

SAMPLE MEDICAL STAFF BYLAWS PROVISIONS FOR CREDENTIALING AND CORRECTIVE ACTION

[NOTE: THESE ARE SAMPLE MEDICAL STAFF BYLAWS PROVISIONS RELATING TO CREDENTIALING AND CORRECTIVE ACTION. THE SAMPLE PROVISIONS MUST BE REVIEWED AND REVISED DEPENDING ON RELEVANT CIRCUMSTANCES, INCLUDING APPLICABLE STATE LAW, ACCREDITATION REQUIREMENTS, THE TYPE OF PROVIDER, ETC. THIS IS NOT INTENDED TO BE FULL SET OF BYLAWS. THIS IS PROVIDED FOR EDUCATIONAL PURPOSES ONLY.]

Preamble

The Medical Staff of [HOSPITAL] (“[HOSPITAL]”) is a self-governing body organized to further quality patient care at [HOSPITAL] and perform certain other responsibilities as described in these bylaws. To accomplish its purposes, the Medical Staff promulgates these bylaws and any associated rules and policies, all of which establish and regulate the Medical Staff’s structure and activities. The Medical Staff will exercise such authority as is reasonably necessary to discharge its responsibilities under these bylaws subject to the ultimate authority of the Governing Body of the [HOSPITAL]. These bylaws do not constitute a contract, and nothing in these bylaws shall establish contractual rights or duties between [HOSPITAL] and Medical Staff members. Medical Staff membership and privileges at [HOSPITAL] do not create an agency, employment, or similar relationship between [HOSPITAL] and Medical Staff members or those persons with clinical privileges at [HOSPITAL].

Definitions

- 1) **Adverse action** means an action or recommendation by the Medical Staff or Governing Body that could result in the denial, termination, restriction or loss of Medical Staff membership or clinical privileges based on the practitioner’s professional competence or conduct that has adversely affected or may adversely affect patient care. An action is not considered to be adverse if it is based on reasons that do not pertain to professional competence or conduct related to patient care, such as actions based on a failure to maintain a practice in the area (which can be cured by a move) or to maintain professional liability insurance (which can be cured by obtaining the insurance).
- 2) **Allied health practitioner** or **AHP** means an individual, other than a licensed physician or limited license practitioner (as defined in these bylaws) who is properly licensed and authorized by law to provide direct or indirect health care to [HOSPITAL] patients, and who is eligible to receive and exercise clinical privileges pursuant to the bylaws, rules and policies of the Medical Staff and [HOSPITAL]. AHPs are not eligible for Medical Staff membership.
- 3) **Distant Site Entity** means a hospital, critical access hospital, or entity that provides Telemedicine Staff to [HOSPITAL] pursuant to an agreement that satisfies the requirements for credentialing by proxy as defined in 42 C.F.R. §§ 482.12, 482.22, and 485.616.
- 4) **Investigation** means an investigatory process formally initiated by the Medical Executive Committee to determine the validity of any concern or complaint raised against a practitioner, which concerns may adversely affect the practitioner’s Medical Staff membership or privileges at [HOSPITAL]. It does not include preliminary evaluations of reported misconduct or informal inquiries or discussions to determine whether an investigation can or should be initiated.

- 5) **Limited license practitioner** means a podiatrist, oromaxillofacial surgeon, or dentist [IDENTIFY OTHERS] who is eligible for Medical Staff membership but who does not hold an M.D. or D.O. degree.
- 6) **Medical Staff** means the organized body of physicians and limited license practitioners (as defined in these bylaws) who have been granted recognition as members pursuant to these bylaws. As appropriate to the context and consistent with these bylaws, it may also mean any Medical Staff committee or individual authorized to act on behalf of the Medical Staff.
- 7) **Member** means any practitioner who has been appointed to the Medical Staff.
- 8) **Physician** means an individual with an M.D. or D.O. degree who is currently licensed to practice medicine.
- 9) **Practitioner** means, unless otherwise expressly limited, any currently licensed physician or limited license practitioner as defined in these bylaws. It does not include an AHP.
- 10) **Privileges** means the permission granted to a practitioner or AHP by [HOSPITAL] to render specific clinical patient services and access reasonable and necessary [HOSPITAL] resources subject to applicable bylaws, rules and policies.

**Article 1
NAME AND PURPOSES**

1.2 Purposes and Responsibilities. The Medical Staff's purposes and responsibilities are:

1.2.1 To help assure that all patients admitted to or treated in [HOSPITAL] receive care at a level of quality and efficiency consistent with community standards and [HOSPITAL]'s capabilities and circumstances.

1.2.2 To promote the professional practices and ethical conduct of Medical Staff members and others with privileges at [HOSPITAL].

1.2.3 To evaluate the qualifications, competence, and conduct of practitioners and AHPs and make recommendations to the Governing Body concerning Medical Staff appointments and reappointments, and the granting, denial, limitation and delineation of privileges at [HOSPITAL].

1.2.4 To promulgate and enforce rules and policies for the Medical Staff and AHPs.

1.2.5 To review and approve [HOSPITAL] policies and procedures directly related to medical care.

1.2.6 To assist [HOSPITAL] in establishing and maintaining an effective [HOSPITAL]-wide quality assurance program for the purpose of evaluating and improving patient care.

1.2.7 To provide and promote the ongoing professional education of practitioners, AHPs, and other health care professionals.

1.2.8 To provide a means whereby the Medical Staff may discuss Medical Staff concerns or [HOSPITAL] issues with the Governing Body and [HOSPITAL] administration.

1.2.9 To provide for accountability of the Medical Staff to the Governing Body.

1.2.10 To serve as a resource to and advise [HOSPITAL] concerning issues relevant to the Medical Staff or quality patient care.

1.2.11 To assist [HOSPITAL] in identifying community health needs and implementing appropriate programs to meet those needs.

Article 2
MEDICAL STAFF MEMBERSHIP

2.1 Nature of Medical Staff Membership. Appointment to the Medical Staff confers upon the member certain prerogatives and responsibilities as set forth in these bylaws. Medical Staff membership is a privilege and not a right. Medical Staff members have a license to exercise clinical privileges within [HOSPITAL] that have been granted by the Governing Body subject to applicable bylaws, rules and policies. Practitioners, including those employed by or contracting with [HOSPITAL], may admit or provide clinical services to patients in [HOSPITAL] only if they are members of the Medical Staff or have been granted temporary, disaster, or emergency privileges in accordance with these bylaws.

2.2 Qualifications for Membership.

2.2.1 General Qualifications. Medical Staff membership shall be extended only to practitioners who are legally and professionally competent to practice in [STATE] and who continuously meet the qualifications, standards and requirements set forth in the bylaws, rules, and policies.

2.2.2 Basic Qualifications. Except for Honorary Staff, a practitioner must establish and continuously satisfy all of the following basic qualifications to be eligible for Medical Staff membership:

a. Be licensed as required by [STATE] law to practice medicine, podiatry, oromaxillofacial surgery, dentistry, or other health care service approved by the Governing Body, or qualify under [STATE] law to practice with an out-of-state license.

b. As necessary and appropriate to the practitioner's licensure and privileges, have a current federal Drug Enforcement Administration (DEA) number and [STATE] Board of Pharmacy registration.

c. If the practitioner holds himself or herself out as a specialist with regard to privileges sought, the practitioner must (1) be currently certified by a specialty board recognized by the MEC as reputable and qualified to certify the practitioner's qualifications, or (2) satisfy such other requirements as recommended by the MEC and deemed appropriate by the Governing Body.

d. Be eligible to participate in and receive payments from government health care programs, including Medicare and Medicaid.

e. Have liability insurance or equivalent coverage that meets the standards specified in rules or policies approved by the Governing Body.

f. Except for members of the Telemedicine Staff, reside and maintain a medical practice close enough to [HOSPITAL] to be able to provide continuous care for the practitioner's patients and respond to on-call obligations consistent with Medical Staff rules and policies. The required geographic

proximity may vary depending on the practitioner's specialty and privileges, Medical Staff category, and feasibility of arranging alternative coverage.

g. Pledge to provide continuous care to the practitioner's patients directly or by arranging coverage by another qualified Medical Staff member with appropriate privileges.

h. If requesting or exercising privileges for services that are provided at [HOSPITAL] under an exclusive contract, be a member, employee or subcontractor of the entity that is a party to the exclusive contract.

i. To the extent that such consideration is allowed by law, not be an owner, investor, or serve in a leadership position in a competing health care entity if such ownership interest, investment interest, or leadership position may adversely affect the practitioner's ability to fulfill his or her duties at [HOSPITAL] or undermine [HOSPITAL]'s economic viability and continued ability to provide effective quality patient care.

