

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
SAINT JOSEPH REGIONAL MEDICAL CENTER**

**MEDICAL STAFF BYLAWS
PLYMOUTH CAMPUS**

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MEDICAL STAFF BYLAWS

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The following definitions shall apply to terms used in these Bylaws:

- (1) “BOARD” means the Board of Directors of Saint Joseph Regional Medical Center B Plymouth Campus.
- (2) “CHIEF MEDICAL OFFICER” or “CMO” means the individual appointed by the Board to act as the chief medical officer of the Medical Center, in cooperation with the President of the Medical Staff.
- (3) “CLINICAL PRIVILEGES” means the authorization granted by the Board to render specific patient care services.
- (4) “DAYS” means calendar days.
- (5) “HOSPITAL-TRAINED DENTIST” means a doctor of dental surgery (“D.D.S.”) or doctor of dental medicine (“D.M.D.”) who is trained and experienced in hospital practice.
- (6) “MEDICAL CENTER” means Saint Joseph Regional Medical Center B Plymouth Campus.
- (7) “MEDICAL EXECUTIVE COMMITTEE” or “MEC” means the Executive Committee of the Medical Staff.
- (8) “MEDICAL STAFF” means all physicians, hospital-trained dentists, and podiatrists who have been appointed to the Medical Staff by the Board.
- (9) “MEDICAL STAFF LEADER” means any Medical Staff officer, department chairperson, section chairperson, and committee chair.
- (10) “MEMBER” means any physician, hospital-trained dentist, and/or podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the Medical Center.
- (11) “NOTICE” means written communication by regular U.S. mail, e-mail, facsimile, hospital mail, or hand delivery.
- (12) “PATIENT CONTACT” includes any admission, consultation, procedure (inpatient or outpatient), in-person response to emergency call, evaluation, treatment, or service

provided by the member in the Medical Center. It shall not include referrals for diagnostic or laboratory tests or x-rays.

- (13) “PHYSICIAN” includes both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).
- (14) “PODIATRIST” means a doctor of podiatric medicine (“D.P.M.”).
- (15) “PRESIDENT” means the individual appointed by the Board to act on its behalf in the overall management of the Medical Center.
- (16) “PRESIDENT OF THE MEDICAL STAFF” means the individual elected by the Medical Staff to perform the functions outlined in the Medical Staff Bylaws and related documents.
- (17) “SJPMC” means Saint Joseph Regional Medical Center.
- (18) “SPECIAL NOTICE” means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.

1.B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

When a function is to be carried out by a member of Medical Center management, by a Medical Staff member, or by a Medical Staff Committee, the individual, or the committee through its chair, may delegate performance of the function to one or more qualified designees.

1.D. MEDICAL STAFF DUES

- (1) Annual Medical Staff dues shall be as recommended by the MEC and may vary by category.
- (2) Any Medical Staff member who attains the age of 65 may opt to not pay dues. However, upon doing so, such member shall not be eligible to vote, hold office, or accept Medical Staff committee assignments.
- (3) Dues shall be payable annually upon request. Failure to pay dues shall result in ineligibility to apply for Medical Staff reappointment.

- (4) Signatory to the Medical Center's Medical Staff account shall be the President of the Medical Staff.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Policy are eligible to apply for appointment to one of the following categories:

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of physicians, hospital-trained dentists, and podiatrists who:

- (a) are involved in at least 40 patient contacts per two-year reappointment term; and/or
- (b) actively participate in Medical Staff functions and responsibilities, such as committee assignments.

2.A.2. Prerogatives:

Active Staff members may:

- (a) vote in all general and special meetings of the Medical Staff, and applicable department and committee meetings; and
- (b) hold office, serve as department chairpersons, and serve on Medical Staff committees and as chairs of such committees.

2.A.3. Responsibilities:

Active Staff members must:

- (a) assume all the responsibilities of membership on the Active Staff, including committee service, emergency call, and care for unassigned patients;
- (b) actively participate in the peer review and performance improvement process;
- (c) accept consultations when requested;
- (d) attend applicable meetings;
- (e) participate in teaching activities with residents as may be assigned;
- (f) pay application fees, dues, and assessments; and

- (g) perform assigned duties.

Members of the Active Staff who are at least 60 years of age may request removal from emergency call and other rotational obligations, including monitoring initial appointees. The MEC shall recommend whether to grant these requests based on need and the effect on others who serve on the call roster for that specialty. The MEC's recommendation shall be subject to final action by the Board.

2.B. COURTESY STAFF

2.B.1. Qualifications:

The Courtesy Staff shall consist of those physicians, hospital-trained dentists, and podiatrists who:

- (a) are involved in more than four, but fewer than 40, patient contacts per two-year reappointment term; and
- (b) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Involvement in a greater number of patient contacts may result in automatic transfer to the Active Staff at the discretion of the MEC.

