MEDICAL STAFF BYLAWS, POLICIES, AND RULES AND REGULATIONS OF SAINT JOSEPH'S HOSPITAL OF ATLANTA, INC.

MEDICAL STAFF BYLAWS

January 25, 2012
# Medical Staff Bylaws

January 2012

Table of Contents

## DEFINITIONS

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

## ARTICLE I. CATEGORIES OF THE MEDICAL STAFF

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>The Medical Staff</td>
</tr>
<tr>
<td>3</td>
<td>The Honorary Medical Staff</td>
</tr>
<tr>
<td>3</td>
<td>The Emeritus Medical Staff</td>
</tr>
<tr>
<td>3</td>
<td>The Active Medical Staff</td>
</tr>
<tr>
<td>4</td>
<td>The Courtesy Medical Staff</td>
</tr>
<tr>
<td>4</td>
<td>The Affiliate Medical Staff</td>
</tr>
<tr>
<td>6</td>
<td>The Research Affiliate Staff</td>
</tr>
</tbody>
</table>

## ARTICLE II. MEDICAL STAFF OFFICERS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Officers of the Medical Staff</td>
</tr>
<tr>
<td>7</td>
<td>Qualifications of Officers</td>
</tr>
<tr>
<td>8</td>
<td>Duties of Officer</td>
</tr>
<tr>
<td>8</td>
<td>Nomination and Election of Officers</td>
</tr>
<tr>
<td>9</td>
<td>Dismissal of an Officer</td>
</tr>
</tbody>
</table>

## ARTICLE III. MEDICAL STAFF DEPARTMENTS AND SECTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Organization of Departments and Sections</td>
</tr>
<tr>
<td>11</td>
<td>Assignment to Departments and Sections</td>
</tr>
<tr>
<td>11</td>
<td>Functions of Departments and Sections</td>
</tr>
</tbody>
</table>

## ARTICLE IV. STAFF EXECUTIVE COMMITTEE

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
</tr>
</tbody>
</table>

## ARTICLE V. MEETINGS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>General Staff Meetings</td>
</tr>
<tr>
<td>15</td>
<td>Special Meetings</td>
</tr>
<tr>
<td>15</td>
<td>Departmental Meetings</td>
</tr>
<tr>
<td>15</td>
<td>Attendance at Meetings</td>
</tr>
<tr>
<td></td>
<td>Voting</td>
</tr>
</tbody>
</table>

## ARTICLE VI. MEDICAL HISTORIES AND PHYSICAL EXAMINATIONS

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
</tr>
</tbody>
</table>

## ARTICLE VII. OTHER MEDICAL STAFF DOCUMENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Rules and Regulations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
</tr>
</tbody>
</table>
ARTICLE VIII. CONFLICT MANAGEMENT PROCESS

ARTICLE IX. BASIC STEPS AND DETAILS
Section 1. Qualifications for Appointment
Section 2. Process for Privileging
Section 3. Process for Credentialing (Appointment and Reappointment)
Section 4. Indications and Process for Automatic Relinquishment of Appointment and/or Privileges
Section 5. Indications and Process for Precautionary Suspension
Section 6. Indications and Process for Recommending Termination or Suspension of Appointment and Privileges or Reduction of Privileges
Section 7. Hearing and Appeal Process, Including Process for Scheduling and Conducting Hearings and the Composition of the Hearing Panel

ARTICLE X. GENERAL PROVISIONS
Section 1. Forms
Section 2. Construction of Terms and Headings
Section 3. Transmittal of Reports
Section 4. Exclusive Means

ARTICLE XI. AMENDMENTS

ARTICLE XII. ADOPTION
DEFINITIONS

1. ALLIED HEALTH PROFESSIONALS (“AHPs”) means individuals other than Medical Staff members who are authorized by law and by the Hospital to provide patient care services.

2. APPLICANT means a Practitioner who has completed and submitted an application for Medical Staff Membership or for Clinical Privileges or both.

3. BOARD or BOARD OF DIRECTORS means the Board of Directors of the Hospital, which has the overall responsibility for the Hospital, or its designated committee.

4. BYLAWS or MEDICAL STAFF BYLAWS means the Medical Staff Bylaws of Saint Joseph’s Hospital of Atlanta, Inc.

5. CLINICAL PRIVILEGES means the authorization granted by the Board to render specific patient care services.

6. DAYS means calendar days.

7. DENTIST means a doctor of dental surgery (“D.D.S.”) or doctor of dental medicine (D.M.D.)

8. EX OFFICIO means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.

9. HOSPITAL means Saint Joseph's Hospital of Atlanta, Inc.

10. MEMBER means any physician, podiatrist and dentist who has been granted Medical Staff appointment and Clinical Privileges by the Board to practice at the Hospital.

11. MEDICAL STAFF means all physicians, podiatrists and dentists who have been appointed to the Medical Staff by the Board.

12. MEDICAL STAFF YEAR means January 1 through December 31.

13. NOTICE means written communication by regular U.S. mail, e-mail, facsimile, or Hospital mail, or hand delivery.

14. ORGANIZED HEALTHCARE ARRANGEMENT or OHCA means the term used by the HIPAA Privacy Rule to describe a clinically-integrated care setting in which patients typically receive health care from more than one provider (such as a hospital and its Medical Staff) and which benefits from regulatory provisions designed to facilitate compliance with the HIPAA Privacy Rule.
15. PATIENT CONTACTS or ATTEND or ATTENDANCE TO PATIENTS includes any admission, consultation, procedure, response to emergency call, evaluation, treatment or service performed in any facility operated by the Hospital or affiliate, including outpatient facilities.

16. PHYSICIAN includes both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s").

17. PODIATRIST means a physician and surgeon of the human foot and leg; doctor of podiatric medicine ("DPM").

18. PRACTITIONER means, unless otherwise expressly defined, a Physician, Podiatrist, Dentist or AHP who has Clinical Privileges in the Hospital.