If it is determined that a practitioner (whether a Medical Staff member or an applicant for appointment or reappointment) does not meet one or more of the basic qualifications, the practitioner shall be ineligible for Medical Staff membership except for Honorary Staff. A practitioner whose membership or application is denied or terminated because the practitioner does not meet the basic qualifications is not entitled to the hearing and appeal process described in Article 13. The practitioner may submit a request for reconsideration or waiver of the relevant qualifications to the MEC, which may consider and make a recommendation to the Governing Body. The Governing Body shall have sole discretion whether to grant a waiver as described below and as set forth in Section 12.6.

2.2.3 Additional Qualifications for Membership. In addition to meeting the basic qualifications, the practitioner must document or otherwise establish to the satisfaction of the Medical Staff that the practitioner continuously satisfies all of the following qualifications:

a. Professional competence, including but not limited to appropriate training, experience, demonstrated proficiency in the requested privileges, and sound professional judgment.

b. Adherence to applicable laws, regulations, and professional ethics.

c. Good reputation and character.

d. Ability to work professionally and harmoniously with other Medical Staff members, health care professionals, patients, and [HOSPITAL] personnel.

e. Commitment to provide quality health care, to fulfill the responsibilities of the practitioner's profession and Medical Staff membership, and to contribute to the overall functioning of the Medical Staff.

f. Physical and mental health status sufficient to enable the practitioner to continuously meet the qualifications for and responsibilities of Medical Staff membership, and to otherwise provide quality patient care.

2.2.4 Waiver of Qualifications. To the extent allowed by law, the MEC may recommend that the Governing Body waive a particular qualification if it determines that the practitioner has substantially comparable qualifications and that a waiver is in the best interest of quality patient care. The MEC is not obligated to consider or recommend such a waiver; the Governing Body is not obligated to grant such a

waiver; and the practitioner has no right to have a waiver considered and/or granted. The hearing and appeal procedure described in Article 13 does not apply to the consideration or denial of a waiver.

2.3 Effect of Other Affiliations. No practitioner shall be entitled to Medical Staff membership or privileges merely because the practitioner holds a certain degree; is licensed to practice in this or in any other state; is a member of any professional organization; is certified by any clinical board; or because the practitioner had, or presently has, staff membership or privileges at another health care facility.

2.4 Nondiscrimination. Medical Staff membership or privileges shall not be denied on the basis of age, sex, religion, race, creed, color, national origin, or any physical or mental impairment, except that membership may be denied or restricted if a practitioner's impairment prevents or materially impairs the practitioner's ability to provide quality patient care, fulfill the duties of Medical Staff membership, or otherwise comply with the bylaws, rules, and policies of the Medical Staff and [HOSPITAL].

2.5 Closed-Staff or Limited-Staff. The Governing Body shall have authority to limit the number of members on the Medical Staff or in any department, specialty, or service when the Governing Body determines that it is in the best interests of the hospital and/or patient care to do so. In addition to any other appropriate factor, the Governing Body may consider the physical capacity of the hospital; over-utilization and scheduling concerns relating to hospital facilities; and the hospital's capabilities for providing qualified support staff and equipment in specialized areas. Applicants who are denied Medical Staff membership or privileges because of such limitations are not entitled to hearing and appeal procedure described in Article 13.

2.6 Exclusive Contracts. After consulting with the MEC, the Governing Body shall have authority to enter exclusive contracts with health care professionals for the provision of medical services to or on behalf of [HOSPITAL] if the Governing Body determines that it is in the best interests of the hospital and/or patient care to do so, such as to improve the efficiency of the [HOSPITAL]; standardize procedures; secure greater patient satisfaction; assure the availability of specific services; contain costs; and improve the quality of patient care. In the event of a conflict between the exclusive contract and these bylaws, the exclusive contract shall prevail. The Medical Staff membership and privileges of practitioners who are not included in the exclusive contract are automatically terminated to the extent that their membership or privileges may conflict with the exclusive contract. Excluded practitioners are not entitled to the hearing and appeal procedure described in Article 13.

2.7 Contractors with No Clinical Duties. A practitioner with whom [HOSPITAL] contracts to provide purely administrative services with no clinical duties or privileges need not be a member of the Medical Staff. Such a practitioner is subject to the terms of the practitioner's contract and [HOSPITAL]'s personnel policies.

2.8 Contractors with Clinical Duties. A practitioner with whom [HOSPITAL] contracts to provide services that involve clinical duties or privileges must obtain and maintain Medical Staff membership and relevant privileges pursuant to these bylaws and any associated rules and policies. If the services are provided on an exclusive basis, the practitioner's Medical Staff membership and privileges shall be subject to Section 2.6, above. In the event of a conflict between the practitioner's contract and these bylaws, the practitioner's contract with [HOSPITAL] shall prevail.

2.9 Basic Responsibilities of Medical Staff Membership. Except for Honorary Staff, each member of the Medical Staff and each practitioner exercising temporary privileges shall continuously meet all of the following responsibilities:

a. Care for patients consistent with the generally recognized professional level of quality and efficiency in the community.

b. Abide by all applicable laws and regulations relevant to the practitioner's professional services or conduct at [HOSPITAL]; the bylaws, rules and policies of the Medical Staff or [HOSPITAL], including but not limited to [HOSPITAL]'s compliance policy; ethical principals of the practitioner's profession; and the standards of relevant accreditation agencies.

c. Prepare and timely complete medical and other required records for all patients to whom the practitioner provides services in [HOSPITAL] consistent with Medical Staff and [HOSPITAL] rules and policies, including rules and policies concerning the use of [HOSPITAL]'s medical record system.

d. Ensure that a physical examination and medical history is performed for all patients no more than 30 days before or 24 hours after an admission, and before a surgery or procedure requiring anesthesia services. The history and physical must be performed by a physician or other person qualified under state law and consistent with Medical Staff rules and policies.

e. Maintain the privacy of protected health information as required by applicable laws, regulations, rules, and policies.

f. Work professionally and cooperatively with others (including but not limited to Medical Staff members, health care professionals, patients, and [HOSPITAL] employees, contractors, volunteers or visitors) so as not to adversely affect patient care, proper functioning of the Medical Staff, or [HOSPITAL] operations.

g. Refrain from any harassment or discrimination against any person based upon the person's age, sex, religion, race, creed, color, national origin, disability, or, to the extent proscribed by law, the person's ability to pay or source of payment.

h. Refrain from unlawful fee splitting; unlawful inducements relating to patient referrals; or referrals for services in violation of applicable laws or regulations.

i. Refrain from delegating the responsibility for diagnosis or care of [HOSPITAL]ized patients to a practitioner, AHP, or other health care professional who is not qualified to undertake the responsibility or who is not adequately supervised.

j. To the extent possible, seek consultation whenever warranted by the patient's condition; unusual circumstances; or when otherwise required by Medical Staff rules and policies.

k. Properly discharge such Medical Staff functions, committee duties, and service obligations for which the practitioner is responsible by appointment, election or otherwise.

l. Consistent with the member's membership category and privileges, actively participate and regularly cooperate with the Medical Staff in fulfilling the Medical Staff's purposes and responsibilities, including but not limited to participating in activities relating to credentialing, performance evaluations, proctoring, quality improvement, education, regulatory compliance and governance.

m. Upon request and to the extent allowed by law, provide information from the practitioner's office records or from outside sources as necessary to facilitate the care or review of the care of specific patients, or payment for the care of specific patients.

n. Promptly communicate with appropriate Medical Staff Officers, department leaders, and/or committee chairs when the practitioner obtains credible information indicating that a Medical Staff member, AHP, or other health care professional may have engaged in unprofessional or unethical

conduct; may have violated or failed to satisfy the requirements of Medical Staff bylaws, rules or policies; or may have an impairment that poses a significant risk to the well-being or care of patients; and then cooperate as reasonably necessary toward the appropriate resolution of any such matter.

o. Participate in and complete continuing medical education that meets all licensing requirements and is appropriate to the practitioner's specialty.

p. Participate in emergency service coverage or on-call coverage and consultation panels as required by Medical Staff rules and policies.

q. Cooperate with the Medical Staff in furthering the [HOSPITAL]'s charitable purposes, including [HOSPITAL]'s obligation to provide uncompensated or partially compensated patient care.

r. Continuously meet the qualifications for and perform the responsibilities of membership as set forth in these bylaws and any associated rules and policies, and demonstrate ongoing compliance if requested by the MEC.

s. Promptly inform the Medical Staff of any material change in the information submitted by the practitioner upon appointment and reappointment; any change in the member's qualifications as set forth in these bylaw; or any other issues that may materially affect the member's ability to meet the qualifications or requirements for Medical Staff membership or otherwise render appropriate patient care.

Article 3 CATEGORIES OF THE MEDICAL STAFF

3.1 Categories. The Medical Staff shall consist of the following Medical Staff categories: Active, Associate, Honorary, and Telemedicine Staff.