2.B.2. Prerogatives and Responsibilities:

Courtesy Staff members:

- (a) may attend and participate in Medical Staff and department meetings (without vote);
- (b) may not hold office or serve as department chairpersons or committee chairs;
- (c) may be invited to serve on committees (with vote);
- (d) are excused from emergency call and the care of unassigned patients unless the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (e) shall cooperate in the peer review and performance improvement process; and

- (f) shall pay application fees, dues, and assessments.

2.C. LIMITED STAFF

2.C.1. Qualifications:

The Limited Staff shall consist of physicians who ~~solely~~ solely:

- (a) provide telemedicine services at the Medical Center.

2.C.2. Prerogatives and Responsibilities:

Limited Staff members:

- (a) may exercise such clinical privileges as are granted;
- (b) may not hold office or serve as department chairpersons or committee chairs;
- (c) may attend meetings of the Medical Staff (without vote) and applicable department meetings (without vote) and may be invited to serve on committees (with vote);
- (d) are excused from emergency call and the care of unassigned patients; and shall pay application fees, dues, and assessments as applicable.

2.D. CONSULTING STAFF

2.D.1. Qualifications:

The Consulting Staff shall consist of those physicians, hospital-trained dentists, and podiatrists who:

- (a) are of recognized professional ability and expertise who provide a service not otherwise available on the Active Staff;
- (b) provide services at the Medical Center only at the request of other members of the Medical Staff;
- (c) are members in good standing of the Active Staff at another hospital where they are currently practicing (unless this requirement is waived by the Board after considering the recommendations of the Credentials Committee and the MEC); and
- (d) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual

participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2.D.2. Prerogatives and Responsibilities:

Consulting Staff members:

- (a) may evaluate and treat patients at the request of a physician on the Medical Staff;
- (b) may not hold office or serve as department chairpersons or committee chairs;
- (c) may attend meetings of the Medical Staff (without vote) and applicable department meetings (without vote) and may be invited to serve on committees (with vote);
- (d) are excused from emergency call and the care of unassigned patients unless the MEC finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities; and
- (e) shall pay application fees, dues, and assessments.

2.E. COVERAGE STAFF

2.E.1. Qualifications:

The Coverage Staff shall consist of physicians, hospital-trained dentists, and podiatrists who:

- (a) desire appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to Active Staff members who are members of their group practice;
- (b) are members in good standing of the Active Staff at another hospital where they are currently practicing (unless this requirement is waived by the Board after considering the recommendations of the Credentials Committee and the MEC);
- (c) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians);
- (d) are not required to satisfy the residence and response time requirements set forth in Section 2.A.1 of the Credentials Policy, except for those times when they are providing coverage; and

- (e) agree that their Medical Staff appointment and clinical privileges will be automatically relinquished, with no right to a hearing or appeal, if their coverage arrangement with the Active Staff member(s) terminates for any reason.

2.E.2. Prerogatives and Responsibilities:

Coverage Staff members:

- (a) when providing coverage assistance for an Active Staff member, shall be entitled to admit and/or treat patients who are the responsibility of the Active Staff member (i.e., the Active Staff member's own patients or patients who present through the Emergency Department when the Active Staff member is on call) (Coverage Staff members are not entitled to independently admit, treat, or perform any elective procedures at the Hospital);
- (b) shall be entitled to attend Medical Staff and department meetings (without vote);
- (c) shall assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments when covering for members of their group practice;
- (d) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote);
- (e) may not serve as an officer, a department chairperson, or a committee chair; and
- (f) shall pay application fees, dues, and assessments.

2.F. AFFILIATE STAFF

2.F.1. Qualifications:

- (a) The Affiliate Staff shall consist of those physicians, dentists (whether hospital-trained or not), and podiatrists who desire to be associated with, but who do not intend to establish a practice at, the Medical Center. The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education, and to permit these individuals to access Medical Center services for their patients by referral of patients to other Medical Staff members for admission and care.
- (b) Individuals requesting appointment to the Affiliate Staff must submit an application as prescribed by the Credentials Policy. They shall not, however, be required to satisfy the qualifications set forth in Section 2.A.1(b)(c)(i)(j)(k)(l) and (m) of the Credentials Policy.