19. PRESIDENT means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.

20. RESEARCH AFFILIATE STAFF means any non-physician, podiatrist, or dentist who has an academic appointment in a college or university or a research and development scientist in medical industry who has been granted a Research Affiliate Staff appointment and approval by the Board to consult with the Medical Staff on clinical, research, and management matters.

21. SUSPENSION means temporary removal of privileges pending further action.
ARTICLE I. CATEGORIES OF THE MEDICAL STAFF

Section 1. The Medical Staff

The Medical Staff shall be divided into Honorary, Emeritus, Active, Courtesy, and Affiliate members.

Section 2. The Honorary Medical Staff

The Honorary Medical Staff shall be composed of Physicians, Podiatrists and Dentists on whom the Medical Staff wishes to confer a special honor. While these usually will be Staff Members of the Hospital who have retired from active practice at the Hospital, Physicians and Dentists of outstanding reputation, not necessarily holding Medical Staff membership or residing in this community, may also be so honored. Honorary Medical Staff Members shall not be eligible to admit patients, to vote, to hold office or to serve on Medical Staff committees.

Section 3. The Emeritus Medical Staff

The Emeritus Medical Staff shall consist of Physicians, Podiatrists and Dentists who have retired from practice at the Hospital. Emeritus Medical Staff Members shall not be eligible to admit patients, to vote, to hold office or to serve on Medical Staff committees.

Section 4. The Active Medical Staff

The Active Medical Staff shall consist of Physicians, Podiatrists and Dentists who regularly admit patients to the Hospital. Attendance to at least twelve patients per Medical Staff Year shall be required to become and to remain a member of the Active Medical Staff.

Active Medical Staff members must: (1) assume responsibility within their area of professional competence for the daily care and supervision of their patients, (2) strive to assure the provision of quality patient care through the monitoring and evaluation of the quality and appropriateness of patient care and the identification of opportunities to improve patient care, (3) participate, as appropriate, in risk management activities related to the clinical aspects of patient care and safety, (4) perform, as requested, on-call coverage in the Emergency Room and outpatient departments, (5) participate in committee activities. Exceptions to the above responsibilities may be established by the Staff Executive Committee.

Members of the Active Medical Staff shall be appointed to a specific department, shall be eligible to vote, to hold office and to serve on Medical Staff Committees.
Members in this category shall be subject to the additional requirements as stipulated by the Member's department and section, if appropriate, as found in the Medical Staff Rules and Regulations.

Section 5. The Courtesy Medical Staff

The Courtesy Medical Staff shall consist of Physicians, Podiatrists and Dentists qualified for staff membership but who only occasionally admit patients to the Hospital or who act primarily as consultants. Courtesy Medical Staff Members may not attend more than twelve patients to the Hospital during any calendar year. A Courtesy Medical Staff Member who has attended a yearly average of twelve patients to the Hospital during the two year reappointment period must either:

a) receive approval of his appointment to the Active Medical Staff or b) receive specific approval of the waiver of such requirement from the Board of Directors upon the recommendations of his section chief and/or department chair.

A Courtesy Medical Staff Member must hold active staff membership at another JCAHO accredited hospital in the community where his hospital practice is reviewed, evaluated and monitored similarly to those peer review activities required of active staff members of this hospital.

In the event a Courtesy Medical Staff Member does not meet the qualifications for reappointment to the Courtesy Medical Staff, his appointment to the Staff shall automatically terminate; provided, however, the Staff Executive Committee and Board of Directors may, upon their joint approval, allow the practitioner to retain his appointment to the Courtesy Medical Staff.

A Courtesy Medical Staff Member shall be allowed to exercise such Clinical Privileges as are granted to him pursuant to the Medical Staff Credentials Manual. Courtesy Medical Staff Members shall not be eligible to vote or hold office nor shall they be required to attend Medical Staff meetings; however, they may be asked to serve on Medical Staff committees. Members in this category shall be subject to the additional requirements of the Member's department and section, if appropriate, as set forth in the Medical Staff Rules and Regulations.

Section 6. The Affiliate Medical Staff

The Affiliate Medical Staff shall consist of Physicians, Podiatrists and Dentists who do not desire to become practicing members of the Medical Staff but who wish to participate in a limited manner in the activities at the Hospital. They need not meet the qualifications for membership outlined in Article 2. (Qualifications), Section 2.A.1. (Eligibility Criteria) of the Medical Staff Credentials Manual, nor shall they be entitled to the rights afforded to members by these Bylaws.

Persons appointed to the Affiliate Medical Staff may attend the professional programs of the Medical Staff. They may not be granted Clinical Privileges but may confer with the attending
physician on patients referred for care by the Affiliate Medical Staff. Affiliate Medical Staff shall not be eligible to vote or hold office nor shall they be required to attend Medical Staff meetings. Affiliate Medical Staff may not serve on Medical Staff Committees.

This category of membership shall be available to Physicians and Podiatrists who do not intend to admit or manage patients in the Hospital, but who:

A. Practice in or around the Hospital service area and utilize the Hospital specialists. Practicing members of the Affiliate Category must meet one of the following requirements:

1. Physician or Podiatrist must have previously held membership on the Medical Staff of the Hospital; or

2. Physician or Podiatrist must have outstanding reputation in the Hospital service area; and

B. Serve in medico-administrative capacity for industry, insurance companies, etc.

Credentialing of Applicants to the Affiliate Medical Staff consists of, but is not limited to, the following:

A. Practicing Physicians or Podiatrists:

1. Submit a request for Affiliate membership by completing an application for appointment as described in Article 2, Section C. of the Medical Staff Credentials Manual.