3.2 Limited License Practitioners. Limited license practitioners (as defined in these bylaws) may be assigned to any Medical Staff category; provided, that in all cases, limited license practitioners shall associate a physician Medical Staff member on any admission to [HOSPITAL]; shall exercise privileges only within the scope of their licensure and as limited by Medical Staff rules and policies; may not serve as a Medical Staff officer; and shall have the right to vote only on matters within the scope of their licensure. Any disputes over voting rights shall be determined by the presiding officer of the meeting, subject to final decision by the MEC.

3.3 Active Staff.

3.3.1 Qualifications. Active Staff consists of practitioners who are regularly involved in caring for patients at [HOSPITAL], and in fulfilling the functions and responsibilities of Medical Staff membership. Active Staff members must continuously satisfy the qualifications for Medical Staff membership set forth in Article 2, and apply for membership and for reappointment.

3.3.2 Prerogatives. Subject to the limitations for limited license practitioners described above, Active Staff members may admit patients consistent with their privileges; exercise those clinical privileges that have been granted; serve as a Medical Staff Officer; attend and vote at any general or special Medical Staff meeting; serve and hold office on committees to which the practitioner is assigned; and vote on committee matters.

3.3.3 Responsibilities. In addition to the basic responsibilities set forth in Article 2, Active Staff members shall contribute to and participate equitably in Medical Staff functions at the request of the

Medical Staff Officer or committee chair, including but not limited to credentialing and peer review activities; serve on the on-call roster and accept responsibility for providing care to any patient requiring on-call coverage in the practitioner's specialty consistent with Medical Staff rules and policies; attend at least the minimum number of Medical Staff meetings as required by these bylaws unless such absence is excused; and pay annual dues if required by Medical Staff rules.

3.4 Associate Staff.

3.4.1 Qualifications. Associate Staff consists of practitioners who admit, consult, or otherwise provide care to [HOSPITAL] patients on an infrequent basis, or who do not otherwise undertake or accept the responsibilities of Active Staff membership. Associate Staff members must continuously satisfy the qualifications for Medical Staff membership set forth in Article 2, and apply for membership and for reappointment. In addition, Associate Staff members must maintain active staff status (or its substantial equivalent) at another [HOSPITAL] with the same clinical privileges as requested at [HOSPITAL]. Prior to reappointment, the MEC may require that the Associate Staff member provide evidence of current clinical competence in such form as the MEC may require to evaluate the practitioner's current ability to exercise the requested privileges at [HOSPITAL]. The MEC may, but is not required to, waive or modify these qualifications upon a showing of good cause.

3.4.2 Prerogatives. Associate Staff members may admit patients consistent with their privileges; exercise those clinical privileges that have been granted; attend general and special meetings of the Medical Staff, but shall have no right to vote at such meetings; and may not serve as a Medical Staff Officer. Unless otherwise limited in these bylaws, Associate Staff members may serve on committees, but may not serve as chairperson or vote on committee matters.

3.4.3 Responsibilities. In addition to the basic responsibilities set forth in Article 2 and as appropriate to their circumstances (including but not limited to the scope of their privileges and proximity to [HOSPITAL]), Associate Staff members shall contribute to and participate in Medical Staff functions at the request of the Medical Staff Officer, department leader, or committee chair, and serve on the on-call roster and accept responsibility for providing care to any patient requiring on-call coverage in the practitioner's specialty in accordance with applicable Medical Staff rules.

3.5 Honorary Staff.

3.5.1 Qualifications. Honorary Staff consists of practitioners who are deemed deserving of membership by virtue of their outstanding reputations, noteworthy contributions to the health and medical sciences, or their previous longstanding service to [HOSPITAL], and members who were in good standing when they retired. Honorary Staff members are not required to satisfy the basic qualifications for Medical Staff membership or apply for appointment or reappointment.

3.5.2 Prerogatives. Honorary Staff members are not eligible to admit patients or exercise clinical privileges at [HOSPITAL]. Honorary Staff members may attend general and special meetings of the Medical Staff, but they shall have no right to vote at such meetings and may not serve as a Medical Staff Officer. Unless otherwise limited by these bylaws, honorary Medical Staff members may serve on committees, but they may not vote or serve as a committee chair.

3.5.3 Responsibilities. Honorary Staff members shall not have the responsibilities of other Medical Staff members.

3.6 Telemedicine Staff.

3.6.1 Qualifications. Telemedicine Staff consists of practitioners who reside and practice outside of the [HOSPITAL]'s service area, but who provide diagnostic or treatment services to [HOSPITAL] patients via telemedicine devices, including devices that involve interactive audio, video, or data communications between practitioner and patient, but not including telephone or electronic mail communications between a practitioner and patient. Telemedicine Staff members must continuously satisfy the qualifications for Medical Staff membership set forth in Article 2, and apply for membership and for reappointment; provided that appointment and reappointment may be conducted through the credentialing process identified in Section 4.6 if approved by the Governing Body. In addition, Telemedicine Staff members must maintain active staff membership (or its substantial equivalent) at another [HOSPITAL], and must have such clinical privileges at another [HOSPITAL] as are requested at [HOSPITAL]. Prior to reappointment, a Telemedicine Staff member must provide evidence of current clinical competence in such form as the MEC may require to evaluate their current ability to exercise the requested privileges at [HOSPITAL], provided that such evidence may be provided through the process described in Section 4.6. The MEC may, but is not required to, waive or modify these qualifications upon a showing of good cause.

3.6.2 Prerogatives. Telemedicine Staff members may exercise those clinical privileges that have been approved; attend general and special meetings of the Medical Staff, but may not serve as a Medical Staff officer and may not vote; and unless otherwise limited by these bylaws, may serve on committees, but may not serve as chairperson or vote on committee matters.

3.6.3 Responsibilities. In addition to the basic responsibilities set forth in Section 2 and as appropriate to their circumstances (including but not limited to the scope of their privileges and proximity to [HOSPITAL]), Telemedicine Staff members shall contribute to and participate in Medical Staff functions at the request of the Medical Staff Officer, department leader, or committee chair, and shall consult with or associate other members consistent with the member's privileges as necessary to render effective patient care.

3.7 Assignment to Staff Category; Termination for Inactivity. The Medical Staff member shall be assigned to a Medical Staff category based upon the factors defined above. Upon reappointment, the MEC may review and reassign a Medical Staff member to another Medical Staff category if the member's activity or inactivity over the prior year indicates that the member more appropriately fits within the definition of another Medical Staff category. The reassignment shall occur upon reappointment. Action shall be initiated to evaluate and possibly terminate the privileges and membership of any member who has failed to have any activity at [HOSPITAL] during the prior year. A reassignment or termination of membership pursuant to this Section shall not entitle the practitioner to the hearing and appeal process in Article 13; however, the affected member may submit a written request for reconsideration to the Governing Body. The Governing Body may rescind a reassignment or termination for good cause, including the member's demonstration that unusual circumstances unlikely to occur again caused the period of activity or inactivity.

3.8 Residents and Fellows. Residents or fellows in training at [HOSPITAL] are not entitled to Medical Staff membership and shall not be granted clinical privileges; instead, they shall be permitted to provide clinical services only in accordance with the written training protocols developed by the Credentials Committee and approved by the MEC in conjunction with the residency training program. The protocols must delineate the roles, responsibilities and patient care activities of residents and fellows.

**Article 4
APPOINTMENT AND REAPPOINTMENT**

4.1 General. The Active Staff or a committee thereof shall consider each application for Medical Staff appointment or reappointment. The Active Staff or a committee thereof shall investigate each applicant before recommending action to the Governing Body. The Governing Body shall have ultimate authority to grant or deny membership or place conditions thereon. By applying to the Medical Staff for appointment, reappointment, or privileges, the applicant agrees that he or she will comply with Medical Staff bylaws, rules, and policies as they may be amended. Notwithstanding any contrary provision in Sections 4.1 to 4.5, Telemedicine Staff members may be appointed according to the process described in Section 4.6 if such process is approved by the Governing Body.

4.2 Applicant's Burden. An applicant for Medical Staff appointment or reappointment shall have the burden of producing accurate and adequate information, as deemed appropriate or requested by the Active Staff, to enable the Active Staff to determine the applicant's qualifications for membership. The provision of information containing material misrepresentations or omissions and/or a failure to sustain the burden of producing adequate information shall be grounds for denying an application or request. The Active Staff may require the applicant to submit to a medical or mental examination to determine or confirm the applicant's qualifications.

4.3 Basis for Appointment and Reappointment. Recommendations for appointment or reappointment to the Medical Staff shall be based upon the applicant's demonstrated training, experience and professional competence; whether the applicant satisfies the qualifications and can fulfill the responsibilities specified in Medical Staff bylaws, rules and policies; [HOSPITAL]'s needs, operations, and the ability to provide adequate support services and facilities for the applicant's practice; and such other factors as the Medical Staff may lawfully consider in furtherance of quality patient care and the effective functioning of the Medical Staff.