2.F.2. Prerogatives and Responsibilities:

- (a) Members of the Affiliate Staff:
 - (1) may attend meetings of the Medical Staff and applicable departments (all without vote);
 - (2) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote);
 - (3) may attend educational activities of the Medical Staff and the Medical Center;
 - (4) may refer patients to other members of the Medical Staff for admission and/or care;
 - (5) may visit their hospitalized patients and review their medical records, but may not write orders or progress notes, make notations in the medical record, or actively participate in the provision or management of care to patients at the Medical Center;
 - (6) may refer patients to the Medical Center's diagnostic facilities;
 - (7) may not be granted clinical privileges and may not admit or treat patients at the Medical Center; and
 - (8) shall pay application fees, dues, and assessments.
- (b) The grant of Affiliate Staff appointment is a courtesy only, which may be terminated by the Board upon recommendation of the MEC, with no right to a hearing or appeal.

2.G. EMERITUS STAFF

2.G.1. Qualifications:

Medical Staff members who have attained the age of 75 and those who have retired from clinical practice shall be advanced to the Emeritus Staff (unless an exception for continued privileges is recommended by the Credentials Committee and MEC and approved by the Board. No individual is entitled to an exception or to a hearing if the Board determines not to grant an exception, but the individual may meet with the MEC upon request).

2.G.2. Prerogatives and Responsibilities:

Emeritus Staff members:

- (a) are not eligible to admit patients or to exercise clinical privileges at the Medical Center;
- (b) may attend Medical Staff and department meetings (without vote);
- (c) may be appointed to committees (with vote);
- (d) are entitled to attend educational programs of the Medical Staff and Medical Center;
- (e) may not vote, hold office, or serve as a department chairperson or committee chair;
and
- (f) are not required to pay any application fees, dues, or assessments.

ARTICLE 3

OFFICERS

3.A. DESIGNATION

The officers of the Medical Staff shall be the President of the Medical Staff, Vice President, and three at-large members of the MEC.

3.B. ELIGIBILITY CRITERIA

Only those members of the Active Staff who satisfy the following criteria initially and continuously shall be eligible to serve as an officer of the Medical Staff. They must:

- (1) be appointed in good standing to the Active Staff;
- (2) have no past or pending adverse recommendations concerning Medical Staff appointment or clinical privileges;
- (3) not presently be serving as a Medical Staff officer, Board Member, or department chairperson at any other hospital outside of the SJRMC system, and shall not so serve during their term of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position, or other involvement in performance improvement functions;
- (6) attend continuing education relating to Medical Staff leadership and/or credentialing functions prior to or during the term of the office; and
- (7) have demonstrated an ability to work well with others.

3.C. DUTIES

3.C.1. President of the Medical Staff:

The President of the Medical Staff shall:

- (a) act in coordination and cooperation with the President and the Board in matters of mutual concern involving the care of patients in the Medical Center;
- (b) represent and communicate the views, policies and needs, and report on the activities, of the Medical Staff to the President and the Board;

- (c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
- (d) appoint all committee chairs and committee members, in consultation with the MEC;
- (e) chair the MEC (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
- (f) serve on the Joint Conference Committee and as a non-voting member of the Board;
- (g) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the Policies and Procedures of the Medical Center;
- (h) recommend Medical Staff representatives to Medical Center committees;
- (i) perform all functions authorized in all applicable policies, including the collegial intervention steps outlined in the Credentials Policy; and
- (j) be responsible for the collection of, accounting for, and disbursements of any funds collected, donated, or otherwise assessed and present in the Medical Staff Fund and report to the Medical Staff.

3.C.2. Vice President:

The Vice President shall:

- (a) assume all duties of the President of the Medical Staff and act with full authority as President in his or her absence;
- (b) serve on the MEC and Quality and Patient Safety Committee of the Board; and
- (c) assume all such additional duties as are assigned to him or her by the President of the Medical Staff or the MEC.

3.D. NOMINATIONS

The Nominating Committee shall consist of the three physicians who served as President of the Medical Staff for the three terms immediately preceding that of the current President. The Committee shall convene at least 45 days prior to the election and shall submit to the President of the Medical Staff the names of one or more qualified nominees for President of the Medical Staff, Vice President, and the three at-large members of the MEC. Notice of the nominees shall be provided to the Medical Staff at least 30 days prior to the election. Nominations may also be submitted in writing by petition signed by at least five Active Staff members at least 10 days prior to the election. In order for a nomination to be placed on the ballot, the candidate must meet the qualifications in Section 3.B, in the judgment of the

Nominating Committee, and be willing to serve. Nominations from the floor shall not be accepted.

3.E. ELECTION

Candidates receiving a majority of votes cast shall be elected, subject to Board confirmation.

3.F. TERM OF OFFICE

The President and Vice President shall serve for a term of two years or until a successor is elected, and there shall be no limitation on the number of terms they may serve. The at-large members of the MEC shall serve for a term of one year, but may be re-elected for one additional one-year term.

3.G. REMOVAL

- (1) Removal of an elected officer and/or MEC member may be accomplished by a two-thirds vote of the MEC or the Active Staff present and voting at a meeting, or by the Board. Grounds for removal shall be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Medical Center and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC, Active Staff members, or the Board prior to a vote on removal.

