

BOONE HOSPITAL CENTER

MEDICAL STAFF BYLAWS



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MEDICAL STAFF BYLAWS

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APPENDIX A

ARTICLE 1

GENERAL

1.A. DEFINITIONS

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

1.B. TIME LIMITS

Time limits referred to in these Bylaws and related policies and manuals are advisory only and are not mandatory, unless it is expressly stated. Medical Staff Leaders will strive to be fair under the circumstances.

1.C. DELEGATION OF FUNCTIONS

- (1) When a function is to be carried out by a member of the Hospital Administration, by a member of the Medical Staff, or by a committee of the Medical Staff, the individual, or the committee through its chairperson, may delegate performance of the function to one or more designees.
- (2) When a member of the Medical Staff is unavailable or unable to perform an assigned function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.D. MEDICAL STAFF DUES

- (1) Medical Staff dues will be as recommended by the Medical Executive Committee and may vary by category.
- (2) Dues will be payable annually and are due by no later than January 1 of each year. Failure to pay dues by April 1 will result in automatic relinquishment of appointment and privileges.
- (3) Signatories to the Boone Hospital Center's Medical Staff account will be the Chief of Staff, the Vice Chief of Staff, and the Secretary-Treasurer.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

2.A. GENERAL

- (1) Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff and Allied Health Staff set forth in the Credentials Policy are eligible to apply for appointment to one of the categories listed below. The categories, along with the respective prerogatives and responsibilities, are summarized in the chart attached as Appendix A to these Bylaws.
- (2) The qualifications, prerogatives and responsibilities set forth below are general in nature and may be subject to revision or modification by the Board.
- (3) At reappointment, any member of the Medical Staff or the Allied Health Staff who has not had sufficient patient activity at the Hospital may be requested to provide quality data and other information to assist in an appropriate assessment of current clinical competence as set forth in the Credentials Policy.

2.B. ACTIVE STAFF

2.B.1. Qualifications:

The Active Staff will consist of members of the Medical Staff who:

- (a) are involved in at least 20 patient contacts at the Hospital during the two-year appointment term; or
- (b) do not meet the activity requirements of this category, but have demonstrated a commitment to the Medical Staff through service on Medical Staff or Hospital committees or active participation in performance/quality improvement functions for at least 20 documented hours during the two-year appointment term.

2.B.2. Prerogatives:

Active Staff members may:

- (a) attend and vote in general and special meetings of the Medical Staff and applicable department, division, and committee meetings;
- (b) hold office, serve on Medical Staff committees, and serve as department chief, division chairperson, and committee chairperson; and

- (c) exercise clinical privileges granted.

2.B.3. Responsibilities:

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

- (a) serving on committees, as requested;
- (b) providing on-call coverage for the Emergency Department for unassigned patients and accepting referrals from the Emergency Department for follow-up care of patients;
- (c) participating in the professional practice evaluation and performance improvement processes;
- (d) accepting inpatient consultations, when requested;
- (e) arranging for appropriate consultation or admission for an established patient who presents to the Emergency Department;
- (f) attending Medical Staff, and applicable department, division, and committee, meetings; and
- (g) paying application fees, dues, and assessments.

2.B.4. Senior Active Status:

- (a) Members of the Active Staff who are 65 years of age or older and/or have provided 30 years of service at the Hospital may request Senior Active status. Members who have been granted Senior Active status are excused from rotational obligations, including providing on-call coverage for the Emergency Department and accepting referrals from the Emergency Department for follow-up care of patients, and serving on committees.
- (b) The request will be reviewed by the department chief and division chairperson and a recommendation made to the Medical Executive Committee. In reviewing a request for Senior Active status, consideration will be given to need and the effect on others who serve on the on-call roster. The Medical Executive Committee's recommendation will be subject to final action by the Board.
- (c) A member who is granted Senior Active status may be required to resume on-call duties if the Board determines, at a later date, that call coverage in the member's specialty area is not adequate.

2.C. COURTESY STAFF

2.C.1. Qualifications:

The Courtesy Staff will consist of members of the Medical Staff who are involved in fewer than 20 patient contacts during the two-year appointment term (involvement in a greater number of patient contacts may result in transfer to the Active Staff).

2.C.2. Prerogatives and Responsibilities:

Courtesy Staff members:

- (a) may attend and participate in Medical Staff, department, and division meetings (without vote);
- (b) may be invited to serve on committees (with vote);
- (c) may not hold office or serve as department chief, division chairperson, or committee chairperson, unless waived by the Board;
- (d) may exercise clinical privileges as are granted;
- (e) are generally excused from providing on-call coverage for the Emergency Department for unassigned patients, but will be required to provide coverage if the Medical Executive Committee finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (f) must cooperate in the professional practice evaluation and performance improvement processes;
- (g) arrange for appropriate consultation or admission for an established patient who presents to the Emergency Department;
- (h) may be required to accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
- (i) must pay application fees, dues, and assessments.

2.D. CONSULTING STAFF

2.D.1. Qualifications:

The Consulting Staff will consist of members of the Medical Staff who:

- (a) are of demonstrated professional ability and expertise and provide a service not otherwise available on the Active Staff and are recommended by the officers of the Medical Staff and/or the Chief Medical Officer;
- (b) provide services at the Hospital only at the request of other members of the Medical Staff; and
- (c) are members of the active or associate staff at another Hospital, unless their clinical specialty does not support an active inpatient practice and the Board makes an exception to this requirement.

2.D.2. Prerogatives and Responsibilities:

Consulting Staff members:

- (a) may evaluate and treat (but not admit) patients in conjunction with other members of the Medical Staff;
- (b) may attend meetings of the Medical Staff and applicable departments and divisions (without vote);
- (c) may serve on committee meetings (with vote);
- (d) may not hold office or serve as department chief, division chairperson, or committee chairperson, unless waived by the Medical Executive Committee and the Board;
- (e) may exercise clinical privileges granted;
- (f) are generally excused from providing on-call coverage for the Emergency Department for unassigned patients, but will be required to provide on-call coverage if the Medical Executive Committee finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (g) must cooperate in the professional practice evaluation and performance improvement processes, as requested;
- (h) must accept inpatient consultations, when requested, and available;
- (i) may be required to accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
- (j) must pay application fees, dues, and assessments.

