for removal will be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Medical Center and/or its Medical Staff; or
 - (d) an infirmity that renders the Medical Staff Member incapable of fulfilling the duties of that office.
- (3) Prior to the initiation of any removal action, the Medical Staff Member will be given written notice of the date of the meeting at which such action will be taken at least 10 days prior to the date of the meeting. The Medical Staff Member will be afforded an opportunity to speak to the department or MEC, as applicable, prior to a vote on such removal being taken.
- (4) Elected Department Chairs will serve a term of two years and may be reelected for additional terms.

4.F. DUTIES OF DEPARTMENT CHAIRS

Department chairs will work in collaboration with the Medical Staff Leaders and other Medical Center personnel to collectively be responsible for the following:

- (1) all clinically related activities of the department;
- (2) all administratively related activities of the department, unless otherwise provided for by the Medical Center;
- (3) continuing surveillance of the professional performance of all individuals in the department who have delineated Clinical Privileges;
- (4) recommending criteria for Clinical Privileges that are relevant to the care provided in the department;

- (5) evaluating requests for Clinical Privileges for each member of the department;
- (6) the integration of the department into the primary functions of the Medical Center;
- (7) the coordination and integration of interdepartmental and intradepartmental services;
- (8) the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;
- (9) determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment and services;
- (10) recommendations for a sufficient number of qualified and competent persons to provide care or services;
- (11) continuous assessment and improvement of the quality of care and services provided;
- (12) maintenance of quality monitoring programs, as appropriate;
- (13) recommendations for space and other resources needed by the department;
- (14) assessing and recommending off-site sources for needed patient care services not provided by the department or the Medical Center;
- (15) the orientation and continuing education of all persons in the department;
- (16) appointing Division Chiefs as necessary; and
- (17) performing all functions authorized in the Credentials Policy, including collegial counseling.

4.G. DIVISIONS AND DIVISION CHIEFS

4.G.1. Division Requirements:

Divisions will generally have no meeting or minutes requirements. Only when divisions are making formal recommendations to a department will a report be required from the division leader.

4.G.2. Division Activities:

Divisions may perform any of the following activities:

- (a) continuing education;
- (b) performance improvement opportunities;
- (c) grand rounds;
- (d) discussion of policy or equipment needs; and/or
- (e) development of recommendations for the relevant Department Chair.

4.G.3. Division Chiefs:

The Leadership Council will help to identify and recommend qualified candidates to serve as Division Chiefs who will be appointed by the relevant Department Chair. A Division Chief will be responsible for calling special meetings to discuss specific issues as necessary and will also be involved with quality and credentialing issues as requested.

4.H. SERVICE LINES

- (1) The Medical Center may also establish multi-disciplinary service lines to facilitate the delivery of quality, safe, and effective patient care.
- (2) When service lines exist, a physician shall be designated to serve as a Service Line Director who shall have the responsibility for the day-to-day operations of the service line. This physician will work closely with an individual designated by the Medical Center to assist with day-to-day operations and overall management of the service line.
- (3) Notwithstanding the creation of service lines, the primary responsibility for activities related to credentialing, privileging, and the evaluation of professional practice related to the Practitioners who function within the service line shall remain the responsibility of the relevant Department Chair, Division Chief, or another appropriate Medical Staff Leader or Medical Staff committee.
- (4) Service Line Directors may participate in credentialing, privileging, and evaluation of professional practice if requested by a Medical Staff Leader or Medical Staff Committee. In these circumstances, the Service Line Directors must follow the processes and procedures outlined in the Medical Staff Bylaws and policies and treat all such activities and documentation in a strictly confidential and privileged manner. Any documentation that is created by a Service Line Director in this regard will be maintained in the Practitioner's Confidential File.

ARTICLE 5

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

- (1) Unless otherwise indicated, all committee chairs and members will be appointed by the Leadership Council. Advanced Practice Professionals may be appointed to serve as voting members of Medical Staff committees. Committee chairs will be selected based on the criteria set forth in Section 3.B of these Bylaws, and all committee members must signify their willingness to meet basic expectations of committee membership as set forth in Section 3.B of the Organization Manual.
- (2) Unless otherwise indicated, committee chairs and members will be appointed for initial terms of one year but may be reappointed for additional terms. All appointed chairs and members may be removed, and vacancies filled by the Leadership Council.
- (3) Unless otherwise indicated, all Medical Center and administrative representatives on the committees will be appointed by the CEO, in consultation with the VPMA and the Medical Staff President. All such representatives will serve on the committees, without vote.
- (4) Unless otherwise indicated, the Medical Staff President, VPMA, and the CEO will be members, *ex officio*, without vote, on all committees.