3.H. VACANCIES

A vacancy in the office of President shall be filled by the Vice President, who shall serve until the end of the President's unexpired term. In the event there is a vacancy in another office, the MEC shall appoint an individual to fill the office for the remainder of the term or until a special election can be held, at the discretion of the MEC.

3.I. COMPENSATION

The Medical Staff may decide to compensate its officers by a majority vote of the physicians eligible to vote.

ARTICLE 4

STAFF DEPARTMENTS

4.A. ORGANIZATION

- (1) The Medical Staff shall be organized into the departments as listed in the Organization Manual.
- (2) Subject to the approval of the Board, the MEC may create new departments, eliminate departments, create sections within departments, or otherwise reorganize the department structure. Any MEC action in this regard must (i) occur at a regular or special MEC meeting where at least two-thirds (2/3) of the voting members are present, and (ii) receive a majority vote of the MEC members present and voting at the meeting.

4.B. ASSIGNMENT TO DEPARTMENT

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

4.C. FUNCTIONS OF DEPARTMENTS

The departments shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments, and (ii) to monitor the practice of all those with clinical privileges in a given department. Each department shall assure emergency call coverage for all patients.

4.D. QUALIFICATIONS OF DEPARTMENT CHAIRPERSONS

Each department chairperson shall:

- (1) be an Active Staff member;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
- (3) satisfy the eligibility criteria in Section 3.B.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRPERSONS

- (1) Except as otherwise provided by contract, department chairpersons shall be appointed by the President of the Medical Staff, subject to Board confirmation.
- (2) Any department chairperson may be removed by a two-thirds vote of the Active Staff members of the department; or by a two-thirds vote of the MEC; or by the Board, after reasonable notice and opportunity to be heard. Any action by the Active Staff members of the department shall be by written ballot, sent to such members at least two days before the voting date. Grounds for removal shall be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Medical Center and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (3) Prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken at least 10 days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the department, the MEC, or the Board, as applicable, prior to a vote on such removal.
- (4) Department chairpersons shall serve for a term of two years, and there shall be no limitation on the number of terms they may serve.

4.F. DUTIES OF DEPARTMENT CHAIRPERSONS

Each department chairperson is accountable for the following functions, either individually or in conjunction with Medical Center personnel:

- (1) all clinically related activities of the department;
- (2) all administratively-related activities of the department;
- (3) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
- (4) recommending criteria for clinical privileges that are relevant to the care provided in the department;
- (5) evaluating requests for clinical privileges for each member of the department;

- (6) assessing and recommending off-site sources for needed patient care, treatment, and services not provided by the department or the Medical Center;
- (7) the integration of the department into the primary functions of the Medical Center;
- (8) the coordination and integration of interdepartmental and intradepartmental services;
- (9) the development and implementation of policies and procedures that guide and support the provision of care, treatment, and services;
- (10) recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (11) determination of the qualifications and competence of department personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (12) continuous assessment and improvement of the quality of care, treatment, and services provided;
- (13) maintenance of quality monitoring programs, as appropriate;
- (14) the orientation and continuing education of all persons in the department;
- (15) recommendations for space and other resources needed by the department; and
- (16) performing all functions authorized in the Credentials Policy, including collegial intervention.

ARTICLE 5

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out peer review and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT AND REMOVAL OF COMMITTEE CHAIRS AND MEMBERS

5.B.1. Appointment of Committee Chairs and Members:

- (a) All committee chairs and members shall be appointed for terms of two years by the President of the Medical Staff, in consultation with the MEC. Committee chairs shall be selected based on the criteria set forth in Section 3.B of these Bylaws. Appointments are renewed at the discretion of the President of the Medical Staff, in consultation with the MEC.
- (b) Unless otherwise provided, all Medical Center and administrative representatives on the committees shall be appointed (and removed) by the President or designee. All such representatives shall serve on the committees, without vote.
- (c) The President of the Medical Staff and the President (or their respective designees) shall be members, *ex officio*, without vote, on all committees.

5.B.2. Removal of Committee Chairs and Members:

Any committee chair or member may be removed by a two-thirds vote of the MEC, after reasonable notice and an opportunity to be heard. Grounds for removal shall be:

- (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
- (b) failure to perform the duties of the position held;
- (c) conduct detrimental to the interests of the Medical Center and/or its Medical Staff; or
- (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.

5.C. MEETINGS, REPORTS AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in these Bylaws or in the Medical Staff Organization Manual shall meet as necessary to accomplish its functions, and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the MEC and to other committees and individuals as may be indicated.