2. Provide documentation to satisfy Article 2, Section 2.B.3. of the Medical Staff Credentials Manual.

3. Provide a letter of recommendation from the CEO or President of their primary hospital affiliation where an Active membership is held, if applicable.

4. Provide a letter of recommendation from the Chief of Staff of their primary hospital affiliation, if applicable; or

B. Medico-administrative Physicians or Podiatrists:

1. Submit a request for Affiliate membership by completing an application for appointment as described in Article 2, Section C. of the Medical Staff Credentials Manual.

2. Provide documentation to satisfy Article 2, Section 2.B.3. of the Medical Staff Credentials Manual.

3. Provide a letter of recommendation from the CEO or President of their firm; and Recommendation of the Medical Staff Credentials
There is no implied ability to move from Affiliate Medical Staff to any other category of the Medical Staff. Such a move would require a separate completed application.

**Section 7. The Research Affiliate Staff**

The Research Affiliate Staff shall consist of faculty in academic institutions or research and development scientists in medically related industry who desire to participate in a limited manner in the management, clinical, and research activities at the Hospital. Research Affiliate Staff must meet the qualifications for membership outlined in Article 2.A.2. of the Medical Staff Credentials Manual (Eligibility Criteria for Academic Staff). Research Affiliate Staff need not meet items 2.B.1. (a), (c), (d), (g), (h), (l) (k), and (l) of the Medical Staff Credentials Manual (Basic Responsibilities and Requirements), nor shall they be entitled to the rights afforded to members by these Bylaws.

Persons appointed to the Research Affiliate Staff may attend professional programs of the Medical Staff. They may not be granted Clinical Privileges, but may confer with the attending physicians on patient care, collection and analyses of clinical and laboratory data, quality improvement processes and outcomes, and preclinical and clinical research. Research Affiliate Staff shall not be eligible to vote or hold office nor shall they be required to attend Medical Staff meetings. Research Affiliate Staff may not serve on Medical Staff Committees but may attend meetings as invited guests.

This category of membership shall be available to persons who are not eligible to admit or manage patients in the Hospital, but who:

A. Have expertise in, but not limited to, science, engineering, management, liberal arts, computing, and research, or intellectual property development which enhances the ability of the Medical Staff to provide quality patient care, participate in translational research, and engage in professional development.

B. Members of the Research Affiliate Staff category must meet the following requirements:
   1. Hold an academic or administrative appointment in a College or University or hold a position involving medical research or investigation in industry.
   2. Have an outstanding reputation in their area of expertise.
   3. Be a participant in an ongoing scientific or research project involving Saint Joseph’s Health System.

Credentialing of Applicants to the Research Affiliate Staff consists of, but is not limited to, the following:
A. Submit a request for Research Affiliate Staff membership by completing an application for appointment as described in Article 2.C. of the Medical Staff Credentials Manual (Application).

B. Provide documentation to satisfy Article 2.B.2. of the Medical Staff Credentials Manual (Burden of Providing Information).

C. Provide a letter of recommendation from the President or Dean of the institution where the Applicant’s primary academic appointment is held or provide a letter confirming current employment in the area of medical research.

D. Provide a letter of recommendation from a member of the Medical Staff of the Hospital supporting the appointment.

E. Provide a letter of recommendation from the President of Saint Joseph’s Translational Research Institute, an affiliate of the Hospital.

There is no implied ability to move from Research Affiliate Staff to any other category of the Medical Staff. Such a move would require a separate completed application.

ARTICLE II. OFFICERS

Purpose: The purpose of this Article is to specify the organization needed to provide effective self governance for the Medical Staff. The duties, qualifications and methods of selection of each officer is defined.

Section 1. Officers of the Medical Staff

The officers of the Medical Staff shall be:

A. Chief of Staff
B. Vice Chief of Staff

Section 2. Qualifications of Officers

Officers must have been Members of the Active Medical Staff for at least two (2) years prior to the time of nomination and election and must remain Members of the Active Medical Staff during their respective terms of office. Failure to maintain Active staff membership shall immediately create a vacancy in the office involved. Vacated offices may be filled as provided for in these Bylaws at any general Medical Staff Meeting.

Medical Staff Bylaws
January 25, 2012
Section 3. Duties of Officers

Chief of Staff: The Chief of Staff shall serve as the chief administrative officer of the Medical Staff to:

A. act in coordination and cooperation with the President in all matters of mutual concern within the Hospital; and
B. call, preside over all general meetings of the Medical Staff; and
C. serve as chairperson of the Staff Executive Committee; and
D. serve as ex-officio member of all other Medical Staff Committees; and
E. be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, for implementation of sanctions where these are indicated; and
F. represent the Medical Staff to the Board of Directors and its committees and to the President; and
G. receive, and interpret the policies of the Board of Directors to the Medical Staff and report to the Board of Directors on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care.

Vice Chief of Staff: In the absence of the Chief of Staff, he shall assume all the duties and have the authority of the Chief of Staff.

Section 4. Nomination and Election of Officers

A slate of nominees for officers of the Medical Staff shall be presented by a subcommittee appointed by the Chief of Staff composed of three (3) Members of the Staff Executive Committee, other than the current officers, and the Chairpersons of the Departments of Surgery and Medicine. Said nominees must meet qualifications outlined in Article II (Officers), Section 2. (Qualifications of Officers), of these Bylaws. A motion may be made for voting by secret ballot.

In addition to the candidate(s) nominated by the Nominating Committee, other candidates may be placed on the election ballot if a petition signed by ten percent (10%) or more Active medical staff members is presented to the Medical Staff Office at least ten (10) days prior to the meeting of the Nominating Committee.

Prior to the General Staff Meeting at which the election will be held, all members of the Active Medical Staff shall be notified of the Nominating Committee’s selections and the names of any other candidates which will be on the ballot.

Officers shall be elected by the Medical Staff at any general meeting and approved by the Board of Directors. Voting will be by mail ballot if more than one (1) candidate is on the election ballot. Otherwise, mail or secret ballot is not necessary.

