



HAYSMED

MEDICAL STAFF BYLAWS

Horty, Springer & Mattern, P.C.

(As adopted by the Medical Staff and approved by the Board of Directors)

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HAYS MEDICAL CENTER

ADOPTION

- (a) These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, and henceforth all activities and actions of the Medical Staff and of each individual exercising clinical privileges at the hospital shall be taken under and pursuant to the requirements of these bylaws.

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

Adopted by the Medical Staff:

By: /s/ Gregory A. Woods, MD

Date: 1/26/98

Revised: _____

Approved by the Board of Hays Medical Center

By: /s/ Darrell Werth

Date: 3/19/98

Revised: _____

PREAMBLE

WHEREAS, the Board of Directors recognizes that each physician, dentist, and podiatrist appointed to the Medical Staff has responsibility for the exercise of professional judgment in the care and treatment of patients; and

WHEREAS, the Board, in accordance with legal and accreditation requirements, has delegated to the Medical Staff through its committees and departments, the duties and responsibilities set forth in these bylaws, the Medical Staff Organizational Manual, and the Document on Medical Staff Appointment, Reappointment and Clinical Privileges for supervising and monitoring the quality of care provided by physicians, dentists, podiatrists, and others in the hospital, and for making recommendations to the Board concerning application for appointment, reappointment and clinical privileges; and

WHEREAS, the Medical Staff recognizes and accepts its role and responsibilities in the efforts of the hospital to foster prevention, amelioration and cure of illness, disease and injury, and to provide or assist in providing medical education and continuing medical education for Medical Staff appointees, other health care professionals, and residents, interns, medical students and nurses;

THEREFORE, to discharge those duties and responsibilities, and to provide for an orderly process concerning matters of election, meetings, duties and procedures, the officers, departments and committees of the Medical Staff as described in these bylaws and in the Medical Staff Organizational Manual assume responsibility for fulfilling those duties and functions delegated to them by the Board of Directors.

ARTICLE I

DEFINITIONS

- A. The following definitions shall apply to terms used in these bylaws:
- (1) "Allied health professional" means a person who is a licensed or certified health professional who is not a physician (M.D. or D.O.), dentist (D.D.S. or D.M.D.), or podiatrist (D.P.M.).
 - (2) "Appointee" means any physician, dentist, and podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the hospital.
 - (3) "Board" means the Board of Directors of Hays Medical Center, which has the overall responsibility for the conduct of the hospital.
 - (4) "Chief Executive Officer" means the President of the hospital or the President's designee.
 - (5) "Clinical Privileges" or "privileges" means the authorization granted by the Board to an applicant, Medical Staff appointee, other independent practitioner or advanced dependent practitioner to render specific patient care services in the hospital within defined limits.
 - (6) "Dentist" shall be interpreted to include a doctor of dental surgery ("D.D.S.") and doctor of dental medicine ("D.M.D.").
 - (7) "Director of Medical Affairs or Chief Medical Officer" refers to any physician appointed by the hospital Chief Executive Officer acting as a physician executive.
 - (8) "Ex Officio" means service as an appointee of a body by virtue of an office or position held and, unless otherwise specified in these bylaws or the Medical Staff Organizational Manual, means without voting rights.
 - (9) "Executive Committee" means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Board."

- (10) "Good standing" means that Medical Staff appointee who is not under suspension or any restriction regarding staff appointment or admitting or clinical privileges at this hospital and/or at any other health care facility or organization.
- (11) "Hospital" means Hays Medical Center.
- (12) "Medical Staff" means all physicians, dentists, and podiatrists who are given privileges to treat patients at the hospital.
- (13) "Patient encounters" means the number of inpatient admissions, inpatient surgeries, inpatient visits as admitting or attending physician, outpatient surgeries, physician clinic visits, anesthetic cases, radiology interpretations, pathology interpretations, emergency department patients, observation admissions, consultations, which are defined as face-to-face contacts, telemedicine, or supervision of licensed master-level psychologists, temporary licensed psychologists, licensed psychologists, licensed master-level social workers, licensed clinical psychologists, licensed clinical marriage and family therapists, and licensed clinical professional counselors.
- (14) "Physicians" shall be interpreted to include both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s").
- (15) "Professional review action" means an action or recommendation of a professional review body which is taken or made in the conduct of professional peer review activity, which is based on the competence or professional conduct of a staff appointee, and which affects or may affect adversely the clinical privileges or appointment of the staff appointee.
- (16) "Professional review activity" means a peer review activity of the hospital with respect to an individual Medical Staff applicant or appointee (a) to determine whether the Medical Staff applicant or appointee may have clinical privileges with respect to his/her appointment; (b) to determine the scope or conditions of those clinical privileges and appointment; and (c) to change or modify such privileges and/or appointment.
- (17) "Professional review body" means the Board of the hospital or any Board committee which conducts professional peer review activity, and includes any

committee of the Medical Staff when assisting the Board in a professional peer review activity.

(18) "Unassigned patient" means any individual who comes to the hospital for care and treatment who does not have an attending physician; or whose attending physician or designated alternate is unavailable to attend the patient; or who does not want the prior attending physician to provide him/her care while a patient at the hospital.

(19) "Voluntary" or "automatic relinquishment" of Medical Staff appointment and/or clinical privileges means a lapse in appointment and/or clinical privileges deemed to automatically occur as a result of stated conditions.

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

C. Time limits referred to in these bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

ARTICLE II

CATEGORIES OF THE MEDICAL STAFF

All appointments to the Medical Staff shall be made by the Board and shall be to one of the staff categories set forth in Parts A, B, C, D, and E of this Article. All appointees shall be assigned to a specific clinical department, but shall be eligible for clinical privileges in other departments as applied for and recommended pursuant to these bylaws and the Document on Medical Staff Appointment, Reappointment and Clinical Privileges, and as approved by the Board.

ARTICLE II - PART A: ACTIVE STAFF

Section 1. Qualifications:

The Active Staff shall consist of those physicians, dentists, and podiatrists who have at least twenty-five (25) patient encounters per year at the hospital. Upon attaining the age of 65, Active Staff appointees shall automatically advance to Emeritus Staff.

