

MEDICAL STAFF

CODE OF REGULATIONS

OF

JEWISH HOSPITAL OF CINCINNATI, INC.

CINCINNATI, OHIO

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CODE OF REGULATIONS

OF

THE MEDICAL STAFF

DEFINITIONS

1. BOARD OF TRUSTEES or BOARD means the governing body of the Hospital.
2. CHIROPRACTOR means an individual who has been awarded the degree of Doctor of Chiropractic (D.C.) holding a license to practice chiropractic issued pursuant to Chapter 4734 of the Ohio Revised Code.
3. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, psychological or chiropractic services.
4. DENTIST means an individual who has been awarded the degree of Doctor of Dentistry (D.D.S.) or Doctor of Dental Medicine (D.M.D.) holding a license to practice dentistry issued pursuant to Chapter 4715 of the Ohio Revised Code.
5. EX OFFICIO means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.
6. GOOD STANDING means the staff member, at the time the issue is raised, has met the attendance requirements during the previous medical staff year, is not in arrears in dues payment, and is not under suspension of his appointment or clinical privileges (other than for medical record completion delinquency).
7. HEALTH PROFESSIONAL AFFILIATE or AFFILIATE means an individual other than a licensed physician, dentist, podiatrist, psychologist or chiropractor whose patient care activities require that his authority to perform specified patient care services be processed through the usual medical staff channels. (Such affiliates may include, for example, clinical nurse specialists, clinical pharmacologist, dental auxiliaries, doctoral scientists, midwives, nurse practitioners, physician assistants, and so forth.)
8. HOSPITAL means Jewish Hospital of Cincinnati, Inc.
9. EXECUTIVE COMMITTEE means the executive committee of the Medical Staff.
10. MEDICAL STAFF or STAFF means the formal organization of all licensed physicians, dentists, podiatrists, psychologists and chiropractors who are privileged to attend patients in the Hospital.
11. MEDICAL STAFF YEAR means the period from the first day of March through the last day of February.
12. MEDICO ADMINISTRATIVE OFFICER means a practitioner, employed by, or otherwise serving the Hospital, on a full-time or part-time basis, whose duties include responsibilities, some of which are purely administrative in nature, some purely clinical in nature, and some both administrative and clinical in nature. Clinical responsibilities are defined as those involving professional capability as a practitioner such as to require the exercise of clinical judgment with respect to patient care.

13. PHYSICIAN shall mean doctor of medicine or osteopathic medicine and surgery holding a license to practice medicine or surgery issued pursuant to Chapter 4731 of the Ohio Revised Code.
 14. PODIATRIST means an individual who has been awarded the degree of Doctor of Podiatric Medicine (D.P.M.) holding a license to practice podiatry issued pursuant to Chapter 4731 of the Ohio Revised Code.
 15. PRACTITIONER means, unless otherwise expressly limited, any appropriately licensed physician, dentist, podiatrist, psychologist or chiropractor applying for or exercising clinical privileges in the Hospital.
 16. PREROGATIVE means a participatory right granted, by virtue of staff membership or affiliate status, and exercisable subject to the conditions imposed in this Code of Regulations and in policies of the Hospital and the medical staff.
 17. PROFESSIONAL REVIEW ACTION means an action or recommendation of a professional review body which is
 - (a) taken or made in the conduct of professional review activity to determine whether a practitioner may have clinical privileges in the Hospital or membership on the Medical Staff; to determine the scope or conditions of such privileges or membership; or to change or modify such privileges or membership;
 - (b) based on professional competence or professional conduct of an individual practitioner which affects or could affect adversely the health or welfare of a patient or patients; and
 - (c) which would or may reduce, restrict, suspend, revoke, deny, or otherwise adversely affect the clinical privileges or staff membership of a practitioner.
- PSYCHOLOGIST means an individual who has been awarded the degree of Doctor of Psychology (Psy.D.) or Doctor of Philosophy in Psychology (Ph.D.) or equivalent doctoral degree and holding a license to practice psychology issued pursuant to Chapter 4732 of the Ohio Revised Code.
19. Senior Vice President means the Senior Vice President of the Hospital.
 20. SPECIAL NOTICE means written notification sent by certified mail, return receipt requested.
 21. RESEARCH ASSOCIATE is an allied health professional who will be active in the Hospital during a defined and specific research project. This associate will operate under the supervision of the physician in charge and in a research protocol approved by the IRB. This shall be construed as a special circumstance and no other clinical privileges are implied.

A research associate's activities shall terminate with completion of the research project.

ARTICLE I. - NAME

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- 1.1 The name of this organization shall be THE MEDICAL STAFF OF JEWISH HOSPITAL OF CINCINNATI, INC.

ARTICLE II. - PURPOSE AND RESPONSIBILITIES

ARTICLE II. - PURPOSES AND RESPONSIBILITIES

2.1 PURPOSES

The purposes of the Medical Staff are:

- (a) to be the formal organizational structure mandated by the provisions of the Regulations of Jewish Hospital of Cincinnati, Inc., and particularly in accordance with Article VI, Section 4 of the Regulations of Jewish Hospital of Cincinnati, Inc., through which
 - (1) the benefits of membership of the staff may be obtained by individual practitioners, and
 - (2) the obligations of staff membership may be fulfilled.
- (b) to serve as the primary means for accountability to the Board for the quality and appropriateness of the professional performance and ethical conduct of its members and affiliates in order to strive to maintain that pattern of patient care in the Hospital that is consistent with the state of the art of the healing practice.
- (c) to provide a means through which the Medical Staff may participate in the Hospital's policy making and planning process.
- (d) To support research and educational activities in the interest of improving patient care, the skills of persons providing health services, and the promotion of the general health of the community.

2.2 RESPONSIBILITIES

The responsibilities of the Medical Staff are:

2.2-1 To account for the quality and appropriateness of patient care rendered by all practitioners and affiliates authorized to practice in the Hospital through the following measures:

- (a) credentials program, including mechanisms for appointment and reappointment, and the matching of clinical privileges to be exercised, or of specified services to be performed with the verified credentials and current demonstrated performance of the applicant, staff members, or affiliate.
- (b) A continuing education program, fashioned, at least in part, on the needs demonstrated through the quality review and improvement program of the Hospital.
- (c) A utilization review program to assess inpatient and hospital outpatient medical and health services based upon specific determination of individual medical needs.
- (d) An organizational structure that allows continuous monitoring of patient care practices.
- (e) Review and evaluation of the quality of patient care through a valid and reliable quality review and improvement procedure.

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- 2.2-2 To recommend to the Board action with respect to appointments, reappointments, staff category, departmental (and division) assignments, clinical privileges, and corrective action.
- 2.2-3 To account to the Board for the quality and appropriateness of patient care rendered to patients in the Hospital through regular reports and recommendations concerning the implementation, operation and results of the quality review and improvement program of the Hospital.
- 2.2-4 To initiate and pursue professional review action with respect to practitioners, when warranted.
- 2.2-5 To develop, administer and assure compliance with these regulations to the staff, and other patient care related hospital policies.
- 2.2-6 To assist in identifying community health needs, and in recommending appropriate institutional goals and implementing programs to meet those needs.
- 2.2-7 To exercise the authority granted by this Code as necessary to adequately fulfill the foregoing responsibilities.
- 2.2-8 To cooperate with and assist the Hospital in maintaining accreditation.
- 2.2-9 To participate in any deliberations by the Hospital affecting the discharge of Medical Staff responsibilities.

ARTICLE III. - MEDICAL STAFF MEMBERSHIP

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3.1 NATURE OF MEDICAL STAFF MEMBERSHIP

Membership on the Medical Staff of the Hospital is a privilege which shall be extended only to professionally competent physicians, dentists, podiatrists, psychologists, chiropractors and other health professional affiliates who continuously meet the qualifications, standards and requirements set forth in this Code. Appointment to and membership on the Staff shall confer on the appointee or member only such clinical privileges and prerogatives at the Hospital as have been granted by both of the Board in accordance with this Code. (For Health Professional Affiliates, see ARTICLE V.)

3.2 BASIC QUALIFICATIONS FOR MEMBERSHIP

3.2-1 Basic Qualifications

Only physicians, dentists, podiatrists, psychologists, chiropractors and health professional affiliates licensed or certified to practice in the State of Ohio, who:

- (a) document their experience, background, training, demonstrated ability, and upon request of the Executive Committee of the Medical Staff or of the Board, physical and mental health status, with sufficient adequacy to demonstrate to the Medical Staff and the Board that they will provide care to patients at the generally recognized professional level of quality, in an economically efficient manner, taking into account patients' needs, the available hospital facilities and resources, and utilization standards in effect at the Hospital.
- (b) are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions, to work cooperatively with others, and to be willing to participate in the discharge of staff responsibilities;
- (c) in the case of physicians other than members of the Contributing Staff, meet the standards of the American Board of Medical Specialties or the Advisory Board for Osteopathic Specialists in their respective specialties at the time of initial application or met the standards of such Board with respect to formal education and training at the time of the completion of their formal education and training, and in the case of dentists, podiatrists, psychologists, and chiropractors meet standards of similar advanced professional training at comparable times; and
- (d) provide evidence of professional liability insurance coverage in an amount determined annually by the Staff Executive Committee and appended to this Code;

shall be qualified for membership on the Staff. When the Executive Committee of the Medical Staff or the Board has reason to question the physical and/or mental health status of a practitioner, the practitioner shall be required to submit to an evaluation of his physical and/or mental status by a physician or physicians selected by the body raising such question, as a prerequisite to further consideration of his application for appointment or reappointment, to

the exercise of previously granted privileges, or to maintenance of his Staff appointment.

3.2-2 Effect of Other Affiliations

No physician, dentist, podiatrist, psychologist or chiropractor is automatically entitled to membership on the Medical Staff, or to the exercise of particular clinical privileges, merely because he is licensed to practice in this, or in any other, state, or because he is a member of any professional organization, or because he is certified by any clinical board, or because he had, or presently has, staff membership or privileges at another health care facility or in another practice setting.

3.2-3 Nondiscrimination

Medical Staff membership or particular clinical privileges shall not be denied on the basis of sex, race, creed, color, or national origin, or on the basis of any other criterion unrelated either to the delivery of quality patient care in the Hospital, to professional ability and judgment, or to community need.

3.2-4 Administrative and Medico-Administrative Officers

A physician, dentist, podiatrist, psychologist, or chiropractor employed by the Hospital in a purely administrative capacity, with no clinical duties or privileges, is subject to the terms of his contract or other conditions of employment, and need not be a member of the Medical Staff. A medico-administrative officer, i.e., one with clinical responsibilities, must be a member of the Medical Staff, achieving this status by the procedure provided in Article VI.

His clinical privileges must be delineated in accordance with Article VII. The Medical Staff membership and clinical privileges of any medico-administrative officer shall not be contingent on his continued occupation of that position, unless otherwise provided in his employment agreement.

3.3 BASIC RESPONSIBILITIES OF STAFF MEMBERSHIP

Each member of the Medical Staff shall:

- (a) provide his patients with care of the generally professionally recognized level of quality and efficiency.
- (b) abide by the Code of Regulations of the Medical Staff and by all other lawful standards, policies and rules of the Hospital.
- (c) discharge such staff, department, committee and hospital functions for which he is responsible by appointment, election, or otherwise.
- (d) prepare and complete in timely and legible manner, the medical and other required records for all patients he admits, or in any way provides care to in the Hospital.
- (e) abide by the ethical principles of his profession and provide for the continuous care of his patients.
- (f) promptly notify the Senior Vice President of the revocation or suspension of his professional license, or the imposition of terms of probation or limitation of practice by any state licensing agency, or of his loss of staff membership or loss or restriction of privileges at any hospital or other health care institution, or the cancellation

or restriction of professional liability insurance coverage, or the revocation, suspension or voluntary relinquishment of his Drug Enforcement Administration (DEA) registration number, or the commencement of a formal investigation, or the filing of charges by the Inspector General, Department of Health and Human Services.

- (g) will maintain professional liability insurance as required by Article 15.4 of this Code consistent with your specialty and clinical privileges and scope of practice.
- (h) compliance with the Medical Record policy regarding completion of medical records: "Medical Records policy requires the timely completion of medical records. This includes completion of dictation and signing of appropriate records. When records are not completed in the designated time frame, they are considered delinquent. Physicians are notified of their delinquent status and are required to complete their records. A compilation of physicians' names who fail to complete their records in the designated time frame will be completed weekly, and a report will be forwarded to the Credentials Committee. The Credentials Committee will monitor referrals and work with physicians to correct deficiencies and encourage compliance. Any physician who is referred to the Credentials Committee more than six (6) times in a six-month period may be required to appear before the Credentials Committee to explain his non-compliance. Any physician who fails to appear before the Credentials Committee, or continues to be non-compliant following his sixth occurrence will be referred to the Executive Committee of the Medical Staff to explain his chronic non-compliance. The Executive Committee of the Medical Staff will consider corrective action or sanctions that may include recommendation for termination of medical staff membership. In addition, information regarding the chronicity of a physician's failure to remediate his behavior may be used by the Credentials Committee in re-credentialing decisions."

3.4 DURATION OF APPOINTMENT

3.4-1 Duration of Initial Appointments

Initial appointments pursuant to Section 3.5-1 are provisional for a period of twelve (12) months. In calculating the twelve (12) month period, the first month shall be the month in which the Board approved the appointment. Renewal of a provisional initial appointment shall be for a period of twelve (12) months.