Medical Staff Bylaws
January 25, 2012
Officers shall hold office for a two (2) year term, unless otherwise removed, and may be re-elected.

Section 5. Dismissal of an Officer

The matter of dismissal of an officer of the Medical Staff, after being charged by a majority of the Staff Executive Committee with failure to discharge satisfactorily the function of his office, will then be put before the next general meeting of the Medical Staff.

The dismissal of an officer of the Medical Staff shall be based on conduct determined to be detrimental to the interests of the hospital or if the officer is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office. Criteria to be considered shall include, but not be limited to, the following:

A. Displays of consistently poor judgment in medico-administrative matters.
B. Acts inappropriately when representing the Medical Staff as its elected officer.
C. Attends inconsistently when the Staff Executive Committee meets for business.
D. Displays disruptive or unprofessional behavior.
E. Disregards Medical Staff or Hospital policies openly.
F. Ignores Medical Staff adopted Bylaws, Rules and Regulations when conducting Medical Staff business.
G. Fails to maintain Active category status.
H. Is physically or mentally incapable of fulfilling the role.

If in the judgment of a two-thirds majority of the voting members of the Medical Staff present sufficient cause for dismissal exists, the matter will be presented at the next regular meeting of the Board of Directors. A majority of the voting members of the Board of Directors shall be required to recommend dismissal of an officer to the Board of Directors. Final authority for dismissal of an officer rests with the Board of Directors.

ARTICLE III. MEDICAL STAFF DEPARTMENTS AND SECTIONS

Purpose: The purpose of this Article is to designate the required Medical Staff departments and sections and to define their relationships, their organization and their functions.

Section 1. Organization of Medical Staff Departments and Sections

There shall be six (6) departments of the Medical Staff: Department of Medicine; Department of Surgery; Department of Pathology; Department of Radiology; Department of Anesthesiology; and Department of Emergency Services. Each department shall be organized as a separate part of the Medical Staff and shall have a chairperson who shall be responsible for the supervision of his department. The chairperson must be certified by an appropriate specialty board, or affirmatively establish, through the privilege delineation process, that he possesses comparable competence. The Chairpersons of the Departments of Medicine and Surgery must have been a

Medical Staff Bylaws
January 25, 2012
member of the Active Medical Staff for two (2) years. Each chairperson shall be nominated by the section chiefs of his department, elected by his department, and approved by the Staff Executive Committee and the Board of Directors. He shall be elected to serve for a period of two (2) years. He may succeed himself. The Chairpersons of the Departments of Pathology, Radiology, Anesthesiology and Emergency Services shall be the physician who is authorized by the Board of Directors to direct that Hospital service.

There shall be sections within the Departments of Medicine and Surgery. The decision to create a section shall be based on the existence of multiple Members of the Active Medical Staff practicing in the same specialty or sub-specialty area with a volume of patients sufficient to indicate the need for efficient and effective management. A recommendation to create, eliminate, subdivide, or delete a section shall be made by the Staff Executive Committee and shall be approved by the Board of Directors.

There shall be a chief of each section of the Departments of Medicine and Surgery elected by the members of the respective sections. The elected chief must have been a member of the Active Medical Staff for the two prior consecutive (2) years. The Section Chief must be certified by an appropriate specialty board, or affirmatively establish, through the credentialing process, that he possesses comparable competence. He shall be elected to serve for two (2) years and may be re-elected.

The Chairperson of the Department of Surgery and each section chief from within the department shall form the Executive Committee of the Department of Surgery. This committee shall meet as often as necessary, to consider any issue affecting the department. Recommendations made by the committee shall be forwarded to the Staff Executive Committee for consideration.

Responsibilities of Medical Staff Department Chairpersons and Section Chiefs.

A. Department Chairs and Section Chiefs are responsible for the following:

1. All clinically related activities of the department;
2. All administratively related activities of the department, unless otherwise provided for by the hospital;
3. Continuing surveillance of the professional performance of all individuals who have delineated Clinical Privileges in the department;
4. Recommending to the Medical Staff the criteria for Clinical Privileges that are relevant to the care provided in the department;
5. Recommending Clinical Privileges for each member of the department;
6. Integrating the department into the organization's primary functions;
7. Coordinating and integrating interdepartmental and intradepartmental services;
8. Developing and implementing policies and procedures that guide and support the provision of care, treatment and services;
9. Recommending a sufficient number of qualified and competent persons to provide care, treatment and services;
10. Determining the qualifications and competence of department personnel who provide patient care, treatment and services and who are not licensed independent practitioners;
11. Continuously assessing and improving the performance of care, treatment and services provided;
12. Maintaining quality control programs, as appropriate;
13. Orienting and providing in-service training, and continuing education of persons in the department;
14. Recommending space and other resources needed by the department;
15. Assessing and recommending to the Board of Directors off-site sources for needed patient care, treatment and services not provided by the department or organization; and
16. Issuance of reports as required.

Section 2. Assignment to Medical Staff Departments and Sections

The Staff Executive Committee shall, after consideration of the recommendation of the Credentials Committee, recommend initial departmental and sectional assignments for all Medical Staff Members and for Allied Health Professionals within any department. The exercise of Clinical Privileges shall be subject to the Rules and Regulations pertaining to that department/section and the authority of the department chairperson or section chief. Each member of the Department of Medicine and Surgery shall be assigned membership in only one section, but may be granted Clinical Privileges in more than one section.

Section 3. Functions of Medical Staff Departments and Sections

Each department/section shall establish its own criteria, consistent with the policies of the Medical Staff and of the Board of Directors for the granting of Clinical Privileges.

All departments and sections shall meet as necessary to assure the provision of quality patient care through the monitoring and evaluation of the quality and effectiveness of patient care. The departments and sections may elect to meet individually or jointly.

