

# Providence Hospital

# Medical Staff Bylaws

Revised and Approved: 02/13/2004

# PROVIDENCE HOSPITAL MEDICAL STAFF BYLAWS

## PREAMBLE AND DEFINITIONS

P:1 WHEREAS: Providence Hospital is a non-profit corporation organized under the laws of the State of Michigan, and is a member of Ascension Health.

WHEREAS: its purpose is to serve as an acute care community hospital providing patient care, education and research; and

WHEREAS: it is recognized that the Board, being the ultimate authority, has delegated to the Medical Staff the responsibility for the determination and maintenance of quality medical care; and

WHEREAS: the cooperative efforts of the Medical Staff, the President and the Board of Trustees are necessary to fulfill the Hospital's obligation to its patients;

THEREFORE: The physicians, podiatrists, and dentists practicing in this Hospital hereby are obligated by the Board to organize into a Medical Staff in conformity with these Bylaws, Rules and Regulations.

P:2 In these Bylaws, Rules and Regulations, terminology is as follows:

P:2:1 "Hospital" means Providence Hospital, at Southfield, in Oakland County in the State of Michigan; or any of the satellites, clinics, or other entities that are, or may be governed by the Board of Trustees.

P:2:2 "The Board" or the "Board of Trustees" means the governing body of Providence Hospital.

P:2:3 "Practitioner" means a medical physician, an osteopathic physician, podiatrist, or a dentist.

P:2:4 "Member" means those practitioners who have been granted privileges by the Board to attend patients in the Hospital.

P:2:5 "Medical Staff" means all members who have been granted recognition pursuant to the terms of these bylaws.

P:2:6 "President" means the president of the Hospital appointed by the Board of Trustees to act in its behalf in the overall management of the Hospital.

P:2:7 "Bylaws" means the Providence Hospital Medical Staff Bylaws and its provisions set forth herein concerning the organization and functions of the

Medical Staff.

P:2:8 "Rules and Regulations" means the provisions concerning procedures, practices, and the professional conduct of the members of the Medical Staff.

P:2:9 "Clinical Departments" means those departments responsible for the diagnostic and therapeutic aspects of the patient care as listed in 10:1.

P:2:10 "Bylaws of Providence Hospital" means the Corporate Bylaws of Providence Hospital, as adopted by the Board of Trustees of Providence Hospital.

P:2:11 "Non-Physician Provider" means licensed professionals , other than practitioners, who are approved by the Board of Trustees, following consultation with the Medical Staff, to provide services to patients at the Providence Hospital and Medical Centers.

P:2:12 Any reference contained herein to the masculine gender is intended to refer equally to the feminine gender.

## **ARTICLE I - NAME**

The name of the organization shall be "The Medical Staff of Providence Hospital".

## **ARTICLE II - PURPOSES**

The purposes of this organization are:

2:1 To promote quality medical care to the community.

2:2 To seek to attain a high level of professional performance of all practitioners authorized to practice in the Hospital through the appropriate delineation of the clinical privileges that each practitioner may exercise in the Hospital and through an ongoing review and evaluation of each practitioner's performance in the Hospital;

2:3 To provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the Board of Trustees and the President;

2:4 To initiate and maintain rules and regulations for self-government of the Medical Staff pursuant to the directives of the Board of Trustees;

2:5 To provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill. The Medical Staff recognizes the need for a residency training program and cooperative efforts with other educational organizations in graduate and postgraduate medical education, and directs the Medical Staff to carry out this function;

2:6 To support and promote medical research at Providence Hospital; and

2:7 To carry out the assignment which the Board of Trustees has made to the Medical Staff, its officers, its Executive Committee, its departments, and various committees and their members, and in particular the Medical Performance Improvement Committee, the functions of reviewing and appraising the professional practices of the members of the Medical Staff, resident physicians, and non-physician providers practicing in the Hospital, its off-campus clinics and off-campus activities owned or sponsored by the Hospital for the purpose of reducing morbidity and mortality and improving the quality of care in the Hospital, including the quality and necessity of care provided and the preventability of complications and death occurring the Hospital, pursuant to State Law (MCL 333.20175, 333.21523(d), 333.21515 as amended). Included in this review function is the review of the qualifications, training and experience of health care providers seeking reappointment or admission to practice in the Hospital; also included is a continuing review and appraisal of the professional practice of resident physicians involved in residency or fellowship training programs.

## **ARTICLE III - MEDICAL STAFF MEMBERSHIP**

### **3:1 Nature of Medical Staff Membership**

Membership on the Medical Staff of Providence Hospital is a privilege, which shall be extended only to professionally competent practitioners who continuously meet the responsibilities, qualifications, standards and requirements set forth in these Bylaws without regard to race, color, creed, sex or national origin.

### **3:2 Qualifications for Membership**

**3:2:1** Only practitioners licensed to practice in the State of Michigan who can document their background, physical and mental health, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others, with sufficient adequacy to assure the Medical Staff and the Board of Trustees that any patients treated by them in Providence Facilities will be given quality medical care, shall be qualified for membership on the Medical Staff. All physician and podiatric applicants must have graduated from an approved residency and be Board Certified by their respective specialty board and maintain that Board Certification. For those who are recent graduates of their residency, it is understood that they must obtain Board Certification within five years of completion of their residency, or their appointment will terminate. No practitioner shall be entitled to membership on the Medical Staff or the exercise of particular clinical privileges in the Hospital merely by virtue of the fact that he is duly licensed to practice medicine, podiatry or dentistry in this or in any other state, or that he is a member of any professional organization, or that he had in the past, or presently has, such privileges at another hospital.

**3:2:2** Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he will abide by the Principles of Medical Ethics of the American Medical Association, the ethics of American Osteopathic Association, or the code of Ethics of the American Dental Association and that in caring for patients within this institution he will strictly abide by the Ethical and Religious Directives for Catholic Health Services, dated November 1994 or as the same may be amended and approved the Committee on Doctrine of the National Conference of Catholic Bishops, as the same are appended to and made part of the Bylaws. When doing business for or representing Providence Hospital and Medical Centers, Medical Staff members shall abide by the PHMC Corporate Standards of Conduct.

**3:2:3** Acceptance of membership on the Medical Staff shall constitute the Staff members agreement that they will accept committee assignments, proctoring assignments, teaching assignments, emergency call coverage and hospital staffing assignments.

### 3:3 Resident Staff

The Resident Staff shall consist of those practitioners who are employed by Providence Hospital in a program of graduate medical study and have a full or limited license from the State of Michigan to practice medicine. Practitioners employed as Resident Physicians by other hospitals who rotate to Providence Hospital will be considered members of the Resident Staff of Providence Hospital while they are at the hospital. These residents shall also have a full or limited license. Membership on the Resident Staff shall terminate on the termination of employment under the employment agreement with Providence Hospital or the associated hospitals. Members of the Resident Staff shall be under the direct supervision of those members of the Medical Staff designated by the Chair of the Department. Resident Staff members shall not pay dues, shall not be entitled to vote or hold office, shall not be required to attend business meetings of the Medical Staff, and shall not be considered members of the staff for purposes of subsequent application for regular membership under Article V.

### 3:4 Conditions and Duration of Appointment

3:4:1 Initial appointments and reappointments to the Medical Staff shall be made by the Board. Except as otherwise provided in these bylaws, the Board shall act on appointments, reappointments or revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws.

3:4:2 Initial appointments and reappointments shall be for a period of not more than two (2) years.

3:4:3 All initial appointments to the Active, Associate, Affiliate and Courtesy Staff shall be provisional as provided in Article IV of these bylaws. These staff members shall be assigned to a department where their performance shall be monitored by the Chair of the Department or his representative to determine their eligibility for non-provisional staff membership and for exercising the clinical privileges granted to them. Reappointments to provisional membership may not exceed a total of five (5) years, at which time the failure to advance an appointee to non-provisional staff status shall be deemed a termination of his Staff appointment. A provisional appointee whose membership is so terminated shall have the rights accorded by these Bylaws to a member of the Medical Staff who has failed to be reappointed. Present members of the Staff may be placed on provisional status by the Board of Trustees on the recommendation of the Department Chair and the Executive Committee of the Medical Staff in order to permit evaluation of the desirability of continued appointment in accordance with the provisions of Article VII.

3:4:4 Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Board, in accordance with these Bylaws.

3:4:5 Every application form for Staff appointment shall be signed by the applicant and shall contain the applicants' specific acknowledgment of every Medical Staff member's obligation to provide continuous care and supervision of his patients, to abide by the Medical Staff Bylaws, Rules and Regulations; and if appointed to the Active Staff, to accept committee assignments, medical education teaching assignments, clinic and staff service assignments.

### 3:5 Leave of Absence

3:5:1 A staff member may request a voluntary leave of absence from the Staff by submitting a written request to the President of the Medical Staff and the Hospital President, which states the reason and periods of time for the leave, which may not exceed one year. A leave of absence request may be recommended to the Board by the Executive Committee of the Medical Staff, subject to such conditions or limitations as they shall determine appropriate. During the period of a leave, the Staff member's privileges and prerogatives shall be suspended, but he shall still pay dues appropriate to his staff category. The Staff member may apply for a second leave prior to completion of the first. However, no member may have more than two consecutive leaves, or more than two years of leave. Exceptions beyond two years will be made only in exceptional circumstances or pursuant to paragraph 3:5:3.

3:5:2 At least 60 days prior to the termination of a leave of absence which has exceeded 180 days, a member may request reinstatement by submitting a completed reappointment application. When the leave was less than 180 days, the member may make a written request for reinstatement. With respect to each request for reinstatement, regardless of the duration of the leave, the Executive Committee of the Medical Staff shall make a recommendation to the Board concerning the reinstatement of the member in a specific department. Failure, without good cause, to request reinstatement or to provide requested information shall be construed as the member's voluntary resignation from the medical staff, and he shall have waived all hearing and appeal rights otherwise afforded by these Bylaws. Any request for reinstatement from a member after the leave has lapsed shall be submitted and processed as if it were an initial appointment.

3:5:3 Leave of absence will be granted for the full duration of a medical educational fellowship in an ACGME accredited program. Dues will be waived by the Medical Executive Committee for the duration of the fellowship program.

## ARTICLE IV - CATEGORIES OF THE MEDICAL STAFF

4:1 The Medical Staff shall be divided into **Active, Associate, Courtesy, Emeritus and Affiliate** categories.

### 4:2 Active Medical Staff

The Active Medical Staff shall consist of practitioners who assume all the functions and responsibilities of membership on the Active Medical Staff, including, where appropriate, emergency service care, consultation assignments, medical education, response time, and teaching assignments, quality review and clinic and staff service and committee assignments. There shall be two Status levels within the Active Medical Staff: Provisional and Active. Members of the Active Medical Staff shall be appointed to a specific department, shall be eligible to vote and to hold office, and shall be required to serve on Medical Staff Committees, and to pay dues.

