



Self Medical Staff Bylaws

October 7, 2024

**SELF REGIONAL HEALTHCARE
BYLAWS
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Introduction

Greenwood County Hospital Board, d/b/a Self Regional Healthcare was created by the South Carolina General Assembly by Act No. 1554 of 1968 of the laws of South Carolina.

Self Regional Healthcare serves as an acute-care general hospital providing patient care, education, and research.

It is recognized that, because one of the aims and goals of the Medical Staff is to attain quality patient care in the Hospital commensurate with available resources, the Medical Staff must cooperate with and is subject to the ultimate authority of the Board, and the cooperative efforts of the Medical Staff, Administration, and the Board are necessary to fulfill the Hospital's aims and goals.

Therefore, the following Bylaws have been established and approved by the Board to facilitate the aims, goals, and purposes listed above.

Note: See **Definitions** for capitalized terms not otherwise defined in the text of these Medical Staff Bylaws at page 79.

1 Medical Staff of Self Regional Healthcare

The physicians, dentists, and podiatrists who have been appointed to the Medical Staff shall be collectively known as the Medical Staff of Self Regional Healthcare.

2 Purpose, Authority and Governance

Purpose

The purpose of the Medical Staff is to organize the activities of physicians, dentists and podiatrists and other clinical practitioners who practice at Self Regional Healthcare in order to carry out, in conformity with these Bylaws, as approved by the Board and the laws of the State of South Carolina, the functions delegated to the Medical Staff by the Board. The Medical Staff is responsible for the quality of medical care provided to the patients at the Hospital.

Authority

Subject to the authority and approval of the Board, the Medical Staff shall exercise such power as is reasonably necessary to discharge its responsibilities under these Bylaws and the bylaws of the Board.

Governance Documents

The governance documents of the Medical Staff consist of:

These Bylaws, including the Corrective Action and Fair Hearing Plan, at [Appendix A](#); and

The Rules and Regulations, at [Appendix B](#).

The governing documents may be amended as provided by [Article 19](#) of these Bylaws.

The Credentialing and Privileging Manual is not part of the Bylaws.

The Medical Staff Policies and other Medical Staff Manuals are not part of the Bylaws.

3 Medical Staff Appointment

Medical Staff Membership

Membership on the Medical Staff of the Self Regional Healthcare is a privilege extended only to professionally competent physicians, dentists and podiatrists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws, the Rules and Regulations of the Medical Staff, and the associated policies of the Medical Staff and Hospital. Membership on the Medical Staff does not grant Clinical Privileges to admit and treat patients at the Hospital. Granting of Clinical Privileges will follow the procedures detailed in Article 8, and shall apply to the appropriate Medical Staff categories where Clinical Privileges are relevant.

Qualifications for Membership

Basic Qualifications

The following shall be requirements for initial and continuing appointment to the Medical Staff:

Physicians, dentists, or podiatrists shall possess an unrestricted license to practice medicine, osteopathy, dentistry, or podiatry in the State of South Carolina;

Physicians, dentists, or podiatrists shall document their experience, background, training, demonstrated ability, and physical and mental health status with sufficient adequacy to demonstrate to the Medical Staff and Board that any patient treated by them will receive care of the generally recognized professional level established by the Hospital and that they are qualified to provide a needed service within the Hospital;

Professional references shall be required to document the physician, dentist, or podiatrist's ability to adhere to the legally enforceable ethics of their respective professions, to work cooperatively with others, and to be willing to participate in the discharge of Medical Staff responsibilities;

Physicians, dentists, or podiatrists shall have a record free from current state or federal payor sanctions. Physicians, dentists and podiatrists shall furnish all information concerning felony convictions, and any and all allegations or convictions of criminal activity related to their professional practice, that would raise questions of criminal propensity or undesirable conduct;

Physicians, dentists, or podiatrists shall maintain valid professional liability insurance coverage in the amounts deemed necessary by the Board and shall provide a current certificate of insurance as requested;

Physicians, dentists, or podiatrists who are required to prescribe medications to discharge their clinical duties shall have valid and unrestricted South Carolina and Federal Drug Enforcement Administration registrations; Physicians, dentists, or podiatrists shall be eligible for full Medical Staff Membership or Clinical Privileges only after the results of a query to the National Practitioner Data Bank have been reviewed to determine whether any adverse actions have been taken against the applicant. All results of such queries shall be considered as they relate to the delivery of quality patient care in the Hospital and to the basic qualifications outlined in this section of the Bylaws. Notwithstanding anything herein to the contrary, applicants can be granted temporary Membership or Clinical Privileges pending review of the query results.

A physician applicant, M.D. or D.O., must have successfully completed an allopathic or osteopathic residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or other equivalent foreign entities recognized and accepted for medical licensure eligibility by the South Carolina Board of Medical Examiners. In addition, one of the following qualifications shall be met:

be qualified to be board certified and be board certified within six (6) years of completion of residency or fellowship, by an approved board of the American Board of Medical Specialties or the AOA in the specialty of application; or

was board certified within six (6) years of completion of residency or fellowship, by an approved board of the American Board of Medical Specialties or the AOA in the specialty of application.

Physicians who were five (5) or more years beyond training and a Member of the Medical Staff in 2006 are not required to meet the requirements in this subsection of the Bylaws.

Only the Board may create additional exceptions to the above subsection after a recommendation is made by the MEC.

Dentists must have graduated from an American Dental Association approved school of dentistry or other equivalent foreign entity recognized and accepted for licensure eligibility by the South Carolina Board of Dentistry acceptable to the South Carolina Board of Dentistry.

Oral and maxillofacial surgeons must have graduated from an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation or other equivalent foreign entity recognized and accepted for licensure eligibility by the South Carolina Board of Dentistry and successfully completed an American Dental Association approved residency program acceptable to the South Carolina Board of Dentistry and meet one of the following qualifications:

be qualified to be board certified and be board certified, within six (6) years of completion of residency, by the American Board of Oral and Maxillofacial Surgery; or

was board certified, within six (6) years of completion of residency, by the American Board of Oral and Maxillofacial Surgery.

Oral and maxillofacial surgeons who were five (5) or more years beyond training and a Member of the Medical Staff in 2006 are not required to meet the requirements in this subsection of the Bylaws.

Only the Board may create additional exceptions to the above subsection of the Bylaws after a recommendation is made by the MEC.

A podiatric physician, DPM, must have successfully completed a two-year (2) residency program in surgical, orthopedic, or podiatric medicine acceptable to the South Carolina Board of Podiatric Examiners and meet one of the following qualifications:

be qualified to be board certified and be board certified, within six (6) years of completion of residency or fellowship, by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedic and Primary Podiatric Medicine; or

was board certified, within six (6) years of completion of residency, by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedic and Primary Podiatric Medicine.

Podiatrists who were five (5) or more years beyond training and a Member of the Medical Staff in 2006 are not required to meet the requirements in this subsection of the Bylaws.

Only the Board may create additional exceptions to the above subsection of the Bylaws after a recommendation is made by the MEC

Effect of Other Affiliations

No physician, dentist or podiatrist shall be automatically entitled to appointment to the Medical Staff or to the exercise of particular Clinical Privileges merely because he or she is licensed to practice in this or any other state, because he or she is a member of any professional organization, because he or she is certified by any clinical board, or because he or she had, or presently has, Medical Staff appointment at this Hospital or at another health care facility or in another practice setting.

Nondiscrimination

Appointment to the Medical Staff and/or Clinical Privileges shall not be denied on the basis of sex, race, creed, color, age, national origin, disability, or on the basis of any other criterion which is unrelated to:

any other legally protected classification;

the delivery of quality patient care in the Hospital;

professional ability and judgment;

community need;

availability of adequate resources and facilities to support the applicant;

required Medical Staff responsibilities;

the Hospital's purposes, needs, strategic position and capabilities;
or

various Medical Staff management plans;

Ethics

The burden shall be on the applicant to establish that he or she is professionally competent and worthy in character, professional ethics, and conduct. Acceptance

of appointment to the Medical Staff shall constitute the appointee's certification that he or she has in the past, and will in the future, strictly abide by the lawful ethical principles of the appointee's profession, including, without limitation, the principles of ethics adopted by the Medical Staff Member's applicable professional association

Condition and Duration of Appointment

Initial appointment and reappointment to the Medical Staff shall be made by the Board. The Board shall act on appointments, reappointments, or revocation of appointments.

Initial Medical Staff Appointments

All initial appointments of applicants eligible for Medical Staff Status shall be in the Provisional Staff category as set forth in Section 4.6 of these Bylaws. Such appointments shall be for a period of one year. Provisional Staff appointment may be renewed only once, and such renewal shall be valid for no longer than one year.

Reappointments

Unless otherwise required under these Bylaws, reappointments to any category of the Medical Staff shall be for a period of not more than three years.

Modification of Appointments

All modifications of appointment pursuant to Article 7 shall be valid until the earlier of the next applicable reappointment period or three years.

Expiration Dates for Reappointments

All reappointments made in accordance with Article 7 shall expire no later than December 31, three years after the reappointment becomes effective.

Modification in Medical Staff Category and Clinical Privileges

The MEC may recommend to the Board a change in Medical Staff category a change in Clinical Privileges to a current Medical Staff appointee. Such changes shall be valid until the next reappointment request period, not to exceed three years.

Leave of Absence

Leave Status

A Medical Staff appointee may obtain a voluntary leave of absence from the Medical Staff by submitting a written request to the Chair of the MEC and the CEO stating the exact period of time of the leave, which may not exceed one year. When an Hospital-Based Active Staff appointee has not admitted a patient to the Hospital or has not provided services to any patient in the Hospital for twelve (12) months or if a Community-Based Active Staff appointee has not met the standards set forth in Section 4.4.1 for twelve (12) months, he or she shall be deemed by the action of the MEC to have been on a leave of absence. During the period of leave, the Medical Staff appointee's Clinical Privileges, if any, shall be in abeyance.

Termination of Leave

At least 30 days prior to the termination of the leave, or at any earlier time, the Medical Staff appointee may request reinstatement of his or her Clinical Privileges and Prerogatives by submitting a written request to the MEC. Along with the request, the Medical Staff appointee shall submit a written summary of his or her relevant activities during the leave of absence. A Medical Staff appointee placed on leave status as provided in this Section 3.12.1 shall also account in a written summary for his or her relevant activities during the entire period in which he or she did not admit patients to or practice in the Hospital. The MEC shall make a recommendation to the Board concerning the reinstatement of the appointee's Clinical Privileges and Prerogatives. Failure to request reinstatement or to provide a requested summary of activities as required above shall result in automatic termination of Medical Staff appointment, Clinical Privileges, and Prerogatives without right of hearing or appellate review. A request for Medical Staff appointment subsequently received from a Medical Staff appointee so terminated shall be

submitted and processed in the manner specified for applications for initial appointments.

If an appointee requests leave of absence status for the purpose of obtaining further medical training in his or her own or another field of practice, the appointee shall request reinstatement in writing to the MEC, which shall make a recommendation to the Board concerning reinstatement of the appointee's Clinical Privileges and Prerogatives. Further, the appointee may be subject to focused professional practice evaluation as set forth in Article 13 of these Bylaws concerning his or her Clinical Privileges. However, any new Clinical Privileges requested will be acted upon and monitored in similar fashion as if the appointee were a new applicant for the requested Clinical Privileges.

Reinstatement will be automatic if a leave of absence is for serving armed services commitment. Notwithstanding the foregoing statement, if a leave of absence for any reason occurs with no medical activity for twelve (12) or more months, the MEC may require proof of competency by 1) further education, i.e., a refresher course, 2) a self-query to the National Practitioner Data Bank, and/or 3) appropriate monitoring and focused professional practice evaluation as provided in Article 13 of these Bylaws for a period of six (6) months to ensure continuing competence.

Physicians, Dentists, or Podiatrists Providing Contractual Professional Services

A physician, dentist, or podiatrist who is or who will be providing specified professional services pursuant to a contract with the Hospital must meet the same Membership qualifications, must be processed for appointment, reappointment and Clinical Privileges in the same manner, and must fulfill all of the obligations of his or her Membership category as any other applicant or Medical Staff Member.

A physician, dentist, or podiatrist who has been granted Clinical Privileges and who has a contract for professional services with the Hospital is not automatically eligible for Medical Staff Membership.

Effect of Contract Expiration or Termination or Adverse Action on Medical Staff Membership or Clinical Privileges

The effect of expiration or other termination of a contract upon a physician, dentist, or podiatrist's Medical Staff Membership or Clinical Privileges status will be governed solely by the terms of the physician, dentist, or podiatrist's contract with the Hospital.

If the contract is silent on the effect of the expiration or termination of the contract, then contract expiration or other termination alone will not affect the physician, dentist, or podiatrist's Medical Staff Membership status or Clinical Privileges; provided however, if the Hospital has entered into exclusive contractual arrangements for the Clinical Privileges of the subject physician, dentist or podiatrist, then the physician, dentist, or podiatrist may not thereafter exercise any Clinical Privileges for which other exclusive contractual arrangements have been made.

The effect of an Adverse Action affecting the physician, dentist, or podiatrist's Medical Staff Membership and Clinical Privileges on the physician, dentist, or podiatrist's contract will be governed by the terms of the contract.

Organized Medical Staff Duties and Responsibilities

It is the collective duty and responsibility of the Medical Staff to:

Ensure that all patients admitted to or treated in any of the facilities, departments, or services of the Hospital shall receive the quality of patient care that is achievable commensurate with community resources available;

Provide oversight of care, treatment and services provided by the Medical Staff to assure uniform quality of patient care and treatment services and be accountable to the Board for the same;

Be accountable to the Board for reporting the results of organizational performance improvement activities conducted in accordance with the Hospital's committee designated to improve organizational performance;

Provide an appropriate educational setting that will assist in maintaining patient care standards and that will lead to continuous advancement in professional knowledge and skill;

Initiate and maintain Medical Staff policies and manuals for the proper functions of the Medical Staff;

Assure the qualifications and competence of physicians, dentists, or podiatrists through a credentialing procedure, including mechanisms for appointment and reappointment and the delineation of Clinical Privileges;

Implement, as appropriate, a continuing education program based primarily on the type and nature of care offered by the Hospital and the needs and findings demonstrated through the organizational performance improvement program;

Review the utilization of Hospital resources based on the requirements of the Hospital's utilization review plan;

Evaluate and monitor the quality of patient care.

Initiate and pursue Professional Review Actions with respect to physicians, dentists, or podiatrist when warranted as well as grievance and disciplinary actions with respect to Allied Health Professionals when warranted;

Develop and monitor compliance with these Bylaws, the Rules and Regulations of the Medical Staff, Medical Staff policies and manuals and other Hospital policies, all as may be in effect and as may be from time to time amended;

Assist in identifying community health needs, to assist in setting appropriate institutional goals, and to recommend programs to meet those needs and goals;

Assure that the same level of care will provided for all patients receiving a similar service, regardless of the location in which the service is provided; and

Carry out other responsibilities which may be added from time to time by agreement between the Board and the Medical Staff.

Membership Common Responsibilities

It is the responsibility of each and every Member of the Medical Staff, regardless of Membership category to:

Provide his or her patients with continuous care at the generally recognized professional level of quality and efficiency;

Abide by the Medical Staff Bylaws Rules and Regulations, Medical Staff policies and manuals, and by all other applicable laws,

regulations, standards, and current policies and rules of the Hospital;

Prepare and complete in a timely fashion the medical and other required records for all patients he or she admits, or in any way provides care to at Self Regional Healthcare;

Maintain confidentiality, privacy and security of protected health information according to the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (collectively, HIPAA);

Agree to abide by the Hospital's current Notice of Privacy Practices because the Hospital and the Medical Staff are part of an organized health care arrangement, as such is defined in the Standards for the Privacy of Individually Identifiable Health Information promulgated under HIPAA;

Maintain a cordial, respectful and ethical behavior toward colleagues, patients and Hospital staff;

Pay all dues and assessments promptly;

agree to adhere to the exclusivity policy, if any, in arranging for or providing care whenever Hospital policy specifies that certain Hospital facilities or services may be provided on an exclusive basis in accordance with contracts or letters of agreement between Hospital and qualified physicians, dentists and podiatrists, except in an emergency or life threatening situation;

Agree to be subject to ongoing professional practice evaluation as provided at Article 13 of these Bylaws.

4 Categories of the Medical Staff

Categories

The Medical Staff shall include hospital and community based staff including Active, Senior Active, Consulting, Honorary and Affiliated categories.

Active Staff

Active Staff shall be either Hospital-Based or Community-Based. Each subcategory will allow for Senior Active Members.

Active Staff share a common core of qualifications, rights and responsibilities, however, only Hospital-Based Active Staff shall hold Clinical Privileges with attendant additional Prerogatives and responsibilities.

Qualifications

All Active Staff Members must meet the Qualifications for Membership set forth in Section 3.2.

Rights

All Active Staff have the right to vote and hold office.

All Active Staff have the right to meet with the MEC on matters relevant to the responsibilities of the MEC that may affect patient care and/or safety, if the Active Staff Member is unable to resolve the matter with the appropriate Department Chair.

All Active Staff have the right to a fair hearing and appeal in accord with the provisions of Article 14 and the Fair Hearing Procedures.

Active Staff Members, as a group, with the appropriate number of signatures on a letter as detailed under Article 16 Conflict Resolution, have the right to:

Initiate a recall after an election of Officers;

Initiate a recall after an election of a Department Chair;

Challenge any rule or policy adopted by the MEC.

Active Staff Members, as a group, with appropriate number of signatures of Members of the Active Medical Staff may call a special meeting of the Medical Staff or a Department of the Medical Staff in accordance with Section 12.3 of these Bylaws.

Responsibilities

It is the responsibility of every Active Staff Member to:

Abide by the Membership Common Responsibilities as set forth in Section 3.16;

Participate in committees, quality/performance improvement initiatives and peer review activities, when requested;

Contribute to the organizational and administrative affairs of the Medical Staff;

Attend regular and special meetings of the Medical Staff, of the primary clinical Department and of committees to which the Medical Staff is appointed.

All Active Staff Members shall pay dues.

Hospital-Based Active Staff

Hospital-Based Active Staff hold additional Qualifications, Prerogatives and responsibilities necessary to exercise their Clinical Privileges within the Hospital and its facilities.

Additional Qualifications

All Hospital-Based Active Staff Members must have at least ten (10) Patient Encounters at Self Regional Healthcare every twelve (12) consecutive months.

Any Hospital-Based Active Staff Member who does not maintain at least ten (10) Patient Encounters every twelve consecutive months will be referred to the Credentials Committee for review and a recommendation to the MEC for consideration of a change in Medical Staff category.

Prerogatives

Admit patients without limitation, unless otherwise provided in the Bylaws, Rules and Regulations and Medical Staff policies and manuals; provided however, that Emergency Department physicians, pathologists, anesthesiologists and radiologists do not admit patients;

Exercise such Clinical Privileges as are granted pursuant to Article 8.

Responsibilities

Provide his or her patients with continuous care at the generally recognized professional level of quality and efficiency;

Provide the same level of care for all patients receiving similar services, regardless of the location in which the service is provided;

Provide the same level of care for all patients regardless of their ability to pay;

Prepare and complete in a timely fashion the medical and other required records for all patients he or she admits, or in any way provides care to, in the Hospital;

Retain responsibility within his or her area and professional competence for the continuous care and supervision of each patient in the Hospital for whom he or she is providing services, or arrange a suitable alternative for such care and supervision.