The duties involving patient care evaluation and monitoring programs are:

A. adopt, subject to the approval of the Staff Executive Committee and the Board, a system designed to routinely collect information about important aspects of patient care provided by practitioners and about the clinical performance of practitioners. Objective criteria, which have been agreed upon by each department and that reflect current knowledge and clinical experience, shall be used in the monitoring and evaluation system. At the discretion of the department or section, expert review may be sought to aid in the patient care evaluation and
monitoring program. The duties include the periodic assessment of the information collected to identify opportunities to improve patient care and to identify important problems in patient care.

B. take actions and evaluate the effectiveness of such actions, when important problems in patient care and clinical performance or opportunities to improve care are identified.

C. document, as appropriate, but at least annually, the findings and results of department, section and committee quality monitoring and evaluation indicators and other staff activities designed to monitor patient care practice. Actions taken to correct identified problems or opportunities to improve patient care will be documented at least quarterly.

D. submit reports at least annually to the Physician Quality Assessment Committee and Staff Executive Committee on the overall quality and efficiency of medical care provided in the Hospital and on department, section and committee patient care evaluation and monitoring activities.

E. participate in developing mechanism for assuring the accountability of the medical staff of the hospital for the care provided and for assuring the provision of the same level of quality of patient care by all practitioners, which mechanisms shall be described in the hospital's Quality Assessment/Risk Management Plan.

F. in addition, the quality assessment/improvement activities may be performed by various committees of the staff, including but not limited to the committees performing functions listed in Section 1. Paragraphs A, B, D, F, G, and H of the Medical Staff Committee Manual. In performing quality assessment/improvement functions (including but not limited to peer review, credentials, utilization review and functions designed to improve, promote or review quality of patient care) the minutes, proceedings, records, reports, memoranda, statements, recommendations, letters, data and other communications of the committees and staff members shall be confidential, privileged, and protected from discovery or admission into evidence to the fullest extent provided or permitted by state law.

G. participate, as appropriate in risk management activities of the Hospital related to the clinical aspects of patient care and safety by identifying general areas of potential risk, developing criteria for identifying specific cases with potential risk, correct clinical problems and design programs to reduce risk in the clinical aspects of patient care and safety.
ARTICLE IV.       STAFF EXECUTIVE COMMITTEE

The Medical Staff Executive Committee shall consist of sixteen (16) members: (1) Chief of Staff; (2) Vice Chief of Staff; (3) the Chairperson of the Credentials Committee; (4) the Chairperson of the Physicians’ Quality Assessment-Improvement Committee; (5) and (6) the two Chairpersons of the Departments of Medicine and Surgery; (7) one (1) Chairperson of a hospital-based department; the three (3) section chiefs from the Department of Medicine to include (8) the section chief of cardiology, (9) the section chief of internal medicine and (10) one section chief at large from the remaining sections within the department to be selected by the Executive Committee of the Department of Medicine; four (4) section chiefs from the Department of Surgery to include (11) the section chief of cardiothoracic surgery, (12) the section chief of vascular surgery, (13) the section chief of orthopedic surgery and (14) one section chief at large from the remaining sections within the department to be selected by the Executive Committee of the Department of Surgery; (15) the medical director of the intensivist service and (16) the medical director of the hospitalist service. In the event a Medical Staff member holds two seats on the Staff Executive Committee, the Chief of Staff shall appoint a replacement for one seat.

The President or his designee attends each meeting as an ex-officio without a vote.

Any voting member of the committee may appoint a member of the Active Medical Staff with power to vote in his absence.

Staff Executive Committee meetings shall be open to any Member. Executive Session may be called at the discretion of the chairperson or presiding Member when matters requiring confidentiality are to be discussed. The Staff Executive Committee empowers the Executive Session with the full powers of the Staff Executive Committee.

The Chief of Staff serves as chairperson of this committee.

The duties of the Staff Executive Committee shall be:

A. to represent and to act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;

B. to coordinate the activities and general policies of the various departments;

C. to receive and act upon committee reports;

D. to implement policies of the Medical Staff not otherwise the responsibility of the departments;

E. to recommend action to the President on matters of a medico-administrative nature;
to make recommendations on Hospital management matters which affect the Medical Staff to the Board of Directors;

G. to fulfill the Medical Staff's accountability to the Board of Directors for quality of the overall medical care rendered to patients in the Hospital;

H. to ensure that the Medical Staff is kept abreast of quality assessment/improvement and standards compliance status of the Hospital;

I. to review the credentials of all Applicants and to make recommendations for staff membership, assignment to departments and delineations of Clinical Privileges;

J. to review periodically all information available regarding the performance and clinical competence of Staff Members and other Practitioners with Clinical Privileges and, as a result of such reviews, to make recommendations for reappointments and renewal or changes in Clinical Privileges as provided in Articles I and II of the Medical Staff Credentials Manual;

K. to take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all Practitioners, including the initiation of and/or participation in corrective or review measures when warranted;

L. to report at each general staff meeting.

M. makes recommendations to the Board of Directors on the organization of the quality assessment/improvement activities of the medical staff, as well as the mechanism used to conduct, evaluate and revise such activities.

N. report at least quarterly to the Board of Directors on the findings of Medical Staff quality assessment/improvement monitoring and evaluation activities.

O. approves sources of patient care provided outside the Hospital.

ARTICLE V. MEETINGS

Section 1. General Staff Meetings

There shall be three general meetings of the Medical Staff. These will be held in the winter, summer and fall.

The winter meeting will be designated the annual meeting at which time officers, department Chairpersons, section chiefs and committee Chairpersons shall make their annual reports.
Section 2. Special Meetings

Special meetings of the Medical Staff may be called at any time by the Board of Directors, the Chief of Staff, the President or any twenty-five (25) Members of the Active Staff. No business shall be transacted at any special meeting except that stated in the notice calling the meeting. Sufficient notice shall be given each Member of the staff and the President by notification at least forty-eight (48) hours in advance.