#### 4:2:1 Provisional Status

Newly appointed members of the Active Medical Staff shall be placed in Provisional Status for a period of two years. At the end of one year, the provisional staff member will be reviewed by the respective department chair and section chief (if applicable). Each Department shall have specific, written criteria, approved by the Board, for promotion from Provisional Status to Active Status. These criteria shall include a minimum of two years of satisfactory provisional status, Board Certification in the respective specialty involved, and may involve, but are not limited to, teaching assignments, committee work, patient volume or other areas the Department feels necessary for promotion. If the member meets all criteria for promotion to Active status but has not achieved board certification, provisional status may be renewed up to an additional four years to allow for completion of board certification. Under no circumstance can a member remain in provisional status for more than five years. If the member does not meet the volume standards their respective Department may recommend that they be placed in review for a period of one year or that they must apply for an alternate staff category. If the member fails to meet requirements for Active Status promotion after the one-year grace period referred to in the preceding sentence, they must apply for an alternate staff category or resign from the Medical Staff. All Provisional members of the Medical Staff shall be proctored by an Active member of their respective department assigned by the Department Chairperson. The proctoring requirements shall be specified in the Rules and Regulations of each hospital department. A written evaluation from the proctor must be reviewed by the Credentials Committee when promotion is requested from Provisional to Active Status or provisional status is renewed. Concurrent work at other hospitals may be requested for review.

#### 4:2:2 Active Status

After a minimum of two years of Provisional Status, and satisfactory completion of the departmental requirements for promotion (including Board Certification), the member shall be recommended for Active Status. A member, having reached Active Status, must maintain the volume, quality, professional conduct, or other standards necessary for that status as specified by the appropriate departmental rules and regulations, or he/she will be placed in review for a period of one year. If the member continues to fail to meet the requirements for Active status after that one-year, he/she shall be deemed to have resigned from the Medical Staff. A provisional appointee whose membership is so resigned shall have the rights accorded by these Bylaws to a member of the Medical Staff who has failed to be reappointed.

#### 4:2:3 Waiver of Requirements

Members of the Active Medical Staff who do not meet the criteria of the department for advancement to or retention of Active Status shall be reviewed by the Department Chairperson. After review, the Chairperson may recommend in writing to the Medical Executive Committee that a waiver be granted for a member based upon his/her teaching, committee work, health status, or other activities which support the department. If such a waiver is granted by the Board, the member shall have all the privileges rights, and responsibilities of active Medical Staff membership, subject to such conditions as the Board may establish.

The Executive Committee of the Medical Staff may waive dues for Active Staff members who achieve the age of 65 and have been members of the Active Medical Staff for at least 15 years.

#### 4:3 Associate Medical Staff

4:3:1 The Associate Medical Staff shall consist of practitioners who meet all the qualifications of Active Staff membership. Members of the Associate Medical Staff shall exercise clinical privileges at those Providence facilities for which they request and are granted appointment. Their obligations involve teaching assignments, committee work, patient volume requirements, and emergency care appropriate for the given facility. Associate Staff members shall be appointed to a specific department, shall be required to pay dues, but shall not be eligible to vote or hold office in this Medical Staff organization. They may attend Medical Staff meetings, but are not required to do so.

4:3:2 Newly appointed members of the Associate Medical Staff shall be placed on Provisional status for a minimum of two years. Provisional Associate Staff members shall meet all criteria outlined in paragraph 4:2:1. They must demonstrate active participation at another hospital or in a managed care group where quality review activities are consistent with those of Providence Hospital.

#### 4:4 Courtesy Medical Staff

4:4:1 The Courtesy Staff shall consist of practitioners who are legitimate associates of Active Staff members. Legitimate associate is understood to mean physicians who routinely and regularly make rounds and participate in the care of each other's patients. Members of the Courtesy Medical Staff shall admit patients or perform invasive procedures on an individual case basis only with the approval of the Chair of the Department or their designee, but may otherwise attend patients. Courtesy Medical Staff members shall be appointed to a specific department, shall be required to pay dues but shall not be eligible to vote or hold office in this Medical Staff organization. They may accept committee assignments and attend Medical Staff meetings but are not required to do so.

4:4:2 Courtesy Staff members who sever their association with an active staff member may request change to an alternate staff category or resign staff membership but may not continue as Courtesy Staff members.

4:4:3 Courtesy Staff members who admit or perform invasive procedures on more than twelve patients annually shall be obligated to seek appointment to the appropriate alternate staff category unless a waiver is granted by the Executive Committee of the Medical Staff.

4:4:4 Newly appointed members of the Courtesy Medical Staff shall be placed on Provisional status for a period of not less than two years. Provisional Courtesy Staff members shall meet all the criteria outlined in paragraph 4:2:1. They must demonstrate active participation at another hospital or in a managed care group where quality review activities are consistent with that of Providence Hospital.

#### 4:5 Affiliate Medical Staff

4:5:1 The Affiliate Medical Staff shall consist of practitioners who seek a professional association with Providence Hospital but do not seek to exercise clinical privileges. They must meet all qualifications for active staff membership but may not request any admitting or surgical privileges at any Providence facility. They shall be appointed to a specific department, shall be required to pay dues, but shall not be eligible to vote or hold office. They may attend Medical Staff meetings but are not required to do so.

4:5:2 The Affiliate Medical Staff shall be placed on provisional status for a minimum of two years. At the end of one year their utilization of Providence facilities shall be reviewed by the Department Chair who will determine if continued membership with the Medical Staff is warranted and make such a recommendation to the Medical Staff Executive Committee. If an adverse recommendation is made, then the affected individual is entitled to a hearing in accordance with Article VIII of these Bylaws. Affiliate Medical Staff members who advance from Provisional to full Affiliate status shall be reappointed to a two-

year term. At the time of reappointment, their utilization of Providence facilities shall be one of the criteria (in addition to the qualifications for membership delineated in Article III) to justify continued membership in the Providence Medical Staff.

#### 4:6 Emeritus Medical Staff

Members of the Medical Staff who retire from the active practice of medicine may be transferred to Emeritus status upon application to the head of their department and with the approval of that department, the Executive Committee of the Medical Staff, and the Board. Such members shall not pay dues, shall not be eligible to vote or hold office, and not chair a department or standing committee. They may not admit patients. They are encouraged to attend staff and departmental meetings but are not required to do so. Appointment shall be on a permanent basis, shall not require that an active medical license be maintained, and hence not require reappointment review.

## **ARTICLE V - PROCEDURE FOR APPOINTMENT**

### **5:1 Procedure for Initial Appointment to Membership on the Medical Staff and Delineation of Specific Departmental Privileges**

All initial appointments to the Medical Staff and delineation of clinical privileges shall be in accordance with the policies and procedures specified in the Credentialing Policy and Procedure Manual as it may be amended from time to time by the Medical Staff Executive Committee and the Board. Such policies and procedures shall have the effect of being incorporated in these bylaws, and each applicant and Medical Staff member shall acknowledge that he or she is familiar with and will be bound by such policies and procedures in the appointment and reappointment and delineation of privileges processes.

As specified in the Credentialing Policy and Procedure Manual, any adverse recommendation of the Medical Staff Executive Committee shall entitle such affected individual to the hearing and appellate review procedures provided for in Article VIII of the Bylaws.

### **5:2 Confidentiality, Immunity and Release**

**5:2:1** Application for membership to the Medical Staff shall be completed in writing by each applicant on a form provided by the Credentialing Office and approved by the Board. By submitting the signed application and appropriate application fee the applicant:

1. Authorizes the Qualifications and Credentials Committee to request information from and consult other institutions, organizations, and individuals with whom the applicant has associated.
2. Releases Providence Hospital and its agents from liability and waives all legal claims against any representative who acts in accordance with these Bylaws.
3. Releases from liability any individual or organization who provides information to Providence Hospital representatives concerning the applicant's qualifications or character.
4. Confirms that the applicant is aware that copies of Medical Staff Bylaws, PHMC Corporate Standards of Conduct, and rules and regulations for all Providence facilities are available in the Credentials Office and agrees to be bound by the terms thereof in all matters.
5. Signifies their willingness to appear for interviews.

**5:2:2** Information submitted, collected, or prepared by any representative of Providence Hospital or shall be confidential and shall not be disseminated to anyone other than a Providence Hospital representative or used in any way

except as herein provided. This confidentiality shall apply to all acts, communications, reports, recommendations, or disclosures made by institution or representative from this institution.

5:2:3 Providence Hospital has no obligation to disclose the basis for denial of an application for staff privileges.

5:2:4 Comply with HIPAA rules and regulations pertaining to the security of files and data.

### 5:3 Reconsideration Following a Hearing

5:3:1 When the hearing is occasioned by adverse action of the Executive Committee of the Medical Staff, the Executive Committee of the Medical Staff shall review the record created by the hearing, the report of the Hearing Committee and statements submitted. The Executive Committee of the Medical Staff shall transmit all the material regarding the applicant, his application and hearing and its reconsidered recommendation to the Board within 90 days of the conclusion of the hearing.

### 5:4 Final Decision Regarding Appointment of Applicants

The decision of the Board regarding the applicant and his application for appointment to the Medical Staff shall be final and the applicant notified by regular mail sent by the Hospital President. Copies of the decision will be sent to the President of the Medical Staff and the Vice President of Medical Affairs (VPMA) when:

5:4:1 The decision of the Board is adverse and follows a related adverse recommendation from the Executive Committee of the Medical Staff to which the applicant has exercised or has been deemed to have waived his right to a hearing.

5:4:2 The decision of the Board is adverse to which the applicant has exercised or has been deemed to have waived his right to a hearing.

5:4:3 The decision of the Board is favorable and follows a related adverse recommendation from the Executive Committee of the Medical Staff which continued after a hearing or to which the applicant has waived a hearing.

5:4:4 The decision of the Board is favorable and follows a related favorable recommendation of the Executive Committee of the Medical Staff.

### 5:5 Return of Application

In all cases where the application is finally rejected, the original application form shall be returned to the applicant. Any reapplication by the applicant shall be processed as an

initial application, and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

## ARTICLE VI - CLINICAL PRIVILEGES

### 6:1 General Privileges

Every member practicing at Providence Hospital by virtue of Medical Staff membership or otherwise shall be entitled to exercise only those clinical privileges specifically granted by the Board except as provided in the Credentialing Policy Manual.

6:1:1 In accordance with the provisions of the Credentialing Policy Manual, every initial application for staff appointment must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such request shall be based upon the applicant's education, training, experience, demonstrated competence, state of physical and mental health, references and other relevant information, including an appraisal by the Department in which such privileges are sought. The applicant shall have the burden of establishing his qualifications and competency for the clinical privileges requested.

6:1:2 Reappointment with specific clinical privileges and the increase or curtailment of same shall be in accordance with the Credentialing Policy Manual and shall be based on a review of all the requirements of initial appointment and review of the records of the Medical Staff which document the evaluation of the member's participation in the delivery of medical care at Providence Hospital. Determination of reappointment with extension, reduction or termination of privileges shall be based upon the Staff member's education, training, experience, demonstration of professional competence and judgment, and ethical standing. This evaluation shall be based upon direct observation by the Active Medical Staff, patient record review, and review of credentials provided by the staff member. Such determination shall be based on all relevant factors including, the Staff member's use of Providence Hospital facilities, compliance with these Bylaws and the Rules and Regulations, participation in the conduct of staff affairs including attendance at Staff and departmental meetings, participation in committee work and education programs, cooperation with hospital associates and other Staff members, compliance with standards for licensure and accrediting agencies and with all applicable codes of ethics and professional practice. Written recommendations for reappointment will be provided by the Qualifications and Credentials Committee and forwarded to the Executive Committee of the Medical Staff.