4.4 Appointment.

4.4.1 Appointment Application. An applicant for appointment to the Medical Staff shall fully and accurately complete written application forms approved by the MEC. The application shall, in addition to any other information deemed relevant by the MEC, request information relevant to the applicant's qualifications as set forth in these bylaws; document the applicant's agreement to abide by Medical Staff bylaws, rules and policies; specify the privileges requested by the applicant; authorize the disclosure of information relevant to the application; and, to the fullest extent allowed by law, release all persons and entities from any liability that might arise from the disclosure of such information or the investigation of and/or action on the application. The information contained in the application shall be verified and evaluated by the Active Staff or its delegee consistent with the procedures and standards set forth in these bylaws and any associated rules and policies, including verification that the applicant meets the basic qualifications set forth in Article 2; and if the basic qualifications are satisfied, verification that the applicant meets the additional qualifications set forth in Article 2. Following the investigation, the Active Staff or a committee thereof shall recommend to the Governing Body whether to appoint the applicant to Medical Staff membership and/or grant specific privileges to the applicant consistent with Article 5.

4.4.2 Time for Review. An application for appointment to the Medical Staff shall be determined within 120 days from the date that that Medical Staff receives all information it deems reasonably necessary to evaluate the practitioner. The time period may be extended for good cause, which may include but is not limited to the need to obtain additional information or further evaluation to determine the applicant's qualifications.

4.5 Reappointment.

4.5.1 Term of Reappointment. Reappointments to the Medical Staff must be made at least once every two years.

4.5.2 Reappointment Application. An applicant for reappointment to the Medical Staff shall fully and accurately complete a written application form approved by the MEC. The application shall, in addition to any other information deemed relevant by the MEC, confirm the applicant's continued qualifications as set forth in these bylaws; document the applicant's continued agreement to abide by Medical Staff bylaws, rules and policies; specify the privileges requested by the applicant, including any modification of privileges; authorize the disclosure of information relevant to the application; and, to the fullest extent allowed by law, release all persons and entities from any liability that might arise from the disclosure of such information or the investigation of and/or action on the application. The information contained in the application shall be verified and evaluated by the Active Staff or its delegatee consistent with the procedures and standards set forth in these bylaws and any associated rules and policies. Following the investigation, the Active Staff or a committee thereof shall recommend to the Governing Body whether to reappoint the applicant to Medical Staff membership and/or grant or restrict specific privileges.

4.5.3 Notice of Expiration of Appointment. [HOSPITAL] shall notify members at least 90 days prior to the expiration of the member's current appointment.

4.5.4 Submitting/Failing to Submit Reappointment Application. An applicant for reappointment shall submit his or her completed application for reappointment to [HOSPITAL] at least 60 days prior to the expiration of the member's current appointment. An applicant's failure to timely file a completed application for reappointment shall constitute a resignation of the applicant's membership and privileges and shall result in the automatic termination of the applicant's membership and privileges at the end of the applicant's current appointment. In the event membership terminates for failure to timely submit a reappointment application, the member shall not be entitled to the hearing and appeal rights described in Article 13. The MEC may extend the time for the applicant to submit his or her application for reappointment for up to 60 days for good cause shown.

4.5.5 Extension of Appointment. If a reappointment application was submitted but has not been fully processed before the member's appointment expires, the member's membership status and privileges shall be automatically suspended until the review is completed unless the MEC exercises its discretion to extend the appointment. The MEC may extend an appointment for a period of up to 60 days for good cause shown, which may include the need to provide continuing care to a patient at [HOSPITAL], or circumstances beyond the control of the member caused a delay in the reappointment determination. A member does not have a right to an extension of appointment. A member whose appointment is temporarily extended does not have a right to be reappointed.

4.5.6 Time for Review. An application for reappointment to the Medical Staff shall be determined within 60 days from the date that that Medical Staff received all required information. The time period may be extended for good cause, which may include but is not limited to the need to obtain additional information or further evaluation to determine the applicant's qualifications.

4.6 Telemedicine Credentialing by Proxy. Notwithstanding anything else in Sections 4.1 to 4.5 to the contrary, the Medical Staff may rely on upon the credentialing and privileging decisions of a Distant Site Entity in appointing Telemedicine Staff if (1) the Governing Body has approved such a process and the Medical Staff complies with the approved process; (2) the Governing Body has an agreement with the Distant Site Entity for the provision of telemedicine services that satisfies the requirements of 42 C.F.R. §§ 482.12, 482.22, or 485.616 as applicable to [HOSPITAL]; and (3) the Distant Site Entity is required

under the terms of its agreement with [HOSPITAL] to employ a credentialing and privileging process that conforms to the provisions of (i) 42 C.F.R. §§ 482.12(a)(8) and (a)(9), 482.22(a)(3) and (a)(4), or (ii) 485.616(c) as applicable to [HOSPITAL] and as they shall be amended.

4.7 Leave of Absence. Members may request a leave of absence for up to two years. The MEC may grant or deny the request, provided that the Governing Body retains authority to overturn the MEC's decision. If leave is granted, the member must apply to the MEC for reinstatement at the end of the leave in accordance with the standards and procedures for reappointment. In addition to other information requested by the MEC, the member must provide information regarding the member's professional activities during the leave of absence. During the period of the leave, the member shall not exercise privileges at [HOSPITAL], and membership rights and responsibilities shall be inactive. The failure to apply for reinstatement at the end of the leave period shall constitute a resignation of the member's Medical Staff membership and privileges, which shall be automatically terminated. A member whose privileges are terminated pursuant to this Section shall not be entitled to the hearing and appeal process in Article 13 and any associated rules and policies and policies. This Section shall not modify or interfere with any contractual rights or obligations imposed on practitioners who contract with [HOSPITAL] for services pursuant to an employment or independent contractor agreement.

4.8 Waiting Period After Adverse Action.

4.8.1 Effect of Waiting Period. An applicant, member or other person who has been the subject of an adverse action shall not be allowed to reapply for membership or privileges affected by the adverse action for a period of 24 months following the date that the adverse action became final. For purposes of this Section only, an adverse action also includes the voluntary withdrawal or resignation of Medical Staff membership or privileges to avoid an investigation or recommendation of an adverse action. An adverse action is considered final on the latest date on which the application or request was withdrawn; a member's resignation became effective; or upon completion of all Medical Staff and [HOSPITAL] proceedings and appellate reviews relevant to the adverse action, and all judicial proceedings arising out of the adverse action.

4.8.2 Application Following Waiting Period. After the waiting period, the person who was subject to the adverse action may reapply for Medical Staff membership and/or privileges. The application shall be processed like an initial application or request, provided that the person shall document that the basis for the adverse action no longer exists; that the person has corrected any problems that prompted the adverse action; and/or the person has complied with any specific training or other conditions that were imposed on his or her reapplication.

4.8.3 Waiver of Waiting Period. For persons whose adverse action included a specified period or conditions of retraining or additional experience, the MEC may exercise its discretion to allow earlier reapplication upon completion of the specified conditions. Similarly, the MEC may exercise its discretion, with approval of the Governing Body, to waive the 24-month period if it reasonably appears, by objective measures, that changed circumstances warrant earlier consideration of an application. Persons do not have a right to have the waiting period waived. The refusal to waive the waiting period does not entitle the person to the hearing and appeal rights described in Article 13 and any associated rules and policies or policies.

4.8 Confidentiality. Participants in [HOSPITAL]'s credentialing activities shall at all times maintain the confidentiality of information obtained or received in the course of appointment, reappointment, or privileging matters, and shall not disclose them outside of the processes contemplated by these bylaws and any associated rules and policies, unless such disclosure is required by law or otherwise authorized by the MEC.

Article 5 PRIVILEGES

5.1 Exercise of Privileges. Except as otherwise provided in these bylaws and any associated rules and policies, every practitioner and AHP providing clinical services at [HOSPITAL] shall only exercise those privileges specifically granted to him or her by the Governing Body. The Governing Body, upon recommendation from the MEC or its delegee, shall identify those privileges that are available at [HOSPITAL].

5.2 Delineation of Privileges.

5.2.1 Requests. Each application for appointment and reappointment to the Medical Staff shall contain a request for the specific privileges desired by the applicant. Each AHP applicant shall specify the privileges desired by the AHP. All requests for privileges or modification of privileges must be supported by documentation of training, experience, and professional competence sufficient to support the request.

5.2.2 Criteria. The MEC, with the assistance of relevant departments and/or the Credentials Committee, shall develop written criteria for evaluating and granting privileges.