3.4-2 Duration of Modified Appointments

Modification of appointment, pursuant to Section 6.6, shall be for a period extending to the end of the then current appointment period. Renewal of a provisional modified appointment shall be for a period of twelve (12) months.

3.4-3 Reappointments

Reappointments to any category of the Medical Staff shall be for a period of not more than two years.

3.5 PROVISIONAL STATUS

3.5-1 Initial Appointment

Except as otherwise determined by the Board, all initial appointments to any category of the Staff, except consulting, honorary and

emeritus, shall be provisional. Each provisional appointee shall be assigned to a department where his performance shall be observed by the director of the department, or such director's designee, and may be observed by a committee of department members appointed by the director to determine his eligibility for regular staff membership in the staff category to which he was provisionally appointed and for exercising the clinical privileges provisionally granted. An initial appointment and renewals thereof shall remain provisional until the appointee has furnished to the Executive Committee of the Medical Staff, and the Senior Vice President of the Hospital, or his designee:

- (a) a statement signed by the director of the department to which he is assigned, that the appointee meets all of the qualifications, has discharged all of the responsibilities, and has not exceeded or abused the prerogatives of the staff category to which he was provisionally appointed; and
- (b) a statement signed by the chairman of the committee, if appointed, that the appointee has satisfactorily demonstrated his ability to exercise the clinical privileges provisionally granted to him; and
- (c) a statement from the director of the department in which the appointee is most active, attesting to the appointee's performance and clinical competence, may be requested if there is insufficient quality review and improvement information available for review.

3.5-2 Modification in Staff Category and Clinical Privileges

The Executive Committee of the Medical Staff may recommend to the Board that a change in staff category of a current staff member, or the granting of additional privileges to a current staff member pursuant to Section 6.6, be made provisional in accordance with procedures similar to those outlined in Section 3.5-1 for initial appointments.

3.5-3 Renewals

Provisional status may not be renewed for more than one twelve month period. If the provisional appointee fails within that period to furnish the certifications required in Section 3.5-1, his staff membership or particular clinical privileges, as applicable, shall automatically terminate. The appointee so affected shall be given special notice of such termination and shall be entitled to the procedural rights afforded in ARTICLE IX.

3.5-4 Waiver of Provisional Appointment Requirement

The requirement that a practitioner's initial appointment be provisional may be waived or reduced by a three-fourths (3/4) vote of the Staff Executive Committee, concurred in by each of the Board. A waiver may be considered in the case of an extensively experienced practitioner or in such other circumstances as may be appropriate.

3.6 LEAVE OF ABSENCE

3.6-1 Leave Status

A staff member may obtain a voluntary leave of absence from the Medical Staff by submitting written notice to the Executive Committee

and the Senior Vice President or his designee, stating the exact period of time of the leave, which may not exceed two years. During the period of a leave, the staff member's privileges and prerogatives shall be suspended.

3.6-2 Termination of Leave

The staff member may request reinstatement of his privileges and prerogatives by submitting a written notice to that effect to the Executive Committee. The staff member shall submit a written summary of his relevant activities during the leave, if the Executive Committee, or the Board, so requests. The Executive Committee shall make a recommendation to the Board concerning the reinstatement of the member's privileges and prerogatives. Failure, without good cause, to request reinstatement or to provide a requested summary of activities as above provided shall result in automatic termination of staff membership, privileges, and prerogatives without right of hearing or appellate review. A request for staff membership subsequently received from a staff member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

ARTICLE IV. - CATEGORIES OF STAFF MEMBERSHIP

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4.1 CATEGORIES

The staff shall be divided into active, associate, courtesy, consulting, contributing, honorary and emeritus.

4.2 ACTIVE STAFF

4.2-1 Qualifications

The active staff shall consist of physicians, dentists, podiatrists, psychologists, and chiropractors each of whom:

- (a) meets the basic qualifications set forth in Section 3.2-1;
- (b) regularly admits patients to, or is otherwise regularly involved in the care of patients in, the Hospital or actively utilizes or is regularly involved in the betterment of the Hospital; and in the case of chiropractors each of whom possesses clinical privileges in the Hospital;
- (c) has completed a minimum of two years as associate or affiliate member of the Medical Staff; and
- (d) receive a favorable review by the director of the department in which he is a member for advancement to active membership.

4.2-2 Prerogatives

The prerogatives of an active staff member shall be to:

- (a) Admit patients to the Hospital as follows:
 - (1) A physician member may admit without limitation, in accord with his privileges.
 - (2) Subject to Section 7.3 below, a dentist, podiatrist, or psychologist member may admit in accord with his privileges provided it is demonstrated, at the time of admission, that a physician member of the Medical Staff has assumed responsibility for the basic medical appraisal of the patient and for the care of any medical problem that may be present or may arise during hospitalization.
 - (3) A chiropractor member shall not be eligible to admit patients in the Hospital.
- (b) Exercise such clinical privileges as are granted to him pursuant to ARTICLE VII.
- (c) Vote on all matters presented at general and special meetings of the Medical Staff and committees of which he is a member.
- (d) Hold office in the staff organization and in the department and committees of which he is a member.
- (e) Members who have reached the age of sixty three (63) need not accept assigned administrative duties or responsibilities, but shall have the privilege of participating in all staff activities.

4.2-3 Responsibilities

Each member of the active staff shall:

- (a) Meet the basic responsibilities set forth in Section 3.3.
- (b) Retain responsibility within his area of professional competence for the daily care and supervision of each patient in the Hospital for whom he is providing services, or when unavailable arrange a suitable alternate practitioner for such care and supervision.
- (c) Actively participate in the patient care review process and other quality review and improvement activities required of the staff, in supervising provisional appointees of his same profession, in the emergency services program, and in discharging such other staff function as may from time to time be required.
- (d) When the physician of record, have the ultimate responsibility for the patient unless there is a formal written transfer of care.
- (e) Report to the director of the department to which he is assigned any quality denial from the PRO, wherever the underlying events may have occurred, within one week of receipt.

4.3 ASSOCIATE STAFF

4.3-1 Qualifications

The associate staff shall consist of physicians, dentists, podiatrists, psychologists, and chiropractors, each of whom:

- (a) Will advance to active staff membership and will, in the ordinary course of events, and unless he requests otherwise, be advanced to active staff status, if he meets qualifications and after serving two years on the associate staff;
- (b) Meets the qualifications specified in Section 4.2-1 for members of the active staff.

Provided, that chiropractors need not possess clinical privileges in the Hospital in order to be members of the associate staff.

4.3-2 Prerogatives

The prerogatives of an associate staff member shall be to:

- (a) Admit patients to the Hospital under the same conditions as specified in Section 4.2-2(a) for active staff members.
- (b) Exercise such clinical privileges as are granted to him pursuant to Article VII.
- (c) Vote on all matters presented at meetings of the department and committees of which he is a member.

Associate staff members shall not be eligible to hold office in this Medical Staff organization, or vote at general and special meetings of the Staff.

4.3-3 Responsibilities

Each member of the associate staff shall be required to discharge the same responsibilities as those specified in Section 4.2-3 for members of the active staff. Failure to fulfill those responsibilities shall be grounds for denial of advancement to active staff status.

4.4 COURTESY STAFF

4.4-1 Qualifications

The courtesy staff shall consist of physicians, dentists, podiatrists, psychologists, and chiropractors, each of whom meets the basic qualifications set forth in Section 3.2-1.

4.4-2 Prerogatives

The prerogatives of a courtesy staff member shall be to:

- (a) Admit not more than twelve (12) patients annually to the Hospital within the limitations and under the same conditions as specified in Section 4.2-2 for active staff members, subject, however, to such special rules or regulations which, for good cause, may have been adopted by the department in which the Courtesy member has privileges. Any member of the Courtesy Staff who exceeds such limitation for two consecutive years will be encouraged to become a member of the Associate Staff.
- (b) Exercise such clinical privileges as are granted to him pursuant to Article VII.
- (c) Attend meetings of the staff and any staff or Hospital education programs. He may attend department meetings of which he is a member, by invitation.

Courtesy staff members shall not be eligible to vote or to hold office in this medical staff organization.

4.4-3 Responsibilities

Each member of the courtesy staff shall be required to:

- (a) Meet the basic responsibilities specified in Section 3.3.
- (b) Retain responsibility within his area of professional competence for the care and supervision of each patient in the Hospital for whom he is providing services, or when unavailable arrange a suitable alternate practitioner for such care and supervision.
- (c) When the physician of record, have the ultimate responsibility for the patient unless there is a formal written transfer of care.
- (d) Report to the director of the department to which he is assigned any quality denial from the PRO, wherever the

underlying events may have occurred, within one week of receipt.

- (e) Actively participate in the emergency services program as required by Department/Division Rules and Regulations, at the discretion of the Department/Division director.

4.5 CONSULTING STAFF

4.5-1 Qualifications

The consulting staff shall consist of those specialists who are willing to serve in an advisory capacity when called upon by the director of the department involved, and each of whom meets the basic qualifications set forth in Section 3.2-1 (a), (b), and (d).

4.5-2 Prerogatives

- (a) Generally, consulting staff members may write orders; however, they are not eligible to admit patients to the Hospital, or to exercise clinical privileges such as procedures or surgeries in the Hospital. However, the Executive Committee of the Medical Staff and the Senior Vice President upon recommendation of the director of the department involved may grant an exception to this rule. When such an exception is granted, the consulting staff member may admit patients to the Hospital within the limitations provided in Section 4.2-2 for active staff members, and may exercise such clinical privileges as are granted to him pursuant to Article VII.
- (b) Consulting staff members shall have the prerogative to attend staff and department meetings and any staff or hospital education meetings.
- (c) Consulting staff members shall not be eligible to vote or to hold office in this organization.

4.5-3 Responsibilities

Each member of the consulting staff shall be required to discharge the basic responsibilities specified in paragraphs (b) and (e) of Section 3.3, provided, however, that a consulting staff member granted clinical privileges shall be required:

- (a) To discharge all of the basic responsibilities specified in Section 3.3; and
- (b) To retain responsibility within his area of professional competence for the care and supervision of each patient in the Hospital for whom he is providing services, or when unavailable arrange a suitable alternate practitioner for such care and supervision.

4.6 HONORARY STAFF

4.6-1 Qualifications

The honorary staff shall consist of physicians, dentists, podiatrists, psychologists, and chiropractors recognized for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous long standing service to the Hospital or the community.

4.6-2 Prerogatives

The prerogatives of an honorary staff member shall be to attend staff and department meetings, and any staff or hospital education meetings. Honorary staff members shall not be eligible to vote or to hold office in this organization, or to admit and/or care for patients.

4.6-3 Responsibilities

Each member of the honorary staff shall be required to discharge the basic responsibilities specified in paragraphs (b) and (e) of Section 3.3. Each member, having met these basic responsibilities, shall not be required to be reappointed.

4.7 EMERITUS STAFF

4.7-1 Qualifications

The emeritus staff shall consist of those who have retired from practice. Emeritus staff are not required to possess a license or certificate to practice in the State of Ohio.

4.7-2 Prerogatives

The prerogatives of an emeritus staff member shall be to attend Staff and department meetings, and any Staff or hospital education meeting. Emeritus staff members shall not be eligible to vote or to hold office in this organization, or to admit and/or care for patients in the Hospital.

4.7-3 Responsibilities

Each member of the emeritus staff shall be required to discharge the basic responsibilities specified in paragraphs (b) and (e) of Section 3.3. Each member, having met these responsibilities, shall not be required to be reappointed.

4.8 CONTRIBUTING STAFF

4.8-1 Qualifications

The contributing staff shall consist of physicians, dentists, podiatrists, psychologists, and chiropractors.

4.8-2 Prerogatives

The prerogatives of a contributing staff member shall be to attend Staff and Department meetings, and any Staff or hospital education meeting. Contributing staff members shall not be eligible to vote or to hold office in this organization, or to admit and/or care for patients or to exercise clinical privileges in the Hospital.

4.8-3 Responsibilities

Each member of the contributing staff shall be required to discharge the basic responsibilities specified in Paragraphs (b) and (e) of Section 3.3.

4.9 LIMITATION OF PREROGATIVES

The prerogatives set forth under each staff category are general in nature and may be subject to limitation by special conditions attached to a physician's, dentist's, podiatrist's, psychologist's, or chiropractor's staff membership, by other Sections of this Code, or by other policies of the Hospital.

4.10 WAIVER OF QUALIFICATIONS

Any qualification may be waived in the discretion of the Board upon determination that such waiver will serve the best interests of the patients and of the Hospital.

ARTICLE V. - Allied Health Professionals

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5.1 QUALIFICATIONS

Only health professional affiliates who meet the same basic qualifications as required by Section 3.2-1 for membership on the Medical Staff shall be qualified to exercise clinical privileges, or to provide specified patient care services in the Hospital. The Executive Committee may establish particular qualifications required of members of a specific category of affiliates, provided that such qualifications are not founded on an arbitrary or discriminatory basis, and are in conformance with applicable law. Allied Health Professional members shall not be eligible to vote or hold office in this organization.