6:1:3 Privileges granted to dentists and podiatrists shall be based on their training and demonstrated competence, state of physical and mental health and judgment. The scope and extent of surgical procedures that each dentist or podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of the Chair of the Department of Surgery and with the assistance of anesthesiologists. All dental patients shall receive basic medical services. A physician member of the

Medical Staff shall be responsible for the Medical care of any hospitalized patient.

6:1:4 Employed Medical Staff members and Non-Physician Providers (as described in Article XVIII) are certified as “qualified medical person(s)” under the Emergency Medical Treatment and Labor Act (EMTALA). As such, they may perform a medical screening exam within the ambulatory network to determine whether or not an emergency medical condition exists.

## 6:2 Temporary Privileges

Specific requests for temporary privileges may be submitted in accordance with the Credentialing Policy Manual.

## ARTICLE VII - REAPPOINTMENT AND CORRECTIVE ACTION

### 7:1 Reappointment

7:1:1 Membership on the Providence Hospital Medical Staff and current privileges shall be reviewed biennially for each member of the Medical Staff for the purpose of determining recommendations to the Board for reappointment and continuance or modification of clinical privileges for the ensuing reappointment term in accordance with the policies and procedures specified in the Credentialing Policy Manual.

Any adverse recommendation of the Medical Staff Executive Committee shall entitle the affected individual to the hearing procedure stated in Article VIII of these Bylaws.

### 7:2 Corrective Action

#### 7:2:1 General Action

7:2:1:1 Whenever the activities, performance, competency or professional conduct of a member with clinical privileges are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of Providence Hospital, corrective action against such member may be requested by any member of the Medical Staff or the Hospital President. All requests for corrective action shall be in writing, and shall be made to the President of the Medical Staff, and shall be supported by references to the specific activities or conduct which constitute the grounds for the request. When acting on such a request for corrective action, the President of the Medical Staff may in his sole discretion, request information by written communication from, or personal appearance of individuals. Initiation of corrective action pursuant to 7:2:1 does not preclude immediate action or imposition of summary suspension as provided in 7:2:2 and 7:2:3, nor does it require immediate action or summary suspension.

7:2:1:2 Whenever corrective action could result in a reduction or suspension of clinical privileges, the President of the Medical Staff shall request immediate investigation of the request by the Chair of the Department wherein the member has such privileges.

7:2:1:3 Upon receipt of such request, the Chair of the Department shall meet with the affected member. At such meeting, the member shall be informed of the specific nature of the charges against him and shall be encouraged to discuss, explain or refute them. This meeting shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply hereto. The Chair of the

Department shall make a written report of his investigation to the President of the Medical Staff within 30 days after the receipt of the request to make such investigation.

7:2:1:4 The Executive Committee of the Medical Staff, in executive session, shall hear the report of the Chair, and shall, after due consideration of the charges, dismiss or modify the request for action; issue a warning, a letter of admonition, or a letter of reprimand; impose terms of probation or a requirement for consultation; recommend reduction, suspension, or revocation of clinical privileges; or recommend that the member's staff membership be suspended or revoked.

7:2:1:5 Any recommendation by the Executive Committee of the Medical Staff in response to a request for corrective action of a member that, if adopted by a decision of the Board, will adversely affect a member's status as a member of the Medical Staff or his exercise of clinical privileges shall entitle the affected member to the procedural rights provided in 8:1:1 of these Bylaws.

7:2:1:6 The President of the Medical Staff shall promptly notify, in writing, the Hospital President, VPMA, as well as the Chair of the Department of all requests for corrective action received by the Executive Committee of the Medical Staff, and shall continue to keep them informed of all action taken in connection therewith.

#### 7:2:2 Immediate Action

7:2:2:1 When, in the best interest of patient care in Providence Hospital, immediate action must be taken, any one of the following may temporarily prevent a member from exercising all or any portion of the clinical privileges granted by the Board: the Hospital President, the President of the Medical Staff, the VPMA, the Chair or Associate Chair of the Department in which the member has privileges. As soon as the patient or the situation which prompted the action is provided for, the individual taking such action must then notify the member in person, and confirm in writing within three (3) days, or notify immediately in writing if the member is not present. The Hospital President and the others noted in this paragraph shall be informed promptly in person whenever immediate action is taken and such notice shall be confirmed in writing. Such notice shall conform with the requirements of 8:2.

7:2:2:2 Any restrictions summarily imposed on a member by anyone other than the Hospital President must be sustained, modified or voided by the Hospital President or their designee within 24 hours after being imposed.

7:2:2:3 On request of the member whose privileges have been restricted by the Hospital President (either initially or pursuant to 7:2:2:2), the President of the Medical Staff appoint a review committee consisting of 3 members of the Active Medical Staff who will meet within 72 hours to conduct a hearing as in Article VIII. Such request by the affected member may be made in writing or in person, acknowledged in writing by the President of the Medical Staff, within three (3) days after the member is notified of the restrictions placed on him by the Hospital President.

7:2:2:4 Following the conclusion of the hearing, the Executive Committee of the Medical Staff shall meet in executive session to review the findings of the Review Committee. If the Executive Committee of the Medical Staff recommends immediate termination of the restrictions placed on the member's clinical privileges and the Hospital President or his designee accepts the recommendation of the Executive Committee of the Medical Staff, the member's clinical privileges are restored. If the Hospital President does not accept the recommendation of the Executive Committee of the Medical Staff and continues any restrictions of the member's clinical privileges, the member may request of the Hospital President or his designee, in writing or in person, acknowledged in writing by the Hospital President or his designee, that the Board convene in special session within 3 days for the purpose of immediate review of the restriction of clinical privileges imposed by the Hospital President. If the Executive Committee of the Medical Staff does not recommend immediate termination of the restrictions placed on the member, or if the member waived a hearing when his clinical privileges were restricted by the Hospital President or his designee, the member must await the decision of the Board at its next regular session. The Board, at either regular or special session, shall sustain, void or modify the restriction of clinical privileges imposed on the member by the Hospital President. As an alternative to the above process, the member may request a formal hearing pursuant to Article VIII and waive their right to an immediate review under 7:2:2.

### 7:2:3 Summary Suspension

7:2:3:1 A temporary suspension in the form of withdrawal of a member's admitting privileges, effective until medical records are completed, shall be imposed automatically after warning of delinquency for failure to complete medical records.

### 7:2:3:2 Automatic Summary Suspension

7:2:3:2:1 If a practitioner's license to practice shall be revoked, suspended or limited by the appropriate State Board, such staff member shall immediately and automatically have the same

suspension, limitation and conditions at Providence Hospital.

7:2:3:2:2 If a practitioner's federal narcotics license number is revoked or suspended or voluntarily relinquished, such member shall immediately and automatically be divested of his right to prescribe medications covered by such number.

7:2:3:2:3 If a practitioner fails to satisfy the requirements of a special appearance as defined in 12:5, such member shall immediately and automatically be suspended from exercising all or such portion of his clinical privileges in accordance with the provisions of 12:5.

7:2:3:2:4 Upon exhaustion of appeals after conviction of a felony of a practitioner in any court of the United States, either federal or state, the member's staff appointment is automatically revoked. Revocation pursuant to this section does not preclude the staff member from subsequently applying for staff appointment.

7:2:3:3 It shall be the duty of the Chair of the Department to cooperate with the President of the Medical Staff in enforcing all automatic suspensions. The Hospital President, VPMA and Chair of the Department shall be informed in writing of automatic suspensions.

**ARTICLE VIII - HEARING PROCEDURE  
HEARING AND APPELLATE REVIEW PROCEDURES**

**8.1 Right to a Hearing**

**8:1:1** When the Executive Committee of the Medical Staff makes any recommendation that, if ratified by the Board will adversely affect an individual's appointment or reappointment to or status as a member of the Medical Staff or his/her exercise of clinical privileges, the affected individual shall be entitled to a hearing in accordance with the provisions of this Section.

**8:1:2** When the Board, without an adverse recommendation by the Executive Committee of the Medical Staff, initiates an action against an individual that will adversely affect his/her appointment or reappointment to or status as a member of the Medical Staff or his/her exercise of clinical privileges, the affected individual shall be entitled to a hearing in accordance with the provisions of this Section. When the Board has initiated the action giving rise to the affected individual's right to a hearing, unless otherwise noted any references to "VPMA" in this Article shall be read as "Chair of the Board," and any references to the "Executive Committee of the Medical Staff" shall be read as the "Board".

**8:1:3** If an individual fails to request a hearing after an adverse recommendation from the Medical Staff Executive Committee, the member has waived their right to an appeal of an adverse recommendation from the board.

**8.2 Notice of Adverse Recommendation and Right to a Hearing: Request for a Hearing or Waiver of Rights**

**8:2:1 Notice**

The VPMA shall give written notice, within seven (7) business days, of an adverse recommendation or decision to the affected individual by certified mail, addressee only, return receipt requested, which notice shall:

**8:2:1:1** Advise the individual of the nature of the adverse action that has been proposed;

**8:2:1:2** Provide a detailed statement of the reasons for the proposed action, including, as applicable, a statement of the alleged acts or omissions of the individual and/or any specific incidents, actions or information that contributed to the adverse recommendation or decision. If any specific or representative patient charts were considered in reaching the adverse recommendation or decision, a list of these charts by identifying number shall be provided for the affected individual. If documentary evidence formed a basis for the adverse recommendation or decision, the individual shall be advised that a copy of such documents

will be provided upon his/her request;

8:2:1:3 Advise the individual of his/her right to a hearing pursuant to this section of the Bylaws;

8:2:1:4 Specify that he/she shall have 30 calendar days following the date of receipt of notice within which to submit a written request for a hearing, and that failure to request a hearing within this time period shall constitute a waiver of the individual's right to a hearing and to an appellate review of the matter;

8:2:1:5 Provide a copy of this Article of the Bylaws, which describe the individual's rights in the hearing process, for his/her reference.

### 8:3 Copies of Notice

Copies of the notice shall be sent to the Hospital President and the Chair of the department involved.

### 8:4 Request for a Hearing

An affected individual shall have 30 days following his/her receipt of notice of adverse recommendation or decision to file a written request for a hearing. Such request shall be delivered to the VPMA either in person or by certified mail. The VPMA shall forward such request to the President of the Medical Staff and Hospital President or his designee.

At the time an affected individual requests a hearing, he/she shall furnish a written response to the statement of reasons for the adverse action and a list of individuals who may or will be called as witnesses in support of the individual's position at the time of hearing.

### 8:5 Waiver by Failure to Request Hearing

The failure of an applicant or Staff member to request a hearing to which he/she is entitled by these Bylaws within the time and in the manner provided, shall be deemed a waiver of his/her right to such hearing and to any appellate review to which he/she might have otherwise been entitled on the matter.