Responsibilities for History and Physical Examinations

A complete admission history and physical examination shall be recorded within twenty-four (24) hours of admission or prior to any surgical or other procedure requiring anesthesia, whichever is earlier, by a physician. History and physical examinations performed by AHPs will be performed under the supervision of a qualified physician who countersigns the history and physical, and retains accountability for the patient's medical history and physical examination.

Dentists or podiatrists are responsible for securing a duly credentialed physician to perform the history and physical examination where it does not relate to dentistry or podiatry. Dentists are responsible for their patient's history and physical examination that relates to dentistry. Podiatrists are responsible for the part of their patient's history and physical examination that relates to podiatry.

If a complete history has been recorded and a physical examination performed within thirty (30) days prior to the patient's admission to the Hospital, an electronic or reasonably legible written copy of these reports may be used in the patient's Hospital medical record in lieu of the admission history and report of the physical examination, provided however, these reports were recorded by a physician or, if the history and physical examination is conducted by a Physician Assistant, Nurse Practitioner or Certified Nurse Midwife, the physician countersigns the history and physical; provided further, however, that the history and physical examination is updated by the physician in writing within twenty-four (24) hours of admission or prior to any surgical or other procedure requiring anesthesia, whichever is earlier, to reflect the patient's current medical condition.

Actively participate in the following:

Organizational performance improvement activities required of the Medical Staff;

Supervising provisional appointees, where appropriate;

Emergency services coverage; and

Discharging such other Medical Staff functions as may be required from time to time.

Satisfy the requirements set forth in Article 7 for attendance at meetings of the Medical Staff and of the Department and committees to which he or she is appointed;

Participate in emergency department call coverage, consistent with the Medical Staff Clinical Privileges and Hospital need as established by the MEC and further detailed in the Rules and Regulations and Medical Staff policies and manuals;

Demonstrate that he or she is sufficiently accessible and available to provide continuous care to his or her patients within a reasonable period of time when the patient's condition requires prompt attention. Determination of whether the individual physician, dentist or podiatrist is sufficiently accessible and available to provide continuous care shall be made by the MEC, in its reasonable discretion, with the approval of the Board. In exercising its reasonable discretion, the MEC should consider the totality of the circumstances of the physician, dentist or podiatrist's practice specialty and take into consideration the following guidelines when determining if the physician, dentist or podiatrist is sufficiently accessible and available to provide continuous care to his or her patients:

the particular medical needs of the physician, dentist or podiatrist's patients based upon the physician, dentist or podiatrist's specialty or area of medical practice and the Clinical Privileges requested by the physician, dentist or podiatrist; and

absent the Board's finding of special circumstances, all physicians, dentists or podiatrists must be able to respond to the Hospital within thirty (30) minutes when required.

Emergency Department physicians, non-interventional radiologists, hospitalists and pathologists are exempt from the requirements of Section 4.3.4(j).

Regularly admits patients to the Hospital, or is otherwise regularly involved in the care of patients in the Hospital.

Community-Based Active Staff

Community-Based Active Staff are physicians, dentists and podiatrists who regularly provide outpatient care to the same patient population served by the Hospital or who regularly utilize the services of Self Regional Healthcare. Community-Based Active Staff do not hold Clinical Privileges at the Hospital; however, their importance in the continuous and integrated delivery of care within the Self Regional Healthcare System is clearly recognized by these Bylaws.

Community-Based Active Staff share a common core of qualifications, rights and responsibilities with their hospital-based counterpart as set forth in Section 4.3. Community-Based Active Staff shall maintain the same level of accountability and proficiency within their respective area of specialty as their hospital-based counterparts and will have the same ability to vote, hold office, and participate in Medical Staff meetings and committees as their Hospital-Based counterparts.

Additional Qualifications

All Community-Based Active Staff Members must regularly provide outpatient care to the same patient population served by the Hospital or who regularly utilize the services of Self Regional Healthcare every calendar year. See Section 3.12.1 concerning a leave of absence if the appointee does not provide services for a twelve (12) month period.

Any Community-Based Active Staff Member who does not meet the requirements of Section 4.4.2, will be reassigned to Affiliate Staff.

Prerogatives and Responsibilities

Community-Based Active Staff are encouraged to visit their patients who are admitted to the Hospital, review their patient's records, make medically related entries in the records other than orders.

NOTE: Community-Based Active Staff shall not be eligible to admit patients to the Hospital.

Senior Active Staff

Any Member of the Active Staff, having attained the age and years of service on the Staff set forth in the table below, may request Senior Active Staff Privileges.

Age	Years of Service
60	10
65	5

Requests for Senior Active Staff Privileges shall be considered on a case by case basis according to the needs of the Department and the Hospital.

Additional Qualifications

All Senior Active Staff Members must have at least ten (10) Patient Encounters at Self Regional Healthcare every twelve (12) consecutive months.

Any Senior Active Staff Member who does not maintain at least ten (10) Patient Encounters every twelve consecutive months will be referred to the Credentials Committee for review and a recommendation to the MEC for consideration of a change in Medical Staff category.

Prerogatives

Senior Active Staff Members may elect not to hold committee appointments.

Senior Active Staff Members shall be eligible to vote and hold office.

Senior Active Staff Members are not required to attend and treat unassigned call cases; however, they may attend unassigned call cases with the written approval of the Department Chair.

Senior Active Members shall pay dues.

NOTE: As part of its affirmative obligation to ensure patient safety and avoid adverse outcomes, the Hospital, in accordance with applicable law, shall be entitled to make reasonable inquiries and require mandatory health screening and testing, both mental and physical, concerning a physician, dentist or podiatrist's physical or mental competence and continued ability to perform the essential functions of his/her position and the Clinical Privileges requested, and to assure itself that the physician, dentist or podiatrist does not pose a direct threat or a health or safety risk to patients. Whether to require such a screening will be an individualized inquiry and will, at all times, be job related and consistent with business necessity.

Provisional Staff

Provisional Staff consist of physicians, dentists or podiatrists, each of whom is eligible for advancement to the Active Staff category for which they are qualified and approved by the Department to which he or she is applying, the MEC and the Board.

Each initial appointee to the Medical Staff will serve a one-year provisional period. All reappointments thereafter will be done on a three-year basis. See Section 4.6.4.

Provisional Staff shall be considered for advancement to Active Staff Membership based upon the individual's professional performance as evaluated in the focused professional practice evaluation set forth at Article 13 of these Bylaws, and his or her judgment and clinical or technical skills. A Provisional Staff Member must meet the Qualifications for Membership specified in Section 3.2.1 for appointment to the Active Staff.

If a Provisional Staff Member requires continued professional practice evaluation at the time of consideration for advancement, the MEC has the option to extend the provisional period up to, but no more than, one additional year in order to complete such evaluation. Section 4.6.2.

Failure to receive a favorable recommendation for advancement by the end of two (2) Medical Staff years or by the end of any additional provisional period granted by the MEC, as provided in Section 4.6.4, will result in the expiration of the Provisional Staff Member's Medical Staff Membership and Clinical Privileges. Subject to Section 3.10.1 of these Bylaws, denial of appointment due to competence or conduct reasons entitles the Provisional

Staff Member to a Fair Hearing as provided in the Fair Hearing Procedure.

Each Provisional Staff appointee shall be required to discharge the same responsibilities specified in Section 3.16. Failure to fulfill those responsibilities shall be grounds for termination of Clinical Privileges and denial of advancement to Active Staff.

The Prerogatives of a Provisional appointee shall be the same as the Active Staff Membership for which they are qualified except that the Provisional Staff Member is not eligible to vote, hold a Medical Staff office or Chair a committee.

Provisional Staff Members shall pay dues.

Consulting Staff

Consulting Staff are those physicians, dentists or podiatrists who are recognized by the health care community as a specialist in their field and/or are on the faculty of a healthcare teaching institution.

Prerogatives and Responsibilities

Prerogatives of a Consulting Staff appointee shall be to:

Meet the Qualifications for Membership in Section 3.2;

Consulting Staff see patients at the Hospital solely in consultation with a Member of the Active Staff or /Senior Active Staff who is involved with the care of the patient;

Consulting Staff appointees shall not admit patients to the Hospital, including outpatients after outpatient invasive procedures, nor be the attending physician and cannot provide the principal care of the patient or be otherwise solely responsible for any patient within the Hospital; provided however, that Consulting Staff may perform outpatient surgical procedures under the supervision of the attending physician so long as the Consulting Staff appointee has made prior arrangements for coverage for any issue that may require inpatient admission.

Attend by invitation only those meetings that he or she may wish to attend as a non-voting visitor.

Consulting Staff appointees shall not be eligible to hold office.

Honorary Staff

The Honorary Staff shall consist of physicians, dentists and podiatrists who have served honorably on the Active Staff, Senior Active Staff, or a combination of the Active and Senior Active Staffs for at least ten (10) years.

Honorary Staff appointees are not eligible to admit patients to the Hospital or to exercise Clinical Privileges in the Hospital.

Honorary Staff may attend Medical Staff and Department meetings and any Staff or Hospital educational meetings.

Honorary Staff appointees shall not be eligible to vote or to hold office.

Affiliate Staff

The Affiliate Staff consists of physicians, dentists and podiatrists who do not necessarily meet the qualifications of other Medical Staff categories, but who utilize the Hospital and its services.

Affiliate Staff shall meet the Qualifications for Membership set forth in Section 3.2.1;

Affiliated Staff shall not be eligible to admit patients to the Hospital, including outpatients for outpatient invasive procedures, nor be the attending physician and cannot provide the principal care of the patient or be otherwise responsible for any patient within the Hospital;

Affiliated Staff shall not be eligible to vote or to hold office or serve on standing Medical Staff committees; and

Attendance at Medical Staff meetings is not required but Affiliate Staff may, by invitation, attend Medical Staff and Department meetings and any Staff or Hospital educational meetings.

Resident Staff

The Resident Staff consists of physicians engaged in formal residency education and training programs sponsored by Self Regional Healthcare.

Resident Staff are not eligible for Membership on the Medical Staff nor do Resident Staff receive a grant of Clinical Privileges except as

provided at Section 4.10.4. Accordingly, the Resident Staff are not subject to the Active Staff credentialing procedures, but are subject to the application process referenced at Section 4.10.3(a). Following the approval of Resident Staff by the MEC and the Board, an individual's status as a Resident shall commence with the appointment to a Residency Training Program and will conclude with termination from such Residency Training Programs.

Prerogatives and Responsibilities

Resident Staff shall make application for appointment to the Resident Staff in a manner prescribed by the Credentials Committee;

Resident Staff shall provide patient care consistent with assigned duties and Residency Training Program supervision protocols, under the supervision of a Hospital-Based Active Staff Member, as more particularly set forth in the "Resident Supervision Guidelines" approved by the Credentialing Committee. Resident Staff may attend Departmental and Medical Staff meetings only when invited and may serve on Medical Staff committees without vote at the discretion of the Committee Chair and the Department Chair;

Resident Staff shall abide by the Bylaws, Rules, and Regulations, policies and manuals of the Medical Staff and the Hospital, as applicable; and

Resident Staff shall not be eligible to vote or to hold office.

Limited Clinical Privileges for Independent Practice in a Hospital Department

Under written recommendation of the Director of the Residency Training Program and the applicable Medical Staff Department Chair and Department Director, Resident Staff, properly licensed to practice medicine in the state of South Carolina, may apply for limited Clinical Privileges to treat patients so long as Clinical Privileges are exercised under the appropriate supervision of a Hospital Based Active Staff Member and such limited Clinical Privileges are approved by the MEC and Board.

Recommendations and approval of limited Clinical Privileges documentation shall be kept in the Resident Staff file with the Credentialing Office.

The limited Clinical Privileges are restricted to the Department approved as provided at Section 4.10.4(a) and shall not extend or be construed to grant independent admitting or treating privileges within the Hospital.

These limited Clinical Privileges can be revoked at any time at the direction of the Director of the Residency Program, the Medical Staff Department Chair, the President of the Medical Staff, the MEC and the Board.

At the termination or conclusion of the Residency Training Program, these limited Clinical Privileges shall be automatically revoked.

Limitations on Prerogatives

The Prerogatives set forth under each Medical Staff category are general in nature and may be subject to limitation by special conditions attached to a physician, dentist or podiatrist's Medical Staff appointment, by other sections of these Bylaws, and by other policies or agreements of the Hospital.

Modification in Medical Staff Category

The MEC may recommend to the Board a change in Medical Staff category of a current Medical Staff appointee. Such changes shall be valid until the next reappointment request period, not to exceed three years.

5 Medical Administrative Officers

Definition of Medical Administrative Officers

A medical administrative officer is a physician, dentist and podiatrist engaged by the Hospital either full or part time in an administratively responsible capacity, whose activities may also include clinical responsibilities such as direct patient care, teaching, or supervision of the patient care activities of other physicians, dentists and podiatrists under the officer's direction.

Conditions for Appointment and Exercise of Privileges

Each medical administrative officer must achieve and maintain Medical Staff appointment and Clinical Privileges appropriate to his/her clinical responsibilities and discharge Medical Staff

obligations appropriate to his/her Staff category in the same manner applicable to all other Medical Staff Members.

Effect of removal from office or adverse change in appointment status or Clinical Privileges

Where a contract exists between the officer and the Hospital, its terms govern the following:

The effect of removal from the medical administrative office on the officer's Medical Staff appointment and Clinical Privileges; and

The effect of an adverse action taken on the officer's Medical Staff Membership or Clinical Privileges on whether he or she remains in the medico-administrative office.

The provisions of Section 3.14 govern the effect of contract expiration or other contract termination of a medical administrative officer.

Removal from office of a medico-administrative physician, dentist or podiatrist for grounds unrelated to his or her professional clinical capability and exercise of Clinical Privileges may be accomplished in accordance with the usual personnel policies of the Hospital and/or the terms of such physician, dentist or podiatrist's contract, if any.

6 Allied Health Professionals

The credentialing process for Allied Health Professionals, as defined in these Bylaws, is governed by the Allied Health Professionals Policy. Allied Health Professionals are not Members of the Medical Staff.

7 Procedures for Appointment and Reappointment

General Procedure

The Medical Staff, through its designated Departments, services, committees, and Officers shall investigate and consider each application for appointment or reappointment to the Medical Staff and each request for modifications of Medical Staff appointment status and shall adopt and transmit recommendations thereon to the Board concerning extension, termination, or reduction of Staff Privileges. The Medical Staff shall also perform these same investigation, evaluation, and recommendation functions in connection with any individual who is not eligible

for Medical Staff appointment but who seeks to exercise Clinical Privileges or to provide specified services in any Department or service of the Hospital.

Application for Initial Appointment

At a minimum, the initial application for appointment shall include the following:

Primary source verification of licensure, education, specific training, experience (American Medical Association Master Profile is acceptable) and current competence. In addition and if applicable, verification through the Educational Commission for Foreign Medical Graduates program;

Current Federal Narcotics Registration Certificate (DEA) number if the Medical Staff Category so requires;

Three peer references who have personal knowledge of the applicant's professional competence, experience, current clinical ability, ethical character, and ability to work with others. These references should have acquired their knowledge through recent observation of the applicant's professional performance. At least one must be a department chair, service chief, training program director or a chief medical officer. One reference must be a peer reference defined as a practitioner in the same specialty. Professional references for a physician, dentist or podiatrist practicing for the first time after completing his or her residency program should typically be provided by the applicant's academic supervising physicians. Special circumstances regarding the ability of the physician, dentist or podiatrist to provide such professional references shall be considered on a case by case basis by the appropriate Department Chairman.

Review of involvement in any professional liability action; and

Receipt of database profiles for the National Practitioner Data Bank and OIG Medicare/Medicaid Exclusions.

The process for appointment and additional qualifications are set forth in the Credentialing and Privileging Manual.

Application for Reappointment

At a minimum, the application for reappointment shall include the following:

Primary source verification of current licensure and any required certifications;

Current Federal Narcotics Registration Certificate (DEA) number if the Medical Staff Category so requires;

Review of involvement in any professional liability action;

Review of professional practice evaluations as described in Article 8.

Receipt of database profiles for the National Practitioner Data Bank, OIG Medicare/Medicaid Exclusions.

The process for reappointment and additional qualifications are set forth in the Credentialing and Privileging Manual.

8 Determination of Clinical Privileges

Exercise of Privileges

Every Medical Staff appointee shall be entitled to exercise only those Clinical Privileges or specified services specifically granted to him or her by the Board, except as provided in Section 8.7.

Delineation of Privileges in General

Procedure

All requests for Clinical Privileges shall be evaluated and granted, modified, or denied pursuant to, and as part of, the procedures outlined in this Article 8.

Requests

Valid requests for Clinical Privileges will be evaluated on the basis of prior and continuing education, training, experience, utilization practice patterns, current ability to perform the Privileges requested, demonstrated current competence, ability, and judgment. Additional factors that may be used in determining Privileges are patient care needs, the Hospital's capability to support the type of Privileges being requested, and the availability of qualified coverage in the applicant's absence. The basis for Privileges determination to be made in connection with periodic reappointment or a requested change in Privileges must include documented clinical performance and ongoing professional practice

evaluations. Privileges determinations will also be based on pertinent information from other sources, especially other institutions and health care settings where a professional exercises Clinical Privileges.

Bases for Privileges Determinations

All appropriate criteria from Sections 3.2, 7.2 and 7.3 (relating to Medical Staff appointment) should be considered for Clinical Privilege determinations. If the Privilege delineation for specific Privileges is based primarily on experience rather than on training, then specific experience and successful results that form the basis for the granting of Privileges must be documented.

Exclusivity Policy

Applications for Clinical Privileges related to Hospital facilities or services covered by exclusive agreements will not be accepted or processed unless submitted in accordance with the existing contract or agreement with the Hospital. Non-acceptance of a request for Clinical Privileges based on this Section 8.2.4 shall not entitle the applicant to the procedural rights as provided in Article 14 and in the Fair Hearing Procedures, because such action is not based upon the competency or professional conduct of the applicant.

Special Conditions for Dental/Podiatric Privileges

Surgical procedures performed by dentists/podiatrists shall be under the overall supervision of the Chair of Surgery. All dental/podiatric patients shall receive the same basic medical appraisal as patients admitted to other surgical services. A physician or qualified oral surgeon appointee of the Medical Staff shall be responsible for admission evaluation, history, and physical of dental/podiatric patients. A physician appointee of the Medical Staff shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient.

Privileges for which No Criteria have been Established

In the event a request for Privileges is submitted for which no criteria have been established, the request will be referred for consideration by the Credentials Committee in conjunction with Hospital Administration. The request will be tabled for a reasonable period of time, usually not to exceed ninety (90) days. During this time the Credentials Committee will compile

information relevant to the new privileges requested and submit the information to the MEC for consideration. Hospital related issues such as equipment and management will be referred to the appropriate Hospital department director. All of this information will be used to determine whether to add the new privileges and may also be used in the development of criteria for the new privileges.

If it is recommended by the Credentials Committee to add the new privilege(s), then the Credentials Committee will formulate the necessary criteria.

Criteria to be established for the new privilege(s) include education, training, board status, or certification (if applicable), experience, and evidence of current competence. Proctoring requirements, if any, will be addressed including who may serve as proctor and how many proctored cases will be required.

If the new privilege(s) requested overlap two or more specialty disciplines, an ad hoc committee may be appointed by the Chair of the Credentials Committee to recommend criteria for the privilege(s) in question. This committee will consist of at least one, but not more than two, Members from each involved discipline. The Chair of the ad hoc committee will be a Member of the Credentials Committee who is not in economic competition with the requesting physician, dentist or podiatrist.