2.E. COMMUNITY AFFILIATE STAFF

2.E.1. Qualifications:

The Community Affiliate Staff will consist of members of the Medical Staff who:

- (a) desire to be associated with, but who do not intend to establish a practice at, this Hospital;
- (b) are interested in pursuing professional and educational opportunities, including continuing medical education, available at the Hospital; and
- (c) satisfy the qualifications for appointment set forth in the Credentials Policy, but are exempt from the qualifications pertaining to response times, location within the geographic service area, and coverage arrangements.

2.E.2. Prerogatives and Responsibilities:

Community Affiliate Staff members:

- (a) may attend meetings of the Medical Staff, department and division (without vote), unless the individual was previously a member of the Active Staff for a period of at least four years and transitioned to the Community Affiliate Staff in response to changes in the individual's clinical practice patterns (in order to maintain voting rights, such individuals must attend at least 50% of applicable Medical Staff, department, and committee meetings each year);
- (b) may not hold office or serve as department chief or division chairperson unless waived by the Medical Executive Committee and Board because the member had previously been appointed to the Active Staff for a period of at least four years and had only transitioned to the Community Affiliate Staff in response to changes in that individual's clinical practice patterns;
- (c) may serve on committees (without vote);
- (d) may attend educational activities sponsored by the Medical Staff and the Hospital;
- (e) may refer patients to members of the Medical Staff for admission and care and are encouraged to communicate directly with Active Staff members about the care of any patients referred;
- (f) may visit patients in the Hospital, but may not make entries in the medical record;
- (g) may review the medical records and test results (via paper or electronic access) for any patients who are referred;

- (h) may perform preoperative history and physical examinations in the office and have those reports entered into the Hospital's medical records;
- (i) are not granted clinical privileges and, therefore, may not admit patients, attend patients, write orders for inpatients, perform consultations, assist in surgery, or otherwise participate in the management of clinical care to patients at the Hospital;
- (j) may be required to accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
- (k) must cooperate in the professional practice evaluation and performance improvement processes, as requested.

The grant of appointment to the Community Affiliate Staff is a courtesy only, which may be lifted by the Board upon recommendation of the Medical Executive Committee, with no right to a hearing or appeal.

2.F. COVERAGE STAFF

2.F.1. Qualifications:

The Coverage Staff will consist of members of the Medical Staff who:

- (a) desire appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to members of the Medical Staff who are in their group practice or their coverage group;
- (b) are not required to satisfy the response time requirements set forth in the Credentials Policy, except for those times when they are providing coverage; and
- (c) agree that their Medical Staff appointment and clinical privileges will be automatically relinquished, with no right to a hearing or appeal, if their coverage arrangement with the Active Staff member(s) terminates for any reason.

2.F.2. Prerogatives and Responsibilities:

Coverage Staff members:

- (a) when providing coverage assistance, will be entitled to admit and treat patients who are the responsibility of the member who is being covered (i.e., the Active Staff member's own patients or unassigned patients who present through the Emergency Department when the Active Staff member is on call);

- (b) will assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, emergency service care, and consultation, when covering for a member of their group practice or coverage group;
- (c) may attend Medical Staff, department, and division meetings (without vote);
- (d) may not hold office or serve as department chief, division chairperson, or committee chairperson;
- (e) generally have no committee responsibilities, but may be assigned to committees (with vote); and
- (f) will pay applicable fees, dues, and

assessments. 2.G. HONORARY STAFF 2.G.1.

Qualifications:

- (a) The Honorary Staff will consist of members of the Medical Staff who:
 - (1) have a record of previous long-standing service to the Hospital, have retired from the active practice of medicine and, in the discretion of the Medical Executive Committee, are in good standing at the time of initial application for membership on the Honorary Staff; or
 - (2) are recognized for outstanding or noteworthy contributions to the medical sciences.
- (b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application.

2.G.2. Prerogatives and Responsibilities:

Honorary Staff members:

- (a) are not granted clinical privileges and therefore they may not consult, admit, or attend to patients;
- (b) may attend Medical Staff, department, and division meetings (without vote);
- (c) may not hold office or serve as department chief or division chairperson;
- (d) may be appointed to serve on committees, including as committee chairperson (with vote);

(e) are entitled to attend educational programs of the Medical Staff and the Hospital;
and

(f) are not required to pay application fees, dues,

or assessments. 2.H. ALLIED HEALTH STAFF 2.H.1.

Qualifications:

The Allied Health Staff consists of allied health professionals who are granted clinical privileges and are appointed to the Allied Health Staff. The Allied Health Staff is not a category of the Medical Staff, but is included in this Article for convenient reference.

2.H.2. Prerogatives and Responsibilities:

Allied Health Staff members:

(a) may attend and participate in Medical Staff, department, and division meetings
(without vote);

(b) may not hold office or serve as department chief, division chairperson, or
committee chairperson;

(c) may be invited to serve on committees (with vote);

(d) must cooperate in the professional practice evaluation and performance
improvement processes;

(e) may exercise such clinical privileges as granted; and

(f) must pay application fees and assessments.

ARTICLE 3
OFFICERS

3.A. DESIGNATION

The Medical Staff will have the following officers:

- (1) Chief of Staff;
- (2) Vice Chief of Staff;
- (3) Secretary-Treasurer; and
- (4) Immediate Past Chief of Staff.

3.B. ELIGIBILITY CRITERIA

Only those members of the Medical Staff who satisfy the following criteria initially and continuously will be eligible to serve as an officer of the Medical Staff (unless an exception is recommended by the Medical Executive Committee and approved by the Board). They must:

- (1) have served on the Active Staff for at least three years;
- (2) have no pending adverse recommendations concerning appointment or clinical privileges;
- (3) not presently be serving as a Medical Staff officer, Board member, or department chairperson at any other hospital and will not so serve during their terms of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position or other involvement in performance improvement functions for at least two years;
- (6) participate in Medical Staff Leadership training as determined by the Medical Executive Committee; and
- (7) have demonstrated an ability to work well with others.