Any such waiver of hearing shall become and remain effective pending the Board's final decision on the matter.

### 8:6 Appointment of the Ad Hoc Hearing Committee

A hearing requested by the affected individual pursuant to an adverse recommendation of the Executive Committee of the Medical Staff or a preliminary adverse action by the

Board shall be conducted by an Ad Hoc Hearing Committee appointed by the Board or its designee with concurrence of the President of the Medical Staff. The Committee will include a minimum of three members of the Active Medical Staff. The Committee members shall not have actively participated in the consideration of the matter involved at any previous level. The Committee shall not include any individual who is in direct economic competition with the affected individual or any individual who is professionally associated with or related to the affected individual. One member of the Committee shall be designated as chairperson.

## 8:7 Scheduling of Hearing; Notice Thereof

### 8:7:1 Scheduling of Hearing

Within 30 days of the timely receipt of a request for a hearing, the VPMA shall schedule and arrange for a hearing. Unless otherwise requested by the affected individual, the hearing date shall be not less than 30 days and not more than 60 days from the postmarked date of the notice of such hearing.

### 8:7:2 Notice of Hearing

The Executive Committee of the Medical Staff, acting through the VPMA, shall notify the affected individual of the composition of the Ad Hoc Hearing Committee and the time, place and date of the hearing. The notice shall also contain a list of witnesses (if any) that the Executive Committee of the Medical Staff believes will be called as witnesses to testify in support of the Executive Committee's recommendation. The notice shall also advise the affected individual that his/her appearance at the scheduled hearing is required and that if he/she fails to appear without just cause, he/she will waive his/her right to such a hearing and to appellate review. This notice shall be sent to the affected individual by certified mail, return receipt requested, as soon as practicable after the Ad Hoc Hearing Committee is appointed.

## 8:8 Amendment

The Executive Committee of the Medical Staff's statement of reasons for the adverse decision or recommendation, the affected individual's response, and/or the list of witnesses of either party may be amended at any time by the party furnishing them, provided that the opposite party is given written notice of the amendment at least seven (7) days prior to the hearing date.

## 8:9 Conduct of Hearing

### 8:9:1 Committee Membership Present

There shall be at least a majority of the members of the Hearing Committee present when the hearing takes place. No members may vote by proxy and only

those present at the hearing may vote.

#### 8:9:2 Record of Hearing

An accurate record of the hearing shall be kept. The mechanism shall be established by the Hearing Committee and may be accomplished by use of a court reporter, electronic recording unit, or by the taking of adequate minutes. The affected individual shall have a right to receive a record of the hearing, upon payment of the reasonable charges of duplicating the record.

#### 8:9:3 Waiver of Rights

The personal appearance of the affected individual shall be required at the hearing. Failure to appear and proceed at such hearing, without good cause, shall be deemed waiver of his/her rights to such hearing in the same manner and with the same consequences as provided in Article 8:5 above.

#### 8:9:4 Postponement or Continuation

Postponement or continuation of a hearing shall be granted only for good cause shown and at the sole discretion of the Hearing Committee.

#### 8:9:5 Right to Representation

The affected individual shall be entitled to be accompanied by and/or represented at the hearing by a member in good standing of the Medical Staff. The Executive Committee of the Medical Staff may appoint one of its members to represent it at the hearing.

The affected individual and the Executive Committee may elect to have counsel present at the hearing. Either party's desire for representation by counsel shall be communicated in writing at least seven (7) days prior to the scheduled hearing date to allow proper arrangements to be made for legal representation by other parties, if desired.

#### 8:9:6 Presiding Officer

The Chairperson of the Hearing Committee, or his/her designee, shall preside over the hearing to determine the order of procedure during the hearing, to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence, and to maintain decorum.

#### 8:9:7 Rules of Evidence

The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or the presentation of evidence. The Hearing

Committee will have the authority to rule on the admissibility of evidence; any relevant matter upon which reasonable persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any rule of law which might make such evidence inadmissible in a court of law.

#### 8:9:8 Burden of Proof

It shall be the initial obligation of representatives of the Executive Committee of the Medical Staff to present appropriate evidence in support of the adverse recommendation or decision. The affected individual who requested the hearing shall, thereafter have the burden of supporting his/her challenge to the adverse recommendation or decision by showing a preponderance of the evidence that the charges or grounds involved lack substantial factual basis or that the adverse recommendation or decision is arbitrary or capricious.

#### 8:9:9 Right to Cross-Examination

Both parties shall have the right to call and examine witnesses, to introduce written evidence, to cross-examine witnesses on any relevant issue, and to challenge or rebut any evidence. If the affected individual does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination.

#### 8:9:10 Written Statement

The affected individual shall have the right to submit a written statement at the close of the hearing.

#### 8:9:11 Recess

The Hearing Committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the hearing, it shall be closed and the Hearing Committee shall conduct its deliberation outside the presence of the affected individual requesting the hearing.

### 8:10 Report and Recommendation of the Hearing Committee

Within 15 days after the conclusion of the hearing, the Hearing Committee shall make a written report and recommendation and shall forward the same with the hearing record and all other documentation to the Executive Committee of the Medical Staff. The report may recommend the confirmation, modification or rejection of the original adverse recommendation of the Executive Committee of the Medical Staff. The Hearing Committee shall confirm the adverse recommendation or decision unless the Committee finds that the affected individual has proven that the charges or grounds for

the adverse recommendation or decision lacked sufficient factual basis or that the recommendation or decision is arbitrary or capricious. The Executive Committee of the Medical Staff, at its next regular meeting, shall make a recommendation to the Board in response to the Hearing Committee of the Medical Staff's report. The VPMA shall provide the affected individual with written notice of the Executive Committee's recommendation by certified mail, return receipt requested. Upon request, the affected individual shall also be furnished a copy of the report and recommendation of the Hearing Committee, including a statement of the basis for its recommendation.

#### 8:11 Appellate Review

8:11:1 If the recommendation of the Executive Committee of the Medical Staff, following a hearing is adverse to the applicant or Staff member affected, and the Board determines that it intends to affirm the adverse recommendation of the Executive of the Medical Staff Committee, the affected individual shall have a right to appellate review of this decision before it becomes final.

8:11:2 If following a hearing, the Board affirms the adverse decision which it initiated as provided for in section 8:1:2, the affected individual shall have a right to appellate review before the Board's decision becomes final.

#### 8:12 Notice of Proposed Decision and Appeal Rights

The Chairperson of the Board shall send written notice to the affected individual informing him/her that the Board has voted to affirm the adverse recommendation of the Executive Committee or to affirm the Board's own adverse decision. Such notice shall also inform the affected individual that:

8:12:1 She/he has the right to appellate review of the Board's proposed decision;

8:12:2 To secure an appellate review by an Appeals Officer appointed by the Board, the affected individual must file a written request for review within 30 days of receipt of the notice of the Board's proposed adverse decision; and

8:12:3 Failure to request a review within the time and manner specified will result in the affected individual waiving all right to an appeal of the matter.

#### 8:13 Waiver of Right to Appellate Review

If an appellate review is not requested in the time and manner specified in this Article, the affected individual shall be deemed to have waived his/her right to same, and to have accepted such proposed adverse decision by the Board, and he/she shall be entitled to no further hearings or appeals before the Board.

#### 8:14 Scheduling of Appellate Review; Notice Thereof

Within 60 days of the timely receipt of an affected individual's request for appellate review, the Board shall schedule a date for such appeal. The Secretary of the Board shall provide written notice to the affected individual of the time, date and place of the appellate review, which must be scheduled not less than 30 days from the date the affected individual receives notice of such appeal date, unless otherwise requested by the affected individual.

#### 8:15 Appeals Officer

The appeal shall be conducted by an ad hoc Appeals Officer appointed by the Board. No person who is in direct economic competition with the affected individual and no person who has participated in the consideration of the matter involved at any previous level shall be eligible for appointment as an Appeals Officer.

#### 8:16 Conduct of Appeal

The affected individual shall have the right to appear before the Appeals Officer and present oral or written argument bearing solely on the issues of (1) whether the Medical Staff Bylaws were complied with during the hearing and appeals process; and/or (2) whether credible evidence is lacking to support the adverse recommendation or decision. No new evidence, whether written or oral, will be submitted to or heard by the Appeals Officer.

#### 8:17 Basis of Decision

The Appeals Officer shall decide said appeal on the basis of the Hearing Committee record and any additional oral or written argument presented by the affected individual at the appellate review. The Appeals Officer shall recommend a decision consistent with that of the Executive Committee of the Medical Staff unless the Appeals Officer makes a finding that: (1) the Medical Staff Bylaws were not substantially complied with during the hearing and appeals process, which non-compliance prejudiced or substantially interfered with the rights of the affected individual; or (2) substantial credible evidence is lacking by which a reasonable person could have come to the same decision or recommendation.

#### 8:18 Final Decision by the Board

At its next regular meeting following the conclusion of the appellate review, the Board shall make its decision in the matter. If the decision is in accordance with the Executive Committee's last recommendation, this decision will be considered final.

If this decision is not in accordance with the Executive Committee's last recommendation, the Board shall refer the matter to a Joint Conference Committee composed of representatives of the Board and the Medical Staff Executive Committee for further review and recommendation within ten days. After receipt of the

recommendation of the Joint Conference Committee, the Board shall make its final decision in the matter at its next regular meeting.

The Board shall send notification of the Board's final decision to the Executive Committee of the Medical Staff and the affected individual by certified mail, return receipt requested.

#### 8:19 One Hearing as of Right

Notwithstanding any other provision of these Bylaws, no applicant or Staff member shall be entitled to more than one hearing and one appeal on any matter which shall have been the subject of action by the Executive Committee of the Medical Staff or by the Board.

#### 8:20 Privileged Communication and Waiver of Personal Redress

Any report, information or accusation filed, or any action recommended by any committee or officer of the Medical Staff or representative of the Board, including Hearing Committees and Appeals Officers shall be deemed a privileged communication.

Each applicant for membership on the Medical staff and each member of the Medical Staff waives any right of personal redress against any individual member of the Medical Staff, the Executive Committee, any Hearing Committee, the Board, the Appeals Officer, or any other committee of the Board or Medical Staff, for any participation in any action or recommendation which is adverse to the applicant or Medical Staff member.

## ARTICLE IX - MEDICAL STAFF OFFICERS

### 9:1 Organization

The Medical Staff officers shall be organized into two groups, elected and appointed. The elected officers shall be elected by secret ballot. The appointed officers shall be appointed by the Board with the advice of the Medical Staff. The elected officers shall be responsible for maintaining quality patient care and the interpretation and implementation of the Medical Staff Bylaws. The appointed officers shall administratively support the diagnostic and therapeutic aspects of patient care and provide the leadership for teaching and research. The elected and appointed officers shall work closely to assure effective communication.