ARTICLE II - PART A:

Section 2. Responsibilities:

By accepting appointment to the Active Staff, each appointee shall agree to:

- (a) provide professional care for his or her patients being available or having available an alternate Medical Staff appointee who has clinical privileges at the hospital sufficient to care for the patient, and with whom prior arrangements have been made;
- (b) assume all the functions and responsibilities of appointment to the Active Staff, including, where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments, and participation in quality assessment/performance improvement and monitoring activities, including the evaluation of provisional appointees;
- (c) attend regular and special medical staff meetings, and meetings of departments and committees to which the individual has been appointed;
- (d) pay all dues and assessments promptly; and

- (e) be located within thirty-five (35) miles of the hospitals (office and residence) in order to fulfill responsibilities and to provide timely and continuous care for patients in the hospital. Exceptions may be made by the Board upon recommendation of the Executive Committee. For the specialty of Psychiatry, only a telephonic response within thirty (30) minutes is required.

ARTICLE II - PART A:

Section 3. Prerogatives:

Appointees to the Active Staff shall be entitled to:

- (a) exercise the privileges granted without limitations, except as otherwise provided in the Document on Medical Staff Appointment, Reappointment and Clinical Privileges and/or the Medical Staff Rules and Regulations or by specific privilege restriction;
- (b) vote on all matters presented at the annual meeting and special meetings of the Medical Staff and of the department, division and committees to which the individual is appointed; and
- (c) hold office, serve as department chairperson or division chief, and committee chairperson and/or member, unless otherwise specified elsewhere in these bylaws or in the Medical Staff Organizational Manual.

ARTICLE II - PART B: CONSULTING STAFF

Section 1. Qualifications:

- (a) Any Medical Staff member in good standing at this hospital may consult in his or her area of expertise; however, the Consulting Staff shall consist of physicians, dentists, and podiatrists of recognized professional ability and expertise who are appointed to the Medical Staff for the specific purpose of providing consultation in the diagnosis and treatment of patients or the administration of clinical services and who may be granted clinical privileges to provide direct medical or surgical care and treatment to patients in the hospital. Consulting Staff appointees must have at least ten (10) patient encounters per year at the hospital. They must use this hospital as a primary place of practice or provide evidence of Medical Staff appointment and clinical privileges or medical practice

at another health care entity or place of medical practice, which may include, but is not limited to, an office practice.

- (b) Each Consulting Staff member shall be required to provide at initial appointment and at reappointment, quality data and other information related to clinical performance and professional conduct as may be requested for an appropriate assessment of his or her qualifications for Medical Staff appointment and clinical privileges as set forth in the Document on Medical Staff Appointment, Reappointment and Clinical Privileges.

ARTICLE II - PART B:

Section 2. Responsibilities:

Consulting Staff members shall:

- (a) participate in quality assessment/performance improvement activities as requested or required;
- (b) agree to provide consultation when requested by an attending Medical Staff member or clinical department chairperson;
- (c) be encouraged to attend the annual Medical Staff and the clinical department meetings; and
- (d) pay all staff dues and assessments.

ARTICLE II - PART B:

Section 3. Prerogatives:

- (a) Members of the Consulting Staff shall be permitted to use the hospital consistent with the scope of clinical privileges they have been granted, but they shall not be entitled to serve as the admitting or attending physician to inpatients, nor shall they be entitled to provide invasive procedures with the potential for complications to any patient without an appropriate plan for care approved by the Board, upon recommendation of the Credentials and Executive Committees.
- (b) Consulting Staff members shall not be permitted to vote, hold staff office, or serve as chairperson of a clinical department or staff committee, but may serve as a member of Medical Staff committees. Consulting Staff appointees shall not be required to attend

regular Medical Staff meetings, but are encouraged to attend clinical department meetings.

ARTICLE II - PART C: EMERITUS STAFF

Section 1. Qualifications:

- (a) Medical Staff members who have attained the age of sixty-five (65) years shall automatically advance to the Emeritus Staff. Medical Staff members who have been a member of the Active Medical Staff for 25 years or more and have reached the age of sixty-two (62), may request Emeritus Staff status.
- (b) Upon attaining the age of seventy-five (75), persons on the Emeritus Staff shall no longer be eligible for privileges to admit or care for patients in the hospital and shall automatically be advanced to the Honorary Staff, unless an exception continuing privileges is recommended by the Executive Committee and approved by the Board.

ARTICLE II - PART C:

Section 2. Responsibilities:

- (a) If an Emeritus Staff member is granted clinical privileges to continue to admit and care for patients in the hospital, that member shall have the same clinical responsibilities he or she had previously.
- (b) Emeritus Staff members may be assigned to emergency call coverage if such assignment would be in the best interest of patient care and the operation of the hospital in meeting its emergency care responsibilities. However, Emeritus Staff members may, at their discretion, not participate in emergency call, and this decision shall not affect their staff status.
- (c) Emeritus Staff members shall have their clinical privileges evaluated annually and must provide all information requested by the Credentials Committee to document their current health status. Specifically, the Credentials Committee shall evaluate annually the individual's current knowledge, skills, conduct/behavior and ability to perform the privileges requested competently and safely.
- (d) Emeritus and Honorary Staff members who do not admit or care for patients in the hospital and do not hold any privileges shall provide evidence of any current Kansas

licensure status but shall be exempt from current DEA licensure, professional liability insurance and board certification requirements.

- (e) Emeritus Staff members shall not pay any dues or assessments.

ARTICLE II - PART C:

Section 3. Prerogatives:

Emeritus Staff members who continue to admit and care for patients in the hospital shall have the same prerogatives that they had prior to attaining Emeritus Staff status, including the right to vote, hold Medical Staff office, and the requirement to attend Medical Staff and applicable clinical department meetings. Emeritus Staff who no longer admit and care for patients and Honorary Staff members shall not have the right to vote.

ARTICLE II - PART D: AFFILIATE STAFF

Section 1. Qualifications:

The Affiliate Staff shall consist of those physicians, dentists, and podiatrists, who were a previous member of the Active Staff, Consulting Staff (with primary practice at Hays Medical Center), or physician administrator who desire to be associated with the hospital, but who do not intend to establish a practice at this hospital. The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education activities, and to permit such individuals to access hospital services for their patients by direct referral of patients to other members on the Medical Staff of this hospital for admission, evaluation and/or care and treatment.

ARTICLE II - PART D:

Section 2. Responsibilities:

- (a) Affiliate Staff members may visit their hospitalized patients and review their hospital medical records but shall not be permitted to admit or attend patients, to exercise any clinical privileges, to write orders or progress notes, to make notations in the medical record, or to actively participate in the provision or management of care to patients at the hospital.

- (b) Individuals requesting Affiliate Staff appointment shall be required to submit an application for initial appointment and for reappointment every two (2) years as prescribed by the Document on Medical Staff Appointment, Reappointment and Clinical Privileges. Individuals requesting Affiliate Staff who are retired or not employed by the hospital shall be exempt from the professional liability insurance, board certification requirements, and current DEA licensure, as set forth in these bylaws, but shall provide evidence of any current Kansas licensure status. They are encouraged to attend educational activities of the Medical Staff and the hospital.
- (c) Affiliate Staff members may be required to pay staff dues and assessments.