5.2 PROCEDURES FOR APPOINTMENT AND SPECIFICATION OF SERVICES

Applications for appointment, reappointment, clinical privileges and specified services for health professional affiliates shall be submitted and processed in the same manner as provided in Articles VI and VII for medical staff membership and clinical privileges. Health professional affiliates (Allied Health Professionals) shall be individually assigned to the clinical department appropriate to their professional training, and shall be subject in general to the same terms and conditions of appointment as specified in Section 3.4 through Section 3.6 for Medical Staff appointment.

5.3 PREROGATIVES

The prerogatives of an Allied Health Professional shall be to:

- (a) Provide specified patient care services under the supervision or direction of a physician member of the Medical Staff or the affiliate's department director, or the director's designee with appropriate expertise, and consistent with the limitations stated in Section 7.4.
- (b) Perform functions within the scope of his license, certificate or other legal credential, if applicable, and to the extent established in the rules of the Staff and of the department to which he is assigned.
- (c) Serve on Staff, department, service and hospital committees.
- (d) Attend meetings of the Staff and department to which he is assigned, and Staff and hospital education programs.

5.4 RESPONSIBILITIES

Each Allied Health Professional shall:

- (a) Meet the same basic responsibilities as required by Section 3.3 for Medical Staff members.
- (b) Retain appropriate responsibility within his area of professional competence for the care and supervision of each patient in the Hospital for whom he is providing services, or when unavailable arrange a suitable alternate practitioner for such care and supervision.
- (c) Participate in those aspects of the patient care review process, and other required quality review and improvement activities appropriate to his profession, in supervising provisional appointees of his same profession and in discharging such other staff functions as may from time to time be required.

ARTICLE VI. - PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

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6.1 GENERAL PROCEDURE

The Medical Staff, through its designated departments shall investigate and consider each application for appointment or reappointment to the Staff and each request for modification of Staff membership status, and shall adopt and transmit recommendations thereon to the Board. The Medical Staff shall perform the same investigation, evaluation, and recommendation functions in connection with any Allied Health Professional or other individual who seeks to exercise clinical privileges, or provide specific services in any department or service of the Hospital whether or not such affiliate or individual is eligible for Medical Staff membership.

6.2 APPLICATION FOR INITIAL APPOINTMENT

6.2-1 Application Form

Each application for appointment to the staff shall be in writing, submitted on the prescribed form, and signed by the applicant.

6.2-2 Content

The application form shall include:

- (a) Acknowledgement and Agreement: A statement that the applicant has received and read the Code of Regulations of the Medical Staff, and that he agrees to be bound by the terms thereof if he is granted membership and/or clinical privileges, and to be bound by the terms thereof in all matters relating to consideration of the application without regard to whether or not he is granted membership and/or clinical privileges.
- (b) Qualifications: Detailed information concerning the applicant's qualifications, including information in satisfaction of the basic qualifications specified in Section 3.2-1, and of any additional qualifications specified in this Code for the particular staff category to which the applicant requests appointment.
- (c) Requests: Specific requests stating the staff category, department, service, and clinical privilege for which the applicant wishes to be considered.
- (d) References: The names of at least two persons (one of whom may be the department director) who have worked with the applicant and observed his professional performance, and who can provide references as to the applicant's clinical ability, ethical character, and ability to work with others.
- (e) A statement concerning the physical and mental health of the applicant.
- (f) Professional Corrective Actions: Information as to whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced, or not renewed at any other hospital or health care institution, and as to whether any of the following have ever occurred.

- (1) suspension, revocation, or denial of membership/fellowship in local, state or national professional organization;
- (2) revocation of board certification;
- (3) previously successful or currently pending challenges to any licensure or registration with any state or district or with the DEA, or voluntary relinquishment of such licensure or registration, and
- (4) voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital.

If any such actions were ever taken, the particulars thereof shall be included.

(g) Professional Liability Insurance and Claims:

- (1) A statement with documented evidence that the applicant carries professional liability insurance as required by Section 15.4 below and information on his/her malpractice experience during the past five years, including a consent to the release of information by his present and past malpractice insurance carrier(s).

The applicant shall provide evidence, in writing, of additional coverage consistent with his specialty, clinical privileges, and scope of practice.

- (2) A description of any final judgments or settlements involving the applicant in a professional liability claim or action.

(h) Notification of Release and Immunity Provisions: Statements notifying the applicant of the scope and extent of the authorization, confidentiality, immunity, and release provisions of Section 6.3 and Article XIV.

(i) Administrative Remedies: A statement whereby the practitioner agrees that, when an adverse ruling is made with respect to his staff membership, staff status, and/or clinical privileges, he will exhaust the administrative remedies afforded by this Code before resorting to formal legal action.

(j) Ethical Pledge: A statement that the practitioner shall provide continuous care for his patients and refrain from delegating the responsibility for diagnosis or care of hospitalized patients to another practitioner who is not qualified to undertake this responsibility and who is not adequately supervised.

(k) Misstatement or Misrepresentation: A statement that information given in or attached to the application is accurate and fairly represents the current level of the applicant's training, experience, capability and competence to practice with the clinical privileges requested; that any misrepresentation or misstatement in, or omission from the application may constitute cause for automatic and immediate rejection of the application resulting in denial of appointment

and clinical privileges; and that in the event that appointment or privileges have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate termination of the applicant's appointment or privileges.

6.3 EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, the applicant:

- (a) Agrees to maintain continuity of care for his patients.
- (b) Signifies willingness to appear for interviews in regard to his application.
- (c) Authorizes representatives of the Hospital to consult with others who have been associated with him and/or who may have information bearing on his competence and qualifications.
- (d) Consents to the inspection by representatives of the Hospital of all records and documents that may be material to an evaluation of his professional qualifications and ability to carry out the clinical privileges he requests as well as of his professional ethical qualifications for staff membership.
- (e) Releases from any liability the Hospital and all its representatives for their acts in connection with evaluating the applicant and his credentials, to the fullest extent permitted by law.
- (f) Releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to the Hospital or to representatives concerning the applicant's ability, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges, to the fullest extent permitted by law.
- (g) Authorizes and consents to the Hospital and its representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters the Hospital may have concerning the applicant and releases the Hospital and its representatives from liability for so doing, to the fullest extent permitted by law.

For the purpose of this Section, the term "representative" includes the Board, its Trustees and Committees; the Senior Vice President; all Medical Staff members, departments and committees which have responsibility for collecting or evaluating the applicant's credentials, or acting upon his application; and any employee or other authorized representative of any of the foregoing.

6.4 PROCESSING THE APPLICATION

6.4-1 Applicant's Burden

The applicant shall have the burden of producing adequate information for a proper evaluation of his experience, background, training, demonstrated ability, and, upon request of the Staff Executive Committee or the Board, physical and mental health status, and of

resolving any doubts about these or any of the other basic qualifications specified in Section 3.2-1.

6.4-2 Verification of Information

The applicant shall deliver a completed application to the representative of the Senior Vice President in the Medical Staff Office who shall, in timely fashion, seek to collect or verify the references, licensure, and other qualification evidence submitted. The Medical Staff Office shall promptly notify the applicant of any non-success in such collection or verification efforts. When collection and verification is accomplished, the Medical Staff Office shall transmit the application and all supporting material to the Department Director.

6.4-3 Department Action

Upon receipt, the director of the department or his designee as defined by the Department Rules and Regulations shall review the application and supporting documentation, may conduct a personal interview with the applicant (if requested by the Credentials Committee or Department Director), and shall transmit to the Credentials Committee on the prescribed form, a written report consisting of clinical privileges to be granted, recommendation for staff category, and any special conditions to be attached to the appointment. A department director or his designee may also recommend that the Executive Committee defer action on the application. The reason for each recommendation shall be stated and supported by reference to the completed application, and all other documentation considered by a director, all of which shall be transmitted with the report.

6.4-4 Credentials Committee

The Credentials Committee shall review the application, the supporting documentation, and such other information available to it that may be relevant to consideration of the applicant's qualifications for the staff category and department or division affiliation. The Credentials Committee shall then transmit to the Staff Executive Committee on the prescribed form a written report and recommendations as to staff category and department, and any special conditions to be attached to the appointment. The Committee may also recommend that the Executive Committee defer action on the application in no case longer than six (6) months. The reason for each recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the Committee, all of which shall be transmitted with the report. Any minority views shall be reduced to writing, supported by reasons and references, and transmitted with the majority report.

6.4-5 Staff Executive Committee

At its next regular meeting after receipt of the Credentials Committee report and departmental recommendations, the Executive Committee or its designated sub-committee of the Medical Staff shall consider the report, and such other relevant information available to it. The Executive Committee shall then forward to the Senior Vice President for transmittal to the Board, a written report and recommendations on the prescribed form as to staff appointment and, if appointment is recommended, as to staff category and department or division affiliation, clinical privileges to be granted, and any

special conditions to be attached to the appointment. The Executive Committee may also defer action on the application pursuant to Section 6.4-6(a). The reasons for each recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the Staff Executive Committee, all of which shall be transmitted with the report. Any minority views shall also be reduced to writing supported by reasons and references and transmitted with the majority report.

6.4-6 Effect of Staff Executive Committee Action

- (a) Deferral: Action by the Staff Executive Committee to defer the application for further consideration must be followed up within 180 days with a subsequent recommendation for provisional appointment with specified clinical privileges, or for rejection for staff membership.
- (b) Favorable Recommendations: When the recommendation of the Staff Executive Committee is favorable to the applicant, the Senior Vice President shall promptly forward it, together with all supporting documentation, to the Board. For the purposes of this Section 6.4-6 "all supporting documentation" includes the application form and its accompanying information, and the reports and recommendations of the department directors and of the Credentials Committee.
- (c) Adverse Recommendation: When the recommendation of the Staff Executive Committee is "adverse" to the applicant, the Senior Vice President shall immediately so inform the practitioner by special notice, and he shall be entitled to the procedural rights as provided in Article IX and in the Fair Hearing Plan appended hereto. For the purposes of this Section 6.4-6(c), an "adverse" recommendation by the Staff Executive Committee is as defined in Section 1.1 and 1.1(a) of the Fair Hearing Plan.

6.4-7 Board Action

- (a) On Favorable Staff Executive Committee Recommendation: The Board shall, in whole or in part, adopt or reject a favorable recommendation of the Staff Executive Committee, or refer the recommendation back to the Staff Executive Committee for further consideration stating the reasons for such referral back, and setting a time limit within which a subsequent recommendation shall be made. No appointment shall be made unless it is approved by the Board, containing the same privileges and conditions. If the Board's action is adverse to the applicant as defined in Section 1.1 of the Fair Hearing Plan, the Senior Vice President shall promptly so inform the applicant by special notice, and he shall be entitled to the procedural rights as provided in Article IX and in the Fair Hearing Plan.
- (b) After Procedural Rights: In the case of an adverse Staff Executive Committee recommendation pursuant to Section 6.4-6(c), or an adverse Board decision pursuant to Section 6.4-7(a), the Board taking an adverse action shall take final

action in the matter only after the applicant has exhausted, or has waived, his procedural rights as provided in Article IX and in the Fair Hearing Plan. Action thus taken shall be the conclusive decision of the Board, except that the Board may defer final determination by referring the matter back for further reconsideration. Any such referral back shall state the reasons therefore, shall set a time limit within which a subsequent recommendation to the Board shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation, and of new evidence in the matter, if any, the Board shall make a final decision either to appoint the applicant to the staff, or to reject him for staff membership.

6.4-8 Notice of Final Decision

- (a) Notice of the Board's final decision shall be given through the Senior Vice President to the President of the Medical Staff, to the Chairman of the Credentials Committee, to the director of the department and of each division concerned, and to the applicant; if the final decision is adverse to the applicant notification shall be sent by means of special notice.
- (b) A decision and notice to appoint shall include: (1) the staff category to which the applicant is appointed; (2) the department or division to which he is assigned; (3) the clinical privileges he may exercise; and (4) any special conditions attached to the appointment.

6.4-9 Reappointment After Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of two (2) years unless granted a special waiver by the Board. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Staff Executive Committee or the Board may require in demonstration that the basis for the earlier adverse action no longer exists.

6.4-10 Time Periods for Processing

Contingent upon timely receipt of all documents required in filing, applications for staff appointments shall be considered in a timely and good faith manner by all individuals and groups required by this Code to act thereon and, except for good cause, shall be processed within the time periods specified below. The Medical Staff Office and the departmental directors and the Credentials Committee shall act on an application within 90 days after receipt of the application. The Staff Executive Committee shall review the application and make its recommendations to the Board within 30 days after receiving the Credentials Committee report. The Board, or the appropriate committee thereof, shall then take final action on the application at its next regular meeting.

6.5 REAPPOINTMENT PROCESS

6.5-1 Information Form for Reappointment

The Senior Vice President through his designee in the Medical Staff Office shall, at least 150 days prior to the expiration date of the present staff appointment of each Medical Staff member, provide such staff member with an interval information form. Failure, without out good cause, to so return the form to the Medical Staff Office by such date, determined by the Hospital, as is necessary to provide adequate time for processing of the form, shall result in automatic termination of membership at the expiration of the member's current term. In addition, a member who is not actively admitting patients to, or otherwise regularly involved in the care of patients in the Hospital may be requested to provide a statement from the director of the department in which the member is most active, attesting to the member's performance and clinical competence. Failure, without good cause, to provide such a statement may result in termination of membership at the expiration of the member's current term. A practitioner whose membership is terminated under this Section 6.5-1 shall be entitled to the procedural rights provided in Article IX for the sole purpose of resolving the issue of good cause.