5.D. MEDICAL EXECUTIVE COMMITTEE

5.D.1. Composition:

- (a) The MEC shall include the President and Vice President of the Medical Staff and three members elected at-large by the Medical Staff.
- (b) The President of the Medical Staff will chair the MEC.
- (c) The President, the Chief Nursing Officer, the Chair of the Quality and Patient Safety Committee of the Board, and the Risk Manager shall be *ex officio* members of the MEC, without vote.
- (d) Other individuals may be invited to MEC meetings, without vote.

5.D.2. Duties:

The MEC is delegated the primary authority over activities related to the functions of the Medical Staff and performance improvement activities regarding the professional services provided by individuals with clinical privileges. The MEC is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between MEC meetings);
- (b) recommending directly to the Board on at least the following:
 - (1) the Medical Staff's structure;
 - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (3) applicants for Medical Staff appointment and reappointment;
 - (4) delineation of clinical privileges for each eligible individual;
 - (5) participation of the Medical Staff in Medical Center performance improvement activities and the quality of professional services being provided by the Medical Staff;

- (6) the mechanism by which Medical Staff appointment may be terminated;~~and~~
 - (7) hearing procedures; and
 - (8) other appropriate reports and recommendations from Medical Staff committees, departments, Medical Staff members, and other groups, as appropriate;
- (c) consulting with administration on quality-related aspects of contracts for patient care services; and
 - (d) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, or other applicable policies.

5.D.3. Meetings:

The Medical MEC shall meet at least 10 times a year and maintain a permanent record of its proceedings and actions.

5.E. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The performance improvement functions are the way the Medical Staff works to improve the clinical and non-clinical processes that require Medical Staff leadership or participation. These functions shall be performed by such committees, departments, and Physician Advisors or other individuals as may be designated by the MEC, in consultation with the President. When the performance of a process is dependent primarily on the activities of individuals with clinical privileges, the Medical Staff shall provide leadership for and participate in process measurement, assessment, and improvement, including, but not limited to:
 - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;
 - (b) the Medical Center's and individual practitioners' performance on The Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;
 - (c) medical assessment and treatment of patients;
 - (d) medication usage, including review of significant adverse drug reactions, medication errors, and the use of experimental drugs and procedures;
 - (e) the utilization of blood and blood components, including review of significant transfusion reactions;

- (f) Operative and other procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses
- (g) appropriateness of clinical practice patterns;
- (h) significant departures from established patterns of clinical practice;
- (i) use of information about adverse privileging determinations regarding any practitioner;
- (j) the use of developed criteria for autopsies;
- (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
- (l) nosocomial infections and the potential for infection;
- (m) unnecessary procedures or treatment;
- (n) appropriate resource utilization;
- (o) education of patients and families;
- (p) coordination of care, treatment, and services with other practitioners and Medical Center personnel;
- (q) accurate, timely, and legible completion of medical records;
- (r) Comply with the following requirements with respect to the Member's patients: A physical examination and medical history must be completed and documented for each patient no later than twenty-four (24) hours after the patient is admitted or registered, and in any event before the patient undergoes surgery or a procedure that requires anesthesia.

A history and physical performed no more than thirty (30) days before the patient was admitted or registered may be used, (i) provided an updated examination of the patient is completed and documented no later than twenty-four (24) hours after admission or registration, and in any event before the patient undergoes surgery or a procedure that requires anesthesia.

The history and physical for inpatient admission shall include a comprehensive current physical assessment including chief complaint, admitting diagnosis, details of present illness, relevant past, social and family histories, relevant menstrual and obstetrical history in females, an inventory by body systems, and drug and food sensitivities/allergic history, report of a

physical examinations, including but not limited to vital signs, heart, lungs, neuro and mental status, head, chest, abdomen and extremities.

The H&P for an outpatient procedure or outpatient surgery, a short stay H&P is acceptable and includes a current physical assessment of pertinent systems of the body and must also include the impression or reason for hospitalization/procedure/surgery as well as the plan for treatment.

All H&Ps shall be written or dictated by a Medical Staff member or appropriate Allied health Professional who has been granted privileges or given permission by the Medical Center to perform History and Physicals. Oral and maxillofacial surgeons may be allowed to perform history and physical examinations by the granting of specific privileges to do so based on training, competence and experience respective to their areas of expertise only. Dentists are responsible for the part of their patients' history and physical examinations that relate to dentistry. Podiatrists may be allowed to perform history and physical examinations for ASA class 1 & 2 patients by the granting of specific privileges to do so based on training competence and experience respective to their areas of expertise only. For non-ASA Class 1 & 2 patients Podiatrists are responsible for the part of their patients' history and physical examinations that relate to podiatry. For dental admissions, the full H&P examination must be completed by the appropriate qualified and privileged physician member of the medical staff.