### 9:2 Medical Staff Officers

9:2:1 The elected officers shall be:

9:2:1:1 President

9:2:1:2 President-Elect

9:2:1:3 Immediate Past President

9:2:1:4 Secretary

9:2:1:5 Treasurer

9:2:2 The appointed officers shall be:

9:2:2:1 Vice President of Medical Affairs

9:2:2:2 Associate Vice President of Medical Affairs

9:2:2:3 Director of Medical Education

9:2:2:4 Chair of Medical Research

### 9:3 Qualifications of Officers

9:3:1 Elected officers must be members of the Active Medical Staff at the time of nomination and election and must remain active members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. Provisional members of the medical staff may not hold elected office.

9:3:2 The appointed officers must be members of the Medical Staff as provided in Article V of these Bylaws and remain members in good standing for the duration of their appointment.

9:3:3 The VPMA must have the additional qualifications of appropriate board certification and a working knowledge of the practice of medicine, medical staff organization, medical administration, teaching and research.

9:3:4 The Director of Medical Education shall be a person who has administrative experience and expertise in medical administration and teaching. If the preferred candidate is a physician, he must be a member of the Medical Staff.

9:3:5 The Chair of Medical Research shall be a practitioner who has experience in medical administration and research.

#### 9:4 Election of Medical Staff Officers

9:4:1 The candidates for President-Elect, Secretary and Treasurer shall be nominated by a Nominating Committee. This Committee shall consist of the Immediate Past President, who shall serve as Chair, and four members elected at-large by the Medical Staff at the September Quarterly Staff Meeting. The Nominating Committee shall offer two nominees for each office. It shall not select one of its members. The list of nominees shall be posted in the Medical Affairs Office and the Physician Lounge on or before October 15th.

Additional nominations may be made by the Medical Staff at-large upon presentation of a petition bearing the signatures of at least ten (10) members of the staff and a written statement from the nominee indicating his willingness to serve, if elected. Such petition shall be filed with the Chair of the Nominating Committee before October 13<sup>th</sup>. The at-large nominees will be so designated on the ballot.

Officers shall be elected by secret ballot mailed from the Medical Affairs office on or before November 1. Only members of the Active including Provisional Active staff shall be eligible to vote. The ballots shall be returned to the Medical Affairs office within 21 days of their mailing and counted by the Nominating Committee on or before December 1. The candidate receiving the highest number of votes for each office shall be declared elected. In the event of a tie, there will be a run off election between the candidates involved in the tie within three weeks. The candidate receiving the highest number of votes shall be declared elected. At the December meeting of the Executive Committee of the Medical Staff, the Chair of the Nominating Committee shall announce the results and then post them in writing in the Physicians Lounge and Medical Affairs Office.

9:4:2 The Associate Vice President of Medical Affairs shall be a Departmental Chair elected annually at the first department chairs meeting of the calendar year. Only department Chairs will be eligible to vote. Nominations will be from the floor and election will be by secret ballot. The candidate receiving the largest number of votes shall be elected.

## 9:5 Term of Office

9:5:1 The elected officers of the Medical Staff shall serve a two year term or until a successor is elected.

9:5:2 The President-Elect shall be President of the Medical Staff upon completion of the term of the preceding President.

9:5:3 Officers shall be installed at the Annual Staff Meeting in January following their election.

9:5:4 Recall of a Medical Staff officer may be initiated if the officer violates the qualifications for membership stipulated in Article III of the Bylaws, or if the officer is unwilling or unable to conduct the responsibilities assigned within these Bylaws or other policies and procedures of the Medical Staff. Recall shall be considered at a special meeting called for that purpose (pursuant to Article 12:2). Action taken at this meeting shall be by secret ballot. A Quorum of at least 75 voting members of the Medical Staff must be present. A 2/3 vote of the voting members present must support the Recall Motion for passage.

## 9:6 Vacancies in Office

9:6:1 Vacancies in the office of Secretary or Treasurer during the Medical Staff year shall be filled by appointment by the Executive Committee of the Medical Staff. If there is a vacancy in the office of President of the Medical Staff, the President-Elect shall serve out the remaining term. If there is a vacancy in the office of President-Elect, a temporary President-Elect shall be appointed by the Executive Committee of the Medical Staff, and he shall serve until the next regularly scheduled Quarterly Staff Meeting. The most recently elected Nominating Committee shall reassemble as soon as possible after the vacancy occurs, and shall nominate two candidates for the office of President-Elect. The chair of the Nominating Committee shall post on or before the 15<sup>th</sup> day of the month following the Quarterly Staff meeting. Ballots will be mailed 2 weeks following the posting and must be returned within 21 days from mailing the ballot. The ballots will be counted by the Nominating Committee within 10 days and the winner announced at the next Medical Executive Committee and posted. The candidate receiving the highest number of votes shall be declared the elected, President-Elect.

9:6:2 A vacancy in the office of the Vice President of Medical Affairs shall be

filled by the Associate Vice President of Medical Affairs until a new Vice President of Medical Affairs is appointed as prescribed in 9:1.

## 9:7 Duties of Officers

### 9:7:1 Elected Officers

9:7:1:1 President of the Medical Staff: He shall serve as the Chief Elected Officer of the Medical Staff, and shall:

9:7:1:1:1 Act in coordination and cooperation with the Hospital President in all matters of mutual concern with Providence Hospital;

9:7:1:1:2 Call, preside at, and be responsible for the agenda of all general and special meetings of the Medical Staff;

9:7:1:1:3 Serve as Chair of the Executive Committee of the Medical Staff;

9:7:1:1:4 Serve as ex-officio member of all other Medical Staff committees;

9:7:1:1:5 Be responsible for the enforcement of Medical Staff Bylaws and Rules and Regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;

9:7:1:1:6 Appoint committee members to all standing committees except the Executive Committee of the Medical Staff;

9:7:1:1:7 Represent the views, policies, needs and grievances of the Medical Staff to the Board and to the Hospital President;

9:7:1:1:8 Receive and interpret the policies of the Board to the Medical Staff;

9:7:1:1:9 Report to the Board on the performance and maintenance of the Medical Staff's delegated responsibility of providing good medical care.

9:7:1:1:10 Be a member of the Performance Improvement Council according to the Hospital Performance Improvement Plan.

9:7:1:2 President-Elect: In the absence of the President of the Medical Staff, he shall assume all the duties and have the authority of the

President of the Medical Staff. He shall be a member of the Executive Committee of the Medical Staff. The President-Elect will serve as the Chair of the Medical Performance Improvement Committee, and any other committees as stated in the Hospital Performance Improvement Plan. He shall also perform such duties of supervision and organization as may be assigned to him by the President of the Medical Staff. He shall automatically succeed the President of the Medical Staff when the latter fails to serve for any reason.

9:7:1:3 Immediate Past President: He shall be an advisor to the elected officers. He shall serve as a voting member of the Executive Committee of the Medical Staff. He shall serve as the representative to the Medical Staff to any hospital organization or educational alliances that involve institutions other than Providence Hospital. He will serve as Chair of the Qualification and Credentials Committee.

9:7:1:4 Secretary: He shall be responsible for keeping accurate and complete minutes of all meetings of the Medical Staff and attending to Medical Staff correspondence.

9:7:1:5 Treasurer: He shall be responsible for the collection of dues and all other revenues of the Medical Staff and all disbursements. He shall be responsible for maintaining records of all such transactions. He shall submit a Medical Staff budget at the first Executive Committee meeting of the Medical Staff year and the first Quarterly Staff meeting of the year. He shall submit a financial report to the Executive Committee of the Medical Staff as requested by the President of the Medical Staff.

## 9:7:2 Appointed Officers

9:7:2:1 Vice President of Medical Affairs (VPMA): He shall serve as the Chief Medical Officer of Providence Hospital and shall oversee and facilitate all aspects of patient care. He shall work with the Medical Staff and serve as liaison between the Medical Staff and the Hospital Administration. He shall:

9:7:2:1:1 Be responsible to the Hospital President for all of his duties and seek the advice of the President of the Medical Staff before taking action on significant matters of concern to the medical staff;

9:7:2:1:2 Serve as ex-officio member of all Medical Staff Committees;

9:7:2:1:3 Be responsible for the diagnostic and therapeutic aspects of patient care with respect to practitioner staffing, equipment,

budgeting and policies;

9:7:2:1:4 Assure administrative personnel and facilities for the activities of the Officers of the Staff, Medical Staff committees, Department Chairs and Associate Chairs;

9:7:2:1:5 Be responsible for the oversight of the medical education program including oversight of the Director of Medical Education;

9:7:2:1:6 Be responsible for oversight of the medical research program including oversight of the Chair of Medical Research;

9:7:2:1:7 Be responsible for extramural programs relative to the diagnostic and therapeutic aspects of patient care, medical education and medical research;

9:7:2:1:8 Provides to the President of the Medical Staff and the Hospital President a biennial assessment of the performance of the departmental chairs, reflecting the opinions of a representative sample of the members of the department and other associates with whom the Chair interacts; and

9:7:2:1:9 Be responsible for providing prompt written notice to members of or applicants to the medical staff of adverse recommendations of the Medical Staff Executive Committee and the Board; and

9:7:2:1:10 Assures that a system wide clinical quality and performance improvement program is developed and implemented in concert with department chairs, medical and hospital leadership; and

9:7:2:1:11 Assures that systems and processes for medical staff membership, credentialing, privileging and related activities are fully operational and meet the organization's needs; and,

9:7:2:1:12 Coordinates the development and regular updating of a medical manpower plan;

9:7:2:1:13 Establish and implement procedures to promote appropriate bed utilization and patient discharge planning;

9:7:2:1:14 Continuously monitors the status of incomplete medical records and works with the Medical Staff to assure their timely completion.

9:7:2:2 Associate Vice President of Medical Affairs: He shall fulfill the functions of the Vice President of Medical Affairs in his absence and perform other duties as assigned by the VPMA.

9:7:2:3 Director of Medical Education: He shall supervise those aspects of medical education requiring a practitioner's knowledge and skills. These include but are not limited to the structuring of medical rounds, the content of the teaching materials, practitioner participation in recruitment, and post-residency training as well as advice concerning the resident staff's medical responsibility to Providence Hospital. He shall coordinate his activity with the Coordinator of Medical Education who is the person designated by Providence Hospital as responsible for certain administrative aspects of medical education. He shall be responsible to the VPMA for all duties.

9:7:2:4 Chair of Medical Research: He shall provide leadership in research by developing his own research program and supervising the Resident Staff's and the Active Staff's research programs through departmental coordinators of research. He shall coordinate his activities with the Director of Physiology and Research who is the person designated by Providence Hospital as responsible for the administrative aspects of research. He shall be responsible to the VPMA for all duties.

9:7:2:5 All appointed officers (excluding the Director of Medical Education if not a physician) and other practitioners in a medico-administrative position, shall be members of the Medical Staff, shall have specific delineated privileges and shall be appointed by the Board after consultation with the Executive Committee of the Medical Staff. Recommendations for removal of these practitioners from office shall require a two-thirds affirmative vote in favor of removal by the Executive Committee of the Medical Staff, but no such removal shall be effective unless and until it has been ratified by the Board. No such appointee shall have his medical privileges terminated without the same due process as in Article VIII, unless otherwise provided for in the appointee's Contract with the Hospital. This removal mechanism is in addition to whatever rights the hospital has to remove an appointed officer pursuant to their contract.