ARTICLE II - PART D:

Section 3. Prerogatives:

- (a) Affiliate Staff members shall be ineligible to vote, to hold office, or to serve as chairperson or member of a clinical department or Medical Staff committee.
- (b) The grant of appointment to physicians as Affiliate Staff members is a courtesy only. Failure to be appointed to or termination from the Affiliate Staff does not entitle the individual to any of the hearing and appeal rights as set forth in the Document on Medical Staff Appointment, Reappointment and Clinical Privileges.
- (c) Any Affiliate Staff member who desires to transfer to another staff category and to request clinical privileges must meet the qualifications, standards and requirements for appointment and clinical privileges as set forth in the Document on Medical Staff Appointment, Reappointment and Clinical Privileges.
- (d) Affiliate Staff members who are employed by the hospital to provide clinical services at the hospital's clinic facility(ies) shall be eligible to supervise employed Physician Extenders who practice in the clinic facility(ies).

ARTICLE II - PART E: SURGICAL ASSIST STAFF

Section 1. Qualifications:

- (a) The Surgical Assist Staff shall consist of those physicians, dentists, and podiatrists who do not intend to establish a practice at the hospital and whose primary purpose for being appointed to the Medical Staff is to provide surgical assistance in the care and treatment

of patients upon the request of an attending Active Staff member with surgical privileges. Each Surgical Assist Staff member shall be subject to the Surgical Assist core privileges approved by the Board upon recommendation of the Executive Committee.

- (b) Each Surgical Assist Staff member must meet the qualifications for appointment to the Medical Staff set forth in the Document on Medical Staff Appointment, Reappointment and Clinical Privileges. Each individual may also be requested to provide other information related to clinical performance and professional conduct as may be requested for an appropriate assessment of his or her qualifications to assist at surgery.
- (c) Each Surgical Assist Staff member must have at least five (5) cases per year of assisting at surgery in the hospital or a letter of recommendation from a surgeon on the Active Staff with whom the Surgical Assist Staff member has been assisting, and shall possess current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital

ARTICLE II: PART E:

Section 2. Responsibilities:

Surgical Assist Staff members shall:

- (a) participate in quality assessment/performance improvement activities as requested or required;
- (b) participate in the provision of care to patients within the scope of practice permitted by their Surgical Assist core privileges; and
- (c) may be required to pay staff dues and assessments.

ARTICLE II - PART E:

Section 3. Prerogatives:

- (a) Members of the Surgical Assist Staff shall not be required to attend regular Medical Staff or clinical department meetings and shall not be entitled to admit patients, vote, hold Medical Staff office, serve as chairperson of a clinical department or staff committee, or serve on Medical Staff committees. Individuals appointed to this staff category shall be

permitted to assist at surgery only when they have been granted surgical assist privileges and requested by an attending Active Staff surgeon to assist at surgery.

- (b) Any Surgical Assist member who desires to transfer to another staff category and to request clinical privileges must meet the qualifications, standards and requirements for appointment and clinical privileges as set forth in the Document on Medical Staff Appointment, Reappointment and Clinical Privileges.
- (c) Surgical Assist Staff members are encouraged to attend educational activities of the Medical Staff and the hospital.

ARTICLE III

STRUCTURE OF THE MEDICAL STAFF

ARTICLE III - PART A: GENERAL

Section 1. Medical Staff Year:

For the purpose of these bylaws the Medical Staff year commences on the 1st day of January and ends on the 31st day of December each year.

ARTICLE III - PART A:

Section 2. Dues:

All persons appointed to the Medical Staff, except Emeritus and Honorary Staff appointees, shall pay annual staff dues to the hospital's Medical Staff account as may be required by the Executive Committee and approved by the Board from time to time. Signatories to this account shall be the Chief of Staff and the Secretary-Treasurer of the Medical Staff.

ARTICLE III - PART A:

Section 3. Officers:

The officers of the Medical Staff shall be the Chief of Staff, Chief Designate, Secretary-Treasurer, and the Immediate Past Chief of Staff.

ARTICLE III - PART A:

Section 4. Qualifications of Officers, Chiefs and Chairpersons:

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

- (a) be appointed in good standing to the Active Staff of the hospital and continue so during their term of office;
- (b) have demonstrated interest in maintaining quality medical care at the hospital;
- (c) not be presently serving as a Medical Staff or corporate officer, department or committee chairperson at another hospital, and shall not so serve during the term of office;

- (d) have constructively participated in Medical Staff affairs, including peer review activities;
- (e) have actively served on at least two (2) Medical Staff committees;
- (f) be willing to discharge faithfully the duties and responsibilities of the position to which the individual is elected or appointed;
- (g) be knowledgeable concerning the duties of the office;
- (h) possess written and oral communication skills;
- (i) possess and have demonstrated an ability for harmonious, professional interpersonal relationships; and
- (j) do not have an employment or other contractual arrangement with another, competing hospital, health care system or entity, or payor organization not affiliated with this hospital or otherwise have any business interest that would cause the individual's interests to conflict with the hospital's commitment to the community or would provide incentives or encouragement, direct or indirect, for the appointee to refer patients to other facilities for reasons unrelated to clear patient preference or medical needs.

All Medical Staff officers and department and committee chairpersons must possess at least the above qualifications and maintain such qualifications during their term of office. Failure to do so shall automatically create a vacancy in the office involved.

ARTICLE III - PART A:

Section 5. Chief of Staff:

The Chief of Staff shall:

- (a) act in coordination and cooperation with the Director of Medical Affairs and Chief Executive Officer in matters of mutual concern involving the hospital;
- (b) call, preside at and be responsible for the agenda of all regular and special meetings of the Medical Staff;
- (c) make recommendations for appointment of committee chairpersons and members, to all standing and special Medical Staff committees, except the Executive Committee, in accordance with the provisions of these bylaws;

- (d) serve as Chairperson of the Executive Committee;
- (e) serve as *ex officio* member, without vote, on all Medical Staff committees, except the Executive Committee;
- (f) represent the views, policies, needs and grievances of the Medical Staff and report on the medical activities of the staff to the Board and to the Chief Executive Officer;
- (g) provide day-to-day liaison on medical matters with the Chief Executive Officer, the Director of Medical Affairs, and the Board; and
- (h) receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the Medical Staff to provide medical care.