6.5-2 Content of Interval Information Form

The interval information form shall be a prescribed form and shall contain information necessary to maintain as current the medical staff file on the staff member's health care related activities other than as a member of the staff. This interval information form shall include, without limitation, information about:

- (a) continuing training, education and experience that qualified the staff member for the privileges sought on reappointment.
- (b) current physical and mental health status.
- (c) memberships, awards, or other recognitions conferred or granted by any professional health care societies, institutions, or organizations.
- (d) sanctions of any kind imposed by any other health care institution, professional health care organization, or licensing authority.
- (e) information about malpractice insurance coverage, claims, suits, and settlements.
- (f) the names of at least two persons (one of whom may be the department director) who have worked with the staff member and observed his professional performance, and who can provide references as to the staff member's clinical ability, ethical character, and ability to work with others.
- (g) clinical and technical skills, as indicated in part by the results of quality assessment and improvement activities and profiles and peer review information.
- (h) such other specific information about the staff member's professional ethics, qualifications and ability that may bear on his ability to provide good patient care in the Hospital.
- (i) A statement that information given in or attached to the form is accurate and fairly represents the current level of the staff member's training, experience, capability and competence

to practice with the clinical privileges requested; that any misrepresentation or misstatement in, or omission from the form may constitute cause for automatic and immediate rejection of the form resulting in denial of re-appointment and clinical privileges; and that in the event that re-appointment or privileges have been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate termination of the staff member's appointment or privileges.

- (j) Medical Record delinquencies. Information gathered from the Medical Record Committee regarding the applicant's history of delinquency or non-compliance with medical record policies.

6.5-3 Verification of Information

The Senior Vice President through his designee in the Medical Staff Office, shall, in timely fashion, seek to collect or verify the additional information made available on each interval information form, and to collect any other material or information deemed pertinent, including information regarding the staff member's professional activities, performance and conduct in the Hospital. When collection and verification is accomplished, the Senior Vice President shall transmit the information form and supporting material to the director of the department in which the staff member requests privileges and to the Credentials Committee.

6.5-4 Department Action

A department director shall review the information form and the staff member's file, and shall transmit to the Credentials Committee on the prescribed form a report and recommendation that appointment be renewed, renewed with modified staff category, department/division affiliation and/or clinical privileges, or terminated. A director may also recommend that the Staff Executive Committee defer action for up to sixty days. Each such report shall satisfy the requirements of Section 6.5-8.

6.5-5 Credentials Committee Action

The Credentials Committee shall review each information form and all other pertinent information available on each member being considered for reappointment, including the recommendation of the department in which the staff member has requested privileges, and shall transmit to the Staff Executive Committee on the prescribed form, its report and recommendation that appointment be either renewed, renewed with modified staff category department/division affiliation and/or clinical privileges, or terminated. The Committee may also recommend that the Staff Executive Committee defer action. Each such report shall satisfy the requirements of Section 6.5-8. Any minority views shall also be reduced to writing and transmitted with the majority report.

6.5-6 Staff Executive Committee Action

The Staff Executive Committee shall review each information form available to it, and shall, on the prescribed form, forward to the Senior Vice President for transmittal to the Board, its report and recommendation that appointment be either renewed, renewed with modified staff category, department/division affiliation, and/or

clinical privileges, or terminated. The Committee may also defer action. Each such report shall satisfy the requirements of Section 6.5-8. Any minority views shall also be reduced to writing and transmitted with the majority report.

6.5-7 Final Processing and Board Action

Thereafter, the procedure provided in Sections 6.4-6 through Section 6.4-11, shall be followed. For purposes of reappointment, the terms "applicant" and "appointment" as used in those sections shall be read, respectively, as "staff member" and "reappointment".

6.5-8 Basis for Recommendation

Each recommendation concerning the reappointment of a Medical Staff member shall be based on an appraisal of each member's professional and clinical judgment in the treatment of patients, ethics and conduct, compliance with the Medical Staff's Code of Regulations, cooperation with other practitioners, patients, nursing staff and other hospital personnel, service on Medical Staff and hospital committees, timely completion of medical records, demonstrated ability to comply with the Medical Staff's policies regarding utilization review and quality of care, attendance at Medical Staff and Clinical Department meetings, health status, and recommendations of any department, division or service to which the member has been assigned.

6.5-9 Time Periods for Processing

Transmittal of the interval information form to a staff member and his return of it shall be carried out in accordance with Section 6.5-1. Thereafter, and except for good cause, each person, department and committee required by this Code to act thereon shall complete such action in timely fashion so that all reports and recommendations concerning the reappointment of a staff member shall have been transmitted to the Staff Executive Committee for its consideration and action pursuant to Section 6.5-6 and to the Board for its action pursuant to 6.5-7, all prior to the expiration date of the staff membership of the member being considered for reappointment.

6.6 REQUEST FOR MODIFICATION OF APPOINTMENT

A staff member may, either in connection with reappointment, or at any other time, request modification of his staff category, department/division assignment, and/or clinical privileges by submitting a written application to the Senior Vice President through his designee in the Medical Staff Office on the prescribed form. Such application shall be processed in substantially the same manner as provided in Section 6.5 for reappointment.

In the event of a request for change of clinical privileges, a written request will be submitted to the department director and processed in the same manner as provided in Section 6.5-4.

ARTICLE VII. - DETERMINATION OF CLINICAL PRIVILEGES

ARTICLE VII. - DETERMINATION OF CLINICAL PRIVILEGES

7.1 EXERCISE OF PRIVILEGES

Every practitioner or other professional providing direct clinical services at the Hospital by virtue of medical staff membership, or otherwise, shall in connection with such practice and except as provided in Sections 7.5 and 7.6, be entitled to exercise only those clinical privileges or specified services specifically granted to him by the Board.

7.2 DELINEATION OF PRIVILEGES IN GENERAL

7.2-1 Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant. A request by a staff member pursuant to Section 6.6 for a modification of privileges must be supported by documentation of training and/or experience supportive of the request.

7.2-2 Basis for Privileges Determinations

- (a) Requests for clinical privileges shall be evaluated on the basis of the practitioner's education, training, experience, and demonstrated ability and judgment. The basis for privileges determinations to be made in connection with periodic reappointment or otherwise shall include observed clinical performance and the documented results of quality review and improvement activities required by these and corporate bylaws or regulations to be conducted at the Hospital. Privileges determination shall also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a practitioner exercises clinical privileges. A chiropractor who does not currently possess clinical privileges shall not be granted clinical privileges unless the director of the division of chiropractic has personally supervised manipulations by the member of three inpatients or outpatients within the Hospital as part of the Hospital's normal clinical services, requested by physician members of the medical staff. This information shall be added to and maintained in the medical staff files established for a staff member.
- (b) Each department director shall recommend the criteria for clinical privileges in his department after consultation with other active members of the department. Upon approval such criteria shall be appended to the department's rules and regulations and applicants for privileges in the department shall be entitled to access to such criteria. The department director shall review such criteria and the departmental privilege list annually and revise and update them as appropriate.

7.2-3 Procedure

All requests for clinical privileges shall be processed pursuant to the procedures outlined in Article VI.

7.3 SPECIAL CONDITIONS FOR CHIROPRACTIC, DENTAL, PODIATRIC, AND PSYCHOLOGIC PRIVILEGES

Requests for clinical privileges from podiatrists, dentists, psychologists and chiropractors shall be processed in the manner specified in Section 7.2.

Surgical procedures performed by podiatrists shall be under the overall supervision of the Director of Orthopedic Surgery. Surgical procedures performed by dentists shall be under the overall supervision of the director of the Department of Surgery. Service performed by psychologists shall be under the overall supervision of the director of the Department of Internal Medicine. All chiropractors shall be members of the Department of Orthopaedics and all chiropractic services performed by chiropractors shall be under the overall supervision of the director of the Department of Orthopaedics. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present at the time of admission, or that may arise during hospitalization, and shall determine the risk and effect of the proposed procedure or service on the total health status of the patient. All dental, podiatric and psychologic patients shall receive the same medical appraisal as patients admitted to other surgical services.

7.4 SPECIAL CONDITIONS FOR HEALTH PROFESSIONAL AFFILIATE SERVICES

Requests to perform specified patient care services from health professional affiliates (Adjunct-Affiliate Members) shall be processed in the manner specified in Section 7.2. A health professional affiliate may, subject to any licensure requirement or other legal limitations, participate directly in the medical management of patients under the supervision of a physician who has been accorded privileges to provide such care, and who has ultimate responsibility for the patient's care.

7.5 TEMPORARY PRIVILEGES

7.5-1 Approval of Temporary Privileges

Upon the written concurrence of the director of the department where the privileges will be exercised, the Senior Vice President, or his designee, may grant temporary privileges in the following circumstances:

- (a) Pendency of Application: After receipt of an application for staff appointment, including a request for specific temporary privileges, and in accordance with the conditions specified in Section 7.5-3, an appropriately licensed applicant may be granted temporary privileges for a period not to exceed 120 days during the pendency of the application. Such temporary privileges may be granted only after all documents and verifications required by the application have been submitted, the application is ready for review by the Credentials Committee, and the application has been reviewed by the director of the department in which staff appointment is sought. In exercising such privileges, the applicant shall act under the supervision of the director of the department to which he is assigned.
- (b) Care of Specific Patients: An appropriately licensed practitioner who is not an applicant for membership may be granted temporary privileges for the care of one or more specific patients. Such temporary privileges may be granted

only after receipt of verification of licensure from the appropriate Ohio State licensing board, verification in writing of clinical competency to perform the procedure (if the practitioner is a member of the staff of another hospital, by the practitioner's department director on that staff), and approval by the department director.

- (c) Locum Tenens: Upon receipt of a written request, an appropriately licensed practitioner who possesses the basic qualifications set forth in Section 3.2-1, and who is serving as a locum tenens for a member of the Medical Staff may, without applying for membership on the staff, be granted temporary privileges for an initial period of thirty (30) days, but not to exceed his services as locum tenens. Such temporary privileges may be granted only after receipt of verification of licensure from the appropriate Ohio State licensing board, and verification in writing of clinical competency to serve as a locum tenens for a member of the staff (if the practitioner is a member of the staff of another hospital, by the practitioner's department director on that staff).

7.5-2 Conditions

Temporary privileges may be granted only when the information available reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability and judgment to exercise the privileges requested, and only after the practitioner has satisfied the requirement of Section 15.4 regarding professional liability insurance. Special requirements of dual admission, consultation, and/or reporting may be imposed by the director of the department responsible for supervision of a practitioner granted temporary privileges. Before temporary privileges are granted, the practitioner must acknowledge in writing that he will abide by the Medical Staff Code of Regulations in all matters relating to his temporary privileges.

7.5-3 Termination

On the discovery of any information, or the occurrence of any event of a professionally questionable nature about a practitioner's qualifications or ability to exercise any or all of the temporary privileges granted, the Senior Vice President may, after consultation with the department director responsible for supervision, or the chairman of the Staff Executive Committee, terminate any or all of such practitioner's temporary privileges at the Hospital, where the life or well-being of a patient is determined to be endangered by continued treatment by the practitioner. The termination may also be effected by any person entitled to impose summary suspension under Article VIII. In the event of any such termination, the practitioner's patients then in the Hospital shall be assigned to another practitioner by the department director responsible for supervision. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

7.5-4 Rights of the Practitioner

A practitioner shall not be entitled to the procedural rights afforded by Article IX because of his inability to obtain temporary privileges, or because of any termination or suspension of temporary privileges.

7.6 EMERGENCY PRIVILEGES

For the purposes of this Section, an "emergency" is defined as a condition in which serious or permanent harm would result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In the case of an emergency, any practitioner, to the degree permitted by his license and regardless of department, staff status or clinical privileges, shall be permitted to do, and shall be assisted by hospital personnel in doing, everything possible to save a patient from serious harm. A practitioner utilizing emergency privileges shall promptly provide to the Executive Committee of the Medical Staff, upon its request, in writing a statement explaining the circumstances giving rise to the emergency.

7.7 IMMEDIATE PRIVILEGES IN EVENT OF A DISASTER

The Staff Executive Committee and Board of Trustees shall have the ability to grant immediate privileges consistent with established policies in the event of a terror event or declared disaster, or employee work stoppage at an affiliated Health Alliance Hospital.

ARTICLE VIII. - PROFESSIONAL REVIEW ACTION

ARTICLE VIII. - PROFESSIONAL REVIEW ACTION

8.1 SPECIAL DEFINITIONS

For purposes of this Article, the following definitions shall apply:

- (a) DISRUPTIVE OR IMPAIRED PRACTITIONER OR AFFILIATE means a practitioner or affiliate (1) whose level of professional competence could adversely affect the health or welfare of a patient or patients; (2) whose conduct is below accepted minimal standards within the practitioner's or affiliate's profession; (3) whose conduct is disruptive to the operations of the Hospital; or who fails to abide by the policies, procedures, rules and regulations of the Hospital; or (4) who is unable to practice the profession with reasonable skill and safety due to physical and/or mental disability including, but not limited to, deterioration because of age; loss of motor skill; excessive use or abuse of drugs and/or alcohol.
- (b) REASONABLE SUSPICION includes conduct consistent with any of the subsections under Section 8.1(a) including, but is not limited to conduct, peculiar behavior, unexplained accidents, excessive absenteeism, changes in physical appearance, activities or behavior or identification of symptoms commonly associated with impairment or disease.
- (c) DEPARTMENT DIRECTOR means the director of a Medical Staff department. If the disruptive or impaired practitioner is a department director, A department director under this Article will mean the Chairman of the Executive Committee of the Medical Staff. If the disruptive or impaired practitioner is the Department Director as well as the Chairman of the Executive Committee of the Medical Staff, then the matter shall be handled by the President-Elect of the Medical Staff in accordance with the procedure as defined herein.