Section 3. Departmental Meetings

Departments and sections shall hold meetings in accordance with Article VII. Section 3B of these Bylaws.

Section 4. Attendance at Meetings

All Members of the Medical Staff are strongly encouraged to attend the departmental/section, regular, special, and annual staff meetings but attendance is not mandatory. Attendance at these meetings will be recorded.

Any Member, regardless of Staff classification, who has attended a case that is to be presented for discussion at a departmental meeting shall be notified and shall be present for the discussion.

Section 5. Voting

Only Active Staff Members shall be eligible to vote at departmental/section, regular, annual and special staff meetings.

For any regular or special meeting of the medical staff, a department, section or committee, those voting members present shall constitute a quorum. However, for Staff Executive Committee and Credentials Committee meetings, the presence of at least one-half of the total membership eligible to vote is necessary for a quorum. Once a quorum is established, the business of the meeting may continue and all actions taken shall be binding.

Any Member eligible to vote at regular, annual or special staff meetings may request a question to be decided by a written ballot.

ARTICLE VI. MEDICAL HISTORIES AND PHYSICAL EXAMINATIONS

A. The attending physician shall perform and record an admission history and physical (H&P) examination within 24 hours after the patient’s admission but prior to an invasive, interventional, surgical or diagnostic procedure, except in emergency situations.
1) The admission H&P may also be performed and recorded by the physician’s physician assistant or nurse practitioner to be reviewed, approved and co-signed by the physician. The physician’s registered nurse may dictate the H&P to be reviewed, amended as necessary, approved and co-signed by the physician. (The H&P must be performed by the physician and not the RN.)

2) Patients admitted for dental surgery must have recorded on their chart an admission history and physical examination performed by a physician on staff of this hospital who shall be responsible for the medical aspects of care throughout the patient's hospital stay. A history and pertinent physical findings shall also be recorded by the oral surgeon.

3) The admission H&P for patients admitted for podiatric surgery with ASA Class I designation may be performed and recorded by a podiatrist who has been granted such privileges. Otherwise, these patients must have recorded on their chart an admission history and physical examination performed by a physician member of Saint Joseph’s Medical Staff who shall be responsible for the medical aspects of care throughout the patient's hospital stay. A history and pertinent physical findings shall also be recorded by the podiatric surgeon.

B. If a patient’s H&P is completed before admission:

1) The H&P must have been performed and recorded, within 30 days prior to hospital admission, by a member of the Saint Joseph’s Medical Staff or by a referring physician not on the Saint Joseph’s Medical Staff.

2) An update note is required as follows:

   a. The attending physician, or other designee qualified to perform the H&P, must perform an updated physical assessment of the patient to update any components of the patient’s current medical status that may have changed since the prior H&P, including confirming that the necessity for the procedure or care is still present and the H&P is still current.

   b. The update note must be documented within 24 hours after the patient’s admission but before an invasive, interventional, surgical or diagnostic procedure (except in emergency situations).

   c. The History and Physical Update Note form must be used, including documenting the location of the original History and Physical Exam and what changes have occurred since the time of the original History and Physical Exam.

C. When the history and physical examination has not been recorded prior to the time of an invasive, interventional or diagnostic procedure, the procedure shall be cancelled, unless the attending surgeon states in writing that such delay would constitute hazard to the patient. In cases where
histories and physical examinations have been dictated but not yet typed and placed in the patient's record, a written statement to this effect in the admission note along with any pertinent information necessary for the safe administration of anesthesia and conduct of the operative procedure will be acceptable.

D. At a minimum, the history and physical report shall include histories, systems reviews, and physical findings pertinent to the current illness or procedure and shall also include the following:

- A statement of the reason for admission to the hospital stated as a chief complaint.
- In the case of surgery or other procedure, a statement as to the necessity for the procedure.
- A history of any drug allergies.
- A statement of the working diagnosis, conclusions or impressions drawn from the history and physical examination.
- A plan of diagnostic and or therapeutic action.

E. The following table is prepared as a guideline to physicians to describe the H&P requirements based on patient status (inpatient or outpatient) or level of sedation administered for the procedure.

<table>
<thead>
<tr>
<th>Patient status or Anesthesia Type</th>
<th>H&amp;P Requirement</th>
<th>Transfer Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Admission</td>
<td>Comprehensive H&amp;P</td>
<td>H&amp;P from transferring facility &amp; physician acceptable if:</td>
</tr>
<tr>
<td></td>
<td>Chief complaint</td>
<td>- completed within 7 days of admission to SJHA</td>
</tr>
<tr>
<td></td>
<td>History of present illness</td>
<td>- exam meets SJHA criteria above</td>
</tr>
<tr>
<td></td>
<td>Past History</td>
<td>- Staff MD reviews, confirms and/or updates H&amp;P and authenticates confirmation in record or on H&amp;P</td>
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<td></td>
<td>Medications</td>
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<td>Family History</td>
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<td>Social History</td>
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<td>Review of systems</td>
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<td>Physical examination</td>
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<td>Vital signs</td>
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<td>Abdomen</td>
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<td>Extremities</td>
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<tr>
<td></td>
<td>Neurological</td>
<td></td>
</tr>
<tr>
<td>Outpatient Procedures with Deep Sedation (Includes: General Anesthesia, Blocks, MAC)</td>
<td>Comprehensive H&amp;P or Short Stay Form</td>
<td>Same as above</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Patient status or Anesthesia Type</td>
<td>H&amp;P Requirement</td>
<td>Transfer Records</td>
</tr>
<tr>
<td>Outpatient Procedures with Moderate Sedation (Includes Conscious Sedation)</td>
<td>1. Minimum H&amp;P (as noted above); or 2. Completed Conscious Sedation Form; or 3. Focused physicians' office note or 4. Short Stay Form</td>
<td>Same as above</td>
</tr>
<tr>
<td>Outpatient Procedures with Minimum Sedation (Includes Local)</td>
<td>Minimum H&amp;P</td>
<td>Same as above</td>
</tr>
<tr>
<td>Outpatient Observation</td>
<td>Short Stay H&amp;P; or Minimum H&amp;P; or Progress Note detailing reasons for observation status</td>
<td></td>
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<tr>
<td>Outpatient Emergency Department encounter</td>
<td>Comprehensive H&amp;P; or Minimum H&amp;P pertinent to illness</td>
<td></td>
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</tbody>
</table>