ARTICLE III - PART A:

Section 6. Chief Designate:

The Chief Designate shall:

- (a) assume all the duties and have the authority of the Chief of Staff in the event of the Chief of Staff's temporary inability to perform due to illness, absence from the community or unavailability for any other reason;
- (b) serve on the Executive Committee;
- (c) automatically succeed the Chief of Staff, should the office of Chief of Staff become vacated for any reason during the Chief of Staff's term of office; and
- (d) perform such duties as are assigned by the Chief of Staff.

ARTICLE III - PART A:

Section 7. Secretary-Treasurer:

The Secretary-Treasurer shall:

- (a) cause to be kept accurate and complete minutes of all Executive Committee and Medical Staff meetings;

- (b) supervise the collection of staff dues and funds, and make disbursements authorized by the Executive Committee or its designee;
- (c) call meetings on order of the Chief of Staff; and
- (d) attend to all correspondence and perform such other duties as pertain to the office of Secretary-Treasurer.

ARTICLE III - PART A:

Section 8. Immediate Past Chief of Staff:

The Immediate Past Chief of Staff shall:

- (a) serve on the Executive Committee;
- (b) serve as Chairperson of the Credentials Committee; and
- (c) perform such additional or special duties as shall be assigned by the Chief of Staff, the Executive Committee or the Board.

ARTICLE III - PART A:

Section 9. Election of Officers:

- (a) Nominating Committee:

At least three (3) months before the scheduled date of the next Medical Staff election, the Chief of Staff shall appoint a Nominating Committee consisting of five (5) Active Staff appointees. Members of the Nominating Committee shall serve for a term of one (1) year and may serve a maximum of two (2) consecutive one-year terms. Any member who has served the maximum term shall not be eligible for reappointment to the committee for a period of one (1) year.

- (b) Nomination and Election of Officers and At-Large Members:

(1) The Nominating Committee shall prepare a slate of nominees, thirty (30) days prior to the election, for each office and for each at-large seat on the Executive Committee to be filled at that election.

- (2) Nominations for officers of the Medical Staff shall be presented by the Nominating Committee and by any other Medical Staff appointee prior to each annual meeting. Any nomination made by an appointee other than the Nominating Committee must be submitted, in writing, to the Nominating Committee at least three (3) days prior to the election. In order to be included on the ballot as a candidate, each nominee must possess all the qualifications set forth in Section 4 of this part.
- (3) The candidates who receive a majority vote of those Medical Staff appointees eligible to vote and present at the meeting at the time the vote is taken shall be elected. The vote shall be by written secret ballot. The election of each officer shall become effective at the start of the next Medical Staff year and shall be for a term of one (1) year or until a successor has been elected.
- (4) In any election, if there are three (3) or more candidates for an office and no candidate receives a majority vote there shall then be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one (1) candidate.

ARTICLE III - PART A:

Section 10. Conflict of Interest:

- (a) In any instance where an officer, or department or committee chairperson, or member of any Medical Staff committee has, or reasonably could be perceived to have, a conflict of interest or to be biased in any matter involving another Medical Staff appointee that comes before such individual or committee, or in any instance where any such individual or committee member initiated the request for review involving that appointee, such individual or member shall not participate in the discussion or voting on the matter, and shall be excused from any meeting during that time, although that individual or committee member may be asked, and may answer, any questions concerning the matter before leaving.
- (b) As a matter of procedure, the chairperson of that committee designated to make such a review shall inquire, prior to any discussion of the matter, whether any member has any conflict of interest or bias. Any committee member with knowledge of the existence of a potential conflict of interest or bias on the part of any other staff appointee may call the

conflict of interest to the attention of the Chief of Staff (or to the Director of Medical Affairs if the Chief of Staff is the person with the potential conflict), or the applicable department or committee chairperson. The Chief of Staff or the applicable department or committee chairperson shall make a final determination as to whether the provisions of this section should be triggered.

- (c) A department chairperson shall have a duty to delegate review of applications for appointment, reappointment or clinical privileges, or questions that may arise to a vice chief or other member of the department, if the chief has a conflict of interest with the individual under review, or could be reasonably perceived to be biased.
- (d) The fact that a department chairperson or staff member is in the same specialty as a member whose performance is being reviewed does not automatically create a conflict. In addition, the evaluation of whether a conflict of interest exists shall be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. No staff member has a right to compel disqualification of another staff member based on an allegation of conflict of interest.
- (e) The fact that a committee member or Medical Staff leader chooses to refrain from participation, or is excused from participation, shall not be interpreted as a finding of actual conflict.

ARTICLE III - PART A:

Section 11. Removal of Officers:

- (a) The Executive Committee, by a two-thirds vote, may remove any Medical Staff officer for (1) conduct detrimental to the interests of the hospital, (2) failure to perform the duties of the position held, (3) failure to comply with applicable policies, bylaws, or rules and regulations, or (4) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (b) At least ten (10) days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The officer shall be afforded the opportunity to speak to the Executive Committee (or the Board) prior to the vote on removal.

- (c) An officer who is found by the Board to no longer meet any of the qualifications set forth in Section 4 of this Part shall automatically relinquish his/her office.

ARTICLE III - PART A:

Section 12. Vacancies in Office:

If there is a vacancy in the office of the Chief of Staff prior to the expiration of the Chief of Staff's term, the Chief Designate shall assume the duties and authority of the Chief of Staff for the remainder of the unexpired term. If there is a vacancy in any other office, the Executive Committee shall appoint another appointee possessing the qualifications set forth in Section 4 of this Part to serve out the remainder of the unexpired term.

ARTICLE III - PART B: MEETINGS OF THE MEDICAL STAFF

Section 1. Annual Staff Meeting:

The October Medical Staff meeting shall be the annual meeting at which officers and any members at-large of the Executive Committee for the ensuing year shall be elected and for the purpose of reviewing and evaluating committee reports and recommendations and to act on any other matters placed on the agenda by the Chief of Staff.

ARTICLE III - PART B:

Section 2. Special Staff Meetings:

Special meetings of the Medical Staff may be called at any time by the Chief of Staff, the Director of Medical Affairs, a majority of the Executive Committee, or a petition signed by not less than one-fourth of the voting staff. In the event that it is necessary for the staff to act on a question without being able to meet, the voting staff may be presented with the question by mail and their votes returned to the Chief of Staff by mail. Such a vote shall be valid so long as the question is voted on by a majority of the staff eligible to vote.

ARTICLE III - PART B:

Section 3. Quorum:

The presence of one-fourth of the persons eligible to vote shall constitute a quorum for any regular or special meeting of the Medical Staff. Once a quorum is established, the business of the

meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.

ARTICLE III - PART B:

Section 4. Agenda:

The agenda at any annual or special Medical Staff meeting and its conduct shall be set by the Chief of Staff.