5.C. MEDICAL EXECUTIVE COMMITTEE

5.C.1. Composition:

- (a) The MEC will consist of the following voting members:
 - (1) the Medical Staff Officers;
 - (2) the Department Chairs, plus up to one additional representative (elected by the department) for those departments with 70 or more voting members; and
 - (3) a representative of the Advanced Practice Professionals.

- (b) The CEO, Chief Clinical Officer, VPMA, the Service Line Directors, Director of the Medical Staff Office, and Chief Nursing Officer will serve as *ex officio*, non-voting members.
- (c) The Medical Staff President will chair the MEC.
- (d) Other Medical Staff Members, Practitioners, or Medical Center personnel may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue on its agenda. These individuals will be present only for the relevant agenda item and will be excused for all others. Such individuals are an integral part of the committee's functioning and are bound by the same confidentiality requirements as the standing members of the MEC.

5.C.2. Duties:

The MEC has the primary oversight authority related to professional activities and functions of the Medical Staff and performance improvement activities regarding the professional services provided by Practitioners with Clinical Privileges. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings;
- (b) recommending directly to the Board on at least the following:
 - (1) the Medical Staff's structure;
 - (2) the mechanism used to review credentials and to delineate individual Clinical Privileges;
 - (3) applicants for Appointment and Reappointment;
 - (4) delineation of Clinical Privileges for each eligible individual;
 - (5) participation of the Medical Staff in Medical Center performance improvement activities and the quality of professional services being provided by the Medical Staff;
 - (6) the mechanism by which Appointment may be terminated; and
 - (7) hearing procedures;

- (c) consulting with the CEO on quality-related aspects of contracts for patient care services;
- (d) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate, and making appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;
- (e) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;
- (f) providing leadership in activities related to patient safety;
- (g) providing oversight in the process of analyzing and improving patient satisfaction;
- (h) prioritizing continuing medical education activities;
- (i) reviewing, or delegating to the Bylaws Committee the responsibility to review, at least once every five years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and
- (j) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, the Board or other applicable policies.

5.C.3. Meetings:

The MEC will meet as often as necessary to fulfill its responsibilities and will maintain a permanent record of its proceedings and actions.

5.D. PERFORMANCE DATA REVIEW

The Medical Staff is actively involved in evaluation and analysis of performance data, including reviewing data and recommending and implementing processes to address the following:

- (1) blood use (may include AABB transfusion criteria);
- (2) prescribing of medications: prescribing patterns, trends, errors and appropriateness of prescribing for Drug Use Evaluations;
- (3) Surgical Case Review: appropriateness and outcomes for selected high-risk procedures as defined by the Medical Staff;
- (4) specific department indicators by the Medical Staff;

- (5) anesthesia/moderate sedation adverse events;
- (6) readmissions/unplanned returns to surgery (as defined by the Medical Staff);
- (7) appropriateness of care for non-invasive procedures/interventions;
- (8) utilization data;
- (9) significant deviations from established standards of practice;
- (10) timely and legible completion of medical records;
- (11) any variant that should be analyzed for statistical significance; and
- (12) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in Appendix B of these Bylaws.

5.E. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Organization Manual, the MEC may establish additional committees to perform one or more staff functions and may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual Medical Staff Member, a standing committee, or a special task force will be performed by the MEC.

5.F. SPECIAL COMMITTEES

Special committees will be created and their Medical Staff Members and chairs will be appointed by the Medical Staff President. Such task forces will confine their activities to the purpose for which they were appointed and will report to the MEC.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is January 1 – December 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff will meet once a year for the Annual meeting. Additional meetings may be scheduled as needed by the Medical Staff President.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Medical Staff President, the MEC, the Board, or by a petition signed by not less than 10% of the Active Staff.

6.C. DEPARTMENT, DIVISION AND COMMITTEE MEETINGS

6.C.1. Meetings of Departments:

Each Department shall meet as often as necessary to fulfill its responsibilities, at times set by the Department Chair.

6.C.2. Meetings of Divisions:

Divisions are not expected to meet regularly. Division Chiefs may call Division meetings at their discretion.