8.2 PROCEDURE

8.2-1 Criteria and Initiation

Any practitioner or affiliate or any individual working in the Hospital with a reasonable suspicion that a practitioner or affiliate is impaired may make a report to the department director. The report shall be in writing and shall contain the facts upon which the suspicion is predicated. If the reasonable suspicion involves an accident or a situation which resulted in or could have resulted in loss, injury, or damage to a person or Hospital property, the observer(s) shall also be required to file an Occurrence Report and to comply with the requirements for reporting of occurrences as provided by Section 4731-15 of the Administrative Code. All information in these reports shall remain confidential as provided by Article XIV of this Code of Regulations.

A reasonable suspicion must arise from the personal observations or knowledge of the persons making the report which knowledge may be obtained from written reports or other information kept in the ordinary course of business of the Hospital, but shall not include hearsay (a statement made by someone other than the person filing the report offered as the truth of the matter). The report shall include a description of the incidents that led to the suspicion that the practitioner or affiliate may be impaired. The department director may refuse to accept any report that fails to meet the requirements of this section or relates to activities that are not in the scope of

medical care, diagnosis, or treatment within the Hospital or its auxiliary care facilities.

8.2-2 Investigation by Department Director

The department director will initiate investigation and/or resolution where appropriate and document the same. A copy of the Report of Investigation shall be sent to the Chairman of the Executive Committee of the Medical Staff, the Senior Vice President, and the practitioner or affiliate. Prior investigations and documentation may be considered in any investigation in the case of repetitive problems. If the investigation could result in a reduction or suspension of clinical privileges or a revocation of staff appointment, the department director will refer the issue to the Chairman of the Executive Committee of the Medical Staff with the original report, and any further investigation or documentation obtained, with a request for professional review action of such practitioner or affiliate.

8.2-3 Requests and Notices

All requests for professional review action shall be made in writing to the Chairman of the Executive Committee of the Medical Staff, and shall be supported by reference to the specific actions or conduct that constitute the grounds for that request. The Chairman of the Staff Executive Committee shall promptly notify the Senior Vice President in writing of all requests for professional review action received by the Executive Committee, and shall continue to keep the Senior Vice President fully informed of all actions taken in conjunction therewith.

8.2-4 Appointment of Ad Hoc Committee

Upon receipt of a request for professional review action, the Chairman of the Executive Committee of the Medical Staff shall promptly forward this request to the director of the departments wherein the practitioner or affiliate has clinical privileges and to the Senior Vice President. Upon receipt of such request, the director of the department(s) shall immediately appoint an ad hoc committee of three physicians to investigate the matter. Whenever possible, the ad hoc committee shall be comprised of physicians not in direct competition or partnership with the physician to be reviewed.

8.2-5 Ad Hoc Committee Action

The Ad Hoc committee shall provide the practitioner or affiliate with a written statement of the facts contained in the report without disclosing the source of the information. The practitioner or affiliate may respond either orally or in writing as the committee may direct to discuss or explain the information disclosed. This response is preliminary in nature and shall not constitute a hearing. The information disclosed shall include, but not be limited to the date, time, and location of the incidents and the conduct or appearance which led to the reasonable suspicion that the practitioner or affiliate was impaired. If the practitioner or affiliate demands in writing to know the identity of the source of information, and the source insists upon continued anonymity, the committee may disregard that portion of the information provided by the anonymous source or consider this in its evaluation of the

credibility of the information. The committee shall conduct such other investigation as it deems appropriate; and, absent extenuating circumstances, within thirty (30) days of receipt of the request for investigation by the committee, provide to the Executive Committee of the Medical Staff its findings and recommendations in writing including a record of any interview with the practitioner or affiliate.

8.2-6 Staff Executive Committee Action

Upon receipt of the report of the Ad Hoc Committee, the Executive Committee of the Medical Staff shall notify the practitioner or affiliate in writing of his or her right to make an appearance before the Executive Committee of the Medical Staff. Said notice shall include the recommendation of the Ad Hoc Committee and the date upon which the Executive Committee of the Medical Staff must take action on the recommendation of the Ad Hoc Committee. Failure to request an appearance before the Executive Committee of the Medical Staff before the action date shall result in a waiver of appearance. If an affected practitioner or affiliate appears before the Executive Committee of the Medical Staff, such appearance shall be preliminary in nature and shall not constitute a hearing. A record of such appearance shall be made by the Executive Committee of the Medical Staff. The Executive Committee of the Medical Staff may approve, reject, or modify the recommendations of the Ad Hoc Committee, and shall take action on the request for professional review action. Such action may include, without limitation, rejecting the request for professional review action, issue a warning, a letter of admonition or letter of reprimand, recommending terms of probation or requirement for consultation, recommending reduction, restriction, suspension, revocation, or denial of clinical privileges, recommending that an already imposed summary suspension be terminated, modified, or sustained, recommending that the practitioner's or affiliate's appointment to the Medical Staff be reduced, restricted, suspended, revoked, or denied, recommending reduction of staff category or limitation of any staff prerogatives directly related to patient care, or failing to renew clinical privileges or staff membership. Action must be taken within sixty (60) days following receipt of the report of the Ad Hoc committee. The Staff Executive Committee shall report such action to the Senior Vice President.

8.2-7 Board Action

When the Staff Executive Committee, after review of a report of an investigation, or after review of summary suspension imposed pursuant to Section 8.3, has taken action as set forth in Section 8.2-6, the Senior Vice President or at the request or direction of the Board, the President of the Medical Staff, shall deliver the findings of the investigation. In addition, the Board has the authority and may at its discretion appoint a committee to conduct an investigation of the conduct that served as the basis for the request for professional review action and, after receipt of the report of the investigation, take any such action as is set forth in Section 8.2-6.

8.2-8 Procedural Rights

If the Executive Committee of the Medical Staff recommends adverse action as described in Section 1.1 and 1.2 of the Fair Hearing Plan

appended hereto, the impaired practitioner or affiliate shall be given special notice of the recommendation and advised that he or she has the right to request a hearing pursuant to the provisions of the Fair Hearing Plan.

8.2-9 Consultants

Any department director or Ad Hoc Committee and the Staff Executive Committee may employ consultants and advisors to assist in making any recommendation or taking any action.

8.3 SUMMARY SUSPENSION

8.3-1 Criteria and Initiation

Whenever a practitioner or affiliate willfully disregards this Code or other hospital policies, or whenever failure to take such an action may result in an imminent danger to the health of any individual, the chairman of the Staff Executive Committee, or the director of a department, or the Senior Vice President or his designee, or the Executive Committee of the Board shall have the authority to summarily suspend all or any portion of the clinical privileges of such practitioner or affiliate at the Hospital. Such summary suspension shall become effective immediately upon imposition, and the Senior Vice President shall promptly give special notice of the suspension to the practitioner or affiliate.

8.3-2 Staff Executive Committee Action

Within fourteen (14) days after such summary suspension, a meeting of the Staff Executive Committee shall be convened to review and consider the action taken. The Staff Executive Committee may recommend modification, continuation, or termination of the terms of the summary suspension.

8.3-3 Procedural Rights

Unless the Staff Executive Committee recommends immediate termination of the suspension and cessation of all further professional review action, the practitioner or affiliate shall be entitled to the procedural rights as provided in Article IX, and the matter shall be processed in accordance with the provisions of the Fair Hearing Plan.

The terms of the summary suspension as sustained or as modified by the Staff Executive Committee shall remain in effect pending a final decision by the Board.

8.4 AUTOMATIC SUSPENSION

8.4-1 License

A staff member or affiliate whose license, certificate, or other legal credential authorizing him to practice in this State is revoked or suspended, shall immediately and automatically be suspended from practicing in the Hospital for the duration of the suspension imposed by the State authority.

8.4-2 DEA Registration

A staff member whose DEA registration is revoked or suspended shall immediately and automatically be divested of his right to prescribe

medications covered by such registration. As soon as possible after such automatic suspension, the Staff Executive Committee shall convene to review and consider the facts under which the DEA registration was revoked or suspended. The Staff Executive Committee may then take such further professional review action as is appropriate to the facts disclosed in its investigation.

8.4-3 Medical Liability Insurance

A staff member or affiliate who fails to maintain medical liability insurance as specified in Medical Staff policy, shall immediately and automatically be suspended from practicing in the Hospital.

8.4-4 Failure to Satisfy Special Appearance Requirements

A practitioner who fails to satisfy the requirements of Section 13.7-3 shall immediately and automatically be suspended from exercising all or such portion of his clinical privileges in accordance with the provisions of said Section 13.7-3.

8.4-5 Conviction of a Felony

Upon exhaustion of appeals after conviction of a felony of a staff member in any court in the United States, either Federal or State, the member's staff appointment is automatically revoked. Revocation pursuant to this section of the code does not preclude the staff member from subsequently applying for staff appointment.

8.4-6 Procedural Rights

A practitioner under automatic suspension by operation of Section 8.4-5 shall be entitled to the procedural rights provided in Article IX.

8.5 CONTINUITY OF PATIENT CARE

Upon the imposition of summary suspension or the occurrence of an automatic suspension, the President of the Staff or the director of the department to which the suspended staff member is assigned, shall provide for alternative coverage for the patients of the suspended staff member's patients in the Hospital. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner. The suspended staff member shall confer with the substitute practitioner to the extent necessary to safeguard the patient.

8.6 REPORTING OF PROFESSIONAL REVIEW ACTION AND VOLUNTARY SURRENDER OF PRIVILEGES

To the extent required by law, the Hospital shall report professional review actions to the appropriate authorities within fifteen days after the practitioner affected thereby waives his right to request a hearing or appeal, or if he makes such a request and finally exhausts all of his rights, in accordance with this Code and the Fair Hearing Plan appended.

In addition, the Hospital shall report to the appropriate authorities the Hospital's acceptance of the surrender of clinical privileges or any restriction of such privileges by a practitioner while the practitioner is under investigation relating to possible incompetence or improper

professional conduct, or in return for not conducting such an investigation or proceeding.

The Hospital shall furnish the affected practitioner a copy of the report before it is submitted to the appropriate authorities.

8.7 REHABILITATION AND REINSTATEMENT

The Physician's Health policy and procedure shall be referred to for rehabilitation and reinstatement.

ARTICLE IX. - HEARING AND APPELLATE REVIEW

ARTICLE IX. - HEARINGS AND APPELLATE REVIEW

9.1 HEARINGS AND APPELLATE REVIEW

9.1-1 Adverse Staff Executive Committee Recommendation

When any practitioner or affiliate receives special notice of an adverse recommendation of the Staff Executive Committee, he shall be entitled upon request, to a hearing before an ad hoc hearing committee of the Medical Staff. If the recommendation of the Staff Executive Committee following such hearing is still adverse to the practitioner, he shall then be entitled, upon request, to an appellate review by the Board before a final decision is rendered.

9.1-2 Adverse Board Decision

When any practitioner or affiliate receives special notice of an adverse decision by the Board taken either contrary to a favorable recommendation by the Staff Executive Committee under circumstances where no right to a hearing existed, or on the Board's own initiative without benefit of a prior recommendation by the Staff Executive Committee, such practitioner or affiliate shall be entitled upon request to a hearing by an ad hoc hearing committee appointed by the Board. If such hearing does not result in a favorable recommendation he shall then be entitled, upon request, to an appellate review by such Board before a final decision is rendered.

9.1-3 Procedure and Process

All hearings and appellate reviews shall be in accordance with the procedure and safeguards set forth in the Fair Hearing Plan appended to this Code.

9.1-4 Exceptions

Neither the issuance of a warning, a letter of admonition, or a letter of reprimand, nor the denial, termination or reduction of temporary privileges, nor any other actions except those specified in the Fair Hearing Plan shall give rise to any right to a hearing or appellate review.

9.2 REMOVAL FROM OFFICE OF MEDICO-ADMINISTRATIVE OFFICER

9.2-1 General Manner of Removal

Removal from office of a medico-administrative officer for grounds unrelated to his professional clinical capability, and/or his exercise of clinical privileges may be accomplished in accordance with the policies of the Hospital or the terms of such officer's agreement with the Hospital, if any. To the extent that the grounds for removal include matters relating to competence in performing professional clinical tasks and/or in exercising clinical privileges, resolution of the matter shall be in accordance with Articles VIII and IX.

9.2-2 Statement of Grounds

Prior to removal of a medico-administrative officer, the Board through the Senior Vice President shall transmit to such medico-administrative officer, and to the President of the Medical Staff, a written notice of the proposed removal from office together with a statement specifying the grounds for such removal. To the extent that such grounds explicitly relate to professional clinical capability, or to the exercise of clinical privileges, notice to the officer whose removal is sought shall take the form of a special notice, and for hearing purposes, the proposed removal shall be deemed equivalent to an adverse recommendation by the Staff Executive Committee.