3.C. DUTIES

3.C.1. Chief of Staff:

The Chief of Staff will:

- (a) act in coordination and cooperation with the Chief Medical Officer, the President, and the Board in matters of mutual concern involving the care of patients in the Hospital;
- (b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the President, Chief Medical Officer, and the Board;
- (c) call, preside at, and be responsible for the agenda of meetings of the Medical Staff and the Medical Executive Committee;
- (d) serve as a member of the Medical Executive Committee and may attend all other Medical Staff committee meetings (with vote);
- (e) promote adherence to the Bylaws, policies, rules and regulations of the Medical Staff and to the policies and procedures of the Hospital; and
- (f) perform functions authorized in these Bylaws and other applicable policies, including collegial intervention in the Credentials Policy.

3.C.2. Vice Chief of Staff:

The Vice Chief of Staff will:

- (a) assume the duties of the Chief of Staff and act with full authority as Chief of Staff in his or her absence;
- (b) perform other duties as are assigned by the Chief of Staff or the Medical Executive Committee;
- (c) serve as a member of the Medical Executive Committee, the Nominating Committee, and the Practitioner Health Committee; and
- (d) automatically succeed the Chief of Staff at the beginning of the next Medical Staff year or sooner should the office become vacated for any reason during the Chief of Staff's term of office.

3.C.3. Secretary-Treasurer:

The Secretary-Treasurer will:

- (a) cause to be kept accurate and complete minutes of meetings of the Medical Executive Committee and Medical Staff;
- (b) oversee the collection of and accounting for any Medical Staff funds and make disbursements authorized by the Medical Executive Committee;
- (c) serve as a member of the Medical Executive Committee;
- (d) perform other duties as are assigned by the Chief of Staff or the Medical Executive Committee; and
- (e) automatically succeed the Vice Chief of Staff at the beginning of the next Medical Staff year or sooner should the office become vacated for any reason during the Vice Chief of Staff's term of office.

3.C.4. Immediate Past Chief of Staff:

The Immediate Past Chief of Staff will:

- (a) serve as an advisor to other Medical Staff Leaders;
- (b) serve as a member of the Medical Executive Committee;
- (c) serve as chairperson of the Credentials Committee;
- (d) serve as chairperson of the Practitioner Health Committee; and
- (e) perform other duties as are assigned by the Chief of Staff or the Medical Executive Committee.

3.D. NOMINATION AND ELECTION PROCESS

3.D.1. Nominating Process:

- (a) Not less than 45 days prior to the annual meeting of the Medical Staff, the Nominating Committee will prepare a slate of nominees for the office of Secretary-Treasurer. Notice of the nominees will be provided to the Medical Staff at least 30 days prior to the election.
- (b) Additional nominations may be submitted, in writing, by a petition signed by at least 10% of the voting members of the Medical Staff. The petition must be

presented to the chairperson of the Nominating Committee at least ten days prior to the annual meeting.

- (c) In order for a nominee to be placed on the ballot, the candidate must be willing to serve and must, in the judgment of the Nominating Committee, satisfy the qualifications in Section 3.B of these Bylaws.
- (d) Nominations from the floor will not be accepted.

3.D.2. Election:

- (a) Except as provided below, the election will take place at a meeting of the Medical Staff. If there are two or more candidates for any office, the vote will be by written ballot.
- (b) If any voting member of the Medical Staff is unable to attend the meeting, the member may vote by absentee ballot. The absentee ballots must be returned to the Medical Staff Services by noon on the date of the annual meeting. The absentee ballots will be counted prior to the meeting and will be included in the vote at the meeting.
- (c) In the alternative, the Medical Executive Committee may determine that the election will be held by written ballot returned to the Medical Staff Services. Ballots may be returned in person or by mail, facsimile, or e-mail. All ballots must be received in the Medical Staff Services by the day of the election.
- (d) The candidates receiving a majority of the votes cast will be elected, subject to Board confirmation.
- (e) If no candidate receives a simple majority vote on the first ballot, a run-off election will be held promptly between the two candidates receiving the highest number of votes.

3.E. TERM OF OFFICE, VACANCIES AND REMOVAL

3.E.1. Term of Office:

- (a) Officers will assume office on January 1, the first day of the Medical Staff year.
- (b) Officers will serve a two-year

term. 3.E.2. Vacancies:

- (a) If there is a vacancy in the office of Chief of Staff, the Vice Chief of Staff will serve until the end of the unexpired term of the Chief of Staff.

- (b) If there is a vacancy in the office of Vice Chief of Staff, the Secretary-Treasurer will serve until the end of the unexpired term of the Vice Chief of Staff.
- (c) If there is a vacancy in the office of Secretary-Treasurer, the Chief of Staff will appoint an individual who satisfies the qualifications set forth in Section 3.B of these Bylaws to the position subject to approval of the Medical Executive Committee and the Board. This person will continue to serve as Secretary-Treasurer until a special election can be held.

3.E.3. Removal:

- (a) Removal of an elected officer or an at-large member of the Medical Executive Committee may be effectuated by a two-thirds vote of the Medical Staff or a three-fourths vote of the Medical Executive Committee, or by the Board for:
 - (1) failure to comply with applicable policies, Bylaws, or the Rules and Regulations;
 - (2) failure to perform the duties of the position held;
 - (3) conduct detrimental to the interests of the Medical Staff or the Hospital;
 - (4) an infirmity that renders the individual incapable of fulfilling the duties of that office; or
 - (5) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws.
- (b) When practicable, prior to scheduling a meeting to consider removal, a representative from the Medical Staff, Medical Executive Committee or the Board will meet with and inform the individual of the reasons for the proposed removal proceedings.
- (c) The individual will be given at least ten days' special notice of the date of the meeting at which removal is to be considered. When practicable, the individual will be afforded an opportunity to address the Medical Executive Committee, the Active Staff, or the Board, as applicable, prior to a vote on removal.
- (d) Removal will be effective when approved by the Board.