6.C.3. Meetings of Committees:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each committee will meet as often as necessary to fulfill their responsibilities, at times set by the committee chair.

6.C.4. Special Meetings:

A special meeting of any department, division, or committee may be called by or at the request of the Presiding Officer, the Medical Staff President, the CEO or by a petition signed by not less than 10% of the Voting Staff members of the department, division, or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Medical Staff Members will be provided Notice of all regular meetings of the Medical Staff and regular meetings of departments, divisions, and committees at least 14 days in advance of the meetings. The primary mechanism utilized for providing Notice will be e-mail; however, Notice may also be provided by mail, facsimile, hand delivery, posting in a designated electronic or physical location, or telephone at least 14 days prior to the meetings. All Notices will provide the date, time, and place of the meetings.
- (b) When a special meeting of the Medical Staff, a department, and/or division is called, all of the provisions in paragraph (a) will apply except that the Notice period will be reduced to 48 hours and posting may not be the sole mechanism used for providing Notice of a special meeting. When a special meeting of a committee is called, all of the provisions in paragraph (a) shall apply except that the Notice period may be specified in hours.
- (c) The attendance of any individual at any meeting will constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, division, or committee, those voting members present (but not fewer than two) will constitute a quorum. Exceptions to this general rule are as follows:
 - (1) for meetings of the MEC, the CPE, and the Leadership Council, the presence of at least 50% of the voting members of the committee will constitute a quorum; and
 - (2) for amendments to these Medical Staff Bylaws or the election of Medical Staff Officers, at least 10% of the Voting Staff will constitute a quorum.
- (b) Recommendations and actions of the Medical Staff, departments, divisions, and committees will be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present. Voting may be by written ballot at the discretion of the Presiding Officer.
- (c) The voting members of the Medical Staff, a department, a division, or a committee may also be presented with a question by mail, facsimile, e-mail, hand delivery, website posting, or telephone and their votes returned to the Presiding Officer by the method designated in the notice. Except as noted in (a) above, a quorum for purposes of these votes will be the number of responses returned to the Presiding

Officer by the date indicated. The question raised will be determined in the affirmative if a majority of the responses returned has so indicated.

- (d) When determining whether a specific percentage or a majority has been achieved with respect to a vote of the Medical Staff or a department, division or committee, an individual who has recused himself or herself from participation in the vote will not be counted as a voting member (for example, if there are ten voting members of a committee and one recuses himself or herself on a particular matter, the majority vote for that matter would be calculated as five of the remaining nine votes).
- (e) At the discretion of the Presiding Officer, one or more Medical Staff Members may participate at a meeting by telephone or video conference.

6.D.3. Agenda:

The Presiding Officer for the meeting will set the agenda for any regular or special meeting of the Medical Staff, department, division, or committee.

6.D.4. Rules of Order:

Robert's Rules of Order may be used for reference at all meetings and elections. Specific provisions of these Bylaws and Medical Staff, department, division, or committee custom will prevail at all meetings, and the Presiding Officer (Medical Staff Officer, Department Chair, Division Chief, or committee chair, as applicable) will have the authority to rule definitively on all matters of procedure.

6.D.5. Minutes, Reports, and Recommendations:

- (a) Minutes of all meetings of the Medical Staff, departments, and committees will be prepared and will include a record of the attendance of Medical Staff Members and the recommendations made and the votes taken on each matter. The minutes will be signed by the Presiding Officer.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, and committees will be transmitted to the MEC and to the CEO for purposes of keeping the Board apprised of the activities of the Medical Staff and its departments and committees.
- (c) A permanent file of the minutes of all meetings will be maintained by the Medical Center.

6.D.6. Confidentiality:

All Medical Staff business conducted by committees, departments, or divisions is considered confidential and proprietary and should be treated as such. However,

individuals who have access to, or are the subject of, credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Medical Center policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

- (a) Attendance at meetings of the MEC, the CPE, and the Leadership Council is required. All members of these committees are required to attend at least 75% of all regular and special meetings. Failure to attend the required number of meetings may result in replacement of the member.
- (b) Each Active Staff member is encouraged, but not required, to attend and participate in all Medical Staff meetings and applicable department, division, and committee meetings each year.
- (c) Participation at a meeting by telephone or video conference may constitute attendance at the discretion of the Presiding Officer.