Temporary Privileges

Temporary Privileges may be granted by the CEO acting on behalf of the Board, upon written concurrence of the Chair of the Department in which the Privileges will be exercised, the Chair of the Credentials Committee and the President of the Medical Staff, provided there is verification of current licensure and current competence. Temporary Privileges may be granted only in two (2) circumstances: 1) when an initial applicant with a complete, clean application is awaiting review and approval of the MEC and the Board; or 2) to fulfill an important patient care need.

Clean Application Awaiting Approval Temporary Privileges may be granted for up to one hundred and twenty (120) days when the new applicant for Medical Staff Membership or Privileges is waiting for review and recommendation by the MEC and approval by the Board. Criteria for granting Temporary Privileges in these circumstances include the applicant providing evidence of the

following which has been verified by the Hospital: current licensure; education; training and experience; current competence; current DEA (if applicable); current professional liability insurance in the amount required; malpractice history; a positive reference specific to the applicant's competence from an appropriate medical peer; evidence that the applicant has a record free of Medicare, Medicaid, Tricare or any other governmental payor sanctions; and ability to perform the Privileges requested; and results from a query to the National Practitioner Data Bank.

Notwithstanding any other section of these Bylaws, the applicant for Hospital Based Active Staff Membership granted Temporary Privileges under this Section 8.5.1 may admit patients to the Hospital.

Important Patient Care Need:

Temporary Privileges may be granted on a case by case basis when an important patient care need exists that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. For the purposes of granting Temporary Privileges, an important patient care need is defined as including the following:

A circumstance in which one or more patients will not receive care that adequately meets their clinical needs if the Temporary Privileges under consideration are not granted, (e.g., a patient scheduled for urgent surgery who would not be able to undergo the surgery in a timely manner);

A circumstance in which the institution will be placed at risk of not adequately meeting the needs of patients who seek care from the institution if the Temporary Privileges under consideration are not granted (e.g., the institution will not be able to provide adequate emergency room coverage in the physician, dentist or podiatrist's specialty).

A circumstance in which the Board has granted Privileges involving a new technology to a Medical Staff Member provided the physician is precepted for a specific number of initial cases and the precepting physician, who is not seeking Medical Staff Membership, requires Temporary Privileges to serve as a preceptor; and

A circumstance in which a group of patients in the community will be placed at risk of not receiving patient care that meets their clinical needs if the Temporary Privileges under consideration are not granted, (i.e., a physician who has a large practice in the community for which adequate coverage of Hospital care for those patients cannot be arranged.)

Temporary Privileges granted through the use of a locum tenens or similar temporary medical service may not exceed six (6) months

Termination of Temporary Privileges

The CEO acting on behalf of the Board and after consultation with the President of the Medical Staff, may terminate any or all of the physician, dentist or podiatrist's Temporary Privileges based upon the discovery of any information or the occurrence of any event of a nature which raises questions about a physician, dentist or podiatrist's Privileges. Where the life or wellbeing of a patient is determined to be endangered, any person entitled to impose summary suspension under the Medical Staff Bylaws may effect the termination. In the event of any such termination, the physician, dentist or podiatrist's patients then will be assigned to another physician, dentist or podiatrist by the CEO or his/her designee in consultation with the President of the Medical Staff. The wishes of the patient shall be considered, when feasible, in choosing a substitute physician, dentist or podiatrist. Special requirements of consultation and reporting may be imposed as part of the granting of Temporary Privileges. Except in unusual circumstances, Temporary Privileges will not be granted unless the physician, dentist or podiatrist has agreed in writing to abide by the Bylaws, Rules, and Regulations and policies and manuals of the Medical Staff and Hospital in all matters relating to his/her Temporary Privileges. Whether or not such written agreement is obtained, these Bylaws, Rules, Regulations, policies and manuals control all matters relating to the exercise of Clinical Privileges.

Rights of the Physician, Dentist or Podiatrist with Temporary Privileges

A physician, dentist or podiatrist is entitled to the procedural rights afforded by the Fair Hearing Plan procedures outlined in the Medical Staff Bylaws if, due to the physician, dentist or podiatrist's competence or professional conduct:

A request for Temporary Privileges is refused; or

If, after granted, Temporary Privileges are limited, suspended or terminated.

Emergency Privileges

For the purposes of this section, an “emergency” is defined as a condition in which serious or permanent harm would result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In the case of an emergency, any physician, dentist or podiatrist, to the degree permitted by his or her license and regardless of Department, Medical Staff status, or Clinical Privileges, shall be permitted to do, and be assisted by Hospital personnel in doing, everything possible to save the life of a patient or to save the patient from serious harm.

Temporary Disaster Privileges

Temporary Disaster Privileges may be granted to a physician, dentist or podiatrist pursuant to this Section 8.7 when a disaster or medical emergency has been declared by the Governor of the State of South Carolina.

The following information must be presented to the President of the Medical Staff or CEO in order for a physician, dentist or podiatrist to be granted Temporary Disaster Privileges:

Valid license to practice in South Carolina, Florida, Georgia, North Carolina, Tennessee or Virginia or be deployed by the Federal government and present his or her home state license to practice.

A government issued photo identification to verify identity.

Valid Drug Enforcement Agency registration.

Certificate of malpractice insurance, except for physicians, dentists and podiatrists deployed by the Federal government who are covered by the Federal Tort Claims Act.

List of hospital affiliations where the physician, dentist or podiatrist holds active staff privileges, or evidence of government agency employment.

Temporary Disaster Privileges may be granted to a physician, dentist or podiatrist by the CEO upon the recommendation of the

President of the Medical Staff. Approvals of such Privileges must be in writing.

The President of the Medical Staff will assign the physician, dentist or podiatrist with Temporary Disaster Privileges to the appropriate Department Chair.

A Hospital identification badge must be issued to each physician, dentist or podiatrist who has been approved for Temporary Disaster Privileges.

The information provided in Section 8.7.1 is to be verified in the same process as required for other Temporary Privileges as soon as the disaster or medical emergency is under control. In addition, a query of the National Practitioner Data Bank must be made as soon as feasible. Copies of the information provided under Section 8.7.1, evidence of the National Practitioner Data Bank query, and the written approval of Temporary Disaster Privileges are to be maintained in the Medical Staff Services Office.

When the Governor of the State of South Carolina determines that the disaster or medical emergency no longer exists, then the Temporary Disaster Privileges are automatically terminated. At that time, the President of the Medical Staff or appropriate Department Chair will assign the care of patients to a Member of the Medical Staff as appropriate.

Telemedicine Privileges

Definitions applicable only to this Section 8.8:

“Telemedicine” means the provision of clinical services to patients by licensed independent practitioners and other practitioners from a distance via electronic communications.

“Distant Site Hospital” means a Medicare participating hospital that credentials and privileges the licensed independent practitioner or other practitioner providing Telemedicine Services

“Distant Site Telemedicine Entity” means an entity that (1) provides telemedicine services; (2) is not a Medicare-participating hospital (therefore, a non-Medicare participating hospital that provides telemedicine services would be considered a distant-site telemedicine entity also); and (3) provides contracted services in a manner that enables a hospital using its services to meet all

applicable Medicare conditions of participation, particularly those requirements related to the credentialing and privileging of practitioners providing telemedicine services to the patients of a hospital.

“Distant Site Physician, Dentist, or Podiatrist or Other Practitioner” means a physician, dentist or podiatrist or other practitioner that is credentialed and privileged by the Distant Site Telemedicine Entity or the Distant Site Hospital and, pursuant to a written agreement specified in this Section 8.8, is to provide Telemedicine Services at the Hospital.

The Hospital may grant Telemedicine Privileges for the telemedicine services as follows:

As provided in Article 7 of these Bylaws; or

As provided in Sections 8.8.3 through 8.8.5 upon the written request by or on behalf of the Distant Site Physician, Dentist, or Podiatrist or Other Practitioner to the President of the Medical Staff upon the recommendation of the MEC to the Board and approval of the Board.

The Hospital may grant Telemedicine Privileges to a Distant Site Physician, Dentist, or Podiatrist or Other Practitioner for telemedicine services without completing the application and verification processes provided in Article 7, and the Credentialing and Privileging Manual if the Hospital enters into a written agreement with a Distant Site Hospital or a Distant Site Telemedicine Entity which includes representations, warranties and agreements from the governing body of the Distant Site Hospital or a Distant Site Telemedicine Entity as follows:

Its staff credentialing and privileging process and standards at least meet the following:

Determines, in accordance with South Carolina law and, if not South Carolina, the law of the State in which the Telemedicine Physician, Dentist or Podiatrist is located, which categories of practitioners are eligible candidates for appointment to its medical staff;

Appoints members of its medical staff after considering the recommendations of the existing members of the medical staff;

Assures that its medical staff has bylaws;

Approves medical staff bylaws and other medical staff rules and regulations;

Ensures that its medical staff is accountable to the governing body for the quality of care provided to patients;

Ensures the criteria for selection of its medical staff are individual character, competence, training, experience, and judgment; and

Ensures that under no circumstances is the accordance of its medical staff membership or professional privileges in the hospital dependent solely upon certification, fellowship, or membership in a specialty body or society.

The medical staff periodically conducts appraisals of its members.

The medical staff examines credentials of candidates for medical staff membership and makes recommendations to the governing body on the appointment of the candidates.

The Distant Site Telemedicine Entity or the Distant Site Hospital further represents and warrants the following:

If the agreement is with a Distant Site Hospital, the Distant Site Hospital participates in the Medicare program;

The individual Distant Site Physician, Dentist or Podiatrist or Other Practitioner is privileged at the Distant Site Telemedicine Entity or the Distant Site Hospital;

The individual Distant Site Physician, Dentist, or Podiatrist or Other Practitioner is licensed South Carolina; and

Either:

If the agreement is with a Distant Site Hospital, the Distant Site Hospital has criteria for determining the privileges it grants to the Distant Site Physician or Practitioner and a procedure for applying the criteria in its medical staff bylaws; or

If the agreement is with a Distant Site Telemedicine Entity', the Distant Site Telemedicine Entity has criteria for determining the privileges it grants to the Distant Site Physician or Practitioner and a procedure for applying the criteria.

The written agreement includes requirements for the Distant Site Telemedicine Entity or the Distant Site Hospital to provide the Hospital and the Hospital to provide the Distant Site Telemedicine Entity or the Distant Site Hospital with the following for each individual Distant Site Physician, Dentist, or Podiatrist or Other Practitioner:

Evidence of its internal performance review procedures;

Upon obtaining any necessary authorizations from the Distant Site Physician, Dentist, or Podiatrist or Other Practitioner, the results of the periodic appraisal, which must include adverse events and complaints (the “Information”);

Immediate notification if the individual Distant Site Physician, Dentist, or Podiatrist or Other Practitioner’s medical staff membership, if applicable, or privileges are amended, modified, altered, restricted, limited, suspended or terminated; and

A current list of the Distant Site Physician, Dentist, or Podiatrist or Other Practitioner’s privileges at the Hospital or at the Distant Site Telemedicine Entity or the Distant Site Hospital and to keep the other party updated with any change in the Distant Site Physician, Dentist, or Podiatrist or Other Practitioner’s privileges.

The written agreement further includes the following:

An agreement that the provision of the Information by the Distant Site Telemedicine Entity or the Distant Site Hospital to the Hospital and by the Hospital to the Distant Site Telemedicine Entity or the Distant Site Hospital is not intended to act as a waiver of the confidentiality provided under the South Carolina Code §§ 44-7-390, et seq. (the “Confidentiality Statute”) and, to the fullest extent allowed by law, an agreement to maintain that confidentiality; and

In addition to the Confidentiality Statute, the parties to the written agreement agree that the Information provided by Distant Site Telemedicine Entity or the Distant Site Hospital or by the Hospital to the Distant Site Telemedicine Entity or the Distant Site Hospital under the agreement is confidential and agree to maintain its confidentiality. Also, notwithstanding the above, the confidentiality provisions contained in the agreement shall not apply to any Information that (i) becomes generally available to the public other than as a result of disclosure by the receiving party, or

(ii) the receiving party is required to disclose to a governmental entity or pursuant to a valid subpoena or court order.

A physician, dentist or podiatrist with only Telemedicine Privileges shall not admit patients.

Organ, Tissue, Eye Recovery Team Privileges

Physicians who do not have current Clinical Privileges at the Hospital and who are credentialed and qualified by the Organ Procurement Organization (the "OPO") within the South Carolina Donor Referral Network shall be provided Organ, Tissue, Eye Recovery Team Privileges for the sole purpose of performing organ, tissue, eye recovery in compliance with the Hospital's policies and procedures regarding organ, tissue and eye donation.

The OPO shall provide the Hospital with licensing information on the physician, dentist or podiatrist team member(s) prior to the grant of Clinical Privileges under this Section 8.9. The OPO shall also provide additional credentialing information at the Hospital's request.

The physicians seeking Organ, Tissue, and Eye Recovery Team Privileges shall represent that their qualification information is complete and accurate upon arrival.

When the organ, tissue or eye recovery is complete, then the Clinical Privileges granted under this Section 8.9 are automatically terminated.

9 Staff Clinical Departments

Organization of Departments

Each Department shall be organized as a separate part of the Medical Staff and shall have a Chair, elected by the Department, and approved by the Medical Executive Committee and the Board and who shall have the authority, duties, and responsibilities as specified in these Bylaws.

Designation

Current Departments

The current Departments are: Anesthesiology, Emergency Medicine, Family Practice, Genetics, Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Psychiatry, Radiology and Surgery.

Future Departments

When deemed appropriate, the MEC may create, eliminate, subdivide, or combine Departments subject to Board approval.

Assignment to Departments

Each appointee of the Medical Staff shall be assigned to at least one Department, but also may be granted Clinical Privileges in one or more of the other Departments. The exercise of Clinical Privileges within any Department shall be subject to the Credentialing and Privileging Manual and the authority of the Department Chair.

Function of Departments

The primary function of each Department is to implement specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the Department. To carry out this overall function, each Department shall:

Require patient care evaluations to be performed for the purpose of improving and/or maintaining the quality of care within the Department. Each Department shall review all clinical work performed under its jurisdiction. All Medical Staff Members shall be subject to review by each Department in which they exercise Clinical Privileges.

Establish guidelines for the granting of Clinical Privileges within the Department and submit any recommendations required by these Bylaws regarding the specific Privileges that each Medical Staff appointee or applicant may exercise and the specific services that each Allied Health Professional may provide.

Conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state of the art and to findings of review and evaluation activities.

Monitor, on a continuing and concurrent basis, adherence to:

Medical Staff and Hospital policies and procedures;

requirements for alternate coverage and for consultations;

sound principles of clinical practice; and

regulations designed to promote patient safety and the proper operation of the Hospital.

Coordinate the patient care provided by the Department's appointees with nursing and other professionals not on the Medical Staff providing patient care services and with administrative support services.

Foster an atmosphere of professional decorum within the Department appropriate to the healing arts.

Submit written reports or minutes of Department meetings to the MEC on a regularly scheduled basis concerning:

findings of the Department's review and evaluation activities, actions taken thereon, and the results of such action;

recommendations for maintaining and improving the quality of care provided in the Department and the Hospital; and

such other matters as may be requested from time to time by the MEC.

Meet at least quarterly for the purposes indicated in Section 9.4.7 above and for receiving reports on other Department and Medical Staff functions.

Establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to the Department.

10 Officers

Officers of the Medical Staff

Identification

The Officers of the Medical Staff shall be:

President

President elect

Immediate Past President

Qualifications

Officers must be appointees of the Active Staff at the time of nomination and election and must remain appointees in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. The President and President Elect must be physicians, dentists or podiatrists with demonstrated qualifications on the basis of experience and ability.

NOTE: Officers and MEC at-large Members, as described in this Article 10 may not simultaneously hold a leadership position on another hospital's medical staff or in a facility that directly competes with the Hospital. Noncompliance with this requirement will result in the Officer or at-large Member of the MEC, being automatically removed from office unless the Board determines that allowing the Officer or at-large MEC Member to maintain the position is in the best interest of the Hospital. The Board shall have discretion to determine what constitutes a "leadership position" at another hospital.

Nominations

By Nominating Committee:

The Nominating Committee shall consist of the most recent five Past Presidents of the Medical Staff who are still on the Active Staff. The Immediate Past President of the Medical Staff shall serve as Chair. The Nominating Committee shall convene not less than 14 days prior to the annual meeting and shall submit to the current President of the Medical Staff one or more qualified nominees for the following Officers:

President of the Medical Staff; provide however, that the President Elect of the Medical Staff shall be nominated for the Office of President of the Medical Staff; and

President Elect of the Medical Staff.

The names of such nominees shall be reported by the Chair of the Nominating Committee to the Medical Staff at least 14 days prior to the annual meeting.

By the Active Staff:

Nominations may also be made by letter signed by at least 10% of the appointees of the Active Staff, a signed statement of

willingness to serve by the nominee and filed with the President of the Medical Staff at least seven (7) days prior to the annual meeting.

As soon thereafter as reasonably possible, the names of these additional nominees shall be reported to the Medical Staff.

By Other Means:

If, before the election, all of the individuals nominated for an office pursuant to Section 10.1.3 (a) and (c) shall refuse, be disqualified from or otherwise be unable to accept nomination, then the Nominating Committee shall submit one or more substitute nominees at the annual meeting, and nominations shall be accepted from the floor.

Election

Officers shall serve two-year terms and shall be elected at the annual meeting of the appropriate year. Only Medical Staff appointees accorded the Prerogative to vote for general Medical Staff Officers under Article 4 shall be eligible to vote. Voting shall be by secret written ballot. If the candidates are uncontested the Medical Staff may waive the secret ballot requirement by a vote of 50% of those present so long as a quorum has been established. Voting by proxy shall not be permitted. A nominee shall be elected upon receiving a majority of the valid votes cast.

If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two candidates receiving the highest number of votes. The election of Officers shall become effective upon approval by the Board.

Term of Elected Office

Each Officer shall serve a two-year term, commencing on the first day of the calendar year following his or her election. Each Officer shall serve until the end of his or her term and until a successor is elected, unless he or she shall sooner resign or be removed from office. Medical Staff Officers may be removed from office by the Board for failure to perform their duties or for other professional misconduct, upon a recommendation for removal by the MEC and as provided at Section 10.3 of these Bylaws.

Duties of Elected Officers

The President of the Medical Staff shall serve as the principal elected official of the Medical Staff. As such, he or she shall:

Aid in coordinating the activities and concerns of the Hospital Administration and of the nursing and other non-physician, non-dentist or non-podiatrist patient care services with those of the Medical Staff.

Be responsible to the Board, in conjunction with the MEC, for the quality and efficiency of clinical services and professional performance within the Hospital and for the effectiveness of patient care evaluations and the quality maintenance functions delegated to the Medical Staff.

Develop and implement, in cooperation with each Department Chair, methods for credentials review and for delineation of Privileges, continuing education programs, utilization review, continual monitoring functions and patient care evaluations studies.

Participate in the selection (or appointment) of Medical Staff representatives to Medical Staff and Hospital management committees, including the Hospital's performance excellence committee or successor committee.

Communicate and represent the opinions, policies, concerns, needs, and grievances of the Medical Staff to the Board, the CEO, and other officials of the Medical Staff.

Be responsible to the Board for Medical Staff compliance with Medical Staff Bylaws, Rules, and Regulations, for compliance with sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where Professional Review Action has been requested against a physician, dentist or podiatrist.

Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff.

Serve as Chair of the MEC, as an appointee of the Hospital's performance excellence committee or successor committee, and as an ex-officio appointee without vote of all other Medical Staff committees or functions.

Oversee National Practitioner Data Bank Compliance, both reporting and querying.

Oversee reporting to the South Carolina Board of Medical Examiners as required by law.