ARTICLE 4

CLINICAL DEPARTMENTS

4.A. ORGANIZATION

4.A.1. Organization of Departments and Divisions:

- (a) The Medical Staff may be organized into the clinical departments, divisions, and service lines as listed in the Medical Staff Organization Manual.
- (b) Subject to the approval of the Board, the Medical Executive Committee may create or eliminate departments, create or eliminate divisions within departments, or otherwise reorganize the department structure.

4.A.2. Assignment to Departments:

- (a) Upon initial appointment to the Medical Staff, each member will be assigned to a clinical department and may be assigned to a division. Assignment to a particular department or division does not preclude an individual from seeking and being granted clinical privileges typically associated with another department or division.
- (b) An individual may request a change in department or division assignment to reflect a change in the individual's clinical practice.

4.A.3. Functions of Departments:

The departments are organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the department; (ii) to monitor the practice of individuals with clinical privileges in a given department; and (iii) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related documents.

4.B. DEPARTMENT CHIEFS AND VICE CHIEFS

4.B.1. Qualifications:

Each department chief and vice chief will:

- (a) be an Active Staff member;
- (b) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and

- (c) satisfy the eligibility criteria in Section 3.B.

4.B.2. Selection and Term of Department Chief and Vice Chief:

- (a) Except as otherwise provided by contract, when there is a vacancy in a department chief position, or a new department is created, the Nominating Committee will recommend the name(s) of an individual(s) eligible to serve as chief. The recommendation of the Nominating Committee will be presented to the department at least 60 days prior to the annual Medical Staff meeting.
- (b) Additional nominations for department chief may be submitted, in writing, by a petition signed by at least three voting members of the department. The petition must be presented to the Nominating Committee at least ten days prior to the annual meeting.
- (c) In order for a nominee to be placed on the ballot, the candidate must be willing to serve and must, in the judgment of the Nominating Committee, satisfy the qualifications in Section 3.B of these Bylaws.
- (d) Two weeks prior to the annual Medical Staff meeting, the final slate of nominees will be sent to the department members. No nominations will be accepted from the floor.
- (e) Each department chief may recommend the appointment of a vice chief. These recommendations will be reviewed by the Medical Executive Committee and will be forwarded to the Board for final action.
- (f) Department chiefs will serve a two-year term and may be elected to serve additional two-year terms.

4.B.3. Performance Evaluation for Department Chiefs and Vice Chiefs:

- (a) A performance evaluation of the department chief may be initiated by the Chief of Staff, who may appoint a committee to assist in this function.
- (b) The following factors may be addressed as part of the evaluation:
 - (1) quality and support of the department as it interfaces with other Hospital departments;
 - (2) communication, coordination, quality and service of care within the department;
 - (3) effectiveness of the performance improvement program; and
 - (4) where appropriate, contribution to patient care, education and research.

- (c) The Chief of Staff will prepare a written report of the evaluation and provide a copy to the relevant department chief. The Chief Medical Officer will also receive a copy of the report and have an opportunity to comment on it.
- (d) The Chief of Staff will monitor the department chief's improvement activities and report progress to the Chief Medical Officer and the Board.
- (e) The department chief will evaluate the performance of the department vice chief.

4.B.4. Removal of Chief or Vice Chief of a Department:

- (a) Removal of a department chief or vice chief may be effectuated by a two-thirds vote of the department or a three-fourths vote of the Medical Executive Committee, or by the Board for:
 - (1) failure to comply with the Bylaws or applicable policies, or rules and regulations;
 - (2) failure to perform the duties of the position held;
 - (3) conduct detrimental to the interests of the Medical Staff or the Hospital;
 - (4) an infirmity that renders the individual incapable of fulfilling the duties of that office; or
 - (5) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws.
- (b) Prior to scheduling a meeting to consider removal, a representative from the department, Medical Executive Committee, or Board will meet with and inform the individual of the reasons for the proposed removal proceedings.
- (c) The individual will be given at least ten days' special notice of the date of the meeting at which removal is to be considered. The individual will be afforded an opportunity to address the department, the Medical Executive Committee, or the Board, as applicable, prior to a vote on removal.
- (d) Additionally, the department chief may recommend the removal of the department vice chief. This recommendation may be effectuated by a two-thirds vote of the department or three-fourths vote of the Medical Executive Committee, and is subject to the approval of the Board.
- (e) Removal of a department chief or vice chief will be effective when approved by the Board.

4.B.5. Duties of Department Chief:

Each department chief is responsible for the following functions, either individually or in collaboration with Hospital personnel:

- (a) all clinically-related activities of the department;
- (b) all administratively-related activities of the department, unless otherwise provided for by the Hospital;
- (c) continuing surveillance of the professional performance of individuals in the department who have delineated clinical privileges, including performing ongoing and focused professional practice evaluations;
- (d) recommending criteria for clinical privileges that are relevant to the care provided in the department;
- (e) evaluating requests for clinical privileges for each member of the department;
- (f) assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the department or the Hospital;
- (g) the integration of the department into the primary functions of the Hospital;
- (h) the coordination and integration of interdepartment and intradepartment services;
- (i) the development and implementation of policies and procedures that advance quality and that guide and support the provision of care, treatment, and services;
- (j) recommendations for a sufficient number of qualified and competent individuals to provide care, treatment, and services;
- (k) determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (l) continuous assessment and improvement of the quality of care, treatment, and services provided;
- (m) maintenance of quality monitoring programs, as appropriate;
- (n) the orientation and continuing education of members in the department;
- (o) recommendations for space and other resources needed by the department;

- (p) performing functions authorized in the Credentials Policy, including collegial intervention efforts;
- (q) serving, as requested by the Chief of Staff, as a member of the Practitioner Health Committee; and
- (r) appointing and removing division chairpersons and one or more department vice chiefs as deemed necessary, subject to approval of the Medical Executive Committee.

4.C. DIVISIONS

4.C.1. Qualifications, Selection, Term and Removal of Division Chairpersons:

- (a) The relevant department chief may appoint a qualified individual to serve as chairperson of each division, subject to the approval of the Medical Executive Committee and the Board.
- (b) A division chairperson must meet the same qualifications as the department chief.
- (c) The department chief has the authority, subject to consultation with the Medical Executive Committee, to remove a division chairperson from office.
- (d) If requested by two-thirds of the members in a division, the department chief will evaluate the performance of a division chairperson to determine whether the division chairperson should be removed from office.