ARTICLE 7

LEGAL PROTECTIONS FOR PRACTITIONERS PERFORMING MEDICAL STAFF FUNCTIONS

Practitioners have significant personal legal protections from various sources when they perform functions pursuant to these Bylaws, the Credentials Policy, the Medical Staff Organization Manual, the Evaluation of Professional Practice (EPP) Policies, and all other policies of the Medical Staff and Medical Center, as long as they maintain confidentiality and act in accordance with these Bylaws and related policies. The sources of these legal protections include:

- (a) As set forth in Section 2.C.2 of the Credentials Policy, all practitioners agree, as a condition of applying for appointment, reappointment, and/or Clinical Privileges, to release from liability, extend immunity to, and not sue other practitioners for any actions, recommendations, communications, and/or disclosures made or taken in the course of credentialing and peer review (EPP) activities.
- (b) All applicants for Appointment, Reappointment, and Clinical Privileges sign an application form by which they release from liability and agree not to sue other practitioners who participate in credentialing and peer review (EPP) activities.
- (c) Protections are also available under both the North Carolina peer review statute and the federal Health Care Quality Improvement Act (“HCQIA”) for practitioners who participate in credentialing and peer review (EPP) activities. The Medical Staff Bylaws and related policies have been structured to take full advantage of these legal protections.
- (d) The Medical Center will indemnify practitioners who perform functions under these Bylaws and related policies for any claims made against the practitioner that are not completely covered by an applicable insurance policy, in accordance with the Medical Center’s corporate bylaws.

ARTICLE 8

AMENDMENTS

8.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by at least ten members of the Voting Staff, by the Bylaws Committee, or by the MEC.
- (2) In the discretion of the MEC, amendments to the Bylaws will be presented to the Voting Staff in one of the following two ways:
 - (a) Amendments Subject to Vote at a Meeting: The MEC will report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, (i) a quorum of at least 10% of the Voting Staff must be present, and (ii) the amendment must receive two-thirds of the votes cast by the Voting Staff at the meeting.
 - (b) Amendments Subject to Vote via Written or Electronic Ballot: The MEC will present proposed amendments to the Voting Staff by written or electronic ballot, to be returned by the date and in the manner indicated on the ballot, which date will be at least 14 days after the proposed amendment was provided to the Voting Staff. Along with the proposed amendments, the MEC will provide a written report on the amendments either favorably or unfavorably. To be adopted, (i) the amendment must be voted on by at least 10% of the Voting Staff, and (ii) the amendment must receive two-thirds of the votes cast.
- (3) The MEC will have the power to adopt such clarifications to these Bylaws and related documents described in Section 8.B of these Bylaws that are needed because of renumbering, punctuation, spelling or errors of grammar, or change of name(s) or title(s).
- (4) All amendments will be effective only after approval by the Board.
- (5) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two weeks after receipt of a request for same submitted by the Medical Staff President.

- (6) Neither the Medical Staff nor the Board will unilaterally (without seeking the advice of the other party) amend these Bylaws.

8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there will be policies, procedures and Rules and Regulations that will be applicable to all members of the Medical Staff and other individuals who have been granted Clinical Privileges or a scope of practice. All Medical Staff policies, procedures, and Rules and Regulations will be considered an integral part of the Medical Staff Bylaws but will be amended in accordance with this section. These additional documents include the Credentials Policy, the Medical Staff Organization Manual, the Medical Staff Glossary, and the Medical Staff Rules and Regulations.
- (2) An amendment to the Credentials Policy shall be made in the same manner as amendments to the Medical Staff Bylaws as set forth in Section 8.A.
- (3) An amendment to the Medical Staff Organization Manual, the Medical Staff Glossary, or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to these documents will be provided to each member of the Voting Staff at least 14 days prior to the MEC meeting when the vote is to take place. Any member of the Voting Staff may submit written comments on the amendments to the MEC.
- (4) The present Medical Staff Rules and Regulations are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rules and Regulations are inconsistent with these Bylaws, they are of no force or effect.
- (5) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.
- (6) Amendments to the Medical Staff policies and to the Rules and Regulations may also be proposed by a petition signed by at least 10% of the members of the Voting Staff. Any such proposed amendments will be reviewed by the MEC, which will report on the proposed amendments either favorably or unfavorably before they are forwarded to the Board for its final action.
- (7) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Glossary, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

ARTICLE 9

ADOPTION

These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding, and replacing any and all previous Medical Staff Bylaws, Rules and Regulations, policies, manuals, or Medical Center policies pertaining to the subject matter thereof.