## **ARTICLE X - CLINICAL DEPARTMENTS**

### 10:1 Organization of Clinical Departments and Services

Each Department shall be organized as a separate part of the Medical Staff and shall have elected officers and a Chair of the Department appointed by the Board. The Departments shall be organized as follows:

#### 10:1:1 Department of Internal Medicine

10:1:1:1 Division of General Medicine

10:1:1:2 Division of Medical Specialties

10:1:1:2:1 Section of Cardiology

10:1:1:2:2 Section of Gastroenterology

10:1:1:2:3 Section of Oncology

10:1:1:2:4 Section of Hematology

10:1:1:2:5 Section of Pulmonary Disease

10:1:1:2:6 Section of Nephrology

10:1:1:2:7 Section of Allergy

10:1:1:2:8 Section of Rheumatology

10:1:1:2:9 Section of Endocrinology

10:1:1:2:10 Section of Neurology

10:1:1:2:11 Section of Physical Medicine

10:1:1:2:12 Section of Dermatology

#### 10:1:2 Department of Surgery

10:1:2:1 Section of General Surgery

10:1:2:2 Section of Colorectal Surgery

- 10:1:2:3 Section of Neurosurgery
- 10:1:2:4 Section of Orthopedic Surgery
- 10:1:2:5 Section of Plastic Surgery
- 10:1:2:6 Section of Cardiothoracic Surgery
- 10:1:2:7 Section of Urology
- 10:1:2:8 Section of Vascular Surgery
- 10:1:2:9 Section of Oral Surgery
- 10:1:2:10 Section of Dentistry
- 10:1:2:11 Section of Podiatry
- 10:1:2:12 Section of Ophthalmology
- 10:1:2:13 Section of Otolaryngology
- 10:1:2:14 Section of Neuro-otology

10:1:3 Department of Obstetrics and Gynecology

10:1:4 Department of Pediatrics

10:1:5 Department of Family Practice

10:1:6 Department of Psychiatry

10:1:7 Department of Anesthesiology

10:1:8 Department of Pathology

10:1:9 Department of Diagnostic Imaging and Interventional Radiology.

10:1:9:1 Division of Diagnostic Radiology

10:1:9:2 Division of Diagnostic Ultrasound

10:1:9:3 Division of Nuclear Radiology

10:1:10 Department of Radiation Oncology

## 10:1:11 Department of Emergency Medicine

### 10:2 Functions of Departments

#### 10:2:1 The departments will:

10:2:1:1 Establish and adopt Department Rules and Regulations and such amendments as are deemed appropriate, submit the same to the Executive Committee of the Medical Staff for approval in accordance with 11:1:3:9;

10:2:1:2 Elect departmental officers as provided in 10:3, and 10:5;

10:2:1:3 Establish a departmental executive committee;

10:2:1:4 Keep a careful record of all its meetings and send the minutes of such meeting to the Associate Chair and Chair;

10:2:1:5 Establish to the best of their ability that all practitioners are currently licensed;

10:2:1:6 Establish to the best of their ability that practitioners admitted to practice in Providence Hospital are granted privileges consistent with their individual training, experience and other qualifications.

10:2:1:7 Review the professional practice of the practitioners for the purpose of reducing morbidity and mortality and for the improvement of patient care. Each department must meet annually to review clinical activity and complications and to elect officers. The records of this review must contain conclusions, recommendations, actions and follow-up;

10:2:1:8 Establish a Departmental Committee which will assist the Medical Staff by performing departmental performance improvement and QA functions. This committee will function and report as outlined in the Hospital Performance Improvement Plan.

10:2:1:9 Assure proper function of its medical education program if applicable;

10:2:1:10 Develop and maintain a research program within its capabilities if applicable;

10:2:1:11 Monitor compliance with Departmental standards for certification and/or recertification; and

10:2:1:12 Establish such other committees as are deemed necessary to

the Department.

10:2:2 The Departments of Surgery, shall establish a Surgical Executive Committee consisting of at least the appointed Chair of Surgery, the Section Chiefs, and the Associate Chairs. It shall have the same functions as the Department Executive Committee in 10:12.

10:3 The officers of the Department shall be:

10:3:1 A Chair appointed by the Board after consultation with a Search Committee. The Search Committee shall:

10:3:1:1 Have 5 voting members consisting of:

1. Three voting members of the Medical Staff elected from the Department involved. In the event that there are not three members selected from the Department involved, the President of the Medical Staff shall appoint the three voting members from the Medical Staff at large.
2. One voting member from the Board, appointed by the President of the Hospital with the agreement of the President of the Medical Staff.
3. The President of the Hospital or their designee.

10:3:1:2 The President of the Medical Staff shall appoint the search committee chair. The chair of the search committee will be appointed from the voting members of the search committee.

10:3:1:3 The President of the Medical Staff may appoint additional non-voting members to the search committee.

10:3:1:4 Submit the names of qualified candidates to the Board with a recommendation of the Department/Departments concerned and the Executive Committee of the Medical Staff on each candidate.

10:3:2 an Associate Chair elected by the Department.

10:3:3 a Secretary elected by the Department.

10:3:4 a Treasurer elected by the Department.

10:4 Qualifications of Officers

10:4:1 All officers must be Active members of the Medical Staff and of their respective departments and must remain members in good standing during their term of office. Failure to maintain such a status shall immediately cause a vacancy in the office involved. Provisional members may not serve as an officer

unless specific waiver is granted by the Executive Committee of the Medical Staff.

10:4:2 The Chair of the Department must have additional qualifications of appropriate board certification and a working knowledge of the practice of medicine, Medical Staff organization, medical administration, teaching and research.

#### 10:5 Election of Officers

The specific aspects for the election of officers should be written in the Department Rules & Regulations.

#### 10:6 Term of Office

10:6:1 The Chair shall serve until removed by the Board pursuant to Section

10:6:2 The Associate Chair, Secretary and Treasurer shall serve for a period not to exceed five (5) years.

#### 10:7 Removal from Office

The Board is the only entity that may remove a Department Chair.

10:7:1 Removal of a Chair requires a formal action by the Board. Any recommendation to the Board for removal of a Chair shall be submitted in writing and shall include input from the Hospital President, the President of the Medical Staff, and the VPMA.

10:7:2 A Clinical Department may recommend to the Board that the Chair be removed from his position. Such action shall require a two-thirds affirmative vote in favor of removal by all Active Staff members of the same Department. The recommended removal shall not become effective unless it has been ratified by the Executive Committee of the Medical Staff and by the Board. These proceedings must be performed by secret ballot.

10:7:3 Procedures for removal of an Associate Chair shall be specified in the Departmental Rules and Regulations and shall require the concurrence of the Medical Staff Executive Committee.

#### 10:8 Vacancy of Office

In the event of a vacancy in the office of Department Chair, or if the Chair is unable to perform the duties of the office, the associate chair will immediately assume all of the duties and responsibilities of the Chair as defined in section 10:9. In the case of the Chair of Surgery, those duties will be assumed by the Associate Chair of the

Department of Surgery. The Hospital President may appoint a temporary Chair if that individual is endorsed by the Executive Committee of the Department involved. If such vacancy is expected to continue for more than six months, then a search committee shall be appointed pursuant to section 10:3:1.

#### 10:9 Functions of the Chair

The Chair of the Department shall serve as Chief Medical Officer of the Department to:

10:9:1 Be accountable to the President of the Medical Staff for those duties corresponding to the duties of the President of the Medical Staff as outlined in 9:7:1:1; and to be accountable to the VPMA for those duties corresponding to the duties of the VPMA as outlined in 9:7:2:1;

10:9:2 Develop and implement Departmental policies on staffing, education, equipment and budgeting with the concurrence of the Departmental Executive Committee;

10:9:3 Be responsible to the Executive Committee of the Medical Staff for the professional performance of all members of the department by maintaining continuing surveillance of all members of the Medical Staff with privileges in the Department with emphasis on the Performance Improvement and Quality Assessment Program; take necessary actions to maintain and improve the quality of care provided by members of the department; and, shall make recommendations for corrective and remedial action to the Executive Committee of the Medical Staff in executive session when appropriate.

10:9:4 Call, preside at, and be responsible for the agenda of all general departmental staff meetings;

10:9:5 Serve *ex-officio* on the Executive Committee of the Medical Staff as outlined in Article XI;

10:9:6 Be responsible with the concurrence of the Departmental Executive Committee for the maintenance and enforcement of Departmental, Rules and Regulations, for implementation of sanctions where these are indicated, and for the Departmental staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner;

10:9:7 Appoint members to all Departmental committees except the Department Executive Committee;

10:9:8 Serve on all Departmental committees *ex-officio*;

10:9:9 Report to the Executive Committee of the Medical Staff at least annually on the performance and maintenance of the Department's delegated responsibility of providing good medical care;

10:9:10 Assure administrative personnel and facilities for the Departmental Executive Committee;

10:9:11 Assure administrative personnel and facilities for patient care activities such as performance improvement and quality assessment, delineation of privileges and writing of minutes and Rules & Regulations;

10:9:12 Be responsible for the medical education program;

10:9:13 Be responsible for the medical research program; and

10:9:14 Submit major decisions and policy changes to the Departmental Executive Committee for ratification.

#### 10:10 Functions of the Associate Chair

The Associate Chair shall:

10:10:1 Assist the Chair of the Department with all of his duties;

10:10:2 Perform the duties of the Chair of the Department in his absence;

10:10:3 Serve on the Executive Committee of the Medical Staff as outlined in Article XI;

10:10:4 Represent the views, policies, needs and grievances of the Departmental staff to the Department Chair, the Executive Committee of the Medical Staff and to the President of the Medical Staff; and

10:10:5 Receive reports and interpret the recommendations, actions, and policies of the Executive Committee of the Medical Staff to the Departmental staff at regular department meetings

10:10:6 Assist the VPMA in the performance review of the Department Chair.

#### 10:11 Function of the Secretary and Treasurer

These correspond to the functions of the corresponding officers of the Medical Staff as defined in 9:7:1:4 and 9:7:1:5.

#### 10:12 Departmental Executive Committee

10:12:1 The Departmental Executive Committee shall consist of at least the elected officers of the Department and any other members as may be specified in the Departmental Bylaws. The Chair of the Department shall also be Chair of

this committee.

10:12:2 The Departmental Executive Committee shall:

10:12:2:1 Assist the Chair of the Department in formulating and implementing Departmental policies;

10:12:2:2 Assist the Chair of the Department in the overall management and supervision of the Department and its members; and

10:12:2:3 Meet at least monthly.

10:13 Assignment to Departments

The Executive Committee of the Medical Staff shall, after consideration of the recommendations of the clinical departments as transmitted through the Qualifications and Credentials Committee, recommend initial Departmental assignments for all Medical Staff members.