**ARTICLE VII. OTHER MEDICAL STAFF DOCUMENTS**

In addition to the Medical Staff Bylaws, there shall be policies and procedures and other applicable documents of the Medical Staff. These Medical Staff documents include, but are not limited to, the Medical Staff Credentials Manual, the Medical Staff Committee Manual, the Allied Health Professionals Manual and the Medical Staff Rules and Regulations. Adoption of and changes to these documents will become effective only when approved by the Board of Directors.
Section 1. Rules and Regulations

The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Board of Directors. 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 Practitioner in the Hospital.

An amendment to the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Staff Executive Committee. Notice of all proposed amendments to the Rules and Regulations shall be provided to each voting member of the Medical Staff at least fourteen (14) days prior to the vote by the Staff Executive Committee. Any voting member of the Medical Staff may submit written comments on the amendments to the Staff Executive Committee.

The Staff Executive Committee and the Board shall have the power to provisionally adopt urgent amendments to the Medical Staff Rules and Regulations that are needed in order to comply with any law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of all provisionally adopted amendments shall be provided to each member of the Medical Staff as soon as possible. The Medical Staff shall have fourteen (14) days to review and provide comments on the provisional amendments to the Staff Executive Committee. If there is no conflict between the Medical Staff and the Staff Executive Committee, the provisional amendments to the Medical Staff Rules and Regulations shall stand. If there is conflict over the provisional amendments, then the process for resolving conflicts shall be implemented.

Amendments to the Medical Staff Rules and Regulations may also be proposed by a petition signed by twenty five percent (25%) of the voting members of the Medical Staff. Any such proposed amendments will be reviewed by the Staff Executive Committee.

Adoption of and changes to the Medical Staff Rules and Regulations will become effective only when approved by the Board and communicated to the Medical Staff.

Section 2. Credentials Manual

The Medical Staff shall follow such procedures for appointment and reappointment to the Medical Staff as are more specifically described in the Medical Staff Credentials Manual.

The Credentials Manual shall fully describe the application for appointment to the Medical Staff, the process utilized in reviewing and acting upon each application for appointment, reappointment, requests for modification of appointment and the granting of Clinical Privileges.

An amendment to the Credentials Manual may be made by a majority vote of the members of the Staff Executive Committee, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Staff Executive Committee. Notice of all proposed amendments to the Credentials Manual...
shall be provided to each voting member of the Medical Staff at least fourteen (14) days prior to the vote by the Staff Executive Committee. Any voting member of the Medical Staff may submit written comments on the amendments to the Staff Executive Committee.

Adoption of and changes to the Credentials Manual will become effective only when approved by the Board and communicated to the Medical Staff.

Section 3. Committee Manual

The Medical Staff shall designate in the Medical Staff Committee Manual the committees necessary to carry out the functions of the Medical Staff organization. The Committee Manual will define the composition, duties and accountability of each committee as well as establish the nature and frequency of meetings of said committees.

An amendment to the Medical Staff Committee Manual may be made by a majority vote of the members of the Staff Executive Committee. Notice of all proposed amendments to the Committee Manual shall be provided to each voting member of the Medical Staff at least fourteen (14) days prior to the vote by the Staff Executive Committee. Any voting member of the Medical Staff may submit written comments on the amendments to the Staff Executive Committee.

Adoption of and changes to the Medical Staff Committee Manual will become effective only when approved by the Board and communicated to the Medical Staff.

Section 4. Policies and Procedures

The Medical Staff has the responsibility to develop policies and procedures to guide and direct its implementation of the general principles found within these Bylaws.

Such policies and procedures shall be a part of these Bylaws, except that they may be adopted and amended by a majority vote of the Staff Executive Committee. Adoption of and changes to Medical Staff policies and procedures will become effective when approved by the Board of Directors and communicated to the Medical Staff. Amendments to Medical Staff policies and procedures may also be proposed by a petition signed by twenty five percent (25%) of the voting members of the Medical Staff. Any such proposed amendments will be reviewed by the Staff Executive Committee.

Section 5. Allied Health Professionals Manual

The Allied Health Professionals Manual sets forth the credentialing process and the general practice parameters for Allied Health Professionals not on the Medical Staff who are permitted to provide services at the Hospital.
An amendment to the Allied Health Professionals Manual may be made by a majority vote of the members of the Staff Executive Committee, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Staff Executive Committee. Notice of all proposed amendments to these documents shall be provided to each voting member of the Medical Staff at least fourteen (14) days prior to the vote by the Staff Executive Committee. Any voting member of the Medical Staff may submit written comments on the amendments to the Staff Executive Committee.

Adoption of and changes to the Allied Health Professionals Manual will become effective only when approved by the Board and communicated to the Medical Staff.

ARTICLE VIII. CONFLICT MANAGEMENT PROCESS

In the event there is a conflict between the Medical Staff and the Staff Executive Committee with regard to: (a) proposed amendments to the Medical Staff Rules and Regulations, (b) a new policy and procedure proposed by the Staff Executive Committee, or (c) proposed amendments to an existing policy and procedure that is under the authority of the Staff Executive Committee, a special meeting of the Medical Staff will be called in accordance with the process for calling special meetings. The agenda for that meeting will be limited to the amendment(s) or policy and procedure at issue. The purpose of the meeting is to strive to resolve differences that exist with respect to Medical Staff Rules and Regulations or policies and procedures.