4.C.2. Duties of Division Chairperson:

The division chairperson will carry out the duties requested by the department chief. These duties may include:

- (a) review and reporting on applications for initial appointment and clinical privileges, including interviewing applicants;
- (b) review and reporting on applications for reappointment and renewal of clinical privileges;
- (c) evaluation of individuals who are granted privileges in order to confirm competence;
- (d) participation in the development of criteria for clinical privileges within the division;
- (e) review and reporting on the professional performance of individuals practicing within the division; and

- (f) support the department chief in making recommendations regarding the coordination of section activities, as well as the hospital resources necessary for the division to function effectively.

4.C.3. Functions of Divisions:

- (a) Divisions may perform any of the following activities:
 - (1) continuing education;
 - (2) discussion of policy;
 - (3) discussion of equipment needs;
 - (4) development of recommendations to the department chief or the Medical Executive Committee;
 - (5) participation in the development of criteria for clinical privileges (when requested by the department chief); and
 - (6) discussion of a specific issue (related to credentialing, professional practice evaluation, and/or performance improvement), at the special request of a chief or the Medical Executive Committee.
- (b) No minutes or reports will be required reflecting the activities of a division, except when a division is making a formal recommendation to a department chief, Credentials Committee, or Medical Executive Committee.
- (c) Divisions are not required to hold regularly scheduled meetings.

ARTICLE 5

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. GENERAL

5.A.1. Appointment:

- (a) This Article and the Medical Staff Organization Manual outline the committees of the Medical Staff that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.
- (b) Except as otherwise provided by these Bylaws or the Medical Staff Organization Manual, the Chief of Staff will appoint the members and the chairperson of each Medical Staff committee, in consultation with the Chief Medical Officer. Committee chairpersons must satisfy the criteria in Section 3.B of these Bylaws. The Chief of Staff will also recommend Medical Staff representatives to Hospital committees.
- (c) The Chief Medical Officer will make appointments of administrative staff to Medical Staff committees. Administrative staff will serve on Medical Staff committees without the right to vote.
- (d) Chairpersons and members of standing committees will be appointed for an initial term of two years, but may be reappointed for additional terms.
- (e) Chairpersons and members of standing committees may be removed and vacancies filled at the discretion of the person who appointed them.
- (f) The Chief of Staff will be an *ex officio* member, with vote, on all Medical Staff committees.
- (g) The Chief Medical Officer and President will be *ex officio* members, without vote, on all Medical Staff committees.

5.A.2. Meetings, Reports and Recommendations:

Except as otherwise provided, Medical Staff committees will meet as necessary to accomplish their functions. Medical Staff committees will maintain a permanent record of their findings, proceedings, and actions. Medical Staff committees will make timely written reports to the Medical Executive Committee.

5.B. MEDICAL EXECUTIVE COMMITTEE

5.B.1. Overview:

The Medical Executive Committee is the governance committee of the Medical Staff. It oversees performance improvement activities, approves Medical Staff policies and procedures, and serves as a liaison between the Medical Staff, Administration, and Board. This committee is responsible for receiving and acting on reports and recommendations from medical staff committees, clinical departments, and assigned activity groups. It oversees and facilitates the delivery of safe, quality care to patients. At times, the Medical Executive Committee may commence and conduct reviews or formal investigations on behalf of the Medical Staff. Within the scope of its duties (as set forth below), the Medical Executive Committee is authorized to act on behalf of the Medical Staff between meetings.

5.B.2. Composition:

- (a) The Medical Executive Committee will include:
 - (1) Chief of Staff, Vice Chief of Staff, Secretary-Treasurer, and Immediate Past Chief of Staff;
 - (2) the clinical department chiefs;
 - (3) two at-large members (selected by the Chief of Staff and approved by the Medical Executive Committee); and
 - (4) President and the Chief Medical Officer, *ex officio*, without vote.
- (b) At-large members of the Medical Executive Committee will serve a two-year term and may be elected by the Medical Executive Committee to serve additional two-year terms. If there is a vacancy in the position of an at-large member of the Medical Executive Committee, the Chief of Staff will appoint an individual who satisfies the qualifications set forth in Section 3.B of these Bylaws, subject to approval of the Medical Executive Committee and the Board. This person will continue to serve as an at-large member of the Medical Executive Committee until a special election can be held by the Medical Executive Committee.
- (c) The Medical Executive Committee may also appoint one or more division chairpersons to serve as a member of the committee.
- (d) The Chief of Staff will serve as chairperson of the Medical Executive Committee, with vote.
- (e) A member of the Boone County Hospital Board of Trustees, who is not employed by CH Allied Services, Inc. dba Boone Hospital Center or BJC HealthCare (or

any successor to BJC HealthCare), and who is approved by the Medical Executive Committee, may attend meetings of the Medical Executive Committee, *ex officio*, without vote.

- (f) Other individuals may be invited to Medical Executive Committee meetings as guests, without vote.

5.B.3. Duties:

The Medical Executive Committee is delegated the primary authority over activities related to the Medical Staff and to performance improvement activities. This authority may be removed or modified by amending these Bylaws and related policies. The Medical Executive Committee is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between Medical Executive Committee meetings);
- (b) recommending directly to the Board on at least the following:
 - (1) the Medical Staff's structure;
 - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (3) applicants for appointment and reappointment;
 - (4) delineation of clinical privileges for each eligible individual;
 - (5) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;
 - (6) the mechanism by which appointment to the Medical Staff and Allied Health Staff may be terminated;
 - (7) hearing procedures; and
 - (8) reports and recommendations from Medical Staff committees, departments, and other groups, as appropriate;
- (c) consulting with Administration on quality-related aspects of contracts for patient care services;
- (d) providing oversight and guidance with respect to continuing medical education activities;

- (e) reviewing or delegating the review of quality indicators to facilitate uniformity regarding patient care services;
- (f) providing leadership in activities related to patient safety;
- (g) providing oversight in the process of analyzing and improving patient satisfaction;
- (h) approving Medical Staff policies and procedures;
- (i) ensuring that, at least every three years, the Bylaws and applicable policies are reviewed and updated;
- (j) providing and promoting effective liaison among the Medical Staff, Administration, and the Board;
- (k) recommending clinical services, if any, to be provided by telemedicine;
- (l) reviewing and approving all standing orders for consistency with nationally recognized and evidence-based guidelines; and
- (m) performing any other functions as are assigned to it by these Bylaws, the Credentials Policy or other applicable policies.