5.2.3 Bases for Privilege Determinations. The Active Staff or a committee thereof shall evaluate requests for privileges on the basis of the practitioner's or AHP's education, training, and experience; demonstrated professional competence and judgment; and other relevant factors such as clinical performance, documented results of patient care and other quality improvement review and monitoring, performance of a sufficient number of procedures each year to develop and maintain the practitioner's or AHP's skills and knowledge, compliance with any specific criteria applicable to the privileges, and [HOSPITAL]'s operations, needs, and capability to provide qualified support staff and equipment relevant to the privileges requested. Privilege determinations shall be based on pertinent information concerning clinical performance obtained from [HOSPITAL] and other sources, including but not limited to other institutions and health care settings where a practitioner or AHP exercises privileges.

5.3 Limited License Practitioner and AHP Privileges. The Medical Staff may adopt additional rules and policies concerning privileges of limited license practitioners and AHPs. Patients being treated by limited license practitioners and AHPs in [HOSPITAL] shall be under the general care of a physician. The limited license practitioner or AHP shall be responsible for ensuring that a physician has accepted the responsibility to provide such care.

5.4 Telemedicine Privileges. Practitioners who wish to participate in the delivery of telemedicine services (whether to [HOSPITAL] patients or to patients at another facility that [HOSPITAL] is assisting via telemedicine) must apply for and be granted procedure-specific telemedicine privileges. Additionally, practitioners who are not otherwise members of this [HOSPITAL]'s Medical Staff must apply for and be granted membership and privileges as part of the Telemedicine Staff in order to provide services to patients of [HOSPITAL]. Notwithstanding any contrary provision in Sections 5.1 to this Section 5.4, Telemedicine Staff members may be granted privileges according to the process described in Section 4.6 if such process is approved by the Governing Body.

5.5 Temporary Privileges.

5.5.1 Granting Temporary Privileges. The CEO may grant temporary privileges to a health care professional upon the recommendation of the President or the President's designee, and verification of the applicant's current licensure and current competence as determined sufficient by the President or the President's designee. Temporary privileges may only be granted in the following circumstances:

a. If the practitioner's or AHP's completed application for Medical Staff membership or request for privileges is pending, temporary privileges may be granted for a period of up to 120 days. Temporary privileges shall only be granted under this Section after receipt of a completed application; verification of current licensure, relevant training and experience, current competence, and ability to perform the privileges requested; and a satisfactory response from a National Practitioners Data Bank query. Temporary privileges shall not be granted under this Section if the practitioner's or AHP's license has ever been restricted; the practitioner's medical staff membership at another facility has ever been involuntarily terminated; or the practitioner's privileges have ever been involuntarily restricted, denied or terminated.

b. If the practitioner or AHP is providing locum tenens services for a Medical Staff member or AHP, temporary privileges may be granted for up to 60 days, subject to renewal.

c. If temporary privileges are necessary to satisfy an important patient care, treatment, or service need, temporary privileges may be granted for up to 60 days, subject to renewal. For purposes of this Section, an important patient care need may include, but is not limited to, a situation in which no other Medical Staff member or person with clinical privileges at [HOSPITAL] is available or qualified to provide the necessary services to or on behalf of the patient.

5.5.2 General Conditions and Termination.

a. Practitioners or AHPs requesting or receiving temporary privileges shall be bound by Medical Staff bylaws, rules and policies.

b. The grant of temporary privileges shall not be binding or conclusive with respect to a practitioner's or AHP's pending application for Medical Staff membership or request for certain clinical privileges.

c. Persons who are granted temporary privileges shall be subject to practice evaluations as specified in these bylaws and any associated rules and policies.

d. No person shall be entitled to temporary privileges. A practitioner whose request for temporary privileges is denied shall not be entitled to the hearing and appeal process described in Article 13 or any associated rules and policies.

e. Temporary privileges shall automatically terminate at the end of the designated period unless earlier terminated or affirmatively renewed as provided in these bylaws and any associated rules and policies.

f. Temporary privileges may be terminated or restricted with or without cause at any time by the President, the President's designee, or the CEO after conferring with the President or the President's designee. A practitioner or AHP whose temporary privileges are terminated or restricted shall be entitled to the hearing and appeal process described in Article 13 and any associated rules and policies only if the termination constitutes an adverse action as defined in these bylaws. In all other cases (including a deferral in acting on a request for temporary privileges), the practitioner or AHP shall not have any hearing and appeal rights concerning the termination of or restriction on temporary privileges.

g. Whenever temporary privileges are terminated, the President or the President's designee shall assign a member or AHP (as applicable) to assume responsibility for the care of the practitioner's or AHP's patients. The wishes of the patients and affected practitioner or AHP shall be considered in the choice of a replacement member.

5.6 Emergency Privileges. In an emergency, any practitioner or AHP with privileges at [HOSPITAL] shall be permitted to do everything reasonably possible, within the scope of their licensure, to save the life of a patient or to save a patient from serious harm. The practitioner or AHP shall promptly yield such care to a qualified practitioner or AHP with appropriate clinical privileges when one is available.

5.7 Disaster Privileges.

5.7.1 Granting Disaster Privileges. If [HOSPITAL]'s emergency management plan has been activated, the CEO, President, or other person identified in the plan may grant disaster privileges on a case-by-case basis to practitioners, AHPs, or other appropriate health care professionals, provided the practitioner, AHP, or other appropriate health care professional can present at least one of the following items: a current [HOSPITAL] photo identification card evidencing the person's licensure; a current medical or other applicable license with photo identification card issued by a state, federal or regulatory agency; identification indicating the individual is a member of the Disaster Medical Assistance Team, Medical Reserve Corps, or other state or federal organization or group that addresses disasters; identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity); or identification by a current Medical Staff member or [HOSPITAL] employee who possesses personal knowledge regarding the volunteer's ability to act as a licensed health care professional during a disaster.

5.7.2 General Conditions and Termination.

a. The Medical Staff shall oversee the professional practices of volunteer health care professionals.

b. Primary source verification of licensure should begin as soon as the immediate situation is under control, and when possible, should be completed within 72 hours from the time the volunteer professional presents to [HOSPITAL].

c. Disaster privileges terminate automatically once the immediate situation has passed and a determination has been made that the disaster is over pursuant to the disaster management plan.

d. Disaster privileges may be terminated at anytime, without or without cause, by the CEO, President, the President's designee, or other person whom the disaster management plan authorizes to grant or terminate disaster privileges.

e. The granting, denial or termination of disaster privileges shall not entitle any person to the hearing and appeal process set forth in Article 13 and any associated rules and policies.

5.8 Transport and Organ Harvest Teams. Properly licensed practitioners who individually, or as members of a group or entity, have contracted with [HOSPITAL] to participate in transplant and/or organ harvesting activities may exercise clinical privileges within the scope of their agreement with [HOSPITAL].

5.9 Practice Evaluation.

5.9.1 General Evaluation Requirements. All initial appointees to the Medical Staff and all persons granted new privileges shall be subject to a period of focused professional practice evaluation unless such requirement is waived by the MEC. In addition, the MEC may require that any person be subject to such evaluation as part of a peer review activity or as a condition of reappointment or renewal of privileges (e.g., when a person requests renewal of a privilege that has been performed so infrequently

that it is difficult to assess the person's current competence in that area), or if additional information is needed to assess a person's performance. Evaluation requirements shall be established by the MEC or the MEC's designee, and may include chart reviews, monitoring clinical practice patterns, simulation, proctoring, external peer review, and interviews of others involved in the care of the patient. During the evaluation period, the person evaluated must demonstrate that he or she is qualified to exercise the privileges that were granted and, if applicable, is otherwise fulfilling the duties of Medical Staff membership. The evaluation is intended as a means to gather information for assessment, and not a disciplinary measure. The evaluation should be imposed only for such time period or number of cases as is reasonably necessary to enable such assessment. The evaluation does not give rise to the hearing and appeal rights described in Article 13 and any associated rules and policies.

5.9.2 Completion of Evaluation. The practice evaluation shall be deemed successfully completed when the person evaluated completes the required number of evaluated cases within the time period established by the MEC or relevant rules, and the person's professional performance satisfies the applicable standard of care as determined by the Active Staff or a committee thereof.

5.9.3 Effect of Failure to Complete Evaluation.

a. Failure to Complete Necessary Volume. Any person who fails to complete the required number of evaluated cases within the time period established by the MEC or relevant rules shall be deemed to have voluntarily withdrawn his or her request for the privileges and, if applicable, Medical Staff membership. In such cases, the evaluated practitioner shall not be afforded the hearing and appeal process described in Article 13. The MEC may extend the time for completion of proctoring for good cause shown.

b. Failure to Satisfactorily Complete Evaluation. If a person completes the necessary volume of evaluated cases but fails to perform satisfactorily during the evaluation, the relevant privileges may be revoked, terminated, or limited, and, if applicable, the practitioner's Medical Staff membership may be terminated. In such cases, the practitioner shall be entitled to the hearing and appeal process described in Article 13.