ARTICLE X. - STAFF DEPARTMENTS

ARTICLE X. - STAFF DEPARTMENTS

10.1 ORGANIZATION OF STAFF DEPARTMENTS

Each department shall be organized as a separate part of the Medical Staff, and shall have a director who is selected, and has the authority, duties, and responsibilities as specified in Article XI. Departments may also be subdivided into Divisions and Sections. Such organization of a department shall be defined in the Department Rules and Regulations and shall be approved by the Executive Committee of the Medical Staff.

10.2 DESIGNATION

10.2-1 Current Departments

The current departments are: Clinical Laboratory, Emergency Medicine, Family Practice, Internal Medicine, Radiation Medicine, Radiology, and Surgery.

10.2-2 Future Departments

When deemed appropriate, the Executive Committee of the Medical Staff and the Board, by their joint action, may create a new, eliminate, subdivide, further subdivide, or combine departments.

10.3 ASSIGNMENT TO DEPARTMENTS

Each member of the Staff shall be assigned membership in one, and only one department, but may be granted clinical privileges in one or more of the other departments. The exercise of clinical privileges within any department shall be subject to the rules and regulations of that department and shall be granted by the director of the department in question.

10.4 FUNCTIONS OF DEPARTMENT

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

- (a) Participate in the quality review and improvement program for the purpose of reviewing and evaluating the quality of care within the department. Each department shall review all clinical work performed under its jurisdiction;
- (b) Establish guidelines for the granting of clinical privileges within the department and submit recommendations regarding the specific privileges each staff member or applicant may exercise;
- (c) Conduct or participate in continuing education programs;
- (d) Monitor on a continuing and concurrent basis, adherence to:
 - (1) Policies and procedures of the Staff and Hospital;
 - (2) Requirement for alternate coverage and for consultations;

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- (3) Sound principles of clinical practice; and
- (4) Safety programs of the Hospital.
- (e) Coordinate the patient care provided by the department's members with nursing and other professional patient care services, and with administrative support services;
- (f) Submit written reports to the Medical Executive Committee on a regularly scheduled basis concerning:
 - (1) Findings of the department's review and evaluation activities, actions taken thereon, and the results of such action;
 - (2) Recommendations for maintaining and improving the quality of care provided in the department and the Hospital; and
 - (3) Such other matters as may be requested from time to time by the Medical Executive Committee.
- (g) Conduct regular periodic meetings for the purposes of receiving, reviewing and considering findings of the quality review and improvement program, and the results of the department's review, evaluation and education activities and of performing, or receiving reports on, other department and staff functions; and
- (h) Establish such committees or other mechanisms as are necessary and desirable to perform properly the functions assigned to it.

ARTICLE XI. - OFFICERS

ARTICLE XI. - OFFICERS

11.1 OFFICERS OF THE STAFF

11.1-1 Identification

The officers of the staff shall be:

- (a) President
- (b) President-Elect
- (c) Secretary, who shall be an appointee of the President (see Section 11.1-8(c)).

11.1-2 Qualifications

Officers must be members of the active staff at the time of nomination and election, and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy. The President-Elect shall not be eligible again for election to that post until he has ceased to hold any office listed in Section 11.1-1 for a period of one year.

11.1-3 Nominations

Nominations shall be made by a nominating committee consisting of seven members appointed by the President of the Medical Staff two weeks prior to the final yearly general staff meeting.

- (a) Of the seven members:
 - (1) One (1) member shall be a medical staff member with less than three years experience.
 - (2) Six members shall be representatives of different specialties and departments.
- (b) The names of the seven (7) persons selected for the Nominating Committee will be announced by the President of the Medical Staff at the final yearly meeting of the Medical Staff.
- (c) The nominees for vacancies will be reported by the Nominating Committee at the annual meeting of the Medical Staff.
- (d) Nominations will be accepted from the floor at the annual meeting.

11.1-4 Election

Officers shall be elected at the Annual Meeting of the Staff in each even numbered year. Only staff members accorded the prerogative to vote for general staff officers under Article IV shall be eligible to vote. Voting shall be by voice vote, unless any nominee requests vote by written ballot. The slate, excluding floor nominations (See 11.1-3(e)), shall be precirculated to eligible voting members of the Staff at least thirty (30) days prior to the Annual Meeting. A nominee shall be elected upon receiving a majority of the votes cast. The Board shall be notified of the results of the balloting in writing.

11.1-5 Exceptions

- (a) Sections 11.1-3 and 11.1-4 shall not apply to the Office of President. The President-Elect shall, upon completion of his term of office in that position, immediately succeed to the office of President.
- (b) Sections 11.1-3 and 11.1-4 shall not apply to the Office of Secretary. The Secretary shall be selected from among the membership of the Executive Committee by the President and will serve in the office concurrently with the President.

11.1-6 Term of Elected Office

Each officer shall serve a two-year term, commencing on the first day of March following his election. Each officer shall serve until the end of his term and until a successor is elected. The Secretary may be removed by the President. The President or the President-Elect may be removed by a ballot vote of 2/3 of the voting members.

11.1-7 Vacancies in Elected Offices

If there is a vacancy in the office of President, the President-Elect shall serve out the remaining term. A vacancy in the office of President-Elect shall be filled by a special election conducted as reasonably soon after the vacancy occurs as possible following the general mechanism outlined in Sections 11.1-3 and 11.1-4.

11.1-8 Duties of Officers

- (a) President: The president shall serve as the principal elected official of the Staff. As such, he shall:
 - (1) Aid in coordinating the activities and concerns of the administration of the Hospital, and of the nursing and other patient care services with those of the Medical Staff.
 - (2) Communicate and represent the opinions, policies, concerns, needs and grievances of the Medical Staff to the Board, the Chief Executive Officer, and other officials of the Hospital.
 - (3) Be responsible for the enforcement of the Medical Staff Code of Regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where professional review action has been requested against a practitioner.

- (4) Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff.
 - (5) Serve as chairman of the Executive Committee of the Medical Staff, as an ex officio member of the Board of Trustees of the Hospital and as an ex officio member without vote of all other medical staff committees.
- (b) President-Elect: The President-Elect shall be chairman of the Regulations Committee and a member of the Staff Executive Committee. In the temporary absence of the President, he shall assume all the duties and have the authority of the President. He shall perform such additional duties as may be assigned to him by the President, the Staff Executive Committee, or the Board.
- (c) Secretary: The Secretary shall be appointed by the President from among the twelve (12) members-at-large of the Executive Committee of the Medical Staff. His duties shall be:
- (1) Give proper notice of all staff meetings on order of the appropriate authority.
 - (2) Prepare accurate and complete minutes for all meetings.
 - (3) Supervise the collection and accounting for any funds that may be collected in the form of staff dues, assessments, or application fees.
 - (4) Perform such other duties as ordinarily pertain to the office.

11.1-9 Removal of Officers

- (a) Medical Staff officers may be removed from office by a 2/3 vote of the Executive Committee for any of the following:
- (1) Failure to perform the duties of the office in a timely and appropriate manner
 - (2) Failure to continuously satisfy the qualifications for and the responsibilities of the office
 - (3) Physical or mental infirmity that renders the officer incapable of fulfilling the duties of his/her office
 - (4) Conviction of a felony
 - (5) Or actions as deemed detrimental by a 2/3 vote of the Executive Committee

11.2 MEDICAL DIRECTORS / OTHER OFFICIALS OF THE STAFF

11.2-1 Department Directors

- (a) Qualifications: Each director shall be a member of the active staff shall be board certified in the Department's area of specialization or shall have affirmatively established, through the privilege delineation process, comparable

competence as demonstrated by having met the standards of the applicable board in his specialty with respect to formal education and training at the time of completion of his formal education and training and having no demonstrated quality deficiencies, shall have demonstrated ability in at least one of the clinical areas covered by the department, and shall be willing and able to faithfully discharge the functions of his office.

- (b) Selection: The selection and appointment of department directors shall be made by and upon the approval of the Board of Trustees. Associate directors, division directors and section chiefs shall be appointed by the Department Director with the approval of the Executive Committee of the Medical Staff.
- (c) Term of Office: A department director shall serve a two year term commencing on his appointment. He shall serve until the end of the succeeding odd numbered medical staff year, and until his successor is chosen. A department director shall be eligible to succeed himself. Removal of a department director from office may be initiated by the Board acting upon its own recommendation, or upon the recommendation of the Staff Executive Committee, or by a two-thirds majority vote of the department members eligible to vote. Removal from office shall be accomplished pursuant to Section 9.3.
- (d) Duties:

Each director shall:

- (1) Together with the Medical Staff and Administration will establish the type and scope of services required to meet the needs of the patients and the Hospital. Consistent with that goal, he/she will develop and implement policies and procedures that guide and support the provision of service in the department.
- (2) Promote growth of the department, through development and implementation of policies and procedures which guide and support the provision of quality patient services. This includes recommendations for sufficient numbers of qualified and competent persons to provide care or service.
- (3) Account to the Executive Committee of the Medical Staff for all professional and clinically related activities within his department. This includes assessing and improving the quality of patient care rendered and services provided in the department. It includes accountability for the effective conduction of performance evaluations. He or she will provide for quality review and performance improvement functions delegated to his or her department.
- (4) Develop and implement departmental programs, in cooperation with the President of the Staff, and consistent with the provisions of Section 10.4 and Article XII, for credentials review and privileges delineation, quality review and improvement, continuing medical education, utilization review, concurrent

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monitoring of practices, and retrospective patient care audit.

- (5) Maintain continuing surveillance and review of the professional performance of all practitioners with clinical privileges and of all affiliates with specified services in his department, be responsible for the continuous assessment and improvement of the quality of care and services provided, and report regularly to the Executive Committee.
- (6) Provide for the determination of the qualifications and competence of the department or service personnel who are not licensed independent practitioners and who provide patient care services.
- (7) Provide for the continuous assessment and improvement of the quality and care for services provided of these practitioners.
- (8) Recommend to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the department and to recommend consistent with Articles VI through VIII, his department's recommendations concerning appointment and classification, reappointment, criteria for clinical privileges or specified services, delineation of clinical privileges or specified services, and professional review action with respect to practitioners in his department.
- (9) Appoint such committees as are necessary to conduct the functions of the department specified in Section 10.4, and designate a chairman and secretary for each. Appoint the Division Director who shall serve at the discretion and direction of the department director.
- (10) Develop and implement consistent methods, forms or procedures which reinforce reliable and effective communication for all practitioners within the department.
- (11) Enforce the Hospital's and Medical Staff's Code, rules, policies, and regulations within his department, including initiating professional review action (corrective action) and investigation of clinical performance and ordering required consultants.
- (12) Develop and monitor criteria for proctoring of professionals within his or her department. Maintain written records of proctoring protocol and services provided.
- (13) Implement within his or her department, actions taken by the Staff Executive Committee.
- (14) Participate in every phase of administration of his or her department and be responsible for all administratively related activities of the department unless otherwise provided by the Hospital, through cooperation with the nursing service and the hospital management in matters affecting patient care, including personnel, supplies, special regulations, standing orders, and techniques.

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- (15) Assist in the preparation of such annual reports, including budgetary planning, pertaining to his or her department as may be required by the Staff Executive Committee, the Senior Vice President, or the Board.
- (16) Perform such other duties commensurate with his office as may from time to time be reasonably requested of him by the President of the Staff, the Staff Executive Committee, or the Board.
- (17) Be responsible for the following:
 - (i) the integration of the department into the primary functions of the Hospital;
 - (ii) the coordination and integration of interdepartmental and intradepartmental services;
 - (iii) the orientation and continuing education of all persons in the department; and
 - (iv) recommendations for space and other resources needed by the department.
- (18) Assess and recommend to the relevant authorities at the Hospital off-site sources for needed patient care services not provided by the department or the Hospital.

11.2-2 Department Associate Director

- (a) Each associate director or shall have the qualifications set forth in Section 11.2-1 (a) for department directors and shall be appointed by the director with the approval of the Executive Committee.
- (b) Term of office: An associate director shall serve a term commencing on his appointment and continuing until his successor is appointed. Removal of an associate director from office may be made by the department director.
- (c) Vacancy: Upon a vacancy in the office of associate director, the department director shall appoint a member of the department to fill the vacancy.
- (d) Duties: The associate director, division director and section chiefs shall:
 - (1) Perform such department functions as assigned by the department director consistent with the department rules and this Code.

11.3 ADDITIONAL OFFICERS

The Board of Trustees may, after considering the advice and recommendations of the Staff Executive Committee, establish other medico-administrative positions to perform such duties as prescribed by the Board, or as defined by amendment to this Code. To the extent that any such officer performs any clinical function, he must become and remain a member of the staff. In all events he must be subject to this Code and to the other policies of the Hospital.

11.4 COMPLAINT PROCEDURE

If any member of the staff has a complaint with respect to any officer or other official of the staff, he may submit the complaint to the Senior Vice President, who may refer the matter to the President of the Medical Staff, the Staff Executive Committee, or the appropriate hospital administrative officer for resolution.

ARTICLE XII. - COMMITTEES AND FUNCTIONS

ARTICLE XII. - COMMITTEES AND FUNCTIONS

12.1 DESIGNATION AND SUBSTITUTION

There shall be a Medical Staff Executive Committee and such other standing and special committees of the staff responsible to the Executive Committee as may from time to time be necessary and desirable to perform the staff functions listed in Section 12.3, and elsewhere in this Code. The Staff Executive Committee may, by resolution, and upon approval by the Board of Trustees, establish a staff committee to perform one or more of the required staff functions. Those functions requiring participation of, rather than direct oversight by the staff may be discharged by medical staff representation on such management committees of the Hospital as are established to perform such functions.