5.B.4. Meetings:

The Medical Executive Committee will meet at least ten times a year and more often if necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and actions.

5.C. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment, and improvement of at least the following:
 - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
 - (b) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services core measures;
 - (c) medical assessment and treatment of patients;
 - (d) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;

- (e) the utilization of blood and blood components, including review of significant transfusion reactions;
- (f) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
- (g) appropriateness of clinical practice patterns;
- (h) significant departures from established patterns of clinical practice;
- (i) use of information about adverse privileging determinations regarding any practitioner;
- (j) the use of developed criteria for autopsies;
- (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
- (l) healthcare associated infections;
- (m) unnecessary procedures or treatment;
- (n) appropriate resource utilization;
- (o) education of patients and families;
- (p) coordination of care, treatment, and services with other practitioners and Hospital personnel;
- (q) accurate, timely, and legible completion of patients' medical records;
- (r) the required content and quality of history and physical examinations, as well as the time frames required for completion, which are set forth in Article 9 of these Bylaws;
- (s) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
- (t) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.

- (2) A description of the committees that carry out monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization Manual.

5.D. CREATION OF STANDING COMMITTEES AND SPECIAL TASK FORCES

- (1) In accordance with the amendment provisions in the Medical Staff Organization Manual, the Medical Executive Committee may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. The Medical Executive Committee may also dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions.
- (2) Any function required to be performed by these Bylaws which is not assigned to an individual, a standing committee, or a special task force will be performed by the Medical Executive Committee.
- (3) Special task forces will be created and their members and chairperson will be appointed by the Chief of Staff and the Medical Executive Committee. Such task forces will confine their activities to the purpose for which they were appointed and will report to the Medical Executive Committee.

ARTICLE 6
MEETINGS

6.A. GENERAL

6.A.1. Meetings:

- (a) The Medical Staff year is January 1 to December 31.
- (b) Except as provided in these Bylaws or the Medical Staff Organization Manual, each department, division, and committee will meet as often as needed to perform their designated functions.

6.A.2. Regular Meetings:

- (a) The Chief of Staff, the chief of each department, and the chairperson of each committee will schedule regular meetings.
- (b) The Medical Staff will meet at least four times a year. The annual meeting of the Medical Staff will be the last meeting before the end of the year.
- (c) Departments are expected to meet at least quarterly.

6.A.3. Special Meetings:

- (a) A special meeting of the Medical Staff may be called by the Chief of Staff, a majority of the Medical Executive Committee, the President, the chairperson of the Board, or by a petition signed by at least 10% of the voting members of the Medical Staff.
- (b) A special meeting of any department, division, or committee may be called by the Chief of Staff, the department chief, the division chairperson, the committee chairperson, or by a petition signed by at least 10% of the voting members of the department, division, or committee but in no event fewer than two members.
- (c) No business will be transacted at any special meeting except that stated in the meeting notice.

6.B. PROVISIONS COMMON TO ALL MEETINGS

6.B.1. Prerogatives of the Presiding Officer:

- (a) The Presiding Officer of each meeting is responsible for setting the agenda for any regular or special meeting of the Medical Staff, department, division, or committee.
- (b) The Presiding Officer has the discretion to conduct any meeting by telephone conference or videoconference.
- (c) The Presiding Officer shall have the authority to rule definitively on all matters of procedure. While Sturgis Rules of Order may be used for reference, in the discretion of the Presiding Officer, it shall not be binding. Rather, specific provisions of these Bylaws and Medical Staff, department, division, or committee custom shall prevail at all meetings and elections.

6.B.2. Notice:

- (a) Notice of regular meetings of the Medical Staff and regular meetings of departments, divisions, and committees will be provided via regular U.S. mail, e-mail, or Hospital mail or by posting in a designated location at least seven days in advance of the meeting. Notice of meetings may also be provided by annual resolution, providing the time and location for regular meetings, in which case no other notice shall be required.
- (b) When a special meeting of the Medical Staff, department, division, or committee is called, the notice period will be 48 hours.
- (c) Notices will state the date, time, and place of the meetings.
- (d) The attendance of any individual at any meeting will constitute a waiver of that individual's notice of the meeting.

6.B.3. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, division, or committee, those voting members present (but not fewer than two members) will constitute a quorum.
- (b) Once a quorum is established, the business of the meeting may continue and actions taken will be binding.
- (c) Recommendations and actions taken by the Medical Staff or by any department, division, or committee will be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority of the voting members.

- (d) As an alternative to a formal meeting, the voting members of the Medical Staff, a department, division, or committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the Medical Executive Committee, the Credentials Committee, and the Professional Practice Evaluation Committee (as noted in (a)), a quorum for purposes of these votes will be the number of responses returned to the Presiding Officer by the date indicated. The question raised will be determined in the affirmative and will be binding if a majority of the responses returned has so indicated.
- (e) Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.
- (f) There shall be no proxy

voting. 6.B.4. Minutes:

- (a) Minutes of Medical Staff, department, division, and committee meetings will be prepared and signed by the Presiding Officer or the Secretary-Treasurer, as applicable.
- (b) Minutes will include a record of the attendance of members and the recommendations made.
- (c) Minutes of meetings of the Medical Staff, departments, divisions, and committees will be forwarded to the Medical Executive Committee and a copy will be provided to the President.
- (d) The Board will be kept apprised of and act on the recommendations of the Medical Staff.
- (e) A permanent file of the minutes of meetings will be maintained by the

Hospital. 6.B.5. Confidentiality:

- (a) Medical Staff business conducted by departments, divisions, and committees is considered confidential and should be treated as such.
- (b) Members of the Medical Staff who have access to, or are the subject of, credentialing or peer review information must agree to maintain the confidentiality of the information.
- (c) Credentialing and peer review documents, and information contained in these documents, must not be disclosed to any individual not involved in the

credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Hospital policy.