Ensure that there is Medical Staff representation and participation in any Hospital deliberation affecting the discharge of Medical Staff responsibilities.

President Elect: The President Elect shall be an appointee of the MEC and responsible for and attend the Credentials Committee and Bylaws Committee meetings. In the temporary absence of the President of the Medical Staff, he or she shall assume all the duties and have authority of the President of the Medical Staff. He or she shall perform such additional duties as may be assigned to him or her by the President of the Medical Staff, the MEC, or the Board.

Immediate Past President: The Immediate Past President shall be a Member of the MEC and the Board Quality and Operations Committee, and shall serve as Chair of the Nominating Committee.

Other Officials of the Medical Staff

Department Chair

Nominations;

Candidates for Department Chair shall be nominated by the current Chair. Nominees must meet the qualifications described at [Section 10.2.1\(b\)](#) and have either been a Chair of or participated in a Medical Staff or Board Committee.

Qualifications:

Each Chair shall be an appointee of the Active or Senior Active Staff, shall be Board Certified in at least one of the clinical areas covered by the Department, and shall be willing and able to faithfully discharge the functions of his or her office.

Selection:

The Chair shall be elected by the Department subject to Board approval.

Term of Office:

A Department Chair shall serve a term of two (2) calendar years. A Department Chair shall be eligible to succeed himself or herself, but may serve no more than three (3) consecutive full terms in office, except as otherwise provided by the Board. Removal of a Department Chair from office may be done by the Board acting upon its own recommendation, or upon the recommendation of the MEC or a two-thirds majority vote of the Department Members eligible to vote. A Department Chair may be removed from office for failure to perform the duties of the office or for other professional misconduct and in accordance with Section 10.3 of these Bylaws.

Duties: Each Chair shall:

Be responsible for all clinically related activities of the Department and account to the MEC for all professional and medical activities within his or her Department.

Develop and implement Departmental programs in cooperation with the President of the Medical Staff and consistent with the provisions of Section 9.4 and Article 11, including, but not limited to, determining the qualifications and competence of Department or service personnel who are not physicians, dentists and podiatrists and who provide patient care services and the continuous assessment and improvement of the quality of care and services provided.

Be a Member of the MEC, give guidance on the overall medical policies of the Hospital, and make specific recommendations and suggestions regarding his or her own Department including, but not limited to, recommendations for criteria for Clinical Privileges relevant to the Department.

Maintain continuing review of the professional performance of all physicians, dentists and podiatrists with Clinical Privileges and all affiliates with specified services in his or her Department and report regularly thereon to the MEC including ongoing and focused professional practice evaluations.

Transmit to the appropriate authorities, as required by Articles 7, 10 and 14 his or her Department's recommendations concerning appointment and classification, reappointment, delineation of Clinical Privileges or specified services and Professional Review

Action with respect to physicians, dentists and podiatrists in his or her Department.

Appoint such committees as are necessary to conduct the functions of the Department specified in Section 9.4 and designate a Chair and secretary for each.

Implement within his or her Department actions delegated by the MEC.

Participate in every phase of medical administration of his or her Department through cooperation with the nursing service and other Hospital departments.

Assist in the preparation of such annual reports, pertaining to his or her Department, as may be required by the MEC, the CEO or the Board and perform all other administratively related activities of the Department, unless such activities are otherwise provided for by the Hospital.

Appoint an appropriate physician, dentist or podiatrist of the Department to act in the Chair's absence.

Assess and recommend to the relevant Hospital authority off-site sources for needed patient care services not provided by the Department or the organization.

Integrate the Department or service into the primary functions of the organization.

Coordinate and integrate interdepartmental and intra-departmental services.

Recommend a sufficient number of qualified and competent persons to provide care or service.

Maintain quality control programs, as appropriate.

Provide for the orientation and continuing education of all persons in the Department or service.

Recommend space and other resources needed by the Department or service.

Perform such other duties commensurate with his or her office as may from time to time be reasonably requested of him or her by the President of the Medical Staff, the MEC, or the Board.

Additional Officers

The Board may appoint additional physicians, dentists and podiatrists to medico-administrative positions within the Hospital (e.g., chiefs of service, medical director, director of medical education, academic chiefs, etc.) to perform such duties as prescribed by the MEC and the Board, or as defined by amendment to these Bylaws. To the extent that any such Officer performs any patient care function, he or she must become and remain an appointee of the Medical Staff. In all events, he or she must be subject to these Bylaws and to the other policies of the Hospital.

Removal from Office

Any Officer of the Medical Staff, Department Chair, or at-large Member of the MEC may be removed by an affirmative vote of two-thirds of the Members of the Active and Senior Active Medical Staffs whenever in their discretion such person has failed to properly conduct the responsibilities of his or her position. The MEC or the Board, after consulting with the MEC without the affected Member being present, may remove any officer from office who: (a) fails to meet the responsibilities assigned to him or her by these Bylaws; (b) fails to comply with the Bylaws, Rules and Regulations, policies or manuals of the Medical Staff or of the Board; (c) has his or her Clinical Privileges terminated or suspended for more than 30 days; or (d) engages in conduct or makes statements which the MEC or the Board determines to be damaging to the Hospital.

See NOTE at [Section 10.1.2](#).

Vacancies in Elected Office

Vacancies in offices, other than those of President of the Medical Staff and President Elect, shall be filled by the MEC. If there is a vacancy in the office of President of the Medical Staff, the President Elect shall serve out the remaining term. If a vacancy in the office of President Elect occurs more than nine months before the end of the unexpired term, the Office shall be filled by a special election conducted as soon after the vacancy occurs as possible, following the general mechanism outlined in [Sections 10.1.3 and 10.1.4](#).

11 Committees and Functions

Designation and Substitution

The Medical Staff shall form an MEC as well as other Medical Staff Committees responsible to the MEC as may be necessary and desirable to perform Medical Staff Functions. The MEC may, by resolution, and upon approval by the Board, establish such other standing and special committees to perform one or more of the required Medical Staff Functions. Those functions requiring participation of, rather than direct oversight by the Medical Staff, may be discharged by Medical Staff representation on such Hospital management committees established to perform such functions.

If these Bylaws require that a function be performed by, or that a report or recommendation be submitted to, a named Medical Staff committee but no such committee then exists, the MEC shall perform such function or receive such report or recommendation.

Similarly, if a standing or special Medical Staff committee has been formed to perform a Medical Staff function, the committee so formed shall act only in accordance with the authority delegated to it.

The Standing committees of the Medical Staff described in these Bylaws shall be the MEC, Credentials Committee, Physician Excellence Committee, the Physician Advocacy and Assistance Committee, the Bylaws Committee and the Utilization Review Committee.

Medical Executive Committee

The voting Members of the MEC shall consist of the President of the Medical Staff; President Elect; Immediate Past President; Chair of each Department; and two Members of the Active Staff at-large selected by the President of the Medical Staff. The CEO of the Hospital, the Chief Operating Officer of the Hospital, Vice President of Nursing Services, the Chief Financial Officer, the Chair of the Physician Advocacy and Assistance Committee, the Chair of the Physician Excellence Committee, the Chair of Medical Genetics, the Credentials Committee Chair, the Vice President of Medical Affairs and the Medical Director of Case Management may attend the meetings of the MEC as ex-officio Members, but shall not be entitled to vote and shall not attend the MEC when in executive session, unless invited to attend.

The composition of the MEC may include any physician, dentist or podiatrist who is a Member of the Active Medical Staff who meets the applicable qualifications for such position.

The President of the Medical Staff shall preside at all meetings.

A Member of the MEC may be removed in accordance with Section 10.3 of these Bylaws. An Officer, Department Chair or other designated Member of the MEC is automatically removed from the MEC when he or she is removed from the designated position.

When the Chair of the Credentials Committee or a Department Chair resigns or is removed, the Chair's replacement will serve on the MEC. When a Member of the MEC who was elected at large resigns or is removed, the President of the Medical Staff shall appoint a replacement within 60 days of the effective date of such resignation or removal.

See NOTE at Section 10.1.2.

Duties

The duties of the MEC shall be to:

Act as the final decision-making body for the Medical Staff and oversee the functions of the Medical Staff;

Receive and act upon reports and recommendations from the Departments, functions, special committees and Officers of the Medical Staff concerning continuing organizational performance improvement activities which include, but are not limited to the following:

provide leadership in process measurement, assessment and improvement when the performance of a process is dependent primarily upon the activities of one or more individuals with Clinical Privileges for, but not limited to, the following processes;

Medical assessment and treatment of patients;

Prescribing medications: prescribing patterns, trends, errors and appropriateness of prescribing for drug use evaluations;

Use of blood or blood products;

Surgical case review: appropriateness and outcomes for selected high-risk procedures as defined by the Medical Staff;

Specific Department indicators that have been defined by the Medical Staff;

Anesthesia/Moderate Sedation adverse events;

Readmissions/unplanned returns to surgery;

Appropriateness of care for non-invasive procedures/interventions;

Utilization data;

Timely and legible completion of patients' medical records;

Efficiency of clinical practice patterns;

Significant deviations from established standards of practice; and

Any variant that should be analyzed for statistical significance.

ensure Medical Staff participation in the measurement, assessment and improvement of the patient care processes, including, but not limited to education of patients and families, coordination of care with other physicians, dentists and podiatrists, and accurate, timely and legible completion of the medical record;

ensure that the findings of the assessment are used in appropriate peer review and ongoing evaluations of an individual Medical Staff Member's performance;

ensure that the findings, conclusions, recommendations and activities related to performance improvement are communicated to the appropriate Medical Staff Member; and

ensure that the Medical Staff, with other appropriate Hospital staff, develops and uses criteria that identify deaths in which an autopsy should be performed.

Report results and recommendations concerning Medical Staff functions to the Medical Staff and the Board.

Coordinate the activities of and policies and manuals adopted by the Medical Staff, Departments, functions, and committees.

Recommend to the Board all matters relating to (i) Medical Staff structure; (ii) the mechanism to review credentials and to delineate Privileges; (iii) appointments, reappointments, Medical Staff category, Departmental assignments, and Clinical Privileges; (iv) Medical Staff performance improvement structure, activities and

participation; (v) specified services; (vi) the Fair Hearing Mechanism; and (vii) Professional Review Actions up to and including the termination of Medical Staff Membership. In formulating recommendations to the Board, the MEC shall consider results of the National Practitioner Data Bank query and any other relevant information.

Account to the Board and to the Medical Staff for the overall quality and efficiency of medical care rendered to patients in the Hospital.

Initiate and pursue Professional Review Action, when warranted, in accordance with Article 14.

Make recommendations on medico-administrative matters.

Inform the Medical Staff of the licensure status, accreditation program and the accreditation status of the Hospital.

Participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs.

Represent and act on behalf of the Medical Staff, between meetings of the full Medical Staff, subject to such limitations as may be imposed by these Bylaws.

Receive the recommendations of the Credentials Committee and to make recommendations to the Board for the approval of applications and re-applications of Allied Health Professionals to render appropriate services in the Hospital.

Request professional practice evaluations of physicians, dentists and podiatrists when there is doubt about a physician, dentist or podiatrist's ability to perform Privileges.

Appoint Special Committees as needed to accomplish Medical Staff functions.

Composition and Appointment

If a Special Medical Staff Committee is established by the MEC to perform one or more of the Medical Staff functions required by these Bylaws, it shall be composed of appointees of the Active Staff and may include, where appropriate, representation from Hospital Administration, nursing service, medical records service, pharmaceutical service, social service and such other Hospital departments as are appropriate to the

function(s) to be discharged. Unless otherwise specifically provided, the Medical Staff appointees shall be appointed by the President of the Medical Staff, and the Administrative staff appointees shall be appointed by the CEO. Each committee shall select its Chair and secretary where the same are not provided for in these Bylaws.

Term and Prior Removal

Unless otherwise specifically provided, a special committee appointee shall continue as such for the duration of the existence of the special committee or until his or her successor is elected or appointed. A Medical Staff special committee appointee, other than one serving ex-officio, may be removed by a majority vote of the MEC. An Administrative staff committee appointee may be removed by action of the CEO.

Vacancies

Unless otherwise specifically provided, vacancies on any Medical Staff committee shall be filled in the same manner in which original appointment to such committee is made.

Meetings of Special Committees

A special committee established to perform one or more of the Medical Staff functions required by these Bylaws shall meet as often as is necessary to discharge its assigned duties.

Meetings

The MEC shall meet at least once a month and maintain a permanent record of its proceedings and actions.

Credentials Committee

Composition

The Credentials Committee shall be composed of the following: Representative Members from each Department and the President Elect. All Members and Chair shall be appointed by the President of the Medical Staff or his or her designee and serve up to four annual terms. Members of the Credentials Committee will rotate off in a manner to assure continuity of membership. At any time dental appointments are under consideration, and at the discretion of the Chair of the Credentials

Committee, a dentist on the Active Staff shall be consulted. At any time podiatric appointments are under consideration and at the discretion of the Chair of the Credentials Committee, a podiatrist on the Active Staff shall be consulted.

Duties: The duties involved in coordinating and performing credentials investigations and recommendations are to:

Review and evaluate the qualifications, competence, and performance of each applicant for initial appointment, reappointment, or modification of appointment and for Clinical Privileges and make appropriate recommendations.

Submit a report, in accordance with Articles 7 and 8, to the MEC on the qualification of each applicant for Medical Staff appointment or particular Clinical Privileges. Such report shall include recommendations with respect to appointment, Medical Staff category, Medical Staff Department, Clinical Privileges, or specified services and special conditions attached thereto.

The credentials of all applications and reapplications for Allied Health Professionals to render services at the Hospital and to conduct such investigation as it deems necessary to make appropriate recommendations regarding such applications and reapplications and to investigate and review all information available regarding the qualifications, competence and behavior of Allied Health Professionals and to make appropriate recommendations to the MEC regarding the Allied Health Professional being allowed to provide appropriate health care services in the Hospital.

Assist the MEC with the consideration, development and establishment of criteria for new Clinical Privileges determined by the MEC to be appropriate additional Privileges as provided at Section 8.4 of these Bylaws.

Documentation of the performance of this function shall be reflected in the committee minutes and reported to the MEC and the Board, on an as needed basis.

Delegation:

The Credentials Committee delegates to the Chair the authority to review and take action on all applications for appointment or reappointment except in the following circumstances:

The application is incomplete;

The Medical Executive Committee has made a final recommendation that is adverse or with limitation;

There is a current challenge or previously successful challenge to the applicant's licensure or registration;

The applicant has received an involuntary termination of medical staff membership at another organization;

The applicant has received involuntary limitation, reduction, denial or loss of Clinical Privileges; or

There has been a final judgment adverse to the applicant in a professional liability action.

A report of the Chair's conclusion will be given at the next regular meeting of the Credentials Committee

Reporting:

The Credentials Committee shall submit its findings and recommendations to the Board via the MEC with any comment the MEC wishes to make.

Meetings

The Credentials Committee shall meet upon the call of the Chair of the Credentials Committee and maintain a permanent record of its proceedings and actions.

Bylaws Committee

Composition

The Bylaws Committee shall consist of four (4) physicians, dentists or podiatrists from different primary clinical Departments appointed annually by the President of the Medical Staff and who shall serve terms of no less than two (2) years each. Members may succeed themselves in office up to four (4) years with physicians rotating off in such a manner as to assure continuity of membership.

Duties:

to periodically review the Bylaws and recommend necessary changes.

to provide an agenda to the Members at least seven (7) days prior to any meetings.

to assure that the Bylaws are maintained in an appropriate format and are current.

Reporting:

The Bylaws Committee shall submit its findings and recommendations to the MEC.

Meetings:

All meetings of the Bylaws Committee shall be at the discretion of the Chair.

Physician's Advocacy and Assistance Committee

Composition:

The Physician's Advocacy and Assistance Committee shall consist of five (5) Members – four Members of the Medical Staff (at least one (1) of whom shall be past president of the Medical Staff) appointed by the MEC annually with Members serving three (3) year terms, plus the Chief Medical Officer (ex officio capacity).

Duties:

This Committee will address issues of physician impairment related to chemical dependency, issues of physician disruptive behavior, and issues pertaining to patient care.

Meetings:

The Committee will meet as needed upon call of the Chair or any two Members.

Physicians Excellence Committee

Composition

The Committee shall consist of up to nine (9) Members of the Active and Senior Active Staff generally reflective of the balance of specialties on the Medical Staff, which and shall include the President of the Medical Staff as a voting Member. The Vice President of Medical Affairs/Chief Medical Officer, Chief Nursing Officer and the CEO or his or her designee are ex-officio members without a vote.

Each additional member will be recommended by the Chair of the Physician Excellence Committee (“PEC”) to the President of the Medical Staff and approved by the MEC for three (3) year terms. Terms will be staggered with a third of the Committee undergoing reappointment each year. Members may serve only two (2) consecutive terms but are eligible for reappointment after a year’s absence.

Duties

As provided in Article 8 of these Bylaws, conduct Focused Professional Practice Evaluation when needed.

Develop and modify quality indicators as necessary

Oversee compliance with quality indicators

Oversee compliance with Medical Staff Bylaws, Rules and Regulations and Medical Staff Policies and Manuals

Develop improvement plans for clinicians as necessary

Reporting

The PEC will report a synopsis of its activities to the MEC monthly.

If the PEC concludes that a physician requires corrective action because the improvement plan had failed, a report of the history of the problem and improvement efforts made to date will be given to the MEC in executive session.

Meetings

The PEC will meet monthly.

Utilization Review Committee

Composition

Membership on the committee shall be appointed by the President of the Medical Staff in accordance with and Federal law and Hospital policy. Members shall serve for a two (2) year period.

The Committee is composed of no less than seven (7) members of the Medical Staff. At least two (2) physicians must be present to hold a meeting.

Duties

Oversee the activities of the daily utilization review activities performed by the Case Management Department.

Assist in the ongoing modifications of criteria and standards for use in the performance of utilization review activities by the Case Management Department.

Review professional services provided, to determine medical necessity, and to promote the most efficient use of available health facilities and services; provided, however, that no member of the Utilization Review Committee with financial or professional involvement in the case being reviewed shall participate in the review.

Review, on a sample basis, charts of Medicare and Medicaid patients with respect to the medical necessity of the following:

Admissions to the facility;

The duration of stays; provided, however, that all charts reasonably assumed to be outlier cases based on extended length of stay are reviewed; and

Professional services furnished, including drugs and biologicals; provided, however, that all charts reasonably assumed to be outlier cases based on extraordinarily high costs are reviewed.

Review appropriateness of setting.

Review cases reasonably assumed to be outlier cases because the extended length of stay exceeds the threshold criteria for the diagnosis.

Make determinations that an admission or continued stay is not medically necessary after consulting with the physician, dentist or podiatrist responsible for the care of the patient and affording the

physician, dentist or podiatrist the opportunity to present their views. If the determination is that the admission or continued stay is not medically necessary, the Hospital, patient, and physician, dentist or podiatrist or physicians, dentists and podiatrists must be notified within two (2) days of the determination.

Recommend changes in Hospital procedure and/or Medical Staff practices as indicated in the analysis of review findings and as discussed at the Department meetings.

Follow-up in the form of continuing medical education as appropriate and applicable to the Medical Staff practices.

Report the findings to the Performance Excellence Committee, MEC and the Quality Oversight body as available.

Meetings.

The Utilization Review Committee shall meet at quarterly and more frequently if deemed necessary by the Chairperson.

The meetings shall not preclude individual activity assignments of the physician members of the Committee.

The attending physician, dentist or podiatrist is required to document the patient's need for Hospital level of care upon admission and throughout the Hospital stay to the Utilization Review Committee. This documentation must contain a statement of the patient's condition and/or need for services which require hospitalization and may be reviewed by appropriate members of the Utilization Review Committee.