Medical Staff: July 8, 2022

Board of Trustees: July 21, 2022

APPENDIX A

MEDICAL STAFF CATEGORIES SUMMARY

	Active	Affiliate	Courtesy	Consulting	Coverage	Honorary
Number of Patient Contacts/2-year	≥ 24	NA	≥ 6 & < 24	NA	NA	NA
May hold Admitting Privileges*	Y	N	Y	N	Y	N
Exercise Clinical Privileges	Y	N	Y	Y	Y	N
May attend Medical Staff and applicable Department, and Service	Y	Y	Y	Y	Y	Y
May vote at Medical Staff and applicable Department, and Service	Y	N	N	N	N	N
May serve as a Medical Staff Officer	Y	N	N	N	N	N
May serve as a Department Chair or Division Chief	Y	N	N	N	N	N
May be invited to serve on Medical Staff committees (with vote)	Y	Y	Y	Y	Y	Y
May be appointed chair of a Medical Staff committee	Y	N	N	N	N	N
Emergency Call Responsibilities	Y	F/C	N**	N	Y***	N
Dues	TBD	TBD	TBD	TBD	TBD	TBD

Y = Yes

N = No

NA = Not Applicable

F/C = No Emergency Call responsibilities but may be directed referrals from the Emergency Department for follow-up care.

* May hold Admitting Privileges depending on their specific delineation of Clinical Privileges and the nature of their practice.

** Generally, have no Emergency Call responsibilities, but must assume care of own patients in the ED, accept referrals from the ED, and may be required by the MEC to provide ED call when there are insufficient Active Staff members in a particular specialty area to perform these responsibilities.

*** Only when covering for another Active Staff member.

APPENDIX B

HISTORY AND PHYSICAL EXAMINATIONS

(a) General Documentation Requirements

- (1) A complete medical history and physical examination must be performed and documented in the patient's medical record within 24 hours after admission or registration (but in all cases prior to surgery or an invasive procedure requiring anesthesia services) by an individual who has been granted Clinical Privileges by the Medical Center to perform histories and physicals.
- (2) The scope of the medical history and physical examination will include, as pertinent:
 - patient identification;
 - chief complaint;
 - history of present illness;
 - review of systems;
 - personal medical history, including medications and allergies;
 - family medical history;
 - social history, including any abuse or neglect;
 - physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
 - data reviewed;
 - assessments, including problem list;
 - plan of treatment; and
 - if applicable, signs of abuse, neglect, addiction, or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion which will be documented in the plan of treatment.

- (3) In the case of a pediatric patient, the history and physical examination report must also include: (i) developmental age; (ii) length or height; (iii) weight; (iv) head circumference (if appropriate); and (v) immunization status.

(b) Individuals Who May Perform H&Ps

Physicians and other appropriately privileged Practitioners may generally perform histories and physicals at the Medical Center.

(c) H&Ps Performed Prior to Admission

- (1) Any history and physical performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record.
- (2) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated within 24 hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record by an individual who has been granted Clinical Privileges to complete histories and physicals.
- (3) The update of the history and physical examination will be based on an examination of the patient and must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.
- (4) In the case of readmission of a patient, all previous records will be made available by the Medical Center for review and use by the attending physician.

(d) Cancellations, Delays, and Emergency Situations

- (1) When the history and physical examination is not recorded in the medical record before a surgical or other invasive procedure (including, but not limited to, procedures performed in the operating suites, endoscopy, colonoscopy, bronchoscopy, cardiac catheterizations, radiological procedures with sedation, and procedures performed in the Emergency Room), the operation or procedure will be canceled or delayed until an appropriate history and physical examination is recorded in the medical record, unless the attending physician states in writing that an emergency situation exists.

- (2) In an emergency situation, when there is no time to record either a complete or a Short Stay history and physical, the attending physician will record an admission or progress note immediately prior to the procedure. The admission or progress note will document, at a minimum, an assessment of the patient's heart rate, respiratory rate, and blood pressure. Immediately following the emergency procedure, the attending physician is then required to complete and document a complete history and physical examination.

(e) Short Stay Documentation Requirements

A Short Stay History and Physical Form, approved by the MEC, may be utilized for (i) ambulatory or same day procedures, or (ii) short stay observations which do not meet inpatient criteria. These forms will document the chief complaint or reason for the procedure, the relevant history of the present illness or injury, and the patient's current clinical condition/physical finding