12.2 EXECUTIVE COMMITTEE

12.2-1 Composition

The Executive Committee of the Medical Staff shall consist of eighteen (18) members, all of the voting members of which must be members of the Medical Staff, and at least a majority of whom must be physicians actively practicing in the Hospital, composed as follows:

- (a) President - elected for a two year term.
- (b) President-Elect - elected for a two year term.
- (c) Twelve Members-at-Large - elected for a three year term. The Secretary will be selected from among the twelve (12) members-at-large by the President (see Section 11.1-8(c)).
- (d) Ex officio - members of the Executive Committee with vote:
The Director of Internal Medicine and the Director of Surgery.
- (e) Ex officio - members of the Executive Committee without vote. They shall be:
 - (1) The Senior Vice President.
 - (2) The Senior Vice President for Medical Affairs of the Hospital.

12.2-2 Duties

The duties of the Medical Executive Committee shall be to:

- (a) Receive and act upon reports and recommendations from the departments, committees and officers of the Staff concerning the findings of the quality review and improvement program and other quality maintenance activities, and the discharge of their delegated administrative responsibilities;
- (b) Measure, evaluate, and improve the performance of patient care by systematically assessing dimensions of performance related to important functions, processes and outcomes,

refer issues for peer review and make recommendations for action to the staff departments.

- (c) Coordinate the activities of, and policies adopted by the staff, departments, and committees;
- (d) Recommend to the Board all matters relating to appointments/reappointments, staff category, department assignments, clinical privileges, and corrective action;
- (e) Account to the Board and to the Staff for quality and appropriateness of care rendered to patients by all practitioners in the Hospital, and refer findings of performance improvement activities.
- (f) Initiate and pursue professional review action, when warranted, in accordance with these regulations;
- (g) Inform the staff of the accreditation program and the accreditation status of the Hospital;
- (h) Participate in identifying community health needs, and in setting the Hospital's goals and implementing programs to meet those needs; and
- (i) Represent and act on behalf of the Staff, subject to such limitations as may be imposed by these regulations.
- (j) Establish such Medical Staff policies as deemed necessary for the appropriate Medical Staff functioning consistent with the limitations of the Code of Regulations.

12.2-3 Terms of Office

The members of the Executive Committee of the Medical Staff shall serve a term of office as follows:

- (a) The twelve (12) members-at-large, elected from the Medical Staff shall be for three (3) years.
- (b) The Director of Internal Medicine and the Director of Surgery are ex officio.
- (c) The President and President-Elect shall be for two (2) years.
- (d) The Senior Vice President and the Senior Vice President for Medical Affairs are ex officio.
- (e) An ad hoc committee may be appointed by the Medical Executive Committee to act in matters of credentialing.

12.2-4 Nominations

Nominations for membership to the Executive Committee shall be by the procedure described in Section 11.1-3, of this Code.

12.2-5 Election

Election for membership to the Executive Committee shall be by the procedure described in Section 11.1-4, except that the elections will occur on certain odd years as well as even years since some members are elected for a three year term.

12.2-6 Vacancies in the Executive Committee

In the event of a vacancy among the at-large members of the Executive Committee, the same shall be appointed by the President of the Medical Staff for the interim.

12.2-7 Meetings

The Staff Executive Committee shall meet at least nine (9) times each year.

- (a) It shall inform the Medical Staff and the Board of its proceedings.
- (b) A quorum shall be a majority of the voting members of the Executive Committee.

12.2-8 Actions of the Executive Committee

- (a) Actions of the Executive Committee can be called for by referendum
 - (1) By a majority of the voting members at a regular or special meeting of the Medical Staff, or
 - (2) By mail referendum in which a majority of voting members casts a vote for the issue.
- (b) Actions of the Executive Committee can be reversed only by a vote of two-thirds (2/3) of the members present at a Medical Staff meeting at which a quorum is present pursuant to Section 13.4-1.

12.3 COMMITTEES OF THE STAFF

12.3-1 Standing Committees:

- (a) Credentials Committee
- (b) Ethics Committee
- (c) Infection Control Committee
- (d) Medical Record Committee
- (e) Regulations Committee

12.3-2 Other Committees

In addition to standing committees, the President of the Medical Staff shall appoint special committees from time to time as may be necessary for specifically designated purposes.

12.3-3 Composition and Appointment; Voting Rights

A staff committee established to perform one or more of the staff functions required by this Code shall be composed of members of the active and associate staffs, and may include, where appropriate, Health Professional Affiliates and representatives from hospital administration, nursing service, social service and such other hospital departments as are appropriate to the function(s) to be discharged. The Medical Staff members and chairperson shall be appointed by the President of the Medical Staff; management personnel members shall be appointed by the Senior Vice President. The President of the Medical Staff and the Senior Vice President, or their respective designees, shall serve as ex officio members without vote on all committees, unless otherwise expressly provided. All other committee members shall be entitled to vote on all matters coming before the committee.

12.3-4 Term and Prior Removal

A committee member shall serve for a two (2) year period, commencing with his appointment by the incoming President and terminating when the term of the President expires. A medical staff committee member, other than one serving ex officio, may be removed by a majority vote of the Staff Executive Committee. A management personnel committee member may be removed by action of the Senior Vice President.

12.3-5 Vacancies

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

12.3-6 Meetings

A staff committee established to perform one or more of the staff functions required by this Code shall meet as often as is necessary to discharge its assigned duties.

12.4 STANDING COMMITTEES

12.4-1 Credentials Committee

Membership shall consist of eight (8) members of the Medical Staff. In addition, the Senior Vice President, or his designee, shall be a member of this committee. The Credentials Committee shall meet at least six (6) times per year, every two months, or as special situations arise at the discretion of the chairman. It shall be the function of this committee to:

- (a) Review and evaluate the credentials and qualifications of each applicant for initial appointment, reappointment, or modification of appointment.
- (b) Review and evaluate the credentials and qualifications of each health professional affiliate applying for Adjunct-Affiliate membership to perform specified services, and in connection therewith to obtain and consider the recommendations of the department director.
- (c) Submit a report, in accordance with Article VI and VII, to the Staff Executive Committee on the qualifications of each applicant for staff membership and of each

adjunct-affiliate for specified services. Such report shall include recommendations with respect to appointment, staff category, and department affiliation, and special conditions attached thereto.

- (d) Submit reports to the Staff Executive Committee on the status of pending application, including the specific reasons for any inordinate delay in processing an appointment or request.

12.4-2 Ethics Committee

Membership will include physician representation, two registered nurses, one hospital administrator, one nursing administrator, one social worker, one risk manager, two members of the clergy, two community representatives and an ethics consultant. The Ethics Committee shall meet at least quarterly each year. Obligations of membership include attendance at not less than 75% of meetings per year, participation in the ethics consultations, and/or educational endeavors. The functions of this committee are as follows:

- (a) Consultation and Case Review. Upon request of persons involved in patient care, the Ethics Committee will provide consultation to members of the health care team, patients, families and physicians in the process of bioethical decision-making.
- (b) Policy Review and Recommendation. The Ethics Committee will serve as a resource to persons involved in bioethical decision-making, in areas such as code status/resuscitation, nutrition and hydration, withholding or withdrawing treatment, use of restraints, and treatment of patients with and without decision-making capacity.
- (c) Educational Activities. The Ethics Committee will coordinate educational activities for staff, physicians, patients and families regarding the ethical dimensions of health care.
- (d) Support for the Hospital Community. The Ethics Committee will provide support and a forum for discussion by caregivers who have concerns about specific treatment decisions. The committee will assist health care teams in approaching ethical conflicts. In addition, the Committee will be available to review ethical reasoning involved in a variety of treatment decisions.
- (e) Reporting. The Ethics Committee will report annually to the Executive Committee with respect to its activities and consultations during the year.

12.4-3 The Infection Control Committee

Membership shall consist of at least five (5) members of the Medical Staff, one (1) of whom must be a pathologist. The Infection Control Committee shall meet at least four (4) times per year. In addition, there shall be one (1) person from the Nursing Service of the Hospital and one (1) person from the administration of the Hospital. It shall be the function of this committee to:

- (a) Maintain surveillance of hospital infection potentials.

- (b) Identify and analyze the incidence and cause of all infections.
- (c) Develop and implement a preventive and correction program designed to minimize infection hazards as part of the quality review and improvement program of the Hospital.
- (d) Supervise infection control in all phases of the Hospital's activities, including: operating rooms, special care units; sterilization procedures by heat, chemicals, or otherwise; isolation procedures; prevention of crossinfection by anesthesia apparatus or inhalation therapy equipment; testing of hospital personnel for carrier status; disposal of infectious material; and other situations as requested by the Staff Executive Committee.
- (e) Monitor and report to the Executive Committee, antibiotic usage at the Hospital.
- (f) Act upon recommendations related to infection control received from the President of the Staff, the Staff Executive Committee, the departments, and other staff and hospital committees.
- (g) Maintain a permanent record of all activities relating to infection control, and submit periodic reports thereon to the Staff Executive Committee and to the Senior Vice President.

12.4-4 Medical Record Committee

Membership shall consist of at least five (5) members of the Medical Staff. In addition, Hospital members shall include two (2) representatives from the Medical Record Department, and one (1) representative from each of Patient Services, Social Service, Quality Review Services, Physical Medicine and Rehabilitation, and Pharmacy. The Medical Record Committee shall meet at least six (6) times per year. It shall be the function of this committee to:

- (a) Review and evaluate medical records by screening or intensive assessment to determine that they
 - (1) Are based on objective criteria reflecting current knowledge, clinical experience, and relevant literature, and that documentation reflects the systematic process of patient care and timely completion of medical records. Medical record reviews shall include:
 - (A) Review and evaluation of the quality of medical records for clinical pertinence and timely completion;
 - (B) Development, approval and monitoring of policies and procedures which pertain to the medical record (e.g. forms used in the medical record, use of data processing equipment and storage systems for the medical record);

- (C) Review of summary information regarding timely completion of all medical records; and
 - (D) Review of coding and retrieval systems for medical records being monitored by diagnosis and procedure and for demographic information.
- (2) Properly describe the condition and progress of the patient, the therapy provided, the results thereon, and the identification of responsibility for all actions taken.
 - (3) Are sufficiently complete at all times so as to facilitate continuity of care and communications between all those providing patient care service at the Hospital. A sampling of medical records shall reflect all services and departments where patients receive care.
 - (4) Meet the standards of patient care usefulness, and of historical validity required by the staff and by acknowledged authorities, including the Joint Commission on Accreditation of Health Care Organizations (JCAHO).
 - (5) Are adequate, in form and content, to permit patient care audit and other quality performance improvement activities to be performed. The diagnosis, results of diagnostic tasks, therapy rendered, condition, in-hospital progress of the patient, and condition of the patient at discharge are some of the criteria reviewed.
- (b) Review staff and hospital policies, rules and regulations relating to medical records, including medical records completion, forms, formats, filing, indexing, storage, and availability; and recommend methods of enforcement thereof and changes therein.
 - (c) Act upon recommendations from the Staff Executive Committee and the departments or other committees regarding patient care review and other quality review and improvement functions.
 - (d) Provide liaison with hospital management and the medical records professionals in the employ of the Hospital on matters relating to medical records practices.
 - (e) Maintain a permanent record of all actions taken, and submit periodic reports and recommendations to the Staff Executive Committee concerning medical records practices in the Hospital.

12.4-5 The Regulations Committee

Membership shall consist of seven (7) members of the Medical Staff. The chairman shall be the President-Elect. In addition, the Senior Vice President or his designee, shall also be a member

of this committee. The Regulations Committee shall meet at least annually. It shall be the function of this committee to:

- (a) Conduct an annual review of the Code of Regulations and the rules, regulations, procedures, and form promulgated in connection therewith.
- (b) Submit recommendations to the Staff Executive Committee and to the Board for changes in these documents.
- (c) Act upon all matters specified in subparagraph (a), as may be referred by the Board, the Staff Executive Committee, the departments, the President of the Staff, the Senior Vice President and committees of the Staff.

12.5 REPRESENTATION ON INTERDISCIPLINARY HOSPITAL MANAGEMENT COMMITTEES

Staff functions and responsibilities relating to liaison with the Board and the hospital management, hospital accreditation, and disaster planning shall be discharged by the appointment of Medical Staff members to such hospital management committees as are established to perform those functions. One of the Medical Staff representatives to each such committee shall be designated as the chairman of the "medical staff delegation" to that committee. Appointments of Medical Staff members to any hospital management committee shall be made, and such committees shall operate in accordance with the corporate regulations and bylaws and the written policies of the Hospital and of the staff.

ARTICLE XIII. - MEETINGS

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13.1 GENERAL STAFF MEETINGS

13.1-1 Regular Meetings

Regular meetings shall be held at a time and place designated by the President of the Medical Staff, not more than once a month, but at least three times a year, including the annual staff meeting, which shall be held in the month of February.

13.1-2 Special Meetings

Special meetings of the Medical Staff may be called at any time by the Board, the President of the Medical Staff, the Staff Executive Committee, or not less than fifteen percent (15%) of the active membership of the staff by written petition.