The supervising physician may authorize residents, approved medical students and allied health providers, to take a medical history and perform a physical examination, record pertinent data and write progress notes in the medical record. Minimal requirements for authentication by a counter signature are: history and physical examinations, final progress notes, operative reports and discharge summaries. The supervising physician, in addition to countersigning all of the above referenced reports, should complete any-and-all order, notes, summaries and documents required by third party payers.

Additional requirements and exceptions regarding histories and physicals are contained in the Medical Staff Policy.

The quality of medical histories and physical examinations are monitored by the medical staff according to Bylaws Article 5.e.1.r.;

- (s) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
- (t) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.

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

5.F. RESPONSIBILITIES AND RELATED DOCUMENTS

Medical Staff members shall fulfill all applicable responsibilities contained in these Bylaws, the Credentials Policy, Medical Staff Organization Manual, the Medical Staff Code of Conduct Policy, the Medical Staff Rules and Regulations, and other applicable policies, and abide by same when performing all responsibilities.

5.G. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Medical Staff Organization Manual, the MEC may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. In the same manner, the MEC may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual, a standing committee, or a special committee shall be performed by the MEC.

5.H. SPECIAL COMMITTEES

Special committees shall be created and their members and chairs shall be appointed by the President of the Medical Staff. Such special committees shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is January 1 to December 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff shall meet at least once a year.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the President of the Medical Staff, the MEC, the CMO, the President, the Board, or by a petition signed by not less than one-fourth of the Active Staff.

6.C. DEPARTMENT AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each department and committee shall meet as necessary to accomplish its functions, at times set by the presiding officer.

6.C.2. Special Meetings:

A special meeting of any department or committee may be called by or at the request of the presiding officer, the President of the Medical Staff, the CMO, the President, or by a petition signed by not less than one-fourth of the Active Staff members of the department or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of departments, and committees at least two weeks in advance of the meetings. All notices shall state the date, time, and place of the meetings.

- (b) When a special meeting of the Medical Staff, a department, and/or a committee is called, the notice period shall be reduced to 48 hours (i.e., must be given at least 48 hours prior to the special meeting), and posting may not be the sole mechanism used for providing notice.
- (c) The attendance of any individual at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, or committee, those voting members present (but in no event fewer than two members) shall constitute a quorum. Exceptions to this general rule are as follows:
 - (1) for meetings of the MEC and the Credentials Committee, the presence of at least 50% of the voting members of the Committee shall constitute a quorum;
 - (2) for any amendments to these Medical Staff Bylaws that are presented to the voting members of the Medical Staff by mail, facsimile, e-mail, hand-delivery, or telephone, a response of at least 20% of the voting staff shall be required to establish a quorum; and
 - (3) for regular or special meetings of the MEC at which an amendment to the Credentials Policy, Medical Staff Organization Manual, Policy on Allied Health Professionals, or Medical Staff Rules and Regulations will be considered, at least two-thirds (2/3) of all voting members must be present.
- (b) Recommendations and actions of the Medical Staff, departments, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote.
- (c) The appropriate presiding officer for meetings of the Medical Staff, a department, or a committee may determine to present the voting members of these groups with a question by mail, facsimile, e-mail, hand-delivery, or telephone, and their votes returned to the presiding officer by the method designated in the notice. Except for amendments to these Bylaws and the related Medical Staff documents and actions by the MEC or Credentials Committee (noted in Section 6.D.2(a)), a quorum for purposes of these votes shall be the number of responses returned to the presiding officer by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.
- (d) Meetings may be conducted by telephone conference.

6.D.3. Agenda:

The presiding officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, department, or committee.

6.D.4. Rules of Order:

The latest edition of Robert's Rules of Order Revised may be used for reference at all meetings and elections, but shall not be binding. Specific provisions of these Bylaws, and Medical Staff, department, or committee custom shall prevail at all meetings, and the presiding officer shall have the authority to rule definitively on all matters of procedure.

6.D.5. Minutes, Reports, and Recommendations:

- (a) Minutes of all meetings of the Medical Staff, departments, and committees shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, and committees shall be transmitted to the MEC and the President. The Board shall be kept apprised of the recommendations of the Medical Staff and its departments and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Medical Center.

6.D.6. Confidentiality:

Members of the Medical Staff who have access to credentialing and/or peer review information agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

Each Active Staff member is encouraged to attend and participate in all Medical Staff meetings and applicable department and committee meetings each year.