**Article 6
ALLIED HEALTH PRACTITIONERS**

6.1 Qualifications of Allied Health Practitioners. Allied health practitioners ("AHPs") are not eligible for Medical Staff membership, and are not entitled to the rights or prerogatives of Medical Staff membership. AHPs may be granted clinical privileges if they hold a valid license, certificate or other credentials in a category of AHPs that has been approved for privileges at [HOSPITAL], and if they are professionally competent and otherwise continuously meet the qualifications, standards and requirements set forth in applicable laws, regulations, bylaws and rules.

6.2 Eligible Categories. The Governing Body shall determine, based upon recommendation of the MEC, the categories of AHPs that shall be eligible to exercise privileges at [HOSPITAL]. An AHP shall have no right to contest the decision concerning whether a category of AHP shall be eligible for privileges.

6.3 Application.

6.3.1 AHPs. An AHP requesting clinical privileges must submit an application in such form as approved by the MEC. Unless otherwise specified in Medical Staff rules or policies, applications will be processed in a manner similar to practitioner applications for privileges.

6.3.2 Supervising Practitioners. Practitioners who desire to supervise or direct AHPs in providing dependent services must apply and qualify for privileges to supervise AHPs. Applications will be evaluated by the MEC or its designee.

6.4 Biennial Review. An AHP's privileges shall be reviewed once every two years. Unless otherwise specified in Medical Staff rules or policies, the request for review will be processed in a manner similar to applications for reappointment for Medical Staff membership.

6.5 Prerogatives. AHPs may attend and participate in Medical Staff meetings if invited by the MEC, but shall not have authority to vote and shall not serve as a Medical Staff officer. AHPs may participate on a Medical Staff committee as assigned by the chair of the committee, but shall not serve as a committee chair or have authority to vote.

6.6 Responsibilities. Each AHP shall fulfill the basic responsibilities of Medical Staff membership set forth in Article 2 as modified to pertain to the AHP's limited practice, including but not limited to providing quality patient care; working professionally and cooperatively with patients, health care professionals, and [HOSPITAL] personnel; and participating in Medical Staff functions as assigned by the MEC or its designee (e.g., peer review, quality improvement, and such other functions as may be required from time to time).

6.7 Automatic Termination of Privileges. The AHP's privileges shall automatically terminate without the hearing and appeal process set forth in this Section if the AHP fails to satisfy the qualifications for privileges, including but not limited to loss or restriction of licensure or certification; or applicable laws require practitioner supervision of the AHP, and the supervising practitioner's Medical Staff membership or supervision privileges are terminated for any reason, or the supervising practitioner declines or is unable to provide such supervisory services.

6.8 Corrective Action. Each AHP is subject to appropriate discipline and corrective action for misconduct, including but not limited to conduct that may adversely affect patient care, or a violation of applicable laws, regulations, bylaws, rules, or policies. Such discipline or corrective action may include, but is not limited to, suspension, modification, or termination of privileges by the Governing Body.

6.9 Hearing and Appeal Process for AHPs. An AHP who is the subject of an adverse action affecting the AHP's privileges shall be entitled to the hearing and appeal process set forth in this Section and corresponding rules, if any. The AHP shall not be entitled to additional hearing and appeal processes, including but not limited to those described in Article 13 or any associated rules and policies.

6.9.1 Notice of the Adverse Action. An AHP who is the subject of an adverse action as defined in these bylaws shall be given notice of the action and the bases for the action.

6.9.2 Request for Appeal. An AHP who is the subject of an adverse action may submit a written request for an appeal to the CEO within 30 days of notice of the adverse action.

6.9.3 Appeal Meeting. If timely requested, the AHP is entitled to a single meeting with the CEO or the CEO's designee and a member of the MEC or the MEC's designee. During this meeting, the participants will review the basis for the adverse action and the AHP will have the opportunity to present additional information. Following this meeting, the CEO and MEC member or their designees will make a recommendation to the Governing Body or a committee thereof, which shall decide the appeal.

6.9.4 Notice of Final Decision. The AHP shall be given written notice of the final decision. The AHP shall not be entitled to further appeal rights, nor shall the AHP be entitled to an evidentiary

hearing. The AHP must exhaust the administrative requirements in this Section before pursuing alternative remedies.

**Article 11
CONFIDENTIALITY, IMMUNITY AND RELEASES**

11.1 Confidentiality. To the maximum extent consistent with applicable law, the Medical Staff and its committees shall constitute a peer review body under [STATE] law, and information considered or generated by the Medical Staff, its committees, or its members shall be privileged and confidential, including but not limited to records, reports, minutes, discussions, and any other information collected, generated, utilized or provided for the purposes of evaluating or improving the quality and efficiency of health care or reducing the morbidity or mortality of patients; investigating, evaluating or reviewing the qualifications or competence of Medical Staff applicants, members, or persons who request or have privileges; contributions to clinical teaching or research; or information containing protected health information of patients. Medical Staff members and others bound by these bylaws shall not disclose such confidential information unless expressly required by law or with the written authorization of the MEC and CEO. Persons who violate this Section shall be subject to corrective action.

11.2 Immunity. To the maximum extent allowed by law, no member or representative of the Medical Staff or [HOSPITAL] shall be liable to any person for damages or other relief for any decision, opinion, action, omission, statement, or recommendation made within the scope of his or her duties as an official representative of the Medical Staff relating to or arising from the provision of information, opinion, or counsel, or relating to or arising from participation in any credentialing, privileging, quality improvement or peer review activities.

11.3 Activities and Information Covered. The immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health-related institution's or organization's activities concerning, but not limited to: applications or requests for appointment, privileges, or specified services; periodic reappraisals for reappointment, privileges, or specified services; corrective action or disciplinary proceedings; hearings and appellate reviews; quality assessment and performance improvement or peer review; utilization review and improvement activities; morbidity and mortality conferences; claims review; risk management and liability prevention activities; or other [HOSPITAL], committee or staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

11.4 Releases. Each practitioner or AHP requesting appointment, reappointment, or privileges shall, upon request of [HOSPITAL], execute general and specific releases when requested by the President, the Credentials Committee Chair, or their respective designees. Failure to execute such releases shall result in an application for appointment, reappointment or privileges being deemed voluntarily withdrawn, and it shall not be further processed.

11.5 Cumulative Effect. Provisions in these bylaws, rules and in Medical Staff application forms relating to authorizations, confidentiality of information, and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof.

**Article 12
PEER REVIEW AND CORRECTIVE ACTION**

12.1 Participation in Peer Review Activities. Upon request, Medical Staff members and others with privileges are required to actively and cooperatively participate in Medical Staff committees and other peer review activities to review the professional practices of Medical Staff members, AHPs, and other

health care professionals affiliated with [HOSPITAL] for the purpose of assessing professional conduct, improving patient care, and furthering the responsibilities of the Medical Staff.

12.2 Corrective Action. Corrective action may be initiated whenever reliable information indicates a member may have exhibited acts, omissions, demeanor or conduct, either within or outside of [HOSPITAL], that is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within [HOSPITAL]; illegal or contrary to applicable regulations; unethical; below applicable professional standards; contrary to bylaws, rules, or policies of the Medical Staff or [HOSPITAL]; or disruptive of Medical Staff or [HOSPITAL] operations or functions. As appropriate, the Medical Staff may utilize informal corrective actions (e.g., warnings, monitoring, counseling, etc.) or formal corrective action (e.g., adverse actions which may limit, reduce, or terminate Medical Staff membership or privileges). A practitioner's right to a hearing and appellate review process shall be governed by Article 13. An AHP's right to a hearing and appellate review process shall be governed by Article 6. The MEC shall have authority to establish rules and policies for the fair and efficient resolution of peer review and corrective action proceedings subject to the requirements of these bylaws. Nothing in this Section shall limit or affect [HOSPITAL]'s independent right to take action against a practitioner or AHP who is employed by [HOSPITAL] or with whom [HOSPITAL] contracts for items or services, which action is taken pursuant to [HOSPITAL]'s contract, personnel policies, or similar authority.

12.3 Corrective Action Process.

12.3.1 Initiation. If a person believes that a Medical Staff member or health care professional with privileges at [HOSPITAL] has engaged in conduct warranting corrective action, that person may provide such information to a member of the MEC or the CEO or their designee. If the information is reliable and credible, the member of the MEC, CEO or designee may request that the MEC evaluate the situation and, if warranted, initiate an investigation. All such requests must be supported by reference to the specific activities or conduct of concern.

12.3.2 MEC Evaluation. The MEC shall evaluate the information to determine whether a formal investigation and corrective action is warranted. If warranted, the MEC shall direct that a formal investigation be undertaken. The Governing Body may order that the MEC initiate an investigation if it determines that the MEC has incorrectly determined that a formal investigation is unnecessary. The MEC may conduct the investigation itself or may assign the investigation to an appropriate standing or special Medical Staff committee; provided that the MEC shall at all times retain authority and discretion to take any action that it deems warranted by the circumstances, including suspension or termination of the investigation or other action.