ARTICLE III - PART C: DEPARTMENT AND COMMITTEE MEETINGS

Section 1. Department Meetings:

Members of each clinical department shall meet as a department at least quarterly at a time set by the chairperson of the department to review and evaluate the clinical work of the department, to consider the findings of ongoing quality assessment, monitoring and performance improvement activities, and to discuss any other matters concerning the department. The agenda for the meeting and its general conduct shall be set by the department chairperson. Each department shall maintain a permanent record of its findings, proceedings and actions, and shall make a report after each meeting to the Executive Committee and the Chief Executive Officer.

ARTICLE III - PART C:

Section 2. Committee Meetings:

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

ARTICLE III - PART C:

Section 3. Executive Session:

All clinical departments and staff committees may sit in executive session. During executive session, the Chief Executive Officer or a designee may remain.

ARTICLE III - PART C:

Section 4. Special Department and Committee Meetings:

- (a) A special meeting of any clinical department or committee may be called by or at the request of the appropriate chairperson, the Chief of Staff, the Director of Medical Affairs, or by a petition signed by not less than one-fourth of the members of the department or committee.
- (b) In the event that it is necessary for a department or committee to act on a question without being able to meet, the voting members may be presented with the question, in person or by mail, and their vote returned to the chairperson of the department or committee. Such a vote shall be binding so long as the question is voted on by a majority of the department or committee members eligible to vote.

ARTICLE III - PART C:

Section 5. Quorum:

No quorum shall be required to convene a meeting of a department or committee, but in no event shall a meeting be convened with less than two (2) members including the chairperson.

ARTICLE III - PART C:

Section 6. Minutes, Reports and Recommendations:

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

ARTICLE III - PART C:

Section 7. Confidentiality:

Members of the Medical Staff who have access to or who are the subjects of credentialing and/or peer review information 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 Document on Medical Staff Appointment, Reappointment and Clinical Privileges or other applicable Medical Staff or hospital policy. A breach of confidentiality may result in the imposition of disciplinary action.

ARTICLE III - PART D: PROVISIONS COMMON TO ALL MEETINGS

Section 1. Notice of Meetings:

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

ARTICLE III - PART D:

Section 2. Attendance Requirements:

- (a) Each Active Staff appointee shall be required to attend at least fifty percent (50%) of all regular Medical Staff meetings and applicable regular department and committee meetings in each year, unless excused, but are encouraged to attend all regular meetings.
- (b) An appointee who is compelled to be absent from any regular Medical Staff meeting should promptly notify the Secretary of the Medical Staff of the reason for such absence. An appointee who is compelled to be absent from a department or committee meeting should notify the department or committee chairperson of the reason for such absence. Failure to meet the foregoing attendance requirements may result in the loss of voting privileges for the current two (2) year appointment period. Voting privileges shall be reinstated upon the next two (2) year reappointment period, provided that a minimum of 50% of the required meeting attendance has been met.

ARTICLE III - PART D:

Section 3. Rules of Order:

Robert's Rules of Order shall not be binding at Medical Staff meetings or elections, but may be used for reference in the discretion of the presiding officer for the meeting. Rather, specific provisions of these bylaws, and Medical Staff, clinical department, or committee custom shall prevail at all meetings, and the department or committee chairperson shall have the authority to rule definitively on all matters of procedure.

ARTICLE III - PART D:

Section 4. Voting:

Any individual who, by virtue of position, attends a meeting in more than one (1) capacity shall be entitled to only one (1) vote.

ARTICLE IV

DIRECTOR OF MEDICAL AFFAIRS

- (a) The Director of Medical Affairs shall be a physician who is qualified on the basis of experience and training, to administer all the medically related professional and administrative aspects of the hospital, who shall be appointed by the Board upon recommendation of the Chief Executive Officer and the Medical Staff in accordance with the hospital bylaws.
- (b) Upon appointment, the Director of the Medical Affairs shall become an appointee of the Medical Staff and shall be subject to these bylaws, the Document on Medical Staff Appointment, Reappointment and Clinical Privileges, the Medical Staff Organizational Manual, and the Medical Staff Rules and Regulations in the same manner as other staff appointees. The term shall be provided by contract, employment agreement or other arrangement. Removal from office shall be accomplished in accordance with the terms of the contractual, employment or other agreement. Removal from office shall not terminate appointment and clinical privileges unless a provision to the contrary is set forth in the individual's contractual, employment or other agreement.
- (c) The Director of Medical Affairs shall be responsible to the Chief Executive Officer as the chief medical officer of the hospital and shall perform such duties and functions as may be delegated from time to time by the Chief Executive Officer, which may include but not be limited to the following:
 - (1) coordinating all of the medical education activities within the hospital, which shall include all house staff activities and continuing medical education activities;
 - (2) serving as liaison to all academic affiliations of the hospital;
 - (3) actively participating in the preparation and presentation of budgets for the clinical departments in conjunction with hospital management;
 - (4) providing guidance and supervision to the chairpersons of clinical departments in the preparation of departmental capital and educational budgets, departmental planning, and clinical supervisory functions;

- (5) assisting the Chief Executive Officer in the supervision and direction of all hospital-based physicians;
- (6) acting as the hospital's medical liaison, after consultation with the Chief Executive Officer, to local, state and federal agencies in the planning and delivery of health care, unless otherwise authorized;
- (7) acting as the hospital's liaison with local, state and national medical societies, unless otherwise authorized;
- (8) serving as an *ex officio* member of all department and Medical Staff committees;
- (9) serving as an advisor to the Medical Staff and the Chief of Staff for proper staff organization; and
- (10) assisting the Chief Executive Officer in the implementation of the hospital's quality/performance improvement program.

ARTICLE V

CLINICAL DEPARTMENTS

ARTICLE V - PART A: LIST OF CLINICAL DEPARTMENTS

An up-to-date list of clinical departments shall be set forth in the Medical Staff Organizational Manual, maintained in the Medical Staff Office, and incorporated by reference into these bylaws. Additional clinical departments, sections or divisions of departments or termination of the same, as required from time to time, may be established by the Board upon recommendation of the Executive Committee.