ARTICLE 7

CONFLICTS OF INTEREST

- (a) When performing a function outlined in these Bylaws, the Credentials Policy, the Organization Manual, or any related Medical Staff document, if any Medical Staff member has or reasonably could be perceived as having a conflict of interest or a bias in any matter involving another individual, the individual with a conflict shall not participate in the discussion or voting on the matter, and shall be excused from any meeting during that time. However, the individual may be asked, and may answer, any questions concerning the matter before leaving.
- (b) The existence of a potential conflict of interest or bias on the part of any member may be called to the attention of the President of the Medical Staff or applicable committee chair or department chairperson by any other member with knowledge of it.
- (c) The fact that a department chairperson or other staff member is in the same specialty as a member whose performance is being reviewed does not automatically create a conflict. The evaluation of whether a conflict of interest exists shall be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. No staff member has a right to compel a determination that a conflict exists.
- (d) The fact that a committee member or Medical Staff leader chooses to refrain from participation, or is excused from participation, shall not be interpreted as a finding of actual conflict.
- (e) Medical Staff members shall also be bound by corporate conflict of interest and compliance policies adopted by the Board to the extent those policies apply to the Medical Staff member in question.

ARTICLE 8

INDEMNIFICATION

The Medical Center shall provide a legal defense for and shall indemnify all Medical Staff officers, department chairpersons, committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by law, in accordance with the Medical Center's bylaws.

ARTICLE 9

BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy and the Policy on Allied Health Professionals in a more expansive form.

9.A. QUALIFICATIONS FOR APPOINTMENT

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

9.B. PROCESS FOR PRIVILEGING AND CREDENTIALING (APPOINTMENT AND REAPPOINTMENT)

Complete applications are transmitted to the applicable department chairperson, who prepares a written report to the Credentials Committee. The Credentials Committee then prepares a recommendation and forwards it, along with the department chairperson's report, to the MEC for review and recommendation, and to the Board for final action.

9.C. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges may be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) timely complete medical records;
 - (ii) satisfy threshold eligibility criteria;
 - (iii) provide requested information; or
 - (iv) attend a special conference to discuss issues or concerns;
 - (b) is involved or alleged to be involved in defined criminal activity; or
 - (c) makes a misstatement or omission on an application form.
- (2) Automatic relinquishment will take effect immediately and will continue until the matter is resolved, if applicable.

9.D. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, any two of the following individuals are authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation: the President of the Medical Staff, the chairperson of a clinical department, the Chair of the Credentials Committee, the CMO, or the President.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the President or MEC.
- (3) The President of the Medical Staff shall meet with the member to explain the grounds for and nature of the action taken at the time of the suspension. The individual shall also be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The MEC shall review the reasons for the suspension within a reasonable time.
- (5) Prior to, or as part of, this review, the individual may be given an opportunity to meet with the MEC.

9.E. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION OR SUSPENSION OF APPOINTMENT AND PRIVILEGES OR REDUCTION OF PRIVILEGES

Following an investigation, the MEC may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) the clinical competence or clinical practice of any member of the Medical Staff, including the care, treatment, or management of a patient or patients; (b) the known or suspected violation by any member of the Medical Staff of applicable ethical standards or the Bylaws, policies, Rules and Regulations of the Medical Center or the Medical Staff; and/or (c) conduct by any member of the Medical Staff that is considered lower than the standards of the Medical Center or disruptive to the orderly operation of the Medical Center or its Medical Staff, including the inability of the member to work harmoniously with others.

9.F. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR SCHEDULING AND CONDUCTING HEARINGS AND THE COMPOSITION OF THE HEARING PANEL

- (1) The hearing shall begin as soon as practicable, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties.
- (2) The Hearing Panel will consist of at least three members or there will be a Hearing Officer.

- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness on any matter relevant to the issues; (d) to have representation by counsel who may call, examine, and cross-examine witnesses and present the case; and (e) to submit a written statement at the close of the hearing.
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.
- (7) The Hearing Panel (or Hearing Officer) may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- (8) The affected individual and the MEC may request an appeal of the recommendations of the Hearing Panel (or Hearing Officer) to the Board.

ARTICLE 10

AMENDMENTS

10.A. MEDICAL STAFF BYLAWS

- (1) Neither the Medical Staff nor the Board may unilaterally amend these Medical Staff Bylaws.
- (2) Amendments to these Bylaws may be proposed by the Bylaws Committee, by the MEC, by the Board, or by a petition signed by at least 20% of the voting members of the Medical Staff.
- (3) All proposed amendments must be reviewed by the MEC prior to a vote by the Medical Staff. The MEC may, in its discretion, provide a report on them either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting of the medical staff if notice has been provided at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff present at the meeting of the medical staff.
- (4) The MEC may also present proposed amendments to the voting staff by mail ballot, facsimile, e-mail, hand-delivery, or telephone, to be returned to the Medical Staff Office by the date indicated by the MEC. Along with the proposed amendments, the MEC may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast, so long as the amendment is voted on by at least 20% of the staff eligible to vote.
- (5) The MEC shall have the power to adopt technical, non-substantive amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (6) All amendments shall be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the President within two weeks after receipt of a request for same submitted by the President of the Medical Staff.