If the differences cannot be resolved, the Staff Executive Committee shall forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies and procedures offered by the voting members of the Medical Staff, to the Board of Directors for final action.

ARTICLE IX. BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Manual and the Allied Health Professionals Manual.

Section 1. Qualifications for Appointment

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of Clinical Privileges, an Applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct and ability to safely and competently perform the Clinical Privileges requested as set forth in the Credentials Manual.
Section 2. Process for Privileging

Complete applications are transmitted to the applicable department chairperson and section chief, who prepare written reports to the Credentials Committee, Staff Executive Committee and Board.

Section 3. Process for Credentialing (Appointment and Reappointment)

Complete applications are transmitted to the applicable department chairperson and section chief, who prepare written reports to the Credentials Committee, Staff Executive Committee and Board.

Section 4. Indications and Process for Automatic Relinquishment of Appointment and/or Privileges

A. Appointment and Clinical Privileges will be automatically relinquished if an individual:

1. fails to do any of the following:
   • timely complete medical records;
   • satisfy threshold eligibility criteria;
   • provide requested information;
   • attend a special conference;

2. is involved or alleged to be involved in defined criminal activity; or

3. makes a misstatement or omission on an application form.

B. Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved in the specified manner.

Section 5. Indications and Process for PrecautionarySuspension

A. Whenever failure to take action may result in imminent danger to the health and/or safety of any individual or may interfere with the orderly operation of the Hospital, the Chief of Staff, the chairperson of a clinical department, the President of the Hospital, or the Board chairperson is authorized to suspend or restrict all or any portion of an individual’s Clinical Privileges pending an investigation.

B. A precautionary suspension is effective immediately and will remain in effect unless it is modified by the President of the Hospital or Staff Executive Committee.

C. The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
D. The Staff Executive Committee will review the reasons for the suspension within a reasonable time.

E. Prior to, or as part of, this review, the individual will be given an opportunity to meet with the Staff Executive Committee.

Section 6. Indications and Process for Recommending Termination or Suspension of Appointment and Privileges or Reduction of Privileges

Following an investigation, the Staff Executive Committee may recommend suspension or revocation of appointment or Clinical Privileges based on concerns about (a) clinical competence or practice; (b) violation of ethical standards or the bylaws, policies, Rules and Regulations of the Hospital or the Medical Staff; or (c) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff.


A. The hearing will begin no sooner than (thirty) 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.

B. The Hearing Panel will consist of at least three (3) members or there will be a Hearing Officer.

C. The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.

D. A stenographic reporter will be present to make a record of the hearing.

E. Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit a written statement at the close of the hearing.

F. The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.

G. The Hearing Panel may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.

H. The affected individual and the Staff Executive Committee may request an appeal of the recommendations of the Hearing Panel to the Board.

Medical Staff Bylaws
January 25, 2012
ARTICLE X. GENERAL PROVISIONS

Section 1. Forms

Application forms and any other forms required by these Bylaws for use in connection with staff appointments, reappointments, delineations of Clinical Privileges, corrective action, notices, recommendations, reports and other matters shall be adopted by the Staff Executive Committee.

Section 2. Construction of Terms and Headings

Words used in these Bylaws shall be read as the masculine or feminine gender and 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.

Section 3. Transmittal of Reports

Reports and other information which these Bylaws require the medical staff to transmit to the Board shall be deemed so transmitted when delivered to the President.

Section 4. Exclusive Means

These Bylaws provide the sole and exclusive means for the delivery of patient services by practitioners at the hospital. No practitioner shall deliver any such services at the hospital unless such practitioner has been granted privileges hereunder to deliver such services at the hospital.

ARTICLE XI. AMENDMENTS

Amendments to the Medical Staff Bylaws may be proposed by a petition signed by twenty five percent (25%) of the voting members of the Medical Staff or by the Staff Executive Committee.

All proposed amendments must be reviewed by the Staff Executive Committee prior to a vote by the Medical Staff. The Staff Executive Committee shall provide notice of all proposed amendments, including amendments proposed by a petition of the voting members of the Medical Staff as set forth above, to the voting members of the Medical Staff. The Staff Executive Committee may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose.

The proposed amendments may be voted upon at any meeting of the Medical Staff if notice has been provided at least fourteen (14) days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting members of the Medical Staff at the meeting.
The Staff Executive Committee may also present any proposed amendments to the voting members of the Medical Staff by written or electronic ballot, returned to the Medical Staff Office by the date indicated by the Staff Executive Committee. Along with the proposed amendments, the Staff Executive Committee may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast by the voting members of the Medical Staff, so long as the amendment is voted on by at least fifty percent (50%) of the Medical Staff eligible to vote.

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

All amendments shall be effective only after approval by the Board.

If the Board has determined not to accept a recommendation submitted to it by the Staff Executive Committee or the Medical Staff, the Staff Executive Committee may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board’s rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the President of the Hospital within two weeks after receipt of a request.

Medical Staff Bylaws, Rules and Regulations, Credentials Manual, Committee Manual, Allied Health Professional Manual and Medical Staff policies shall be reviewed at least every three (3) years by the Medical Staff.

ARTICLE XII. ADOPTION

These Bylaws and any amendments thereto, shall be adopted and become effective when approved by the Board of Directors. Such adoption automatically repeals any previous bylaws of the Medical Staff.

**APPROVED by the Staff Executive Committee on December 20, 2011 and January 17, 2012.**

**ADOPTED by the Medical Staff on January 23, 2012.**

**APPROVED by the Board of Directors on January 25, 2012.**