ARTICLE V - PART B: MODIFICATION IN CLINICAL

ORGANIZATION UNIT

The following guidelines apply when creating, eliminating or combining clinical departments, services or other clinical organizational units:

- (1) Creation of Clinical Subdivision: There must be a sufficient number of practitioners available for appointment and willing to actively participate in the new organizational component to accomplish the functions generally assigned to such components in these bylaws, the Medical Staff Organizational Manual, and/or the Medical Staff Rules and Regulations, and the patient or service activity associated with the new component must be substantial enough to warrant the creation of such a unit to accomplish those functions.
- (2) Eliminations of Clinical Subdivision: A clinical subdivision may be eliminated if the number of practitioners is no longer adequate and will not be so in the foreseeable future to accomplish assigned functions; the patient or service activity associated with the component to be dissolved is no longer substantial enough to warrant a unit to accomplish those assigned functions; or the unit fails to meet as required by these bylaws.
- (3) Combination of Clinical Subdivision: Clinical subdivisions may be combined if the union of two or more organizational components will result in more effective and efficient accomplishment of assigned functions, and the patient or service activity to be associated with the combination is substantial enough, without being unwieldy, to warrant the combination to accomplish those assigned functions.

ARTICLE V - PART C: ASSIGNMENT TO CLINICAL DEPARTMENTS

Each appointee to the Medical Staff and each Allied Health Professional shall be assigned to one (1) department but may be granted clinical privileges or scope of activities in one (1) or more departments as appropriate. The exercise of clinical privileges or the performance of specified activities within any department shall be subject to applicable and approved practice protocols, guidelines and standards, the Medical Staff Rules and Regulations, and the rules and regulations of the applicable department and the authority of the department chairperson.

ARTICLE V - PART D: FUNCTIONS OF CLINICAL DEPARTMENTS

- (1) Each clinical department chairperson shall recommend to the Credentials Committee written criteria for the assignment of clinical privileges within the department and each of its divisions. Such criteria shall be consistent with and subject to the bylaws, policies, rules and regulations, and clinical practice protocols, guidelines and standards of the Medical Staff and the hospital. These criteria shall be effective when approved by the Board. Clinical privileges shall be based upon demonstrated competence, training and experience within the specialties covered by the department.
- (2) Each clinical department (or division) shall monitor and evaluate medical care on a retrospective, concurrent and prospective basis in all major clinical activities of the department or division. This monitoring and evaluation must at least include:
 - (a) the identification and collection of information about important aspects of patient care provided in the department;
 - (b) the identification of the indicators used to monitor the quality and appropriateness of the important aspects of care; and
 - (c) evaluation of the quality and appropriateness of care.
- (3) Each clinical department (or division) shall recommend, subject to approval and adoption by the Executive Committee and Board, objective criteria that reflect current knowledge and clinical experience. These criteria shall be used by each department or division and by the hospital's quality/performance improvement program to monitor and evaluate patient care. When important problems in patient care and clinical performance or opportunities to improve care are identified, each department or division shall document the actions taken and evaluate the effectiveness of such actions.

- (4) Each clinical department chairperson, service/division chief or a designee shall be required to meet monthly to conduct quality/performance improvement reviews, including but not limited to, morbidity and mortality data. Members of departments are encouraged but not required to attend such monthly meetings.
- (5) In discharging these functions, each clinical department and division shall report after each meeting to the appropriate utilization and/or quality/performance improvement management committee detailing its analysis of patient care, and to the Credentials Committee whenever further investigation and action is indicated, involving any individual member of the department. Copies of these reports shall be filed with the Executive Committee and the Chief Executive Officer.

ARTICLE V - PART E: APPOINTMENT AND REMOVAL OF CLINICAL

DEPARTMENT CHAIRPERSON

- (1) The chairperson of each clinical department shall be an appointee to the Active Staff who possesses the qualifications set forth in Article III, Part A, Section 4 of these bylaws. Such individual must also be certified by an appropriate specialty board or possess comparable certification, unless waived by the Board.
- (2) Each clinical department chairperson shall be appointed by the Board after considering the recommendations of the department and the Chief of Staff. Initial appointment of a chairperson shall be made for a period of two (2) years. Reappointment by the Board may be made thereafter upon recommendation of the Chief of Staff and the Chief Executive Officer. A vice chairperson of each department shall be appointed by the Board, if desired by the chairperson, upon recommendation of the chairperson. The vice chairperson's tenure shall coincide with that of the chairperson.
- (3) Removal of a clinical department chairperson during a term of office may be initiated by the Board acting upon its own initiative or upon the recommendation of the Executive Committee, or by a two-thirds vote of all Active Staff appointees in the department, subject to confirmation by the Board. Grounds for removal shall 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 hospital and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (4) Prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken at least 10 days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the clinical department, Executive Committee or the Board, as applicable, prior to a vote on such removal.

ARTICLE V - PART F: DUTIES OF CLINICAL DEPARTMENT CHAIRPERSONS

Each department chairperson shall:

- (1) be responsible to the Executive Committee and Chief Executive Officer for the clinically and administratively related activities within the department;
- (2) be a member of the Executive Committee;
- (3) monitor and evaluate the quality and appropriateness of patient care provided within the department;
- (4) monitor the professional performance of all individuals who have delineated clinical privileges in the department, and report thereon to the Credentials Committee as part of the reappointment process and at such other times as may be indicated;
- (5) recommend criteria for clinical privileges in the department;
- (6) recommend sufficient number of qualified and competent individuals to provide care/clinical services;
- (7) be responsible for the integration of the department/service into the primary functions of the organization;
- (8) be responsible for the coordination and integration of interdepartmental and intradepartmental services;
- (9) be responsible for the development and implementation of policies and procedures that guide and support the provision of services;

- (10) appoint ad hoc committees or working groups as necessary to carry out performance improvement activities;
- (11) make a report to the Credentials Committee concerning the appointment, reappointment, and delineation of clinical privileges for all applicants seeking privileges in the department;
- (12) be responsible for the evaluation of all provisional appointees and report thereon to the Credentials Committee;
- (13) make recommendations to the Credentials Committee regarding the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care services in the department;
- (14) assist the hospital, in accordance with the provisions of these bylaws, with respect to the granting of locum tenens privileges within the department, and with the evaluation of requests for temporary privileges;
- (15) be responsible within the department for the enforcement of the hospital and Medical Staff bylaws, policies, rules and regulations, protocols and standards;
- (16) be responsible for implementation within the department of actions taken by the Board and the Executive Committee;
- (17) be responsible for the establishment, implementation, and effectiveness of the orientation, teaching, education and research programs in the department;
- (18) report and recommend to hospital management when necessary with respect to matters affecting patient care in the department, including personnel, space and other resources, supplies, special regulations, standing orders and techniques;
- (19) assist hospital management in the preparation of annual reports and such budget planning pertaining to the department as may be required by the Director of Medical Affairs, the Chief Executive Officer or the Board;
- (20) delegate to a vice chairperson of the department such duties as appropriate;
- (21) establish divisions, sections or services within the department and appoint chiefs thereof, subject to the approval of the Executive Committee and the Board. In the event

divisions, sections or services are formed, minutes and attendance records shall be maintained. Division, sections or service meetings shall not be scheduled at the same time as department or Medical Staff meetings; and

- (22) assess and recommend off-site sources for needed patient care services not provided by the department or the hospital.