12.3.3 Notice of Investigation. If it appears that the investigation may result in an adverse action, the practitioner who is the subject of the investigation shall be notified that an investigation is being conducted and shall be given the opportunity to provide information in a manner deemed appropriate by the investigating committee, which may include a meeting with the subject practitioner.

12.3.4 Investigating Committee. The investigating committee shall investigate in a prompt manner and shall report its findings, conclusions and recommendations to the MEC as soon as practicable. As appropriate to the circumstances, the investigating committee may review relevant documents; interview individuals; consider appropriate clinical literature and practice guidelines; utilize external consultants if approved by the MEC and CEO; meet with the subject practitioner; require the subject practitioner to undergo a physical and/or mental examination; and access the results of the examination or take such other necessary actions reasonably for the investigation. Such investigatory meetings, interviews, and examinations shall not constitute a "hearing" within the meaning of these bylaws and shall not entitle the subject practitioner to the hearing and appeal process described in Section 13. Section 10.7.3 (concerning special appearances) shall apply if the subject practitioner is

called to an investigatory meeting. Upon completion of the investigation, the investigating committee shall issue a written report to the MEC.

12.3.5 MEC Recommendation. As soon as practicable after the conclusion of the investigation, the MEC shall review and take appropriate action in response to the investigation, which may include further investigation; a determination that no corrective action is warranted; informal corrective action (e.g., counseling, reprimands, warnings, or requiring practice evaluations, proctoring, monitoring, or consultations); recommending to the Governing Body that formal corrective action be taken (e.g., adverse action against the subject's Medical Staff membership or privileges); or such other action that the MEC deems appropriate under the circumstances.

12.3.6 Notice to Practitioner. If the MEC's decision is adverse to the practitioner, the MEC shall immediately notify the subject practitioner of the MEC's conclusions and proposed recommendation. If the MEC's decision could result in an adverse action affecting the practitioner's Medical Staff membership or privileges, the practitioner shall be entitled to the hearing and appeal process described in Article 13, subject to the limitations set forth in Article 13.

12.4 Precautionary Restriction or Suspension.

12.4.1 Initiation. The President, MEC, CEO, or their designee may restrict or suspend a person's Medical Staff membership or privileges as a precaution if the person's conduct appears to require immediate action to protect the safety or well-being of others or the effective operation of the Medical Staff or [HOSPITAL].

12.4.2 Effect. Unless otherwise stated, such precautionary restriction or suspension shall become effective immediately upon imposition. The officer imposing the action shall immediately notify the subject person, the MEC, the CEO, and other Medical Staff leaders as necessary. The CEO shall notify the Governing Body. The restriction or suspension shall remain in effect for the time period stated, or if no time is stated, until resolved as provided in these bylaws and associated rules or policies. A precautionary restriction or suspension is not a final adverse action, and shall not imply any final determination regarding the underlying circumstances. Unless otherwise indicated by the terms of the restriction or suspension, the President or the President's designee shall reassign the subject practitioner's patients to another practitioner or AHP with appropriate privileges after considering, where feasible, the preferences of affected patients and the person whose membership or privileges have been suspended or restricted.

12.4.3 MEC Action. As soon as practicable but no longer than 14 days after the precautionary restriction or suspension is imposed, the MEC shall review the action and, if warranted, begin a formal investigation as described above. Upon his or her request, the practitioner or AHP whose membership or privileges are affected shall be given the opportunity to address and/or provide relevant information to the MEC in a manner determined appropriate by the MEC (e.g., by meeting, through written explanation, etc.). The practitioner's or AHP's opportunity to provide information shall not constitute a "hearing" within the meaning of these bylaws and shall not entitle the subject practitioner to the hearing and appeal process described in Section 13. Following its review, the MEC may modify, continue, or terminate the restriction or suspension, or take such other action as it deems appropriate. The MEC shall notify the subject practitioner or AHP of its decision.

12.4.4 Hearing and appeal process. If the precautionary restriction or suspension lasts more than 14 days and otherwise constitutes an adverse action as defined in these bylaws, the subject practitioner or AHP shall be entitled to the hearing and appeal process described in Section 13 and associated rules and policies.

12.5 Action by Governing Body. Except as otherwise provided in these bylaws, the Governing Body shall have sole authority to take any action that may constitute a final restriction, reduction, termination, or denial of Medical Staff membership or privileges. The MEC may make recommendations to the Governing Body concerning such adverse action.

12.6 Automatic Relinquishment, Suspension or Restriction. In the following instances, the practitioner's Medical Staff membership and/or privileges will automatically terminate, suspend, or be restricted as described without the hearing or appeal rights described in Article 13. The practitioner or AHP shall notify the MEC and CEO immediately of circumstances giving rise to such action. Where a bona fide dispute exists as to whether the circumstances giving rise to the action have occurred, the action will stand until the MEC determines it is not applicable. The affected practitioner may submit relevant information for the MEC's consideration in a form or manner deemed appropriate by the MEC; provided, however, that the practitioner shall not be entitled to the hearing and appeal process described in Article 13. The MEC will make its determination as soon as practicable.

12.6.1 Licensure or Authorization to Practice or Prescribe. Whenever a practitioner's license or other legal authorization to practice medicine, prescribe controlled substances, or engage in similar practices is terminated, suspended, or restricted, the subject practitioner's Medical Staff membership and privileges shall also automatically terminate, suspend, or be restricted to correspond to the scope of the licensure or authorizing action. Whenever a practitioner or AHP is placed on probation by the applicable licensing or certifying authority, the practitioner's membership status and privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

12.6.2 Federal or State Programs. Whenever a practitioner or AHP is excluded from Medicare, Medicaid, or other federal or state health care programs, the subject practitioner's or AHP's Medical Staff membership and privileges shall automatically terminate.

12.6.3 Professional Liability Insurance. Whenever a practitioner or AHP fails to maintain professional liability insurance as required by these Medical Staff and [HOSPITAL] bylaws, rules or policies sufficient to cover the practice or procedures consistent with the practitioner's or AHP's privileges at [HOSPITAL], the practitioner's or AHP's Medical Staff membership and privileges shall automatically terminate. The practitioner or AHP may be reinstated upon proof of insurance required by this Section, including tail coverage for any period in which insurance was not maintained, within 60 days following the termination.

12.6.4 Failure to Satisfy Basic Qualifications. Whenever a practitioner or AHP fails to satisfy any of the basic qualifications for medical staff membership or privileges as set forth in these bylaws, the practitioner or AHP shall immediately notify the MEC, and the practitioner's or AHP's membership or privileges shall terminate unless the basic qualification is waived as provided in Article 2. The privileges and membership may be restored, in the Governing Body's discretion, if the practitioner or AHP establishes that they satisfy the basis qualifications.

12.6.5 Medical Records. A practitioner or AHP shall be deemed to voluntarily relinquish the privilege to admit new patients or schedule new procedures if the subject practitioner or AHP fails to timely complete medical records as required by Medical Staff rules and policies. This limitation shall not apply to patients who have already been admitted or procedures that have already been scheduled when the limitation is imposed; to emergency patients; to imminent deliveries; or other situations that may pose an imminent and material threat to patient safety. The privileges shall be automatically restored upon completion of the record and compliance with medical records rules and policies.

12.6.6 Felony Indictment or Conviction. A practitioner or AHP who, after receiving membership or privileges, has been indicted, convicted, or pled “guilty” or “no contest” or its equivalent to a misdemeanor involving moral turpitude or to a felony shall be suspended automatically from Medical Staff membership and privileges. The suspension shall become effective immediately upon such indictment, conviction or plea regardless of whether an appeal is filed. Such suspension shall remain in effect until the matter is resolved by subsequent action of the Governing Body through reinstatement or corrective action, as appropriate.

12.6.7 Failure to Appear. A practitioner or AHP who refuses or fails without good cause to appear at a meeting where his or her special appearance is required pursuant to these bylaws shall be deemed to have resigned his or her privileges and Medical Staff membership. The privileges and membership may be restored, in the MEC’s discretion, if the practitioner or AHP complies with the special appearance requirement within 30 days of receiving demand for compliance from the MEC.

12.6.8 Failure to Participate in an Evaluation. A practitioner or AHP who refuses or fails without good cause to participate in an evaluation of his or her qualifications for Medical Staff membership or privileges as required under these bylaws (e.g., an evaluation of physical or mental health or professional competence, or a practice evaluation) shall be deemed to have resigned his or her privileges and Medical Staff membership. The privileges and membership may be restored, in the MEC’s discretion, if the practitioner or AHP complies with the evaluation requirement within 30 days of receiving demand for compliance from the MEC.