No physician, dentist or podiatrist shall have review responsibility for any cases in which he or she was professionally involved.

All decisions that admission or further inpatient stay is not medically necessary shall be made by physician, dentist or podiatrist members of the Committee only after the opportunity for consultation has been given the attending physician, dentist or podiatrist by the committee and full consideration has been given to the availability of out-of-Hospital facilities and services.

Where there is significant divergence in opinion following consultation regarding the medical necessity for admission or continued in-Hospital services for the patient, the judgment of the

attending physician, dentist or podiatrist shall be given greater weight.

All decisions that admission or further inpatient stay is not medically justified shall be given by written notice to the attending physician, dentist or podiatrist, the patient and/or legal or personal representative, the financial sponsor, and the CEO.

12 Meetings

Annual Meeting

Meeting Time

The Annual Staff Meeting shall be held in the month of October.

Order of Business and Agenda

The order of business at an annual meeting shall be determined by the President of the Medical Staff. The agenda shall include at least:

Reading and acceptance of the minutes of the last regular and of all special meetings held since the last regular meeting.

Reports from the CEO, the President of the Medical Staff, clinical Department Chairs, and appropriate committee Chairs.

The election of Officers and other officials of the Medical Staff when required by these Bylaws.

Recommendations for maintenance and/or improvement of patient care.

Other old and new business as appropriate.

Regular Meetings

Meeting Time

In addition to the Annual Staff Meeting, there shall be one (1) regular meeting of the Medical Staff which shall be held the fourth Tuesday of April and no notice of such meeting shall be required; provided however, that the MEC may, by resolution, identify another date or time for a regular meeting, notice of which must be sent to the Medical Staff in accordance with Section 12.4.

Order of Business and Agenda

The order of business at a regular meeting shall be determined by the President of the Medical Staff. The agenda shall include at least:

Reading and acceptance of the minutes of the last regular and of all special meetings held since the last regular meeting.

Reports from the CEO, the President of the Medical Staff, clinical Department Chairs and committee Chairs. Reports shall include but not necessarily be restricted to the overall results of patient care evaluation and quality improvement activities of the Medical Staff, and on the fulfillment of other required Medical Staff functions. The Medical Staff shall take action based upon the reports of Departments and committees whenever appropriate.

Other old and new business as appropriate.

Special Meetings

Special meetings of the Medical Staff may be called at any time by the Board, the President of the Medical Staff, by action of the MEC or not less than 20% of the appointees of the Active Staff, and shall be held at the time and place designated in the meeting notice.

Special meetings of a Medical Staff Department may be called at any time by the Board, the President of the Medical Staff, by action of the MEC or not less than 20% of the appointees of the Active Staff who are Members of the Department, and shall be held at the time and place designated in the meeting notice.

In the event that it is necessary for the Medical Staff to act on a question without a meeting, the voting Medical Staff may be presented with the question by the method set forward in Section 12.4 and returned to the Medical Staff Services Office, on behalf of the President of the Medical Staff in the same manner in which the notice was delivered. Such a vote shall be binding so long as the question is voted on by a majority of the Medical Staff eligible to vote.

No business shall be transacted at any special meeting except that stated in the meeting notice.

Notice of Meetings

Written notice stating the place, day and hour of any Medical Staff meeting, any special meeting, or of any regular committee or Department meeting not held pursuant to resolution or these Bylaws shall be delivered by electronic transmission to each person entitled to be present not less than seven (7) days nor more than 14 days before the date of such meeting. Electronically mailed notice of the meeting shall be deemed delivered to each person entitled to such notice at his or her electronic mail address as provided by the Medical Staff Member as it appears on the records of the Hospital. If the Medical Staff Services Office Coordinator receives an undeliverable return message when providing notice of a meeting, the Medical Staff Services Office Coordinator shall make efforts to notify that individual Medical Staff Member of such meeting by other reasonable means.

Notice of Department or committee meetings may be given orally.

Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

Quorum

MEC and Credentials Committee

Business of the MEC and Credentials Committee may be conducted at any meeting for which notice has been given and at which greater than 50% of the voting Members then in office attend.

Regular Business

Regular business of the full Medical Staff and/or its Departments and committees, except for the MEC and Credentials Committee which quorum requirements are set forth in Section 12.5.1 may be conducted at any regular or special meeting for which notice has been given and at which the following quorum requirements are met:

<u>Number of voting</u>	<u>Percent required to</u>
<u>Committee Members</u>	<u>Establish a Quorum</u>

2 - 15	Greater than 50%
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16 or more	35%
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This provision shall not diminish the attendance requirements found in Section 12.8.

Medical Staff Bylaws Amendments

The presence of greater than 50% of the voting appointees of the Active/Senior Active Staff at any regular or special meeting shall constitute a quorum for the purpose of amending these Bylaws.

Continuation of Meeting After Quorum Is Lost

Once a quorum has been established, the business of the meeting may continue and all actions taken thereafter shall be binding even though less than a quorum may be present at a later time in the meeting. If a Member objects to the lack of a quorum, however, the meeting shall be adjourned.

Manner of Action

Except as otherwise specified, the action of a majority of the appointees present and voting at a meeting at which a quorum is present shall be the action of the group. Action may be taken without a meeting by a Department or committee if a unanimous written consent to the action is signed by every appointee entitled to vote on the action.

Minutes

Minutes of all meetings at which minutes are required to be kept shall be prepared by the person designated by the President of the Medical Staff at each meeting and shall include a record of attendance and the vote taken on each matter. Copies of such minutes shall be signed by the presiding Officer and forwarded to the MEC and made available to the Medical Staff. A permanent file of the minutes of each meeting shall be maintained.

Attendance Requirements

Regular Attendance

Members of the Medical Staff are expected to attend meetings.

MEC and Credentials Committee Members are expected to attend 75% of scheduled meetings.

Special Appearance

A physician, dentist or podiatrist whose clinical course of treatment is scheduled for discussion at a regular Department or committee meeting shall be so notified. The Chair of the meeting shall give the physician,

dentist or podiatrist at least 14 days advance written notice of the time and place of the meeting. Whenever apparent or suspected deviation from standard clinical practice is involved, written notice shall be given by the CEO and shall include a statement of the issue involved and that the physician, dentist or podiatrist's appearance is mandatory. Failure of physician, dentist or podiatrist to appear at any meeting with respect to which he or she was given such notice shall, unless excused by the MEC upon a showing of good cause, result in an automatic suspension of all or a portion of the physician, dentist or podiatrist's Clinical Privileges. Such suspension shall remain in effect until the matter is resolved by subsequent action of the Board.

Voting by Proxy

Unless otherwise provided in these Bylaws, any Member of a Medical Staff committee may designate another Medical Staff Member as proxy to attend a particular committee meeting in his or her place, and the Medical Staff Member serving as proxy shall be entitled to vote on all issues brought before the committee at that meeting. If a committee Member who represents a particular Department or group on the committee wishes to appoint a proxy, the person appointed as proxy must represent the same Department or group. Representation by proxy at committee meetings shall not count toward satisfaction of the attendance requirements set forth in Section 12.7 of the Medical Staff Bylaws or the establishment of a quorum as set forth in Section 12.5.2.

13 Professional Practice Evaluation

Introduction

The Medical Staff conducts Professional Practice Evaluations. Professional Practice Evaluation includes both Ongoing Professional Practice Evaluation ("OPPE") and Focused Professional Practice Evaluation ("FPPE"). OPPE and FPPE monitor and evaluate physicians, dentists and podiatrists' professional performance, under at least, but not limited to, the following circumstances:

Upon the granting of initial Privileges;

In conjunction with each Departments' regular review of activity of its Members;

Upon identification of issues that may affect the delivery of quality patient care;

Upon return from a leave of absence only as provided at Section 3.12.

The Department Chairs, Physician Excellence Committee (the “PEC”), Physician Advocacy and Assistance Committee (“PAAC”) and the Credentials Committee, as appropriate, shall provide the MEC with regular updates about both OPPE and FPPE. Nothing in this Article 13 is intended to limit the timing or scope of the Professional Review Activity process described in Article 14. Accordingly, at any time an OPPE or FPPE under this Article 13 may trigger a Professional Review Activity in accordance with Article 14.

Ongoing Professional Practice Evaluation

OPPE allows the organization to identify professional practice trends that impact quality of care.

Individual physician, dentist and podiatrist performance, behavior, and compliance with established policies, guidelines and best practices, are evaluated and analyzed continuously by the Department Chair and may include the following:

Blood use (may include AABB transfusion criteria);

Prescribing of medications: Prescribing patterns, trends, errors and appropriateness of prescribing for Drug Use Evaluations;

Surgical Case Review: appropriateness and outcomes for selected high-risk procedures as defined by the Medical Staff;

Specific department indicators that have been defined by the Medical Staff;

Anesthesia/ Moderate Sedation Adverse Events;

Readmissions/ unplanned returns to surgery;

Appropriateness of care for non-invasive procedures/interventions;

Utilization data;

Significant deviations from established standards of practice; and

Timely and legible completion of patients’ medical records.

The Department Chair will regularly evaluate the results of the OPPE and identify any issues that require FPPE and refer to the PEC. Then, if necessary, the PEC will refer the issues to the MEC for a Professional Review Activity. The Department Chair shall also submit the results of the OPPE to the Credentials Committee at the time of reappointment to be included in the credentials file of each physician, dentist and podiatrist so that the OPPE may be considered in credentialing decisions.

Focused Professional Practice Evaluation

FPPE will occur upon the granting of initial Privileges.

The monitoring plan will be conducted by the Department Chair and will be specific to the requested Privileges or group of Privileges and may include proctoring, as applicable. The status and/or results of the FPPE will be reported to the Credentials Committee and MEC.

If Privileges granted have not been exercised during the FPPE period, the review period may be extended until sufficient activity as determined by the Department Chair is available for review. If the Privilege(s) is not exercised at the end of the one-year provisional period set forth at Section 4.6 or at the time of reappointment, as applicable, the Department Chair will evaluate whether a voluntary relinquishment of the Privilege(s) or an extension of the FPPE should be considered. Performance of every privilege within a core Privilege set as provided in the Credentialing and Privileging Manual will not be required during the FPPE, but limited or no activity will be evaluated at the discretion of the Department Chair in conjunction with the PEC.

FPPE will occur at the time a physician, dentist or podiatrist requests a new Privilege. The Department Chair determines the need for and extent of the conduct of the FPPE when the physician, dentist or podiatrist requests a new Privilege. The FPPE shall be conducted and reported in a manner consistent with Section 13.3.1.a and Section 13.3.1.b, above.

FPPE will occur at the time a physician, dentist or podiatrist returns from a leave of absence, as such is described at Section 3.12 of these Bylaws. The Department Chair determines the need for and extent of the conduct of the FPPE. The FPPE shall be conducted and reported in a manner consistent with Section 13.3.1.a and Section 13.3.1.b, above.

FPPE will occur any time a physician, dentist or podiatrist's behavior is in violation of Sections 3.5 of these Bylaws. The PAAC determines the need for and extent of the conduct of the FPPE. The FPPE shall be conducted and reported in a manner consistent with Section 13.3.1.a and Section 13.3.1.b, above.

FPPE will also occur whenever there are issues that affect quality of patient care. Such issues may have been identified through the OPPE or other sources. If the issue affects the physician, dentist and podiatrist's performance or clinical competence, then the Department Chair, in conjunction with the PEC, will conduct and report on the FPPE in a manner consistent with this Article 13. If the issue affects physician, dentist and podiatrist's behavior, the PAAC will conduct the FPPE in a manner consistent with Section 13.3.4, above.

14 Professional Review Activity

Professional Review Activities Generally

Initiation of and Grounds for Complaint

Only the President of the Medical Staff, the CEO, the MEC or the Board may initiate Professional Review Activities with regard to an individual physician, dentist or podiatrist by delivering to the CEO or President of the Medical Staff a Complaint, the substance of which triggers Professional Review Activity. Upon the receipt of a Complaint, the CEO or President of the Medical Staff must notify each other and the MEC of the Complaint as soon as practicable. A request for Professional Review Activity must be in writing and state the specific activities or conduct which constitute grounds for the request.

Generally, Professional Review Activity is warranted in, but is not limited to, the following circumstances:

whenever the competence, professional conduct, professional activities or other conduct of the physician, dentist or podiatrist is suspected or considered to be deficient;

whenever the care or treatment of a patient or patients, or management of a case, by the physician, dentist or podiatrist is suspected or considered to be deficient or lower than the standards of the Medical Staff;

whenever the physician, dentist or podiatrist's behavior or conduct, including the ability to work harmoniously with others, is considered lower than the standards of the Hospital or its Medical Staff or disruptive to the operations of the Hospital;

whenever the physician, dentist or podiatrist is suspected or known to have violated any applicable ethical standards or the Bylaws, policies, rules or regulations of the Hospital or the Board or Medical Staff; or

whenever the physician, dentist or podiatrist appears to be potentially unable to practice medicine with reasonable skill and safety because of impaired judgment due to physical or mental illness, including deterioration through the aging process, loss of motor skill, psychological dysfunction, or use or abuse of drugs or chemicals, including alcohol.

Notice of Investigation and Complaint

As soon as practicable, from receipt of the Complaint, the President of the Medical Staff shall notify the physician, dentist or podiatrist, in writing, that a Complaint has been made against him or her. Such notice shall be made by hand delivery to the physician, dentist or podiatrist if reasonably possible. If hand delivery cannot reasonably be made, then the delivery may be made by overnight mail marked personal and confidential to the physician, dentist or podiatrist's last known office or home address as recorded in the records of the Medical Staff Services Office. Good faith best efforts shall be used to effect the delivery of the notice to the physician, dentist or podiatrist. If the President of the Medical Staff, CEO or Board believes that the physician, dentist or podiatrist's Privileges should be restricted or suspended pursuant to Section 14.1.3, then the President of the Medical Staff must also notify the physician, dentist or podiatrist of such restriction or suspension. The President of the Medical Staff must also notify the CEO of these actions. The President of the Medical Staff shall keep the CEO fully informed of all actions taken concerning the Complaint. If the President of the Medical Staff refuses or fails to act or carry out his or her duties under Articles 14 and 15 or the Fair Hearing Procedure, then the CEO, with the approval of the Chair of the Board, shall designate another Member of the MEC to carry out those duties.

Notice to physician, dentist or podiatrist of Suspension or Restriction of Privileges during Investigation.

If the Complaint raises such concern that the President of the Medical Staff, CEO or Board believes that the Clinical Privileges of the physician, dentist or podiatrist should be restricted or suspended for a period of no longer than fourteen (14) days during which an investigation will be conducted to determine the need for Professional Review Action, the President of the Medical Staff, CEO or Board shall notify the physician, dentist or podiatrist of the restriction or suspension in the manner set forth in Section 14.1.2. The fourteen (14) day restriction or suspension:

shall remain in effect during the investigation only,

shall not indicate the validity of the charges, and

shall remain in force without appeal during the course of the investigation.

If the fourteen (14) day restriction or suspension is extended for any reason, then the physician, dentist or podiatrist must be notified that he or she is entitled to the procedural rights provided in Article 14 and the Fair Hearing Procedures in Appendix A.

If the fourteen (14) day restriction or suspension is not extended, then it shall automatically expire. The expiration of the fourteen (14) day restriction or suspension shall not create a presumption that the Professional Review Activity has been completed. It shall merely mean that the President of the Medical Staff, CEO or Board has received enough information to mitigate his or her concerns that raised the need for the fourteen (14) day restriction or suspension.

The CEO, the President of the Medical Staff and the Chair of the Department or his or her designee shall be responsible for enforcing any suspension or restriction imposed under this 14.1.3(b). Further, the President of the Medical Staff or the Chair of the Department in which the affected physician, dentist or podiatrist is a Member shall have authority to provide for professional coverage of the suspended physician, dentist or podiatrist's patients being cared for in the Hospital at the time of such suspension.

Summary Suspension or Restriction of Privileges

At any time, only the President of the Medical Staff, the CEO, the MEC or the Board shall have the authority to immediately suspend

or restrict the Clinical Privileges of a physician, dentist or podiatrist, subject to subsequent notice and hearing or other adequate procedures, where (i) the failure to take such action may result in an imminent danger to the health of any individual; or (ii) in the absence of imminent danger to the health of any individual, the President of the Medical Staff, CEO, MEC or the Board determines such summary suspension to be in the best interests of the Hospital. This decision shall be effective immediately unless rescinded in accordance with the procedures set forth in Appendix A. Such summary suspension or restriction shall become effective immediately upon imposition. The party exercising this authority or his or her designee shall immediately notify the physician, dentist or podiatrist in writing in the manner set forth in Section 14.1.2, about the summary suspension and include the following information in the notice:

that physician, dentist or podiatrist's Clinical Privileges have been summarily suspended or restricted,

the reasons for the summary suspension or restriction,

that an investigation is being undertaken to determine if additional Professional Review Action should be taken against physician, dentist or podiatrist,

that physician, dentist or podiatrist has the right to request a hearing regarding the summary suspension or restriction,

that physician, dentist or podiatrist has thirty (30) days in which to request a hearing regarding the summary suspension or restriction,

that the hearing will be conducted in accordance with Article 14 and the Fair Hearing Procedure at Appendix A of these Bylaws, and

that copies of Article 14 and the Fair Hearing Procedure at Appendix A are included in the notice and set forth physician, dentist or podiatrist's rights in the hearing.

As soon as possible after the summary suspension, a meeting of the MEC shall be convened to review and consider the action taken. The MEC may recommend modification, continuation, or termination of the terms of the summary suspension. If circumstances allow, the President of the Medical Staff or CEO may wish to confer with the MEC prior to imposing the summary suspension.

Immediately upon the imposition of a summary suspension or restriction, the President of the Medical Staff or the Chair of the Department in which the affected physician, dentist or podiatrist is a Member shall have authority to provide for professional coverage of the suspended physician, dentist or podiatrist's patients being cared for in the Hospital at the time of such suspension. The preference of the patient shall be considered in the selection of such alternate physician, dentist or podiatrist. The President of the Medical Staff shall be responsible for ensuring that any suspension or restriction imposed under this Section 14.1.4(c) is enforced.

Procedural Rights

Following a summary suspension which is based upon physician, dentist or podiatrist's competence or professional conduct, the physician, dentist or podiatrist shall be entitled to the procedural rights provided in the Fair Hearing Procedures attached at Appendix A. The terms of the summary suspension shall remain in effect pending a decision by the Board.

Investigation

The MEC shall oversee all Professional Review Activities and shall keep the CEO fully informed of all actions taken in conjunction with Professional Review Activity. The MEC shall either conduct the investigation itself or delegate responsibility for the investigation to a committee composed of physicians, dentists or podiatrists who do not have a conflict of interest with the individual physician, dentist or podiatrist who is the subject of the investigation (the "Ad Hoc Committee").

During the investigation, the physician, dentist or podiatrist who is the subject of the Complaint shall be offered an informal interview with the MEC or Ad Hoc Committee during which the Complaint and the underlying facts will be discussed. The physician, dentist or podiatrist shall be informed of the general nature of the Complaint and shall be given the opportunity to respond. A written summary of the interview shall be included in the investigation file. This does not preclude, prevent or limit any discussions the CEO, President of the Medical Staff or Chair of the Department may have with the physician, dentist or podiatrist regarding this or other conduct.

The MEC or Ad Hoc Committee may use one or more reviewers from the full Hospital Medical Staff or from outside the Hospital Medical Staff in its investigation with expertise in the area of practice at issue.