ARTICLE V - PART G: FUNCTIONS OF CLINICAL DIVISIONS/SECTIONS

Divisions/sections may perform any of the following activities:

- (1) continuing education;
- (2) discussion of policy;
- (3) discussion of equipment needs;
- (4) development of recommendations to the clinical department chairperson or the Executive Committee;
- (5) participation in the development of criteria for clinical privileges (when requested by the department chairperson); and
- (6) discussion of specific clinical issues at the request of the department chairperson, Chief of Staff, or the Executive Committee.

ARTICLE VI

COMMITTEES OF THE MEDICAL STAFF

ARTICLE VI - PART A: APPOINTMENT

Section 1. Chairpersons:

- (a) All committee chairpersons, unless otherwise provided for in these bylaws, shall be appointed by the Board upon recommendation of the Chief of Staff for an initial term of one (1) year. All committee chairpersons shall be appointed based on the criteria set forth in Article III, Part A, Section 4 of these bylaws. Such appointments will be made by the Board at its last meeting prior to the end of the Medical Staff year.
- (b) After serving an initial term, a chairperson may be reappointed by the Board from year to year for a maximum of three (3) additional yearly terms upon recommendation of the Chief of Staff and the Chief Executive Officer.

ARTICLE VI - PART A:

Section 2. Members:

- (a) Except as otherwise provided for in these bylaws or the Medical Staff Organizational Manual, members of each committee shall be appointed yearly by the Chief of Staff, in consultation with the Chief Executive Officer, not more than thirty (30) days after the annual meeting of the Medical Staff, and there shall be no limitation in the number of terms they may serve. All appointed members may be removed and vacancies filled at the discretion of the Chief of Staff.
- (b) The Chief Executive Officer and the Chief of Staff or their respective designees shall be members, *ex officio*, without vote, on all committees, except the Executive Committee on which the Chief of Staff shall serve as chairperson, with vote.

ARTICLE VI - PART A:

Section 3. Designation and Substitution:

- (a) There shall be an Executive Committee and such other standing and special committees of the Medical Staff responsible to the Executive Committee as may from time to time be necessary and desirable to perform the staff functions set forth in these bylaws and the Medical Staff Organizational Manual as herein incorporated by reference.
- (b) The Chief of Staff shall appoint Medical Staff appointees to participate in interdisciplinary hospital committees.

ARTICLE VI - PART B: EXECUTIVE COMMITTEE

Section 1. Composition:

- (a) The Executive Committee shall consist of the officers of the Medical Staff, the chairperson of each clinical department and two (2) members elected at large from the Active Staff. The Chairperson of the Credentials Committee shall be a member, *ex officio*, with vote.
- (b) The Executive Committee members at large shall be elected at the annual Medical Staff meeting. Members at-large shall be eligible for re-election, but shall not serve more than three (3) consecutive years.
- (c) The Chief of Staff shall be Chairperson of the Executive Committee.
- (d) The Chairperson of the Board may attend meetings of the Executive Committee and participate in its discussions, but without vote.

ARTICLE VI - PART B:

Section 2. Duties:

The duties of the Executive Committee shall be:

- (a) to represent and act on behalf of the Medical Staff in all matters, without requirement of subsequent approval by the staff, subject only to any limitations imposed by these bylaws and/or the Medical Staff Organizational Manual;
- (b) to coordinate the activities and general policies of the various clinical departments;

- (c) to receive and act upon those department, committee, and other assigned activity group reports as specified in these bylaws and the Medical Staff Organizational Manual, and make recommendations concerning such reports to the Chief Executive Officer and the Board;
- (d) to implement policies of the hospital that affect the Medical Staff;
- (e) to provide liaison among the Medical Staff, the Chief Executive Officer and the Board;
- (f) to keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the hospital;
- (g) to enforce hospital and Medical Staff rules in the best interest of patient care and of the hospital, with regard to all persons who hold appointment to the Medical Staff;
- (h) to refer situations involving questions of the clinical competence, patient care and treatment, case management, or inappropriate behavior of any Medical Staff appointee to the Credentials Committee for appropriate action;
- (i) to be responsible to the Board for the implementation of the hospital's quality/performance improvement plan as it affects the Medical Staff;
- (j) to review at least once a year the bylaws, policies, rules and regulations, and associated documents of the Medical Staff, including, but not limited, to the mechanisms designed to evaluate the credentials and to delineate the clinical privileges of Medical Staff applicants and appointees, to terminate Medical Staff appointment and clinical privileges, to provide a fair hearing, and to recommend such changes as may be necessary or desirable to the Board;
- (k) to determine minimum continuing education requirements for appointees to the staff;
- (l) to review all reports and recommendations of the Credentials Committee regarding situations involving questions of clinical competence, patient care and treatment, case management, or inappropriate behavior of any Medical Staff appointee and, as a result of such reviews, take appropriate action as warranted;
- (m) to review all reports and recommendations of the Credentials Committee regarding appointments to the Medical Staff, assignments to departments and delineation of clinical

privileges and as a result of such reviews make recommendations for appointment and clinical privileges to the Board;

- (n) to review all reports and recommendations of the Credentials Committee regarding the performance and clinical competence of persons who hold appointments to the Medical Staff and as a result of such review make recommendations for reappointments, clinical privileges and/or changes in clinical privileges to the Board; and
- (o) to organize and monitor the Medical Staff's performance improvement activities and establish a mechanism to conduct, evaluate, and revise such activities.

ARTICLE VI - PART B:

Section 3. Meetings, Reports and Recommendations:

- (a) The Executive Committee shall meet monthly or more or less often if necessary to transact pending business. The Secretary-Treasurer will maintain reports of all meetings, which reports shall include the minutes of the various committees and clinical departments. Copies of all minutes and reports of the Executive Committee shall be forwarded to the Chief Executive Officer routinely as prepared. Recommendations of the Executive Committee shall be forwarded to the Board with a copy to the Chief Executive Officer. The Chairperson of the Executive Committee shall be available to meet with the Board or its applicable committee on all recommendations that the Executive Committee may make.
- (b) Between meetings of the Executive Committee, an ad hoc committee composed of the officers of the staff, the Chairperson of the Credentials Committee and the Director of Medical Affairs shall be empowered to act in situations of urgent or confidential concern where not prohibited by these bylaws.