12.6.9 Action by Another Peer Review Body. The MEC may automatically impose any adverse action that has been taken by a peer review body of another health care entity after the other entity conducted a hearing that the MEC reasonably believes satisfies the requirements of the Health Care Quality Improvement Act, provided that the other entity’s actions were based upon standards that are or were substantially similar to those in effect at [HOSPITAL] at the time the automatic action will be taken.

12.6.10 Automatic Termination Following Suspension. If a practitioner’s or AHP’s privileges or Medical Staff membership is suspended for more than six months, the practitioner’s or AHP’s membership and privileges shall be automatically terminated. Reinstatement to the Medical Staff shall require application and compliance with the appointment and privilege procedures applicable to applicants.

Article 13 HEARINGS AND APPELLATE REVIEWS

13.1 Application. The hearing and appeal process described in this Section shall apply to practitioners with Medical Staff membership and/or privileges, and practitioner applicants for such membership or privileges, subject to the limitations set forth in these bylaws and any associated rules and policies. The hearing and appeal process described in this Section shall not apply to AHPs or other health care professionals.

13.2 Initiation of the Hearing and Appeal Process.

13.2.1 Events that Will Trigger the Hearing Rights. A practitioner who has applied for or holds Medical Staff membership or privileges may request a hearing pursuant to this Section whenever an adverse action as defined in these bylaws is proposed by the MEC or Governing Body. No applicant or member shall be entitled to more than one hearing with respect to an adverse action. Hearings will be offered only when the MEC or Governing Body recommends taking one of the following actions based on

a concern about the practitioner's clinical competence or professional conduct that has adversely affected or could adversely affect the health or welfare of one or more patients:

- a. Denial of appointment or reappointment to the Medical Staff.
- b. Denial of application for, renewal of, or requested expansion of privileges.
- c. Involuntary termination, restriction or reduction of privileges.
- d. Involuntary suspension of Medical Staff membership or privileges lasting more than 14 days.
- e. Any other adverse action that must be reported to the [STATE] State Board of Medicine or the National Practitioners Data Bank except the practitioner's voluntary surrender, relinquishment, or restriction of Medical Staff membership or privileges, or the voluntary withdrawal of an application for the same.

13.2.2 Events that Will Not Trigger Hearing Rights. Notwithstanding the foregoing, the following events will not entitle the practitioner to the hearing and appeal process described in this Section:

- a. Actions that are not based on the professional competence or professional conduct of the practitioner, which conduct has affected or could affect adversely the health or welfare of patients.
- b. Actions that do not adversely affect the practitioner's Medical Staff membership or privileges, including but not limited to the mere issuance of a letter of guidance, warning or reprimand.
- c. Denial or failure to process an application for Medical Staff membership or privileges when the applicant does not satisfy the basic qualifications for membership as set forth in these bylaws or the criteria for privileges as established by the MEC or as set forth in Medical Staff bylaws, rules, or policies.
- d. Termination, suspension, or restriction of Medical Staff membership or privileges, or the denial or failure to process an application for reappointment to Medical Staff membership or privileges, when the practitioner does not satisfy the basic qualifications for membership as set forth in Article 2 or the criteria for privileges as established by the MEC or as set forth in Medical Staff bylaws, rules, or policies.
- e. The appointment of an investigating committee or investigation of any matter preliminary to an adverse action as described in this Article, including but not limited to investigatory meetings, evaluations, or special appearances conducted pursuant to these bylaws.
- f. Voluntary or automatic termination, suspension, restriction, or resignation of membership or privileges as described in these bylaws.
- g. Imposition of a precautionary or disciplinary suspension or restriction that does not exceed 14 days.
- h. Denial of or failure to consider any requested waiver of a requirement in these bylaws; any requested extension of time periods as set forth in these bylaws; or any request for leave of absence, or for an extension of a leave of absence.

- i. Determination that an application is incomplete or untimely.
- j. Determination that an application will not be processed or will be terminated due to a misstatement or omission.
- k. Termination or limitation of temporary or disaster privileges unless for demonstrated incompetence or unprofessional conduct that may adversely affect patient care.
- l. Ineligibility to request membership or privileges, or the termination of membership or privileges, because the requested membership or privileges conflicts with the Governing Body's implementation of a closed or limited staff or an exclusive contract to provide services.
- m. Action taken by [HOSPITAL] pursuant to and affecting a contract between [HOSPITAL] and the practitioner, including but not limited to termination of employment, termination or modification of the contract, enforcement of personnel policies, etc.
- n. Any recommendation voluntarily accepted by the practitioner.
- o. Expiration of membership and/or privileges due to the failure to submit an application for reappointment within the allowable time period.
- p. Change in assigned Medical Staff category.
- q. Refusal to accept or consider an application for membership or privileges within the 24-month waiting period following an adverse action.
- r. Removal or limitation of emergency department call obligations.
- s. Grant of conditional appointment or appointment for a limited duration, including an appointment or reappointment for a duration of less than 24 months.

13.3 Hearing and Appeal Procedure. A practitioner who is entitled to the hearing and appeal procedure described in this Section shall receive the procedural protections set forth in the Health Care Quality Improvement Act, 42 U.S.C. § 11112(b), as it shall be amended, including the following:

13.3.1 Notice of Proposed Action. A practitioner who is subject to a proposed adverse action shall be given written notice that describes or explains the proposed adverse action to be taken against the practitioner; the reasons for the proposed action; the practitioner's right to request a hearing on the proposed action by submitting a written request to the CEO within 30 days; and the hearing rights described below.

13.3.2 Request for Hearing. A practitioner may request a hearing within the time and pursuant to the process described in the notice of proposed action. A practitioner who fails to timely request a hearing shall be deemed to have waived his or her hearing and appeal rights.

13.3.3 Notice of Hearing. If a hearing is timely requested, the subject practitioner shall be given written notice that explains or describes the place, time and date of the hearing, which date shall not be less than 30 days after the date of the notice unless the practitioner agrees otherwise. The practitioner shall also be given a list of witnesses (if any) expected to testify at the hearing on behalf of the entity proposing the adverse action.

13.3.4 Conduct of Hearing. If a hearing is timely requested:

a. The hearing shall be held before one of the following as determined appropriate by [HOSPITAL] acting through the CEO: an arbitrator mutually acceptable to the practitioner and [HOSPITAL]; a hearing officer who is appointed by [HOSPITAL] and who is not in direct economic competition with the subject practitioner; or a panel of individuals who are appointed by [HOSPITAL] and who are not in direct economic competition with the subject practitioner.

b. The subject practitioner shall waive his or her hearing and appeal rights if he or she fails, without good cause, to appear at the scheduled hearing.

c. At the hearing, the subject practitioner has the right to representation by an attorney or other person of the practitioner's choice; to have a record made of the proceedings, copies of which may be obtained by the practitioner upon payment of any reasonable charges associated with the preparation thereof; to call, examine and cross-examine witnesses; to present evidence determined to be relevant by the arbitrator, hearing officer, or hearing panel, regardless of its admissibility in a court of law; and to submit a written statement at the close of the hearing. If the subject practitioner intends to be represented by an attorney at the hearing, the practitioner shall so advise the hearing officer at least ten days before the hearing.

13.3.5 Notice of Recommendation. Upon completion of the hearing, the subject practitioner has the right to receive the written recommendation of the arbitrator, hearing officer, or hearing panel, including a statement of the basis for the recommendations.

13.3.6 Notice of Board Decision. The Governing Body shall consider the recommendation of the arbitrator, hearing officer, or hearing panel, and shall decide whether and to what extent adverse action should be taken against the practitioner. The practitioner is not entitled to attend, present evidence, or participate in the Board's determination. The Board shall notify the practitioner in writing of the Board's decision, including a statement of the basis for the decision.

13.3.7 Request for Reconsideration. Upon receipt of the Governing Body's decision, the subject practitioner may submit a written request for reconsideration to the Governing Body within 30 days after receipt of the decision. The request shall explain the practitioner's position concerning the Board's decision, including any alleged error in the hearing officer's recommendation or the Board's decision. In submitting the request, the practitioner shall not be entitled to present new or different evidence that was not presented at the hearing, and the practitioner shall not be entitled to appear before the Board or to participate in any hearing before the Board. The Board shall consider the request and render a final decision within 30 days. The Board's decision shall be final.

13.3.8 Other procedures. The practitioner and the entity proposing the adverse action may agree in writing to alternative procedures.

13.4 Rules. The MEC shall have authority to issue additional rules and policies concerning the hearing and appeal procedure, provided that such rules shall provide at least the procedural protections set forth in this Article unless waived by the subject practitioner.

13.5 Technical and Insignificant Deviations. Technical, insignificant or nonprejudicial deviations from the procedures set forth in these bylaws and any associated rules or policies shall not invalidate the action taken.

13.6 Exhaustion of Remedies. If an adverse action is taken or recommended, the practitioner must exhaust the remedies afforded by these bylaws before resorting to legal action.