Report of Investigation: Time Frames

If the Professional Review Activity is initiated under Section 14.1.3 of these Bylaws and the physician, dentist or podiatrist's Medical Staff Membership and Clinical Privileges have been suspended for a fourteen (14) day period, then, on or before the fourteenth (14th) day, the MEC shall determine whether to rescind or continue the suspension. A rescission of the suspension does not constitute a conclusion of the investigation. The MEC or Ad Hoc Committee shall continue its investigation until its conclusion as provided at Section 14.4 of these Bylaws.

If Section 14.1.4 of these Bylaws does not apply (e.g., no fourteen (14) day suspension has been imposed), then the investigation shall be completed as soon as practicable.

MEC Recommendation Following Investigation

If the investigation was conducted by an Ad Hoc Committee, the Ad Hoc Committee shall provide the MEC with a written report. Following the conclusion of the investigation, the MEC shall take action on the Complaint. The MEC's action shall be reported in writing to the physician, dentist or podiatrist and the CEO. Such report shall be delivered to the physician, dentist or podiatrist and CEO in the manner described in Section 14.1.3. The MEC's action may include, without limitation, any of the following:

No action

Rejecting the request for a Professional Review Action and, if the MEC determines there is no credible basis for or evidence to support the Complaint, any adverse information shall be removed from the physician, dentist or podiatrist's file;

Rejecting the request for a Professional Review Action but retaining the report of the MEC and supporting documentation collected in the Ad Hoc Committee's investigation in the physician, dentist or podiatrist's file;

Remedial Action Not Qualifying as Professional Review Action

MEC initiates an FPPE or OPPE as described in Article 13 as appropriate.

Issuing a letter of admonition, censure, reprimand, or warning. (Note: nothing herein shall be deemed to preclude the CEO, the President of the Medical Staff or a Chair of a Department from issuing informal oral or written warnings outside the mechanism for Professional Review Activity). In the event such a letter is issued, physician, dentist or podiatrist may make a written response which shall be placed in physician, dentist or podiatrist's file.

Professional Review Action

Recommending reduction, suspension or revocation of Clinical Privileges and/or Medical Staff Membership;

Recommending reduction of Medical Staff category or limitation of any Medical Staff Prerogatives directly related to patient care;

Recommending suspension or revocation of Medical Staff appointment; and

Taking other actions deemed appropriate under the circumstances, if such actions adversely affect physician, dentist or podiatrist's Medical Staff Membership or Clinical Privileges.

Physician, Dentist or Podiatrist's Remedies and Right to Hearing

When the MEC recommends No Action (see Section 14.4.1(a)), physician, dentist or podiatrist shall have no right to further remedies or review.

When the MEC recommends Remedial Action not qualifying as Professional Review Action (see Section 14.4.1(b)), physician, dentist or podiatrist shall have no right to further remedies or review.

When the MEC recommends Professional Review Action (see Section 14.4.1(c)), physician, dentist or podiatrist shall be entitled to all rights under the Fair Hearing Procedures attached as Appendix A.

When physician, dentist or podiatrist is summarily suspended under Section 14.1.4 of these Bylaws, physician, dentist or

podiatrist shall be entitled to all rights described in Section 14.4.1(d).

Reporting Recommendation to the Board

The MEC's recommendation, together with all supporting documentation, shall be transmitted to the Board. The Board shall review the MEC's recommendation no later than at its next regularly scheduled meeting.

If the action recommended by the MEC constitutes a Professional Review Action which entitles physician, dentist or podiatrist to a fair hearing, then the Board shall refrain from taking final action until one of the following occurs:

If the physician, dentist or podiatrist does not request a fair hearing within the applicable time frame provided in the Fair Hearing Procedure set forth in Appendix A, then the Board shall take final action as provided at Section III.G.5 of the Fair Hearing Procedure.

If the physician, dentist or podiatrist requests a fair hearing within the applicable time frame, then the Board shall proceed as provided in the Fair Hearing Procedure.

If the action recommended by the MEC does not constitute a Professional Review Action and the Board disagrees with the recommendation of the MEC, then the Board may take whatever action it deems appropriate as the governing body of the Hospital, subject to the physician, dentist or podiatrist's rights to a Fair Hearing as described in Appendix A.

Nothing in these Bylaws precludes the Board from taking a Professional Review Action whenever it deems appropriate, even without the recommendation of the MEC.

Remedies Under These Bylaws

Whenever any Professional Review Action is taken under these Bylaws to deny, suspend, or revoke any aspect of Medical Staff Membership, or to deny, reduce, suspend, or terminate any aspect of Clinical Privileges, the applicant or Medical Staff Member agrees that the remedies afforded by these Bylaws are the sole remedies available.

Time Requirements

When time prescribed for doing any act in Article 14 and 15 or the Fair Hearing Procedure, attached at Appendix A, expires on a weekend or South Carolina legal holiday, the time shall extend to the next day that is not a weekend or South Carolina legal holiday.

15 Automatic and Medical Records Suspension *

* For other suspensions, see Section 14.1.

Automatic Suspension

License

A physician, dentist or podiatrist whose license authorizing him or her to practice in the State is revoked, suspended, or limited to the extent the physician, dentist or podiatrist is not able to exercise his or her privileges shall immediately and automatically be suspended from practicing in the Hospital by the CEO. The CEO shall immediately notify the President of the Medical Staff who shall arrange for professional coverage of the suspended physician, dentist or podiatrist's patients being cared for in the Hospital at the time of such suspension. The matter shall be referred to the MEC for information or further action.

A physician, dentist or podiatrist whose license has merely lapsed (i.e., not as a result of any action taken by the South Carolina Board of Medical Examiners) shall immediately and automatically be suspended from practicing in the Hospital by the CEO. The CEO shall immediately notify the President of the Medical Staff who shall arrange for professional coverage of the suspended physician, dentist or podiatrist's patients being cared for in the Hospital at the time of such suspension. Such suspension shall be lifted upon the physician, dentist or podiatrist providing the President of the Medical Staff evidence of reinstatement of the license without further action of the MEC.

Drug Enforcement Agency or South Carolina Controlled Substances Registration

A physician, dentist or podiatrist whose DEA or South Carolina Controlled Substances Registration number is revoked or suspended shall immediately and automatically be suspended from practicing in the Hospital by the CEO. The CEO shall immediately notify the President of the Medical Staff who shall arrange for professional coverage of the suspended physician, dentist or podiatrist's patients being cared for in the Hospital at the time of such suspension. Such suspension shall be lifted upon the physician, dentist or podiatrist providing the President of the

Medical Staff evidence of reinstatement of the DEA or South Carolina Controlled Substances Registration without further action of the MEC.

Medical Records

After the physician, dentist or podiatrist has been notified that he or she has delinquent medical records, the President of the Medical Staff and CEO may impose suspension of specified Privileges of the physician, dentist or podiatrist for failure to complete medical records in a timely fashion. Such specified Privileges may include the following: (a) to admit inpatients and outpatients; (b) to schedule and perform surgeries; (c) to schedule and perform procedures; (d) to perform deliveries; and (e) to act as a consultant. A suspended physician, dentist or podiatrist may not circumvent the suspension during any period of suspension under this Section 15.1.3 by having a partner admit for him or her unless the partner assumes all responsibilities of the attending physician. A suspension under this Section 15.1.3 shall be imposed and continue until such records are complete unless the physician, dentist or podiatrist satisfies the President of the Medical Staff and CEO that he or she has a justifiable reason for such omissions.

Insurance

The Board requires that each physician, dentist or podiatrist who is not an employee of the Hospital or subsidiary carry medical malpractice insurance as required in Section 3.2.1(e). Failure to maintain insurance as required by Section 3.2.1(e) in the amounts specified by the Board, as determined from time to time, shall result in automatic suspension of the physician, dentist or podiatrist's Clinical Privileges and Medical Staff Membership. Any physician, dentist or podiatrist whose insurance coverage lapses shall be notified of his or her automatic suspension by the CEO, President of the Medical Staff, or any other representative as the Board may designate. If the lapse is merely due to late premium payment or the like, the physician, dentist or podiatrist's suspension may be lifted upon the physician, dentist or podiatrist providing evidence of appropriate coverage to the President of the Medical Staff.

Involuntary Termination or Revocation to Participate in State or Federal Governmental Reimbursement Programs

A physician, dentist or podiatrist whose eligibility to participate in any State or Federal governmental reimbursement program has been involuntarily terminated or revoked shall immediately and automatically be suspended from practicing in the Hospital by the CEO. The CEO shall immediately notify the President of the Medical Staff who shall arrange for professional coverage of the suspended physician, dentist or podiatrist's patients being cared for in the Hospital at the time of such suspension. The matter shall be referred to the MEC for information or further action.

Physicians, dentists or podiatrists are not entitled to the provisions of the Fair Hearing Procedures attached at [Appendix A](#) on automatic suspensions imposed under this [Article 15](#).

16 Conflict Resolution

Procedure

If ten percent (10%) or more Members of the Active or Senior Active Medical Staff wish to challenge a rule, regulation, policy, or procedure established by the MEC those Members shall follow the following process:

The Medical Staff Members shall submit to the President of the Medical Staff the challenge to the rule or policy in writing, including any recommended changes.

At the MEC meeting that follows such notification, the MEC shall discuss the challenge and determine if it will change the rule or policy as recommended by the Medical Staff Member.

If changes are adopted, such changes will be communicated to the Medical Staff. At such time, if ten percent (10%) or more additional Members of the Active or Senior Active Medical Staff wish to challenge the changes, such Medical Staff Members may submit written notification of any further challenge(s) to the rule or policy to the President of the Medical Staff.

In response to a written challenge to a rule or policy, the MEC may, but is not required to, appoint a task force to review the challenge and recommend potential changes to address concerns raised by the challenge.

If a task force is appointed, the MEC will take final action on the rule or policy based on the recommendations of the task force.

Once the MEC has taken final action in response to the challenge, with or without recommendations from a task force, any Member of the Active or Senior Active Medical Staff may submit a letter signed by at least 25% of the Members of the Active and Senior Active Medical Staffs requesting review and possible change of a rule, regulation, policy or procedure. After receiving a petition, the MEC will make a recommendation to the Board and the Board will make the final decision as to any changes which need to be made.

If the Medical Staff votes to recommend to the Board an amendment to the Bylaws (including the Bylaws, Corrective Action and Fair Hearing Plan, and Rules and Regulations) that is different from what the MEC has recommended, the following conflict resolution process shall be followed:

The MEC shall have the option of appointing a task force to review the differing recommendations of the MEC and the Medical Staff, and recommend language to amend the Bylaws in an attempt to resolve the conflict between the Medical Staff and the MEC.

Regardless of whether the MEC adopts modified language, the Medical Staff shall have the opportunity to recommend alternative language directly to the Board. If the Board receives differing recommendations for amendments to the Bylaws from the MEC and the Medical Staff, the Board shall have the option of appointing a task force to study the basis of the differing recommendations and to recommend appropriate Board action.

Regardless of whether the Board appoints such a task force, the Board shall have the final authority to resolve the differences between the Medical Staff and the MEC. At any point in the process of addressing a disagreement between the Medical Staff and the MEC regarding the Bylaws, the Medical Staff, the MEC, or the Board shall each have the right to recommend using an outside facilitator to assist in addressing the disagreement. The final decision regarding whether to use an outside facilitator and the process that will be followed in so doing is the responsibility of the Board.

17 Adoption and Amendment of Policies and Manuals

Delegation

The Medical Staff has delegated the adoption of Policies and Manuals of the Medical Staff to the MEC.

Medical Staff Policies and Manuals

Subject to approval by the Board, the MEC shall adopt such Policies and Manuals as may be necessary to implement more specifically the general principles found within these Bylaws and the Rules and Regulations. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each Medical Staff appointee or affiliate in the Hospital. Such Policies and Manuals shall supplement these Bylaws and Rules and Regulations, except that where the Policies or Manuals conflict with these Bylaws or Rules and Regulations, the order of authority set forth in Article 18 shall control. Subject to the requirements of Section 17.3, the Policies or Manuals may be amended or repealed at any regular meeting of the MEC at which a quorum is present and without previous notice or at any special meeting on notice by a two-thirds vote of those present and eligible to vote. Such changes shall become effective when approved by the Board.

Proposals for Changes in Medical Staff Policies or Manuals

If the Medical Staff proposes changes to the Policies or Manuals, the Medical Staff shall first communicate the proposal to the MEC.

If the MEC proposes changes to the Policies or Manuals, the MEC shall first communicate the proposal to the Medical Staff.

In cases where there is an urgent need to amend the Policies or Manuals to comply with law or regulation, the MEC may provisionally adopt and submit the proposed amendment to the Board for provisional approval prior to communicating the amendment to the Medical Staff as required in Section 17.3.2. The MEC immediately notifies the Medical Staff of the provisional amendments and provides the Medical Staff the opportunity to comment. If there is no written objection to the amendment submitted to President of the Medical Staff within ten (10) days of notice to Medical Staff, then the amendment is adopted. If there is a written objection submitted, then established conflict resolution procedures set forth in Article 16 of these Bylaws are implemented.

18 Miscellaneous

Construction of Terms and Headings

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

Forms

Application forms and any other prescribed forms required by these Bylaws or the Rules and Regulations for use in connection with Medical Staff appointments, reappointments, delineation of Clinical Privileges, Professional Review Action, notices, recommendations, reports, and other matters shall be consistent with the provisions of the Bylaws, Rules and Regulations, Policies or Manuals.

19 Adoption and Amendment of Bylaws, Rules And Regulations

The Medical Staff shall have the initial responsibility to formulate and recommend to the Board Medical Staff Bylaws and Rules and Regulations. Amendments to the Bylaws and Rules and Regulations shall be effective only if approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, timely, and responsible manner, reflecting the interests of providing patient care at the generally recognized professional level of quality and efficiency and of maintaining a harmony of purpose and effort with the CEO, the Board, and the community.

Proposed amendments to the Bylaws (including the Rules and Regulations and the Corrective Action and Fair Hearing Plan) may be originated by the MEC, another standing committee, or by a letter signed by 10 % of the members of the Active and Senior Active Medical Staffs. Proposed amendments must be reviewed and discussed by the MEC prior to an MEC vote. Such amendments may be recommended to the Board for ratification:

- A. By the MEC after a majority vote, provided that the proposed amendment(s) was first distributed to the members of the Active and Senior Active Medical Staffs, at least 21 days prior to an MEC vote. The MEC's recommendation may be acted upon by the Board unless more than 10% of the members of the Active and Senior Active Medical Staffs object. If more than 10% of such members object to a proposed amendment, the President of the Medical Staff or the MEC may schedule and hold a general staff meeting at which the proposed amendment will be presented, discussed, and acted upon. The affirmative vote of two thirds of the

members of the Active and Senior Active Medical Staffs present and voting is required for passage.

- B. The MEC shall have the power to adopt such amendments to the Bylaws as are, in the committee's judgment, technical or legal modifications or clarifications; reorganization or renumbering; or amendments needed because of punctuation, spelling, or other errors of grammar or expression. Such amendments shall be effective when ratified by the Board of Trustees.

20 Resolution of Conflicts Between Hospital Bylaws, Medical Staff Bylaws, Medical Staff Rules and Regulations, Medical Staff Manuals, and Medical Staff Policies

The order of priority in case of conflicts between the Hospital Bylaws, Medical Staff Bylaws, the Medical Staff Rules and Regulations, Medical Staff Policies or Medical Staff Manuals of the Medical Staff shall be: (1) Hospital Bylaws; (2) Medical Staff Bylaws; (3) Medical Staff Rules and Regulations; (4) Medical Staff Manuals; and (5) Medical Staff Policies.

Definitions

“Administration” means the administrative staff of the Hospital.

“Allied Health Professionals” or **“AHP”** means a person, not a physician, dentist, or podiatrist, who possesses specialized training and skill acquired by completing approved courses of study or intensive job-related training and, where applicable, has been duly licensed or registered by appropriate accrediting agencies. For purposes of these Bylaws, Allied Health Professionals are limited to Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetists and Nurse Midwives.

“Board” means the governing authority of the Greenwood County Hospital Board, also known as the Self Regional Healthcare Board.

“Chief Executive Officer” or **“CEO”** means the individual appointed by the Board (Governing Authority) to act on its behalf in the overall management of the Hospital. Whenever the word “Administrator” is used in these Bylaws, it shall mean the CEO.

“Clinical Privileges” or **“Privileges”** means the permission granted to a physician, dentist, or podiatrist by the Board to render specific professional, diagnostic, therapeutic, medical, dental, podiatric, or surgical services.

“Complaint” means the written complaint, which requests a Professional Review Activity.

“Credentialing Office” means the Medical Staff Services Office.

“Department” means the Medical Staff clinical departments set forth in [Article 9](#).

“Ex Officio” means service as a member of a body by virtue of an office or position previously held, and, unless otherwise expressly provided, means without voting rights.

“Hospital” means Self Regional Healthcare.

“Medical Executive Committee” or **“MEC”** means the Executive Committee of the Medical Staff.

“Medical Staff” or **“Staff”** means all duly licensed physicians, osteopaths, dentists, and podiatrists designated by the Board who have been appointed to the Medical Staff and granted Clinical Privileges by the Board.

“Patient Encounter” means each inpatient admission, an observation patient, a consultation, performing an outpatient procedure or performing evaluations/examinations on patients at Self Regional Healthcare.

“Policy” or “Policies” mean the Policies of the Medical Staff.

“Prerogative” means a participatory right granted, by virtue of Medical Staff category or otherwise, to a Medical Staff appointee exercisable subject to the conditions imposed in these Bylaws and in other Hospital and Medical Staff policies.

“President of the Medical Staff” means the principal elected official of the Medical Staff.

“Professional Review Action” means an action or recommendation of a professional review body which is taken or made in the conduct of Professional Review Activity, which is based on the competence or professional conduct of an individual physician, dentist, or podiatrist (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the Medical Staff Membership, Clinical Privileges, or Membership in a professional society, of the physician, dentist, or podiatrist. Such term includes a formal decision of a professional review body not to take an action or make a recommendation described in the previous sentence and also includes Professional Review Activities relating to a Professional Review Action. An action is not considered to be based on the competence or professional conduct of a physician, dentist, or podiatrist if the action is primarily based upon-

- (1) physician, dentist, or podiatrist’s association, or lack of association, with a professional society or association;
- (2) physician, dentist, or podiatrist’s fees or the physician, dentist, or podiatrist’s advertising or engaging in other competitive acts intended to solicit or retain business;
- (3) physician, dentist, or podiatrist’s participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;
- (4) physician, dentist, or podiatrist’s association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with, a member or members of a particular class of health care practitioner or professional; or
- (5) Any other matter that does not relate to the competence or professional conduct of a physician, dentist, or podiatrist.

“Professional Review Activity” means an activity of the Hospital with respect to an individual physician, dentist, or podiatrist:

- (1) to determine whether the physician, dentist, or podiatrist may have Clinical Privileges with respect to, or Membership in, the Medical Staff;
- (2) to determine the scope or conditions of such Clinical Privileges or Membership; or
- (3) to change or modify such Clinical Privileges or Membership.

“Professional Review Body,” means the Hospital and the Board or any committee of the Hospital, which conducts Professional Review Activity, and includes any committee of the Medical Staff of the Hospital when assisting the Board in a Professional Review Activity.

“Residency Training Program” means an accredited school of medicine or osteopathy.

“Rules and Regulations” means the Rules and Regulations of the Medical Staff and the Rules and Regulations of each Department.

“Special Notice” means written notification sent by hand delivery or overnight mail to the last known home or office address or to a legal representative, if known, except as specifically provided in these Bylaws.