10.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures and rules and regulations that shall be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges. All Medical Staff policies, procedures and rules and regulations shall be considered an integral part of the Medical Staff Bylaws, but amended in accordance with this section.
- (2) The Credentials Policy will address the following matters: qualifications for appointment, the process for granting initial appointment, clinical privileges, reappointment, collegial intervention, the investigation process, automatic relinquishments, precautionary suspensions, and the process for hearings and appeals.
- (3) The Medical Staff Organization Manual will list the departments of the Medical Staff. The Medical Staff Organization Manual will also contain a description of the committees of the Medical Staff.
- (4) The Policy for Allied Health Professionals will address the following matters as they relate to allied health professionals: process for determining need for new allied health professionals, qualifications for appointment, the process for granting clinical privileges or a scope of practice initially and on an ongoing basis, collegial intervention, investigations and suspensions, and procedural rights.
- (5) An amendment to the Credentials Policy or the Policy on Allied Health Professionals must be approved jointly by the MECs for each of the SJRMC facilities (Saint Joseph Regional Medical Center-South Bend Campus, Inc., Saint Joseph Regional Medical Center-Plymouth Campus, Inc.). For an amendment to be adopted:
 - (a) notice of all proposed amendments shall be provided to all voting Medical Staff members in each facility at least 14 days prior to the MEC meeting at which the amendment will be considered, and any member of the Medical Staff may submit written comments to the MEC; and
 - (b) the quorum for the regular or special MEC meeting at which the amendment will be considered must be at least two-thirds (2/3) of all voting members; and
 - (c) the amendment must receive a majority vote of the MEC members present and voting at the meeting.
- (6) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made (i) at any regular or special MEC meeting where at least two-thirds (2/3) of the voting members are present, and (ii) the amendment receives a majority vote of the MEC members present and voting at the meeting. Notice of all proposed amendments to these two documents shall be provided to each

voting member of the Medical Staff at least 14 days prior to the MEC meeting when the vote is to take place, and any voting member may submit written comments on the amendments to the MEC.

- (7) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.
- (8) Amendments to Medical Staff policies and to the Rules and Regulations may also be proposed by a petition signed by at least 20% of the voting members of the Medical Staff. Any such proposed amendments will be reviewed by the MEC, which may comment on the amendments before they are forwarded to the Board for its final action.
- (9) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Policy on Allied Health Professionals, the Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.
- (10) The present Medical Staff Rules and Regulations of the Medical Center are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rule or Regulation is inconsistent with these Bylaws, it is of no force or effect.

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

10.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the MEC with respect to:
 - (a) proposed amendments to the Medical Staff Rules and Regulations,
 - (b) a new policy proposed by the MEC, or
 - (c) proposed amendments to an existing policy that is under the authority of the MEC,

a special meeting to discuss the conflict may be called by a petition signed by at least 20% of the voting members of the Medical Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.

- (2) If the differences cannot be resolved at the meeting, the MEC shall forward its recommendations, along with the proposed recommendations pertaining to the amendment or policy at issue offered by the voting members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual members of the Medical Staff.

ARTICLE 11

DISASTER PRIVILEGES

- (a) In the event of a mass disaster, when the emergency management plan has been activated, Medical Staff members and employees may not be able to provide all the care required by individuals seeking treatment at the Medical Center's facilities. Under such circumstances, the President or the President of the Medical Staff is authorized to grant disaster privileges or permission to treat patients to volunteer physicians, nurses, and other professionals upon receipt of satisfactory evidence that such individuals are currently licensed in some state or otherwise capable of providing services to patients.
- (b) If possible, verification of the volunteer's identity by a current Medical Staff member or Medical Center employee shall be obtained. Government-issued photo identification, current photo identification from another hospital, and/or identification indicating the individual is a member of a Disaster Medical Assistance Team shall also be obtained, if possible. Further information regarding the volunteering professionals will be gathered by the Medical Staff Office as soon as is reasonably possible.
- (c) Notwithstanding any existing delineation of privileges or scope of authority, during a mass disaster current Medical Staff members, employees and volunteers are authorized to take whatever steps they reasonably believe are necessary to save or preserve the life or health of patients or to protect the public health.

ARTICLE 12

ADOPTION

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

Adopted by the Medical Staff:

July 28, 2006
November 19, 2010
March 29, 2011
May 19, 2014
March 16, 2021

Approved by the Board:

September 11, 2006
December 15, 2010
March 31, 2011
May 19, 2014
June 8, 2021

Revised Effective Date:

January 1, 2007
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