ARTICLE VI - PART C: CREDENTIALING AND PEER REVIEW FUNCTIONS

Mechanisms for appointment, reappointment, delineation of clinical privileges, collegial and educational efforts, reviews, investigations, hearings and appeals that apply to Medical Staff applicants and appointees are set forth in the Document on Medical Staff Appointment, Reappointment and Clinical Privileges, which is incorporated by reference into these bylaws.

ARTICLE VI - PART D: PERFORMANCE IMPROVEMENT AND REVIEW FUNCTIONS OF MEDICAL STAFF COMMITTEES

A description of other Medical Staff committees that perform systematic monitoring and performance improvement activities and other review functions delegated to the Medical Staff by the Board are set forth in the Medical Staff Organizational Manual, which is incorporated by reference into these bylaws. The following functions shall be performed by the Medical Staff through its performance improvement and review functions:

- (1) medical assessment and treatment of patients;
- (2) use of medications;
- (3) use of blood and blood components;
- (4) use of operative and other procedure(s);
- (5) risk management;
- (6) assessment of the efficiency of clinical practice patterns;
- (7) identification and assessment of significant departures from established patterns of clinical practice;
- (8) medical record review; and
- (9) quality/performance improvement evaluations.

ARTICLE VII – HISTORY AND PHYSICAL:

- (a) A complete history and physical examination shall be documented within twenty-four (24) hours following admission by a Medical Staff appointee. This report shall reflect a comprehensive current physical assessment by a Medical Staff appointee or appropriate Allied Health Professional who has been granted privileges or given permission by the hospital to perform histories and physicals. If a complete physical examination has been performed within 30 days of the date of admission or registration, a durable, legible copy of this report may be used in the patient's medical record, provided the report was recorded by a Medical Staff appointee and an updated medical record entry documenting an examination for any changes in the patient's condition is completed and placed in the

patient's medical record within 24 hours after admission. It is the responsibility of the physician performing procedures to provide an appropriate history and physical prior to the onset of the procedure. Documentation initially completed by other health care professionals licensed in the State of Kansas can be reviewed and approved by the attending Hays Medical Center dentist, oral surgeon or podiatrist. It is the responsibility of the attending dentist, oral surgeon or podiatrist to accept H & P's from health care professionals licensed in the State of Kansas only. These original documents must be thirty (30) days old or less with the updated examination being completed and documented within 24 hours after admission but prior to surgery or a procedure requiring anesthesia services. If greater than thirty (30) days old, the history and physical must be repeated.

- (b) In the case of outpatient surgeries and patients with minor problems where the length of stay is anticipated to be less than 48 hours, an abbreviated (short form) history and physical examination may be recorded. The minimal requirements are:
- Brief history pertinent to the indication of the anticipated procedure;
 - Past surgical or anesthetic history where pertinent to current care;
 - Pertinent organ or system focused physical findings appropriate for the anticipated procedure or anesthetic technique;
 - Impression and brief plan of treatment or diagnostic evaluation;
 - Review of the current medications, vital signs, allergies and diagnostic studies.
- (c) The medical record shall document a current, thorough physical examination prior to the performance of surgery. When the history and physical examination are not recorded before an operation or any potentially hazardous diagnostic procedure, the procedure shall be canceled unless the attending appointee states in writing that an emergency situation exists, or that any such delay would be detrimental to the patient. However, the physician must at least write a note regarding the pre-operative diagnosis, as stated in Section 4 (a) above.

- (d) In the case of readmission of a patient, all previous records shall upon request be available for use by the attending appointee.
- (e) Skilled Nursing Unit records – A copy of the acute care History and Physical and discharge summary will suffice for the History and Physical.

ARTICLE VIII

BOARD APPROVAL AND INDEMNIFICATION

Any Medical Staff officer, Chief Medical Officer, department chairperson, committee chairperson, committee member, and individual staff appointee who acts for and on behalf of the hospital in discharging duties, functions or responsibilities stated in these bylaws, the Document on Medical Staff Appointment, Reappointment and Clinical Privileges, the Medical Staff Organizational Manual, the Policy on Allied Health Professionals, and the Medical Staff Rules and Regulations, shall be indemnified, to the fullest extent permitted by law, when the appointment and/or election of the individual has been approved by the Board.

ARTICLE IX

RULES AND REGULATIONS OF THE MEDICAL STAFF

- (a) Medical Staff rules and regulations, as may be necessary to implement more specifically the general principles of conduct found in these bylaws, shall be adopted in accordance with this Article. Rules and regulations shall set standards of practice that are to be required of each individual exercising clinical privileges in the hospital and shall act as an aid to evaluating performance under, and compliance with, these standards. Rules and regulations shall have the same force and effect as the bylaws.
- (b) Particular rules and regulations may be adopted, amended, repealed or added by vote of the Executive Committee at any regular or special meeting, provided that copies of the proposed amendments, additions or repeals are posted on the Medical Staff bulletin board and/or electronic information system and made available to all members of the Executive Committee at least fourteen (14) days before being voted upon and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Executive Committee before the change is voted upon. Adoption of and changes to the rules and regulations shall become effective only when approved by the Board.
- (c) Rules and regulations may also be adopted, amended, repealed or added by the Medical Staff at a regular meeting or special meeting called for that purpose, provided that the procedure used in amending the Medical Staff bylaws is followed. All such changes shall become effective only when approved by the Board.

ARTICLE X

AMENDMENTS

- (a) All proposed amendments of these bylaws initiated by the Bylaws Committee or the Medical Staff shall, as a matter of procedure, be referred to the Executive Committee. The Executive Committee shall report on them either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. They shall be voted upon at that meeting provided that they shall have been posted on the Medical Staff bulletin board and/or electronic information system, and/or delivered, either in person or by mail, to each Medical Staff appointee at least fourteen (14) days prior to the meeting. Such postings and/or mailings shall be deemed to constitute actual notice to the person concerned. To be adopted, an amendment must receive a majority of the votes cast by the voting staff who are present and voting. Amendments so adopted shall be effective when approved by the Board.
- (b) The Executive Committee shall have the power to adopt such amendments to the bylaws as are technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within sixty (60) days of adoption by the Executive Committee. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Executive Committee. Immediately upon adoption, such amendments shall be sent to the Chief Executive Officer and posted on the Medical Staff bulletin board for at least fourteen (14) days.

Board Approval: 7/25/05, 1/30/06, 10/30/06; 10/29/07; 1/28/08; 2/25/08; 10/26/09; 5/23/11; 11/19/12; 1/28/13; 5/19/14; 1/26/15.