APPENDIX A

FAIR HEARING PROCEDURES

I. Definitions

Defined terms used herein shall have the same meaning as used in the Bylaws unless specifically given a different meaning or unless the context clearly requires a different meaning.

- A. "Professional Review Action" means an action or recommendation of a professional review body which is taken or made in the conduct of Professional Review Activity, which is based on the competence or professional conduct of an individual physician, dentist, or podiatrist (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely the Medical Staff Membership, Clinical Privileges, or membership in a professional society, of the physician, dentist, or podiatrist. Such term includes a formal decision of a professional review body not to take an action or make a recommendation described in the previous sentence and also includes Professional Review Activities relating to a Professional Review Action. An action is not considered to be based on the competence or professional conduct of a physician, dentist, or podiatrist if the action is primarily based upon-
1. physician, dentist, or podiatrist's association, or lack of association, with a professional society or association;
 2. physician, dentist, or podiatrist's fees or the physician, dentist, or podiatrist's advertising or engaging in other competitive acts intended to solicit or retain business;
 3. physician, dentist, or podiatrist's participation in prepaid group health plans, salaried employment, or any other manner of delivering health services whether on a fee-for-service or other basis;
 4. physician, dentist, or podiatrist's association with, supervision of, delegation of authority to, support for, training of, or participation in a private group practice with, a member or members of a particular class of health care practitioner or professional; or
 5. Any other matter that does not relate to the competence or professional conduct of a physician, dentist, or podiatrist.
- B. "Professional Review Activity" means an activity of the Hospital with respect to an individual physician, dentist, or podiatrist:

1. to determine whether the physician, dentist, or podiatrist may have Clinical Privileges with respect to, or Membership in, the Medical Staff;
 2. to determine the scope or conditions of such Clinical Privileges or Membership; or
 3. to change or modify such Clinical Privileges or Membership.
- C. "Professional Review Body," means the Hospital and the Board or any committee of the Hospital, which conducts Professional Review Activity, and includes any committee of the Medical Staff of the Hospital when assisting the Board in a Professional Review Activity.

II. **Scope of Fair Hearing Procedures**

When the MEC or Board institutes or proposes to institute a Professional Review Action against a physician, dentist or podiatrist, in accordance with the Bylaws of the Medical Staff, certain procedures must be followed in order to ensure a fair hearing. All of the following, except automatic suspension under Article 15 of the Bylaws, if based on the competence or professional conduct of an individual physician, dentist or podiatrist, which conduct could affect adversely the health or welfare of a patient, are Professional Review Actions which entitle the physician, dentist or podiatrist affected thereby to a hearing:

- A. Denial of Medical Staff appointment, regardless of the staff category requested
- B. Denial of reappointment
- C. Suspension of staff Membership
- D. Revocation of staff Membership
- E. Denial of requested advancement in staff category
- F. Denial of requested Clinical Privileges
- G. Suspension of Clinical Privileges
- H. Revocation of Clinical Privileges
- I. Limitations on Clinical Privileges or Medical Staff Membership

III. **Procedures**

- A. The CEO must provide the physician, dentist or podiatrist with written notice of the recommendation of the MEC stating:

1. That a Professional Review Action has been proposed to be taken against the physician, dentist or podiatrist.
 2. The reasons for the proposed Professional Review Action.
 3. That physician, dentist or podiatrist has the right to request a hearing on the proposed Professional Review Action, which request must be in writing and directed to the CEO.
 4. The time limit (of not less than 30 days) within which the physician, dentist or podiatrist must request a hearing.
 5. Copies of Article 14 and a copy of this Fair Hearing Procedure, which provide a summary of physician, dentist or podiatrist's rights in the hearing.
- B. If physician, dentist or podiatrist requests a hearing, the Hospital must give physician, dentist or podiatrist notice of the hearing which states:
1. The place, time and date of the hearing, which date shall not be less than 30 days after the date of the hearing notice; and
 2. A list of any witnesses expected to testify at the hearing on behalf of the Professional Review Body.
- C. If a hearing is requested on a timely basis:
1. Such hearing must be held before either
 - (a) an arbitrator mutually acceptable to the physician, dentist or podiatrist and the Hospital who shall act as the Presiding Officer of the hearing;
 - (b) a hearing officer appointed by the Hospital, who shall act as the Presiding Officer of the hearing; or
 - (c) before a panel of individuals who are appointed by the Hospital, one of whom shall be the Presiding Officer of the hearing.
 2. The arbitrator, hearing officer, or panel shall be individuals who:
 - (a) Do not have a conflict of interest with the physician, dentist or podiatrist;
 - (b) Did not sit on the Ad Hoc Committee which conducted or participated in the Professional Review Activity investigation; and

- (c) Are able to understand the issues and to make judgments regarding the practice of the affected physician, dentist or podiatrist.
- 3. If the physician, dentist or podiatrist, without good cause, fails to appear at the hearing, the physician, dentist or podiatrist forfeits his or her right to the hearing, and the recommendation of the MEC shall become final and remain in effect in accordance with the provisions in this Fair Hearing Procedure and Article 14 of the Bylaws. A physician, dentist or podiatrist who alleges good cause for his or her failure to appear must request another opportunity to be heard by written request to the MEC, submitted within forty-eight (48) hours of the date of the originally scheduled hearing. The determination of good cause shall be at the sole discretion of the MEC.
- 4. During the hearing, the physician, dentist or podiatrist has the right to representation by an attorney or other person of the physician, dentist or podiatrist's choice.
- 5. The Hospital and physician, dentist or podiatrist have the right to have a record made by a court reporter of the proceedings and to obtain copies of the record upon payment of any reasonable charges associated with preparation of the record. The Hospital shall select and bear the cost of the court reporter.
- 6. The physician, dentist or podiatrist also has the following rights at the hearing:
 - (a) To call, examine, and cross-examine witnesses.
 - (b) To present evidence determined to be relevant by the Presiding Officer (regardless of its admissibility in a court of law).
 - (c) To submit a written statement at the close of the hearing.
- D. If physician, dentist or podiatrist does not request a hearing on a timely basis, physician, dentist or podiatrist is deemed to have waived the right to such hearing and to have accepted the Professional Review Action and the Professional Review Action shall become immediately effective and final in accordance with the provisions in this Fair Hearing Procedure and Article 14 of the Bylaws.
- E. Conduct of Hearing.
 - 1. Pre-Hearing Discovery. There is no right to pre-hearing discovery. The physician, dentist or podiatrist shall be entitled, upon specific request, to the following, subject to a stipulation signed by both parties that such

documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside the hearing:

- (a) Copies of or reasonable access to all medical records of patients referred to in the reasons stated as the basis for the Professional Review Action.
 - (b) Reports of experts relied upon by the President of the Medical Staff or the Ad Hoc Committee which conducted the investigation or the MEC in formulation of its recommendation.
 - (c) Copies of statements taken by the Ad Hoc Committee during its investigation.
 - (d) Statements of witnesses.
 - (e) Any document allowed by the Presiding Officer.
2. Record of Hearing. An accurate record of the hearing shall be kept by means of a court reporter selected by the Hospital. The cost of the court reporter shall be borne by the Hospital.
 3. Postponement of Hearing and Scheduling of Related Meetings. Except in emergencies, a request for a postponement of the hearing must be made in writing to the Presiding Officer at least five (5) business days before the scheduled hearing, and the request must include the reasons alleged to constitute good cause for the postponement. The granting of such postponement shall only be for good cause. The hearing shall be completed as expeditiously as reasonably possible. The Presiding Officer shall set the times of all meetings and further hearing dates regarding the matter. The participating attorneys and other participants must attend or send a representative to the meetings as called by the Presiding Officer. Consideration will be given to the schedule of all participants, but the Presiding Officer will make the final decision regarding scheduling.
 4. Decorum of Hearing. The Presiding Officer shall preside over the hearing and maintain decorum throughout the hearing. The Presiding Officer shall assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence, subject to reasonable limits upon the volume of documents, number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process.

5. Order of Procedure. The Presiding Officer shall determine the order of procedure and rule upon procedural issues that may arise throughout the hearing. The hearing need not be conducted strictly according to the rules of evidence relating to the examination of witnesses or presentation of evidence. The Presiding Officer shall have the authority and discretion, in accordance with the Bylaws and this Fair Hearing Procedure to make rulings on all questions, concerning procedure, conduct of the hearing and the admissibility of evidence.
6. Legal Counsel to the Presiding Officer. The Presiding Officer may be advised by legal counsel, selected and compensated by the Hospital, during the hearing process.
7. Presentation of Case by President of the Medical Staff and Legal Counsel. The President of the Medical Staff or his or her designee may be represented and advised by legal counsel to the Hospital. Either or both shall represent the MEC at the hearing and throughout any appeal. The President of the Medical Staff and/or his or her legal counsel may make an opening statement and shall present evidence in support of the MEC's recommendation. Evidence includes the examination and cross examination of witnesses and presentation of documentary and any other evidence. If physician, dentist or podiatrist does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination.
8. Order of Presentation and Burden of Proof. The President of the Medical Staff and/or his or her legal counsel shall first present evidence in support of the MEC's recommendation. The Hospital's burden of proof shall be met if the preponderance of the evidence supports the MEC's recommendation. Thereafter, the burden shall shift to the physician, dentist or podiatrist to present evidence challenging the recommendation of the Medical Executive Committee by showing by a preponderance of the evidence that the charges or grounds involved lack factual basis or that any action based thereon is arbitrary or capricious.
9. Memoranda Regarding Relevant Evidence and Issues. The physician, dentist or podiatrist or the President of the Medical Staff may submit prior to, during, or within ten (10) business days after the receipt of the transcript of the hearing, memoranda concerning any issue relating to the adverse recommendation or decision, provided, however, that if a memorandum is submitted after the hearing, no issue not raised at the hearing may be included or addressed. Such memoranda shall become a part of the hearing record.

10. Recess or Adjournment of Hearing. The Presiding Officer may at the request of any participant recess the hearing and reconvene the same for the convenience of the participants. Upon receipt of all relevant testimony and evidence, the Presiding Officer may adjourn the hearing.

F. Report and Recommendation.

1. After final adjournment of the hearing, the arbitrator, hearing officer or hearing panel, with its legal counsel if so desired, shall deliberate outside the presence of all parties or other interested persons. Within thirty (30) days after the deadline for receipt of memoranda from the President of the Medical Staff and the physician, dentist or podiatrist in accordance with Section III.E.9, the arbitrator, hearing officer or hearing panel, through its Presiding Officer, shall render its written recommendation, accompanied by a report containing a concise statement of the reasons justifying the recommendation. The Presiding Officer shall deliver such recommendation and report to the physician, dentist or podiatrist and the CEO. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the MEC.

G. Appeal Procedure.

1. Time for Appeal. Within twenty (20) days after receipt of notice of the arbitrator, hearing officer or hearing panel's report and recommendation, either the President of the Medical Staff or the physician, dentist or podiatrist may petition the Board for an appellate review of the record. The petition shall be in writing and shall be delivered to the CEO either by overnight mail or hand delivery. The President of the Medical Staff or physician, dentist or podiatrist, whoever is appealing, may include in the petition for the Board's consideration a written statement of his or her position. In all cases it shall be within the sole discretion of the Board to grant or deny the petition for appellate review of the record, and the Board's decision to grant or deny appellate review shall be final. If appellate review is not requested within twenty (20) days as provided herein, both parties shall be deemed to have accepted the recommendation involved, and it shall thereupon become final and immediately effective upon the approval of the Board.
2. Time, Place and Notice of Appellate Review. Whenever a request for appellate review is granted by the Board, as set forth in the preceding sections, the Chairman of the Board shall schedule and arrange for an appellate review. The Board or a committee of Board members appointed by the Board, shall conduct the appellate review. The physician, dentist or podiatrist shall be given notice of the time, place and date of the appellate review in the manner set forth in Section 14.1.2 of the Bylaws. The date

of appellate review shall be not less than thirty (30) days from the date of receipt of the request for appellate review, unless all parties agree to a shorter period. However, when a request for appellate review is made by a physician, dentist or podiatrist who is under a suspension then in effect, the appellate review shall be held as soon as the arrangements can reasonably be made, unless the full thirty (30) days before appellate review is requested by the physician, dentist or podiatrist. The time for appellate review may be extended by the Chairman of the Board for good cause.

3. Presentation Before the Board or a Committee of the Board During Appellate Review. The physician, dentist or podiatrist and the President of the Medical Staff shall each have the right to present a written statement in support of their position on appeal. In its sole discretion, the Board, or a committee of the Board, may allow the physician, dentist or podiatrist or the President of the Medical Staff, through legal counsel if desired, to appear personally and present oral arguments for equal time periods limited by the Board, or a committee of the Board. The Appealing party shall present oral argument first. There shall be no time allowed for rebuttal, but the Board, or a committee of the Board, may, for an unlimited time, ask questions of the parties and their counsel.
4. Matters to be reviewed. During appellate review, the Board, or a committee of the Board, shall consider the hearing record and the written statements, if any, submitted by either the President of the Medical Staff or the physician, dentist or podiatrist. New or additional matters not raised during the original hearing or in the report and recommendation, not otherwise reflected in the record, shall not be considered by the Board, or a committee of the Board, in its appellate review except if the Board, or a committee of the Board, determines that the new or additional matters will assist it in making the decision. The Board, or a committee of the Board, in its sole discretion shall determine whether such new or additional matters shall be considered.
5. Final Decision of the Board or Committee of the Board.
 - (a) Within thirty (30) days after the conclusion of the appellate review, the Board, or a committee of the Board, shall issue its written final decision in the matter. The Board, or a committee of the Board, may either:
 1. affirm the report and recommendation, or
 2. reverse the report and recommendation, or

3. modify the report and recommendation.
- (b) Issuance of the Board's, or a committee of the Board's, decision is accomplished by the Chair of the Board or his or her designee delivering the Board's, or a committee of the Board's, final decision to the CEO. The CEO shall deliver a copy of the final decision of the Board, or a committee of the Board, to the physician, dentist or podiatrist, the President of the Medical Staff, and the MEC in the manner set forth in Section 14.1.2 of the Bylaws. The decision of the Board, or a committee of the Board, shall be immediately effective and final and shall not be subject to any further hearing or appellate review.
6. Right to One Appeal Only. No physician, dentist or podiatrist or President of the Medical Staff shall be entitled as a matter of right to more than one appellate review on any single matter, which may be the subject of an appeal. In the event the Board, or a committee of the Board, ultimately determines to deny initial Medical Staff appointment or reappointment to a physician, dentist or podiatrist, or to revoke, restrict, suspend, otherwise limit or terminate the Medical Staff appointment and/or Clinical Privileges of a currently appointed physician, dentist or podiatrist, that physician, dentist or podiatrist may not apply within three (3) years for Medical Staff appointment or for Clinical Privileges at the Hospital unless the Board provides otherwise.

APPENDIX B

MEDICAL STAFF RULES AND REGULATIONS

Medical Staff Rules and Regulations

I. Admission and Discharge of Patients.

- A. A patient may be admitted to the Hospital only by a Member of the Active or Senior Active Medical Staff. Allied Health Professionals (“AHP”) acting as an agent of the physician may perform and record a history and physical and, after discussing the patient's condition with the physician and summarizing such discussion in the medical record, may write an admission order. The attending physician must countersign the admission order and write or dictate an admission note entry in the chart, both within 24 hours of admission. All physicians, dentists and podiatrists and AHPs shall be governed by the official admitting policy of the Hospital.
- B. Those physicians, dentists and podiatrists with admitting privileges as specified in paragraph a. above shall be responsible for the medical care and treatment of each patient in the Hospital, for the prompt completeness and accuracy of the medical record, for necessary special instructions, and for transmitting reports of the condition of the patient to the referring physician, dentist or podiatrist and to relatives of the patient. Whenever these responsibilities are transferred to another Medical Staff Member, a note covering the transfer of responsibility shall be entered on the order sheet of the medical record.
- C. Except in an emergency, no patient shall be admitted to the Hospital until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency, such statement shall be recorded as soon as possible.
- D. Physicians, dentists and podiatrists admitting emergency cases shall be prepared to justify to the Medical Executive Committee (“MEC”) of the Medical Staff and the administration of the Hospital that the said emergency admission was a bona fide emergency. The history and physical examination must clearly justify the patient being admitted on an emergency basis and these findings must be recorded on the patient's chart as soon as possible after admission.
- E. The Medical Staff shall define the categories of medical conditions and criteria to be used in order to implement patient admission priorities and the proper review thereof. These shall be developed by each clinical Department and approved by the MEC.
- F. Transfer priorities shall be as follows:

1. Emergency Room to appropriate patient bed;
2. From obstetric patient unit to general care area, when medically indicated;
3. From critical care unit to maximum care unit;
4. From cardiac intensive care unit to maximum care unit; and
5. From temporary placement in an inappropriate geographic area to the appropriate area for that patient.

No patient will be transferred without such transfer being approved by the responsible physician, dentist or podiatrist.

- G. The attending physician, dentist or podiatrist shall be held responsible for giving such information as may be necessary to assure the protection of the patient from self harm and to assure the protection of others whenever his or her patients might be a source of danger from any cause whatever.
- H. For the protection of patients, the medical and nursing staffs and the Hospital, certain principles are to be met in the care of the potentially suicidal patient. Any patient known or suspected to be suicidal should have consultation by a Member of the psychiatric staff.
- I. If any questions as to the validity of admission to or discharge from the critical care units should arise, that decision is to be made through consultation with **either** the Chair of the Critical Care Subcommittee or the Cardiac Intensive Care Subcommittee.
- J. The admitting physician is required to document the need for hospitalization and the need for continued hospitalization according to the policies of the Utilization Review Committee. Failure to comply with these policies will be brought to the attention of the MEC for action.
- K. Patients shall be discharged only on a written order of the attending physician, dentist or podiatrist. Should a patient leave the Hospital against the advice of the attending physician, dentist or podiatrist, or without proper discharge, a notation of the incident shall be made in the patient's medical record, and a release form is to be signed by the patient. If the patient refuses to sign the release form, an explanation of the refusal shall be documented in the medical record.
- L. It shall be the responsibility of the attending physician, dentist or podiatrist to discharge his or her patients in a timely manner on the day of discharge.

- M. In the event of a Hospital death, the deceased shall be pronounced dead by the attending physician or his or her designee within a reasonable time. The body shall not be released until an entry has been made and signed in the medical record of the deceased by a Member of the Medical Staff.

Exceptions shall be made in those instances of incontrovertible and irreversible terminal disease wherein the patient's course has been adequately documented to within a few hours of death. Policies with respect to release of dead bodies shall conform to local law.

- N. It shall be the duty of all Medical Staff Members to secure meaningful autopsies whenever appropriate in accordance with criteria set forth in the Medical Staff Autopsy Policy. An autopsy may be performed only with a written consent, signed in accordance with state law. Except when otherwise required by the Coroner, all autopsies shall be performed by a Hospital pathologist. Provisional anatomic diagnoses shall be recorded on the medical record within three days of the performance of the autopsy and the complete protocol should be made a part of the record within sixty (60) days.

II. **Medical Records.**

- A. The attending physician, dentist or podiatrist shall be responsible for the preparation of a complete and legible medical record for each patient. Its contents shall be pertinent and current. This record shall include identification data; complaint; personal history; family history; history of present illness; physical examination; statement of the course of action planned for the patient while in the Hospital; special reports such as consultations, clinical laboratory and radiology services, and others; provisional diagnosis; medical or surgical treatment; operative report; pathological findings; progress notes; final diagnosis; condition on discharge; summary or discharge note; clinical resume; and autopsy report when performed; and any other documentation required by State or Federal law.
- B. A complete admission history and physical examination shall be completed in accordance with Section 4.3.4(f) of the Medical Staff Bylaws.
- C. 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 physician states in writing that such delay would be detrimental to the patient. This regulation also applies to all obstetrical operations.
- D. The attending physician shall countersign the history, physical examination, pre-operative note, and discharge summary when they have been recorded by a Member of the house staff or Allied Health Professional.