## ARTICLE XI - COMMITTEES

The Chairs of the committees contained in this Article XI shall be members of the Medical Staff unless otherwise specified by these Bylaws. They shall have voting rights at all times even when such a vote would create a tie. Hospital personnel assigned as a member of a committee by these Bylaws in this Article XI shall have the same voting rights as Medical Staff members assigned to that committee. Persons, members or nonmembers of the Medical Staff, may be called on to offer their expertise, to serve on ad hoc subcommittees if the need arises, but shall not have voting privileges. Ex-officio members of committees in this same Article XI shall have all rights and privileges as members of the committee except they shall not vote. With the exception of the Executive Committee of the Medical Staff, from time to time the President of the Medical Staff shall appoint additional voting members to any Medical Staff committee specified throughout Article XI.

### 11:1 The Executive Committee of the Medical Staff

The Executive Committee of the Medical Staff shall consist of the officers of the Medical Staff, the Associate Chairs of the Departments of Internal Medicine, Surgery, Obstetrics and Gynecology, Family Practice and Psychiatry. The Departments of Anesthesiology, Radiation Oncology, Diagnostic Imaging and Interventional Radiology, Pathology and Emergency Medicine shall be represented by one Associate Chair from one of the Departments; this assignment shall be rotated yearly. Each of these members will have a vote.

11:1:1 The ex-officio members shall be the Vice President of Medical Affairs, Hospital President, the Chairs of the Departments of Internal Medicine, Obstetrics and Gynecology, Family Practice, Psychiatry, Pediatrics, Anesthesiology, Pathology, Diagnostic Imaging and Interventional Radiology, Radiation Oncology, Emergency Medicine, the Chair of the Surgery, the two remaining Associate Chairs from the Department of Surgery, and a representative from the Department of Medicine, division of subspecialties.

11:1:2 A quorum of the Executive Committee of the Medical Staff shall be 51% of the voting members including at least one (1) Medical Staff Officer.

11:1:3 The duties of the Executive Committee of the Medical Staff shall be:

11:1:3:1 To represent and act on behalf of the Medical Staff subject to limitations as may be imposed by these Bylaws;

11:1:3:2 To fulfill the Medical Staff's accountability to the Board by receiving and reviewing committee reports pertaining to credentials, privileges and quality of care rendered, and acting upon such recommendations as are forwarded by the respective committees;

11:1:3:3 To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff;

11:1:3:4 To provide liaison between the Medical Staff and the Hospital President and Board;

11:1:3:5 To recommend action to the Hospital President on matters of a medico-administrative nature and hospital management affairs;

11:1:3:6 To assist in the coordination of the activities and policies of the various departments;

11:1:3:7 To implement and formulate policies of the Medical Staff not otherwise the responsibility of the departments;

11:1:3:8 To report at each Quarterly Staff Meeting; and

11:1:3:9 To review and recommend Departmental Rules and Regulations to the Board for approval.

11:1:4 The Executive Committee of the Medical Staff shall meet as least once a month and maintain a permanent record of its proceedings and actions.

## 11:2 Standing Committees

The Chairs and members of the following standing committees shall be appointed by the President of the Medical Staff. The President of the Medical Staff shall consider the recommendations of the Chair when appointing members to that Chair's committee. The standing committees shall be:

11:2:1 Bylaws Committee

11:2:2 Medical Performance Improvement Committee

11:2:2:1 Infection Control Committee

11:2:2:2 Invasive Case Review Committee

11:2:2:3 Blood Transfusion Committee

11:2:2:4 Pharmacy and Therapeutics Committee

11:2:3 Medical Education Committee

11:2:3:1 Research Committee

11:2:4 Qualifications and Credentials Committee

11:2:5 Joint Credentialing Committee

11:2:6 Cancer Committee

The President of the Medical Staff, VPMA, and Hospital President shall be ex-officio members of each committee. The President of the Medical Staff may appoint such ad

hoc committees as may be necessary to conduct the business of the Medical Staff.

#### 11:2:1 The Bylaws Committee

This Committee shall consist of at least five (5) members of the Medical Staff. It shall be responsible for making recommendations relating to revision to and updating of the Bylaws, Rules and Regulations of the Medical Staff. It shall be responsible for preparing proposed amendments for presentation to the Medical Staff. It shall interpret the Bylaws when requested to do so by the Executive Committee of the Medical Staff or the Medical Staff. It shall meet as often as necessary and report to the Executive Committee of the Medical Staff.

#### 11:2:2 The Medical Performance Improvement Committee (MPIC)

11:2:2:1 The Medical Performance Improvement Committee (MPIC) shall consist of the President-Elect of the Medical Staff, who shall serve as Chair, and such Medical Staff members and clinical support staff as determined by the Chair and President of the Medical Staff that are required to oversee a comprehensive and integrated continuing performance improvement program for all aspects of the Medical Staff and Hospital. The Chair shall report to the Board as the representative of the MPIC at each meeting of the Board.

11:2:2:1:1 Pursuant to Article IX of the Bylaws of Providence Hospital as amended, the MPIC shall have the responsibility for assuring that appropriate performance improvement activities are being conducted by Medical Staff committees assigned those responsibilities to meet the goals of the Board, the needs of the community, and the standards of the JCAHO. These committees and MPIC, shall have the authority to examine all records of all patients treated at Providence Hospital and make recommendations in the form of written reports concerning peer review and performance improvement including changes in policies, procedures, systems, and privileges as deemed necessary. In performance of this task, the records, data and knowledge collected for or by individuals or committees assigned the review function are confidential and shall not be available as public records or for court subpoena as provided by law.

11:2:2:1:2 The MPIC shall develop, in coordination with the Board and appropriate Hospital committees an annual plan for quality assessment and performance improvement activities, and recommend its approval by the Executive Committee of the Medical Staff.

11:2:2:1:3 The MPIC shall receive and interpret reports and

information submitted by the department performance review committees as deemed appropriate by the Chair of the MPIC.

11:2:2:1:4 The MPIC shall submit its findings and recommendations related to the quality assessment and performance improvement activities to the Executive Committee of the Medical Staff, and to other medical staff and hospital committees and departments on an as needed basis.

11:2:2:1:5 The MPIC shall also be responsible for assessing appropriate follow-up when recommendations have been made and action is taken; coordination of activities and sharing of information with the hospital Performance Improvement Council according to the hospital Performance Improvement Plan; serving as liaison for quality issues with the Medical Staff, Hospital personnel, and committees responsible for JCAHO accreditation; reviewing the findings, recommendations and resolutions from the Hospital Performance Improvement Council when they pertain to the Medical Staff; establishing schedules for the submission of information, data, committee minutes and special reports from the review and evaluation committees; establishing formats for the aggregation and display of data; overseeing the results of each Departments' review and evaluation activities in the individual practitioner's profile; and serving as an advisor to Quality Assessment Department activities.

11:2:2:1:6 The MPIC shall meet no less than quarterly and report to the Executive Committee of the Medical Staff.

11:2:2:2:1 The Infection Control Committee shall consist of such members of the Medical Staff and Hospital associates as are determined by the President of the Medical Staff as are necessary to provide a comprehensive infection control program, including a representative from the nursing service, and the Infection Control Coordinator. This Committee shall be responsible for the surveillance of Providence Hospital infection potentials, the review and analysis of actual infections, the promotion of a preventative and corrective program designed to minimize infection hazards, and the supervision of infection control in all phases of Providence Hospital's activity. The Committee shall meet no less than quarterly and report to MPIC.

11:2:2:2:2 The Invasive Case Review Committee will be composed of such Medical Staff members and Hospital associates as are determined by the President of the Medical Staff as are necessary to provide an ongoing analysis of invasive procedures. The

committee will include the Associate Chair of the Department of Pathology or his designee. This Committee shall meet no less than quarterly and report to the MPIC and appropriate Medical Staff Departments and Sections.

11:2:2:2:3 The Blood Transfusion Committee will consist of such Medical Staff members and Hospital associates as are determined by the President of the Medical Staff as are required to oversee a comprehensive and integrated blood products selection and administration system. The Director of the Blood Bank will be a member of the committee. This Committee will be responsible for the formulation of policies pertaining to use of blood and/or blood products within Providence Hospital. The Committee will meet no less than quarterly and report to the MPIC and appropriate Medical Staff Departments and Sections.

11:2:2:2:4 The Pharmacy and Therapeutics Committee shall consist of such Medical Staff members and associates as are determined by the President of the Medical Staff as are required to oversee a comprehensive and integrated pharmaceutical product selection and administration system. The Committee shall have the responsibility to review and recommend policy related to the establishment and maintenance of the pharmacy; and drug utilization in the hospital, to respond to recommendations from the MPIC and Performance Improvement Council; to recommend drugs for the formulary; recommend drugs to be stocked on nursing units; to serve as an advisor to the Medical Staff on matters pertaining to the choice of available drugs. The Committee shall meet no less than quarterly and report to the MPIC and appropriate Medical Staff Departments and Sections.

### 11:2:3 The Medical Education Committee

The Medical Education Committee shall consist of the Chairs and Program Directors from those Departments with resident training programs, the VPMA, the Associate Vice President of Medical Affairs, the Director of Medical Education, and the Vice President for Patient Care Services. The Chair shall be the Director of Medical Education. The Committee shall meet no less than quarterly and report to the Executive Committee of the Medical Staff at least annually. The Committee shall facilitate compliance of Providence Hospital's residency training programs with national requirements, both the general requirements for resident education as well as the specific program requirements of the various specialties. It shall also coordinate the curriculum of the various services with regard to residency training programs; recommend the appointment of full-time or part-time faculty; secure grants; recommend financial policy for use in Resident Staff educational funds.

#### 11:2:3:1 The Research Committee

The Research Committee shall consist of at least 16 members. The President of the Medical Staff shall appoint at least eight (8) members of the Medical Staff representing each clinical department, and at least five (5) members at large after consultation with the Chair of the Research Committee. The Chair of Research, the Director of Research and the Coordinator for Medical Education shall also be members of this committee.

The Chair of this committee shall be the Chair of the Department of Research. The Co-Chair shall be a member of the Research Committee elected annually by its members.

The Research Committee shall be responsible for reviewing and approving all research projects and their funding, performed at or under the auspices of Providence Hospital, shall review progress of research projects and shall encourage publication of the studies.

This Committee shall meet no less than quarterly and report quarterly to the Medical Education Committee, and annually to the Medical Staff Executive Committee.

#### 11:2:4 Qualifications and Credentials Committee

The Qualifications and Credentials Committee will be appointed biennially by the President of the Medical Staff. The chair of the Committee will be the Immediate Past President of the Medical Staff. This committee shall include appropriate representation to reflect the composition of the Medical Staff of Providence Hospital. The Committee will review the credentials, recommendations, and qualifications of each applicant for appointment and reappointment and make a recommendation to the Executive Committee of the Medical Staff regarding membership and delineation of privileges on the medical staff. The Committee will identify when delineation of privileges criteria are needed and assist departments in developing credentialing criteria necessary to determine competency. This Committee shall meet no less than quarterly and shall transmit a report of each meeting to the Executive Committee of the Medical Staff.

#### 11:2:5 Joint Credentialing Committee

The Committee shall consist of four (4) members of the Medical Staff representing the Departments of Internal Medicine, Surgery, Family Practice and Obstetrics and Gynecology appointed by the President of the Medical Staff; four (4) members of the Patient Care staff representing Nursing Administration,

surgery and maternity; a Department of Human Resources representative and a non-physician provider selected by the Committee. Also, the Chair of the Department (or their designee) to which the non-physician provider will be assigned shall attend and vote if that Department is not already represented on the Committee.