- (d) A breach of confidentiality may result in the imposition of disciplinary action.

6.C. ATTENDANCE

6.C.1. Regular and Special Meetings:

- (a) Members of the Medical Staff are encouraged to attend Medical Staff and applicable department, division, and committee meetings.
- (b) Members of the Medical Executive Committee, the Credentials Committee, and the Professional Practice Evaluation Committee are required to attend at least 50% of the regular meetings. Failure to attend the required number of meetings may result in the removal of the member from the committee.

ARTICLE 7
BASIC STEPS

The details associated with the following Basic Steps are contained in the Credentials Policy in a more expansive form.

7.A. QUALIFICATIONS FOR APPOINTMENT,
REAPPOINTMENT, AND CLINICAL PRIVILEGES

To be eligible to apply for initial appointment or reappointment to the Medical Staff, or the Allied Health Staff, or for the grant of clinical privileges, or scope of practice, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in detail in the Credentials Policy.

7.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

- (1) Complete applications for appointment, privileges, and scope of practice will be transmitted to the applicable department chief and, where applicable, the Chief Nursing Executive, who will review the individual's education, training, and experience and prepare a written report stating whether the individual meets all qualifications. This report will be forwarded to the Credentials Committee.
- (2) The Credentials Committee will review the report from the department chief and, where applicable, the Chief Nursing Executive, the application, and supporting materials and will make a recommendation. The recommendation of the Credentials Committee will be forwarded, along with the department chief's report, to the Medical Executive Committee for review and recommendation.
- (3) The Medical Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Executive Committee is to grant appointment, or reappointment, and clinical privileges or a scope of practice, it will be forwarded to the Board for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual will be notified by the President of the right to request a hearing.
- (4) When the disaster plan has been implemented, the President or the Chief of Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure.

7.C. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT
OF APPOINTMENT AND CLINICAL PRIVILEGES

- (1) Appointment, clinical privileges, and scope of practice may be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) complete medical records;
 - (ii) satisfy threshold eligibility criteria¹;
 - (iii) provide requested information;
 - (iv) attend a required meeting to discuss issues or concerns;
 - (v) complete and comply with educational or training requirements;
 - (vi) comply with request for fitness for practice evaluation;
 - (vii) comply with request for competency assessment;
 - (viii) satisfy clinical activity requirements during initial competency evaluation period;
 - (ix) notify the Chief of Staff or President of any change in any information on the application form or
 - (x) pay annual dues;
 - (b) is arrested, charged, indicted, convicted, or pleads guilty or no contest pertaining to any felony or misdemeanor involving the following: (a) Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse; (b) controlled substances; (c) illegal drugs; (d) violent act; (e) sexual misconduct; (f) moral turpitude; or (g) child or elder abuse;
 - (c) makes a misstatement or omission on an application form; or
 - (d) in the case of an allied health professional, fails, for any reason, to maintain an appropriate supervision/collaborative relationship with a Supervising Physician as defined in the Credentials Policy.
- (2) Automatic relinquishment will take effect immediately and will continue until the matter is resolved, if applicable.

¹ The threshold eligibility criteria are outlined in Section 2.A.1 of the Credentials Policy.

7.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the President, the Chief of Staff, the relevant department chief, the Chief Medical Officer, the Medical Executive Committee, or the Board chairperson is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the President or the Medical Executive Committee.
- (3) The individual will be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The Medical Executive Committee will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 14 days.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the Medical Executive Committee.

7.E. INDICATIONS AND PROCESS FOR PROFESSIONAL REVIEW ACTIONS

Following an investigation, the Medical Executive Committee may recommend suspension or revocation of appointment or clinical privileges, or other actions, based on concerns about (a) clinical competence or practice; (b) the safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, rules and regulations of the Hospital or the Medical Staff; or (d) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff.

7.F. HEARING AND APPEAL PROCESS

- (1) The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) 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; (d) to have representation by counsel who may be present but may not call, examine, and cross-examine witnesses or present the case; (e) to submit a written statement at the close of the hearing; and (f) to submit proposed findings, conclusions and recommendations to the Hearing Panel.

- (6) 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.
- (7) The Hearing Panel (or Hearing Officer) may question witnesses, request the presence of additional witnesses, and request documentary evidence.
- (8) The affected individual and the Medical Executive Committee may request an appeal of the recommendations of the Hearing Panel (or Hearing Officer) to the Board.

ARTICLE 8

AMENDMENTS

8.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by 10% of the voting members of the Medical Staff, by the Bylaws Committee, or by the Medical Executive Committee.
- (2) Proposed amendments must be reviewed by the Medical Executive Committee prior to a vote by the Medical Staff. The Medical Executive Committee will provide notice of proposed amendments, including amendments proposed by the voting members of the Medical Staff as set forth above, to the voting member of the Medical Staff. The Medical 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.
- (3) The proposed amendments may be voted upon at any meeting of the Medical Staff if notice has been provided at least 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 present at the meeting.
- (4) In the alternative, the Medical Executive Committee may present any proposed amendments to the voting members of the Medical Staff by written or electronic ballot, returned to the Medical Staff Services by the date indicated by the Medical Executive Committee. Along with the proposed amendments, the Medical 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.
- (5) The Medical Executive Committee will 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.
- (6) Amendments will be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the Medical Executive Committee or the Medical Staff, the Medical Executive Committee may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the President within two weeks after receipt of a request.

- (8) Neither the Medical Executive Committee, nor the Medical Staff, nor the Board can unilaterally amend these Bylaws.