- E. Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability. Wherever possible each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Progress notes shall be written at least daily on critically ill patients, and those where there is difficulty in diagnosis or management of the clinical problem.
- F. Operative reports shall include a detailed account of the findings at surgery as well as the details of the surgical technique. Operative reports shall be written (or dictated) immediately following surgery for outpatients as well as inpatients, and the report promptly signed by the surgeon and made a part of the patient's current medical record.
- G. Consultation shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's record. A limited statement such as "I concur" does not constitute an acceptable report of consultation. When operative procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be recorded prior to the operation.
- H. The current obstetrical record shall include a complete prenatal record. The prenatal record may be a legible copy of the attending practitioner's office record transferred to the Hospital before admission, but an interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings within 24 hours of admission.
- I. All clinical entries in the patient's medical record shall be accurately dated and authenticated.
- J. Symbols and abbreviations may be used only when they have been approved by the Medical Staff. An official record of approved abbreviations should be kept on file in the record room.
- K. Final diagnosis shall be recorded in full at the time of discharge of all patients. Exceptions shall be made where final diagnostic studies have not been completed. This will be deemed equally as important as the actual discharge order.
- L. A discharge summary shall be written or dictated on all medical records of patients hospitalized over 48 hours except for normal obstetrical deliveries, normal newborn infants. For these latter exceptions a final summation type progress note shall be sufficient. In all instances, the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and end result. All summaries shall be authenticated by the responsible physician, dentist or podiatrist. The discharge summary must include all relevant diagnoses, operative

procedures, reasons for hospitalization, significant findings, treatment rendered, condition on discharge, instructions to patients (physical activity, medication, diet, and follow-up instructions when appropriate). When preprinted instructions are given to the patient, the record should so indicate.

- M. Written consent or authorization (as such is defined in the Hospital's HIPAA policies) of the patient is required for the use or disclosure of medical information to persons not otherwise authorized by law to receive this information.
- N. Free access to all medical records of all patients shall be afforded to Members of the Medical Staff for bona fide Medical Staff health care operations purposes and research which has been approved by and consistent with preserving the confidentiality of protected health information concerning the individual patients. Any unusual projects that require access and review of medical records shall be approved by the MEC before records can be studied. Subject to the discretion of the CEO, former Members of the Medical Staff shall be permitted free access to information from the medical records of their patients covering all periods during which they attended such patients in the Hospital for bona fide treatment, payment or healthcare operations purposes.
- O. A medical record shall not be permanently filed until it is completed by the responsible physician, dentist or podiatrist or is ordered filed by the MEC. A complete record is defined as a record with proper final diagnosis, a properly recorded history and physical and discharge/short stay note, an operative, consultation note as appropriate, staging criteria of newly diagnosed cancer cases as required by the American College of Surgeons, all of which are authenticated by the physician, dentist or podiatrist. All verbal/telephone orders must be authenticated, dated, and timed by the physician, dentist or podiatrist within 48 hours, and all orders for physical restraints shall be authenticated and dated by the physician in accordance with the Hospital's Restraint Policy.
- P. The patient's medical record shall be complete at the time of discharge as set forth by the rules and regulations established by the MEC.
- Q. The emergency department record on patients discharged from the emergency room shall include patient identification, time and means of arrival, pertinent history and physical, and other information such as vital signs, care given to patient prior to arrival, diagnostic and therapeutic orders, clinical observations, results of treatment, reports of procedures, tests and results, diagnostic impression, final disposition, patient's condition on discharge, and instructions to patients.
- R. Overdue Chart Policy: See the Medical Staff Medical Record Delinquency Policy.

- S. Medical record quality review is conducted in the process of ongoing professional practice evaluation and focused professional practice review as such is described at Article 13 of the Medical Staff Bylaws.
- T. All patients having invasive outpatient procedures done outside of the operating room will have a procedure note indicating the reason for the procedure, relevant history, relevant examination, and a description of the actual procedure and its outcome.

III. **General Conduct of Care.**

- A. A general consent form, signed by or on behalf of every patient admitted to the Hospital, must be obtained at the time of admission. The Patient Access Department shall notify the attending physician, dentist or podiatrist whenever such consent has not been obtained. When so notified, it shall, except in emergency situations, be the physician, dentist or podiatrist's obligation to obtain proper consent before the patient is treated in the Hospital.
- B. All orders for treatment shall be documented in the medical record. A verbal order shall be considered to be in writing if dictated to a duly authorized person functioning within his/her scope of practice and competence and signed by a responsible physician, dentist or podiatrist. All orders dictated over the telephone shall be signed by the appropriately authorized person to whom dictated with the name of a physician, dentist or podiatrist per his or her own name. All orders for Schedule II controlled substances must be signed and dated by the responsible physician, dentist or podiatrist within 24 hours. Orders for restraints must be authenticated in accordance with the Hospital Restraint Policy. All other verbal orders must be authenticated, dated and timed within 48 hours.

The personnel in Self Regional Healthcare approved by the MEC to receive verbal orders as commensurate with their licensure, training and professional responsibilities, include, but are not limited to, the following:

1. Registered Nurses;
2. Licensed Practical Nurses;
3. Respiratory Therapy;
4. Registered Respiratory Therapists (RRT);
5. Certified Respiratory Therapy Technician (CRTT) shift supervisor and assistant shift supervisor (therapist), pending credentialing by the N.B.R.T.;
6. Registered Pharmacists;
7. Registered Occupational Therapists;
8. Registered Physical Therapists;
9. Registered Dietitians;
10. Intervention Counselor;

11. Radiographer;
 12. Cardiovascular-Interventional Technologist;
 13. Computed Tomography Technologist;
 14. Magnetic Resonance Technologist;
 15. Mammographer;
 16. Nuclear Medicine Technologist;
 17. Radiation Therapy Technologist; and
 18. Sonographer.
- C. Any qualified physician, dentist or podiatrist with Clinical Privileges in this Hospital can be called for consultation within his or her area of expertise.
- D. Except in an emergency, consultation is required according to rules developed by each Medical Staff Department.
- E. The attending physician, dentist or podiatrist is primarily responsible for requesting consultation when indicated and for calling in a qualified consultant.
- Consultation should be considered on any patient in which:
- (a) the diagnosis and/or management remain in doubt over an unduly long period, especially in the presence of life threatening illness;
 - (b) unexpected complications arise outside of the attending physician's level of competence; or
 - (c) specialized treatment or procedures are being contemplated about which the attending physician is unfamiliar.
- F. Guidelines and Chain of Command for a Nurse Questioning the Validity of the Medical Management of Patient:
1. The registered nurse who is questioning the medical management of a patient shall attempt to resolve the problem with the physician, dentist or podiatrist involved.
 2. If unsuccessful, the registered nurse shall report the matter to the nursing coordinator promptly with full details. Nursing coordinators will involve directors of clinical nursing as appropriate.
 3. The nursing coordinator or director will promptly contact the involved physician, dentist or podiatrist, making him or her aware that his or her order is in question and has not been carried out. He or she may ask the physician to reach resolution with him or her regarding the order; change the order; or come to the Hospital and perform the activity personally.
 4. If one of the above criteria is not met, the nursing coordinator will notify the Chair of the appropriate Medical Staff Department. The Chair must at that time take responsibility for resolution. If the nursing coordinator is unable to contact the Chair of the Department, the President of the

Medical Staff will be notified for resolution.

5. A summary of the problem and resolution will be prepared by the nursing coordinator involved and forwarded to the vice president of nursing and physicians, dentists or podiatrists involved.

- G. The physicians, dentists or podiatrists who desire to operate equipment within the Hospital which the Credentials Committee has determined requires special training shall submit to the Chair of the Credentials Committee their request. Included with the request shall be documentation supporting their training and qualifications to operate such equipment. All such requests shall be evaluated by the Credentials Committee and recommendations forwarded to the MEC.

- H. Pursuant to the Emergency Medical Treatment and Labor Act (EMTALA), the Qualified Medical Personnel approved to perform emergency department Medical Screening Examinations as commensurate with their licensure, training and professional responsibilities, include, but are not limited to, the following:
 1. Certified Nurse Midwife with documented competency to do medical screening examination of obstetrical patients, greater than twenty (20) weeks gestation, who present to the Emergency Department and Labor and Delivery area.

 2. A Registered Nurse with documented competency by the Director of Obstetrics, two (2) other Obstetricians and the Director of the Women's Center to do medical screening examination of obstetrical patients, greater than twenty (20) weeks gestation, who present to the Emergency Department and Labor and Delivery area.

 3. Physician Assistants and Nurse Practitioners with clinical privileges in the Emergency Department.

IV. **General Rules Regarding Surgical Care.**

- A. Except in severe emergencies, the pre-operative diagnosis and required laboratory tests must be recorded on the patient's medical record prior to any surgical procedure. If not recorded, the operation shall be canceled. In any emergency the physician, dentist or podiatrist shall make at least a comprehensive note regarding the patient's condition prior to induction of anesthesia and start of surgery.

- B. A patient admitted for dental care is a dual responsibility involving the dentist and physician Member of the Active or Senior Active Medical Staff (except in those cases in which a qualified oral surgeon has been granted specific privileges for the care of routine oral surgery cases without medical problems or complications).

1. Dentists' responsibilities:
 - a. A detailed dental history justifying Hospital admission.
 - b. A detailed description of the examination of the oral cavity and a pre-operative diagnosis.
 - c. A complete operative report, describing the finding and technique. In cases of extraction of teeth the dentist shall clearly state the number of teeth and fragments removed.
 - d. Progress notes as are pertinent to the oral condition.
 - e. Discharge summary.
 2. Physicians' responsibilities:
 - a. Medical history pertinent to the patient's general health.
 - b. A physical examination to determine the patient's condition prior to anesthesia and surgery.
 - c. Supervision of the patient's general health status while hospitalized.
 - d. A qualified oral surgeon who has been granted specific privileges for histories and physicals may substitute his or her history, physical and attendance for the patient for (a), (b), and (c) above in uncomplicated cases without medical problems as provided in the Bylaws. The presence of/or development of medical problems during the Hospital stay will require prompt consultation with an appropriate physician.
 3. The discharge of the patient shall be on written order of the dentist and physician.
- C. A patient admitted for podiatric care is a dual responsibility involving the podiatrist and physician Member of the Active or Senior Active staff.
1. Podiatrists' responsibilities:
 - a. A detailed podiatric history justifying Hospital admission.
 - b. A detailed description of the examination of the affected area and a pre-operative diagnosis.
 - c. A complete operative report describing the findings and technique.

- d. Progress notes as are pertinent to the condition.
 - e. Discharge Summary.
 - f. Prompt consultation with an appropriate physician if the presence of/or development of medical problems are identified during the Hospital stay.
2. Physicians' responsibilities:
 - a. Medical history pertinent to the patient's general health.
 - b. A physical examination to determine the patient's condition prior to anesthesia and surgery.
 - c. Supervision of the patient's general health status while hospitalized.
 3. The discharge of the patient shall be on written order of the podiatrist and physician.

D. Written, signed, informed, surgical consent shall be obtained prior to the operative procedure except in those situations wherein the patient's life is in jeopardy and suitable signatures cannot be obtained due to the condition of the patient. In emergencies involving a minor or unconscious patient in which consent for surgery cannot be immediately obtained from a parent, guardian or other personal representative, these circumstances should be fully explained on the patient's medical record. A consultation in such instances may be desirable before the emergency operative procedure is undertaken if time permits. It shall be the responsibility of the physician, dentist or podiatrist to obtain the informed consent for surgical or diagnostic procedures as determined by the department in which it is performed.

E. The certified registered nurse anesthetist ("CRNA") shall maintain a complete anesthesia record to include evidence of pre-anesthetic evaluation and post-anesthetic follow up of the patient's condition.

F. Accrediting bodies ordinarily require that tissues removed during surgery be sent to the laboratory. Accrediting bodies, however, recognize that there are certain specimens that could be exempt from this usual requirement. The Department of Surgery and MEC adopt the following tissues as exemptions for mandatory pathological examination. It is, of course, understood that the surgeon still has the option of sending the specimen to the laboratory if he or she feels more comfortable in doing so.

1. Cataracts;
2. Orthopedic appliances;

3. Foreign bodies;
4. Portions of ribs removed to enhance operative exposure (unless it might be desired to have a section for study of the marrow; for example, in carcinoma cases to check for dissemination);
5. Traumatically injured members that have been amputated and for which examination for either medical or legal reasons is not deemed necessary;
6. Foreskins of newborns;
7. Placentas that are grossly normal in uncomplicated deliveries;
8. Teeth (provided the number is recorded in the medical record);
9. Nasoseptal cartilage removed during rhinoplasty; and
10. Redundant skin excised during blepharoplasties.

All tissues removed at the operation with the exceptions as specified above shall be sent to the Hospital pathologist who shall make such examination as he or she may consider necessary to arrive at a tissue diagnosis. His authenticated report shall be made a part of the patient's medical record.

G. Emergency Services.

The Medical Staff shall adopt a method of providing medical coverage in the emergency services (Department). This shall be in accord with the Hospital's basic plan for the delivery of such services, including the delineation of Clinical Privileges for all physicians who render emergency care.

H. An appropriate medical record shall be kept for every patient receiving emergency service and be incorporated in the patient's Hospital record, if such exists. The record shall include:

1. adequate patient identification;
2. information concerning the time of the patient's arrival, means of arrival and by whom transported;
3. pertinent history of the injury or illness including details relative to first aid or emergency care given the patient prior to his or her arrival at the Hospital;
4. description of significant clinical, laboratory and roentgenologic findings;
5. diagnosis;

6. treatment given;
7. condition of the patient on discharge or transfer;
8. final disposition, including instruction given to the patient and/or his or her family, relative to necessary follow-up care; and
9. any other documentation required by State or Federal law.

Each patient's medical record shall be signed by the physician, dentist or podiatrist or AHP in attendance who is responsible for its clinical accuracy.

- I. There shall be a plan for the care of mass casualties at the time of any major disaster, based upon the Hospital's capabilities in conjunction with other emergency facilities in the community. It shall be developed by a disaster planning committee which includes at least one (1) Member of the Medical Staff, the director of nursing service or her designee, and a representative from Hospital administration. The plan shall be approved by the Medical Staff and Board.
- J. The disaster plan should make provision within the Hospital for:
 1. availability of adequate basic utilities and supplies, including gas, water, food and essential medical and supportive materials;
 2. an efficient system of notifying and assigning personnel;
 3. unified medical command under the direction of a designated physician (the Chair of the committee or designated substitutes);
 4. conversion of all usable space into clearly defined areas for efficient triage, for patient observation, and for immediate care;
 5. prompt transfer, when necessary, and other preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definitive care;
 6. a special disaster medical record, such as an appropriately designated tag, that accompanies the casualty as he or she is moved;
 7. procedures for the prompt discharge or transfer of patients in the Hospital who can be moved without jeopardy;
 8. maintaining security in order to keep relatives and curious persons out of the triage area; and

9. pre-establishment of a public information center and assignment of public relations liaison duties to a qualified individual. Advance arrangements with communications media will help to provide organized dissemination of information.

All physicians attending the disaster shall be assigned to posts in the Hospital and it is their responsibility to report to their assigned stations. The President of the Medical Staff and the CEO of the Hospital will work as a team to coordinate activities and directions. In cases of evacuation of patients from one section of the Hospital to another or evacuation from Hospital premises, the President of the Medical Staff, during the disaster, will authorize the movement of patients. All policies concerning direct patient care will be a joint responsibility of the Departmental Chair and the CEO of the Hospital. In their absence, the deputy Chairs and alternate in administration are next in line of authority respectively.

- K. The disaster plan should be rehearsed at least twice a year, preferably as part of a coordinated drill in which other community emergency service agencies participate. The drills, which should be realistic, must involve the appropriate Members of the Medical Staff as well as administrative, nursing and other Hospital personnel. Actual evacuation of patients during drills is optional. There should be a written report and evaluation of all drills.

L. On-Call Responsibilities

The Medical Staff at Self Regional Healthcare shall provide Emergency Department coverage as outlined below:

1. Medical Staff Participation

All Active Medical Staff Members with Clinical Privileges will be subject to on-call availability to the Emergency Department.

2. Back-up Call

If a physician is unavailable for call, it will be his or her responsibility to arrange for appropriate back-up call, and so notify the Emergency Department and Medical Staff Services Office. If a physician fails to make these arrangements, or does not respond to call, the appropriate Department Chair will be called for guidance in contacting another appropriate practitioner to handle the care of the patient and the incident will be forwarded to the MEC for review.

3. Scheduling

A quarterly Emergency Department call schedule will be made by the Medical

Staff Services Office and distributed to the Emergency Department and Medical Staff. If back-up call is to be arranged, the Medical Staff Services Office should be notified as early as possible so that changes might be incorporated into this call schedule.

4. Sanctions for Noncompliance

A refusal or failure to respond within a reasonable period of time to an Emergency Department call will be referred to the MEC for corrective action.

V. **Mandatory Disclosure Requirements**

A. Treatment for substance abuse

Each physician, dentist or podiatrist who receives treatment for substance or drug or alcohol abuse shall report the treatment in writing to the President of the Medical Staff within ten (10) days of the initiation of such treatment. Failure to report may subject the practitioner to corrective action.

B. Health Status

Each physician, dentist or podiatrist whose physical or mental competence has changed such that the physician, dentist or podiatrist is not able to perform the essential functions related to his or her Medical Staff Membership and Clinical Privileges or poses a direct threat or a health or safety risk to patients must report such change, in writing, to the President of the Medical Staff within ten (10) days of such change.

C. Actions related to licensure

Each physician, dentist or podiatrist shall disclose all actions related in any way to: (1) his/her license to practice in this or any other jurisdiction; (2) DEA license, South Carolina Controlled Substances Registration or any other controlled substance certification or registration; (3) any other license or certificate issued by a federal or state agency related in any way to his/her professional activities; (4) his/her right to participate in Medicare, Medicaid or any other governmental healthcare program; (5) any change of status related to certification by a professional certifying body including failure to obtain Board certification; (6) membership or privileges at any healthcare system, Hospital, or other healthcare facility and participation in any managed care arrangement. Actions shall be reported in writing to the President of the Medical Staff within ten (10) days of initiation of the action. Failure to report may subject the practitioner to corrective action.

D. Changes in information

Each applicant for Clinical Privileges and each physician, dentist or podiatrist shall report any change in any information submitted in connection with the most recently submitted application for appointment or reappointment, a request for additional privileges, or any other request requiring consideration by the Credentials Committee in writing to the President of the Medical Staff within ten (10) days of the initiation of the action or other change. For purposes of this section, "change in any information" includes but is not limited to the initiation of corrective action or an adverse privileging decision by any healthcare institution and any change in health status information. Failure to report may subject the practitioner to corrective action or may be grounds for administrative termination of the application in the case of an applicant.

E. Changes in insurance

Each practitioner shall report any change in amount or class (including any additions or exclusions) of, any termination of, or any refusal to renew the professional liability insurance maintained by that practitioner in writing to the President of the Medical Staff within ten (10) days of becoming aware of that change. Failure to report may subject the physician, dentist or podiatrist to corrective action.

As approved by the Medical Staff

September 25, 2024

As approved by the Board of Trustees

October 7, 2024