- (a) At least fifteen (15) days notice must be given to all active and associate members of the Medical Staff.
- (b) No business shall be transacted at any special meeting except that stated in the meeting notice.

13.1-3 Order of Business and Agenda

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

- (a) Acceptance of the minutes of the last regular and all special meetings held since the last regular meeting;
- (b) Reports from the Senior Vice President, the president of the Staff, departments and committees;
- (c) The election of officers and of representatives to Staff committees, when required by this Code;
- (d) Reports by responsible officers, committees, and departments on the overall results of the quality review and improvement program and other quality maintenance activities of the Staff, and on the fulfillment of the other required Staff functions;
- (e) Recommendations for improving patient care within the Hospital; and
- (f) New business.

13.2 DEPARTMENT MEETINGS

13.2-1 Regular Meetings

- (a) Departments may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required.
- (b) Department meetings shall be held at least four (4) times per year.
- (c) Department meetings shall not replace meetings of the Medical Staff.
- (d) Medical Staff meetings may serve in lieu of departmental meetings if the meeting meets the criteria set forth by the JCAHO.
- (e) Joint meetings may be held by two (2) or more departments.

13.2-2 Special Meetings

A special meeting of any department may be called by, or at the request of the director thereof, the Board, the President of the Medical Staff, or by one-third (1/3) of the department's current voting members. No business shall be transacted at any special meeting except that stated in the meeting notice.

13.3 NOTICE OF MEETINGS

Written or printed notice stating the place, day and hour of any general staff meeting, of any special meeting, or of any regular committee or department meeting not held pursuant to resolution, shall be delivered either personally or by mail to each person entitled to be present thereat, not less than fifteen (15) days before the date of such meeting. Notice of department or committee meetings may be given orally. If mailed, the notice of the meeting shall be deemed delivered 48 hours after deposited, postage prepaid, in the United States mail, addressed to each person entitled to such notice at his address as it appears on the records of the Hospital. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

13.4 QUORUM

13.4-1 General Staff Meeting

- (a) The presence of thirty-three and one-third (33-1/3) percent of voting members of the active staff shall constitute a quorum for the transaction of all business at any regular or special meeting.
- (b) The presence of fifty percent (50%) of the voting members of the active Medical Staff at any regular or special meeting shall constitute a quorum for the purpose of amendment to this Code.

13.4-2 Department and Committee Meetings

Fifty percent (50%) of the voting members of a committee but not less than two (2) members, and twenty-five percent (25%) of the voting members of a department, shall constitute a quorum at any meeting of such department or committee.

13.5 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting where a quorum is present shall be the action of the group. Action may be taken without a meeting by the department or committee by a writing, setting forth the action so taken, signed by each member entitled to vote thereat. Any person who is entitled to attend or to vote at a meeting of the members of the Medical Staff may be represented and vote at such meeting by proxy or proxies given to another member appointed by a writing signed by such person, and such person shall be deemed to be present at the meeting.

13.6 MINUTES

Minutes of all meeting shall be prepared by the secretary of the meeting and shall include a record of attendance and the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer, approved by the attendees, forwarded to the Staff Executive Committee, and made available in the Medical Staff Office to the Staff. A permanent file of the minutes of each meeting shall be maintained.

13.7 ATTENDANCE REQUIREMENTS

13.7-1 Regular Attendance

Each member of a staff category required to attend meetings under Article IV shall be required to attend:

- (a) At least one-half (50%) of all meetings of each department and committee of which he is a member during each Medical Staff year.

13.7-2 Absence from Meetings

Any member who is compelled to be absent from any Medical Staff, department, or committee meeting shall promptly provide in writing, or by message to the regular presiding officer thereof, the reason for such absence in order to be considered for an excused absence.

13.7-3 Special Appearance

A practitioner whose patient's clinical course of treatment is scheduled for review at a regular department, service or committee meeting shall be so notified. Whenever apparent or suspected deviation from standard clinical practice is involved, special notice shall be given and shall include a statement of the issue involved and that the practitioner's appearance is mandatory. The chairman of the meeting shall give the practitioner at least seven (7) days advance written notice of the time and place of the meeting. Failure of a practitioner to appear at any meeting with respect to which he was given such special notice, shall unless excused by the Staff Executive Committee upon a showing of good cause, result in an automatic suspension of all or such portion of the practitioner's clinical privileges as the Executive Committee may direct. Such suspension shall remain in effect until the matter is resolved by subsequent action of the Staff Executive Committee or of the Board, or through professional review action if necessary.

ARTICLE XIV. - CONFIDENTIALITY, IMMUNITY, AND RELEASES

ARTICLE XIV. - CONFIDENTIALITY, IMMUNITY, AND RELEASES

14.1 SPECIAL DEFINITIONS

For the purposes of this Article, the following definitions shall apply:

- (a) INFORMATION means records of proceedings, minutes, records, reports, memoranda, statements, recommendations, data and other disclosures whether in written or oral form relating to any of the subject matter specified in Section 14.5-2.
- (b) PRACTITIONER means a staff member or applicant, or a health professional affiliate.
- (c) REPRESENTATIVE means the Board and any trustee or committee thereof; the Senior Vice President; the Medical Staff organization, and any member, officer, department or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering or disseminating functions; and any employee or other authorized representative of the foregoing.
- (d) THIRD PARTIES means both individuals and organizations providing information to any representative.

14.2 AUTHORIZATIONS AND CONDITIONS

By applying for, or exercising, clinical privileges, or providing specified patient care services within the Hospital, a practitioner:

- (a) Authorizes representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing on, or reasonably believed to bear on, his professional ability and qualifications.
- (b) Authorizes persons and organizations to provide information concerning such practitioner to the Medical Staff.
- (c) Agrees to be bound by the provisions of this Article and to waive all legal claims against the Hospital and any representative for any investigation or action taken in accordance with the provisions of this Article.
- (d) Acknowledges that the provisions of this Article are express conditions to his application for, or acceptance of, Staff membership or his exercise of clinical privileges or provision of specified patient services at the Hospital.
- (e) Acknowledges that in the process of obtaining information, representatives may receive or furnish information which is critical or in other ways defamatory.

14.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected or prepared by any representative of the Hospital, or any other health care facility or organization, or medical staff for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research, shall to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a representative nor used in any way except as provided herein. Such confidentiality shall also extend to information of like kind that may be

provided by third parties. This information shall not become part of any particular patient's file or of the general hospital records.

14.4 IMMUNITY FROM LIABILITY

14.4-1 For Action Taken

The Hospital and all representatives of the Hospital and the Medical Staff shall be exempt to the fullest extent permitted by law, from liability to a practitioner for damages or other relief for any action taken, or statement or recommendation made, within the scope of his duties as a representative.

14.4-2 For Providing Information

The Hospital, and all representatives of the Hospital and the Medical Staff, and all third parties shall be exempt to the fullest extent permitted by law, from liability to any practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of the Hospital or Medical Staff, or to any other hospital, organization of health professionals, or other health related organization concerning a practitioner who is or has been an applicant to or member of the staff, or who did or does exercise clinical privileges, or provide specified services at the Hospital.

14.5 ACTIVITIES AND INFORMATION COVERED

14.5-1 Activities

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with the Hospital's, or any other health related institution's or organization's, activities concerning, but not limited to:

- (a) Applications for appointment, reappointment, clinical privileges, or specified services;
- (b) Periodic reappraisals for reappointment, clinical privileges, or specified services;
- (c) Corrective action;
- (d) Hearings and appellate reviews;
- (e) Quality review and improvement activities;
- (f) Utilization reviews; and
- (g) Other hospital, medical staff, department, or committee activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
- (h) Peer review organizations, State Medical Board of Ohio, and similar reports.

14.5-2 Information

The acts, communications, reports, recommendations, disclosures, and other information referred to in this Article may relate to a practitioner's professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

14.6 RELEASES

Each practitioner shall, upon request of the Hospital or the Medical Staff, execute general and specific releases in accordance with the tenor and import of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

14.7 CUMULATIVE EFFECT

Provisions in this Code and in 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 XV. - GENERAL PROVISIONS

ARTICLE XV. - GENERAL PROVISIONS

15.1 STAFF POLICIES

Unless otherwise designated in the Code of Regulations, the Medical Staff Executive Committee may adopt such policies as may be necessary to implement more specifically the general principles found within this Code. These shall relate to the proper conduct of medical staff organizational activities as well as embody the level of practice that is to be required of each staff member or affiliate in the Hospital. Such policies shall not be a part of this Code. Such policies and any amendments to such policies shall be disseminated to all practitioners and all affiliates with clinical privileges at the Hospital.

15.2 DEPARTMENTAL RULES AND REGULATIONS

Subject to the approval of the Staff Executive Committee and the Board, each department shall formulate its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall be consistent with this Code, the general rules and regulations of the Medical Staff, and other policies of the Hospital. A permanent file of current department rules and regulations shall be maintained in the Medical Staff Office. A copy of each department's rules and regulations and any amendments to such rules and regulations shall be provided to all practitioners and all affiliates with clinical privileges at the Hospital who are assigned to the department.

15.3 STAFF PROCEDURES

The Staff Executive Committee may adopt such procedures as may be necessary to implement more specifically this Code. Such procedures shall be consistent with this Code, the general rules and regulations of the Medical Staff, and other policies of the Hospital. A permanent file of such procedures shall be maintained in the Medical Staff Office. A copy of such procedures and any amendments to such procedures shall be provided to all practitioners and all affiliates with clinical privileges at the Hospital.

15.4 PROFESSIONAL LIABILITY INSURANCE

Each practitioner granted clinical privileges in the Hospital will maintain professional liability insurance in the minimum amounts annually determined by resolutions of the Staff Executive Committee and defined in Article III, Section 3.2-1(d). The Staff Executive Committee and The Board of Trustees have responsibility for determining the required levels of insurance coverage as well as determining acceptable insurance company ratings. Subject to the approval of the Board, the Staff Executive Committee may for good cause shown by a practitioner, waive this requirement with regard to such practitioner, provided that any such waiver is not granted or withheld on an arbitrary, discriminatory or capricious basis.

15.5 STAFF DUES

Subject to the approval of the Board, the Staff Executive Committee shall have the power to set the amount of annual dues for each category of staff membership, and the amount of the processing fee for initial applications, and to determine the manner of expenditure of funds received. The amount of annual dues may vary among the staff categories. After warning of delinquency, termination from Staff may be recommended by the Medical Executive Committee.

15.6 FORMS

Application forms and any other prescribed forms, required by this Code for use in connection with staff appointments, reappointments, delineation of clinical privileges, professional review action, notices, recommendations, reports and other matters, shall be adopted by the Board after considering the advice of the Staff Executive Committee.

15.7 CONSTRUCTION OF TERMS AND HEADINGS

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

15.8 TRANSMITTAL OF REPORTS

Reports and other information which this Code requires the Medical Staff to transmit to the Board shall be deemed so transmitted when delivered, unless otherwise specified, to the Senior Vice President.

15.9 GOOD STANDING

The prerogatives and rights provided by this Code to staff members to vote at Staff meetings, to be nominated for and to hold staff office or serve as a member of the Staff Executive Committee, and to serve as a department officer or committee chairman, shall be limited to staff members in good standing.

15.10 CONFIDENTIALITY

Staff members shall adhere to current federal (HIPAA), state and applicable hospital policies regarding patient information confidentiality.

ARTICLE XVI. - ADOPTION AND AMENDMENT OF CODE OF REGULATIONS

ARTICLE XVI. - ADOPTION AND AMENDMENT OF CODE OF REGULATIONS

16.1 MEDICAL STAFF RESPONSIBILITY AND AUTHORITY

The Medical Staff shall have the initial responsibility and delegated authority to formulate, adopt, and recommend to the Board, the Code of Regulations of the Medical Staff and amendments thereto, which shall be effective when approved by the Board. Such responsibility and authority shall be exercised in good faith and in a reasonable, timely, and responsible manner, reflecting the interests of providing patient care of the generally professionally recognized level of quality and efficiency, and of maintaining a harmony of purpose and effort with the Board and with the community.

16.2 METHODOLOGY

The Code of Regulations of the Medical Staff may be adopted, amended, or repealed by the following combined action:

16.2-1 Medical Staff

The affirmative vote of two-thirds (2/3) of the Staff members eligible to vote on this matter who are present at a meeting at which a quorum is present, provided at least fourteen (14) days written notice, accompanied by the proposed amendments and/or alterations, has been given of the intention to take such action; and

16.2-2 Board

The affirmative vote of a majority of the Board, provided however, that in the event that the staff shall fail to exercise its responsibility and authority as required by Section 16.1, and after notice from the Board to such effect, including a reasonable period of time for response, the Board may resort to its own initiative in formulating or amending the Code of Regulations of the Medical Staff. In such event, staff recommendations and views shall be carefully considered by the Board during their deliberations and in their actions, which shall be pursuant to Section 16.2.2.

This Code of Regulations and all amendments hereto shall be provided to all practitioners and to all affiliates with clinical privileges at the Hospital.

ADOPTED by the Medical Staff of
Jewish Hospital of Cincinnati,
Inc.,

_____, 20 _____

President of the Staff

Secretary of the Staff

APPROVED by the Board of
Jewish Hospital of Cincinnati,
Inc. on

_____, 20 _____

Secretary of the Board

Cdcv04a