8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there will be policies, procedures, and rules and regulations that are applicable to members and other individuals who have been granted clinical privileges.
- (2) An amendment to the Credentials Policy, the Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may be made by a majority vote of the Medical Executive Committee. Notice of any proposed amendments to these documents will be provided to each voting member of the Medical Staff at least 14 days prior to the vote by the Medical Executive Committee. Any voting member of the Medical Staff may submit written comments on the amendments to the Medical Executive Committee.
- (3) Amendments to the Credentials Policy, the Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may also be proposed by a petition signed by at least 10% of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents will be provided to the Medical Executive Committee at least 30 days prior to being voted on by the Medical Staff. Any such proposed amendments will be reviewed by the Medical Executive Committee, which may comment on the amendment before it is forwarded to the Medical Staff for vote.
- (4) Other policies of the Medical Staff may be adopted and amended by a majority vote of the Medical Executive Committee. No prior notice is required.
- (5) The Medical Executive Committee and the Board will have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of provisionally adopted amendments will be provided to each member of the Medical Staff as soon as possible. The Medical Staff will have 30 days to review and provide comments on the provisional amendments to the Medical Executive Committee. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendments will stand. If there is conflict over the provisional amendments, the process for resolving conflicts set forth below will be implemented.
- (6) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

- (7) Amendments to Medical Staff policies are to be distributed or otherwise made available to members of the Medical Staff and the Allied Health Staff, in a timely and effective manner.

8.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Medical Executive Committee, supported by a petition signed by 25% of the voting members of the Medical Staff, with regard to:
 - (a) a new Medical Staff Rule and Regulation proposed by the Medical Executive Committee or an amendment to an existing Rule and Regulation; or
 - (b) a new Medical Staff policy proposed by the Medical Executive Committee or an amendment to an existing policy,

a special meeting of the Medical Staff to discuss the conflict will be called. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the Rules and Regulations or policy at issue.

- (2) If the differences cannot be resolved at the meeting, the Medical Executive Committee will forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.
- (4) Nothing in this section is intended to prevent individual members of the Medical Staff from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Rules and Regulations or other Medical Staff policies directly to the Board. Communication from members of the Medical Staff to the Board will be directed through the President, who will forward the request for communication to the Board chairperson. The President will also provide notification to the Medical Executive Committee by informing the Chief of Staff of such exchanges. The Board chairperson will determine the manner and method of the Board's response to the members of the Medical Staff.

ARTICLE 9

HISTORY AND PHYSICAL

- (a) A complete medical history and physical examination shall be recorded on the patient's chart within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services, by a member of the Medical Staff. The history and physical must reflect a comprehensive current physical assessment conducted by the Medical Staff member. Allied health practitioners may also be granted privileges by the Hospital to perform histories or physicals.
- (b) If a history and physical has been performed within 30 days prior to admission, a durable, legible copy of the history and physical may be used in the Hospital medical record. A documented plan of treatment should be included in the history and physical or the progress notes.
- (c) If the history and physical has been completed prior to admission or readmission, an updated examination of the patient, including any changes in the patient's condition, must be completed and documented within 24 hours after registration or inpatient admission or readmission and prior to surgery or a procedure requiring anesthesia services to reflect any changes in the patient's condition since the date of the original history and physical or to state that there have been no changes in the patient's condition. All updates must be timed, dated and signed.
- (d) The medical record shall document a current, thorough physical examination prior to the performance of an operative/invasive procedure. When the history and physical examination are not recorded before an operative/invasive procedure or any potentially hazardous diagnostic procedure, the procedure shall be cancelled unless the attending Medical Staff member states in writing that an emergency situation exists or that any such delay would be detrimental to the patient.
- (e) For outpatient surgery, the history shall include documentation of the indications and symptoms warranting the procedure, listing of the patient's current medications, any existing co-morbid conditions and previous surgeries, and social history or conditions which would have an impact on the patient's care upon discharge from the facility following the procedure.
- (f) In the case of readmission of a patient, all previous records shall be available for use by the attending Medical Staff member.

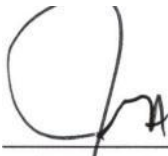
- (g) In the case of emergency surgery, where the patient is received directly from the Emergency Department, the ED physician's dictated ED note may be used as the history and physical in order to perform the surgery. However, the attending physician must dictate his or her own history and physical within 24 hours of patient admission.

ARTICLE 10
ADOPTION

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

Adopted by the Medical Staff on:

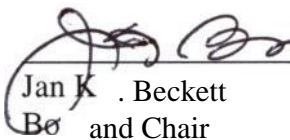
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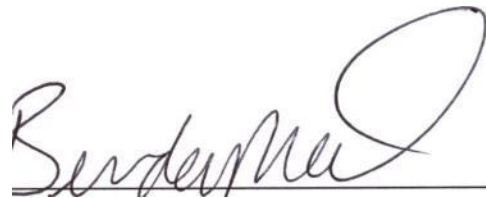
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John . Adams, Jr., M.D.
Chief f Staff

Approved by the Governing Board:

Date: October 12, 2016

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Jan K . Beckett
Bø and Chair

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Brenda Mosel
Secretary of the Board

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James J. S nek
President of Boone Hospital

APPENDIX A

	Active	Courtesy	Consulting	Community Affiliate	Coverage	Honorary	Allied Health
BASIC REQUIREMENTS							
Number of patient contacts/2-year appointment term	≥ 20	< 20	NA	NA	NA	NA	NA
Documented hours of service/2-year appointment term	20 hours	NA	NA	NA	NA	NA	NA
Other		NA	Active/ Associate Staff elsewhere	NA	NA	NA	NA
PREROGATIVES							
Exercise clinical privileges	Y	Y (but not admitting)	Y (but not admitting)	N	Y	N	Y
May attend meetings	Y	Y	Y	Y	Y	Y	Y
Right to vote	Y	P	P	N	N	P	P
Serve as officer or department chief or committee chairperson	Y	N	N, unless waiver	N, unless waiver	N	N	N

	Active	Courtesy	Consulting	Community Affiliate	Coverage	Honorary	Allied Health
RESPONSIBILITIES							
Serve on committees	Y	Y	Y	Y	N	Y	Y
Emergency call coverage	Y	Generally excused; Follow-up care may be required	Generally excused; Follow-up care may be required	Follow-up care	Y	N	N
Participate in/ cooperate with professional practice evaluation and performance improvement processes	Y	Y	Y	Y	Y	N	Y
Accept inpatient consultations	Y	N	N	N	N	N	N

Y = Yes

N = No

P = Partial (with respect to voting, only when appointed to a committee)

NA = Not Applicable