11:2:5:1 This Committee shall be responsible for reviewing applications from non-physician providers and forwarding them to the Executive Committee of the Medical Staff with endorsement or non-endorsement. It shall also monitor the Departments regarding the establishment of standards and criteria for non-physician providers.

11:2:5:2 The Committee shall be chaired jointly by a physician and a representative from nursing administration.

11:2:5:3 This Committee shall meet as often as necessary to achieve its stated purpose, and report to the Executive Committee of the Medical Staff.

#### 11:2:6 Cancer Committee

11:2:6:1 The Cancer Committee shall be appointed by the President of the Medical Staff and include representatives from the Departments/Sections of Surgery, Medical Oncology, Diagnostic Radiology, Radiation Oncology, and Pathology, and such other disciplines as might be considered appropriate. It shall also include the Cancer Liaison Physician and the Cancer Registrar.

11:2:6:2 The Committee will meet at least quarterly and supervise the organization of educational and consultative cancer conferences, supervise the cancer registry, and complete cancer patient care evaluation studies and reports.

## **ARTICLE XII - MEDICAL STAFF MEETINGS**

### **12:1 Regular Meetings**

Quarterly meetings of the Medical Staff shall be held in March, June, September, and January, with January serving as the annual meeting. These meetings shall be held at such day and hour as the President of the Medical Staff shall designate in the call and notice of the meeting.

### **12:2 Special Meetings**

The President of the Medical Staff or the Executive Committee of the Medical Staff may call a special meeting of the Medical Staff at any time.

12:2:1 Special Meetings of the Medical Staff may be requested at any time by the Hospital President or the VPMA.

12:2:2 The President of the Medical Staff shall call a special meeting within 30 days after receipt by him of a written request for same signed by not less than 15 members of the Active Medical Staff and stating the purpose for such meeting.

12:2:3 The Executive Committee of the Medical Staff shall designate the time and place of any special meeting.

12:2:4 Written or printed notice at the direction of the President of the Medical Staff or other persons authorized to call a meeting stating the place, day and hour of any special meeting of the Medical Staff shall be mailed to each member of the Active and Emeritus Medical Staff not less than seven (7) days before the date of such meeting. The notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each staff member at his address as it appears on the records of Providence Hospital. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting.

12:2:5 No business shall be transacted at any special meeting except that stated in the notice of the meeting.

### **12:3 Quorum**

The presence of 75 members of the total membership of the Active and Provisional Active Staff at any regular or special meeting shall constitute a quorum for the purposes of amendment of these Bylaws, Rules and Regulations. The presence of 50 members of the Active and Provisional Active Medical Staff will constitute a quorum for all other actions.

## 12:4 Agenda

12:4:1 The suggested agenda for Quarterly Medical Staff meeting is:

### Administrative

- (1) Call to order
- (2) Minutes of the last regular and/or special meeting
- (3) Report from the Executive Committee of the Medical Staff
- (4) Unfinished Business
- (5) Report of the Hospital President
- (6) Report of the Vice President of Medical Affairs
- (7) Communications when appropriate
- (8) New business, including elections when appropriate

### Professional

- (9) Discussion and recommendation for improvement of patient care and professional activities when appropriate
- (10) Committee reports
- (11) Adjournment

12:4:2 The agenda at special meetings shall be:

- (1) Reading of the notice calling the meeting
- (2) Transaction of the business for which the meeting was called
- (3) Adjournment

12:4:3 All meetings of the Medical Staff shall be conducted in conformance with Robert's Rules of Order, to the extent not inconsistent with these Bylaws.

## 12:5 Special Appearance

Whenever apparent or suspected deviation from standard clinical care, or an issue of competency or professional conduct is involved, special notice may be given to the practitioner involved, including the issue raised, the time and place of the meeting of the Department, Section or committee, and a statement that the member's appearance before that Department, Section or committee is mandatory. Willful failure of a member to respond to written notice to appear at any such special appearance, unless excused by the President of the Medical Staff and the VPMA upon showing of good cause, shall result in automatic suspension of the practitioner's clinical privileges. Such suspension shall remain in effect until the matter is resolved by subsequent action of the Executive Committee of the Medical Staff or the Board.

## **ARTICLE XIII - COMMITTEE AND DEPARTMENT MEETINGS**

### **13:1 Regular Meetings**

**13:1:1** Committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution. Each committee shall be responsible to, and report in writing to the Executive Committee of the Medical Staff or a standing committee of the Medical Staff.

**13:1:2** Departments shall hold regular meetings at least monthly to review and evaluate the clinical work of practitioners with privileges in the Department.

### **13:2 Special Meetings**

A special meeting of any committee or Department may be called by or at the request of the Chair of the Department or Committee Chair, by the President of the Medical Staff, or by one-third (1/3) of the committee members, but not less than two (2) members.

### **13:3 Notice of Meetings**

Written or oral notice stating the place, day and hour of any special meeting or of any regular meeting not held pursuant to resolution shall be given to each member of the committee or Department not less than ten (10) days before the time of such meeting, by the person or persons calling the meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited in the United States mail, addressed to the member at his address as it appears on the records of Providence Hospital. The attendance of a member shall constitute a waiver of notice of such meeting.

### **13:4 Manner of Action**

The action of a majority of the members present at a meeting shall be the action of a committee or department. Action may be taken without a if written support endorsing the action is obtained from a full two-thirds of the members eligible to vote in the Department.

### **13:5 Rights of Ex-officio Members**

Persons serving as ex-officio members shall have all rights and privileges of regular members except that they shall not vote. The Hospital President shall be an ex-officio member of all committees.

### **13:6 Minutes**

Minutes of each regular and special meeting of a committee or department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer or secretary and

copies thereof shall be promptly submitted to the attendees for approval. After approval is obtained the minutes shall be forwarded to the Executive Committee of the Medical Staff or the Standing Committee to which it reports and any other committee or Department that may find the information useful. Each committee and Department shall maintain a permanent file of the minutes of each meeting.

### 13:7 Attendance Requirements

13:7:1 Each member of the Active Medical Staff shall be expected to attend in each year not less than 50 per cent, unless excused by the Chair, of all meetings of each department and committee of which he may be a member. The failure to participate in departmental activities will be given due consideration when considering a Staff member's request for reappointment.

13:7:2 A practitioner whose patient's clinical course is scheduled for discussion at a regular meeting of the Department shall be so notified and shall be expected to attend such meeting.

## ARTICLE XIV - RULES AND REGULATIONS

14:1 The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each practitioner in Providence Hospital.

14:2 Such Rules and Regulations shall be appended to these Bylaws, and may be amended or repealed with immediate effect by recommendation of the Executive Committee of the Medical Staff. This action shall be subject to ratification by the Medical Staff at the next regular meeting or at any special meeting called for such purpose by a majority vote of the Active and Emeritus Medical Staff present and voting. Such changes shall become finally effective upon approval by the Board.

14:3 Any member who shall violate these Rules and Regulations shall be subject to corrective action as indicated in Article VII.

14:4 The various Departments shall establish such Rules and Regulations as are necessary for the proper functioning of the Department. These Rules and Regulations and amendments thereto will be submitted for approval to the Executive Committee of the Medical Staff and to the Board.

## ARTICLE XV - DUES

15:1 Medical Staff dues shall be assessed annually. The amount shall be proposed by the Executive Committee of the Medical Staff. The Medical Staff, at its annual meeting in January, shall approve or change the proposed amount.

15:1:1 Dues shall become payable on February 1 and shall be deemed in arrears after May 1. Notice shall be sent by the Treasurer to all members prior to said date.

15:1:2 Practitioners who have not paid their dues by May 1 shall be contacted by the Treasurer and given two (2) weeks time in which to pay their dues. If after these two (2) weeks dues are still delinquent, these practitioners shall be deemed to have submitted their resignation from the Medical Staff. This action would then be referred to the Board of Trustees for final action. Reinstatement for Medical Staff privileges will require an application procedure as in Article V, plus payment of dues in arrears. Resignation under these circumstances does not entitle the practitioner to a hearing pursuant to Section 8:1.

15:2 In cases of hardship, the President of the Medical Staff may waive or reduce dues on written request by the practitioner. If a practitioner takes a leave of absence, the President of the Medical Staff may waive or reduce the dues for the term of the leave on written request by the practitioner.

15:3 New staff members admitted after January 1 shall have their dues pro-rated by 1/12 for each month or portion thereof that the practitioner shall be a member of the Active Medical Staff. Dues for new staff members shall be deemed in arrears two (2) months after first notice was sent. When in arrears, the procedure in 15:1:2 will be followed.

## **ARTICLE XVI - AMENDMENTS**

16:1 Any member of the Medical Staff may propose an amendment. Such proposals shall be presented in writing to the Executive Committee of the Medical Staff for review and recommendation by the Bylaws Committee at the next regularly scheduled meeting.

The proposed amendment shall be submitted to all members of the Medical Staff by the Secretary of the Medical Staff at least 14 days prior to the regular or special meeting at which action is to be taken. Such submission shall constitute written notice. The Chair of the Bylaws Committee shall report on the proposed amendment at the meeting.

Discussion shall be entertained and amendments accepted from the floor in accordance with the latest edition of Robert's Rules of Order, Revised, to the extent not inconsistent with these Bylaws. A vote shall then be taken on each amendment offered to the amendment, with a majority vote needed for approval. The entire amendment with amendments shall then be voted upon. To be adopted, the entire amendment shall require a two-thirds (2/3) vote of the Active and Provisional Active Medical Staff at the meeting. Amendments so adopted shall become effective when approved by the Board.

## **ARTICLE XVII - ADOPTION**

17:1 These Bylaws, together with the appended Rules and Regulations, shall replace any previous Bylaws, Rules and Regulations and shall become effective when approved by the Board of Providence Hospital and Medical Centers.

## ARTICLE XVIII - NON-PHYSICIAN PROVIDERS

### 18:1 Non-Physician Providers

18:1:1 The Board of Trustees will determine which categories of non-physician providers may request authorization to perform clinical services at Providence facilities. The Executive Committee of the Medical Staff shall recommend to the Board of Trustees (Board) for adoption criteria for qualifications, status, clinical duties and responsibilities of non-physician providers who are licensed by governmental authority as professionals to provide health care. Each professional shall perform only those clinical services which are authorized by the Board Trustees and are within the scope of their license as specified by current statute and regulation of the State of Michigan. Non-physician providers are not members of the Medical Staff and thus not entitled to the rights, privileges, and responsibilities of Medical Staff membership.

18:1:2 The credentials of non-physician providers shall be reviewed by the appropriate department prior to an application being voted upon by the Joint Credentialing Committee. The written recommendation of the Joint Credentialing Committee shall be forwarded to the Executive Committee of the Medical Staff. The Executive Committee of the Medical Staff shall provide its written recommendation to the Board which shall take final action on the provider's request for authorization to perform clinical services at Providence.

18:1:3 Non-physician providers shall be supervised by the Department to which he or she is assigned.

18:1:4 The Board of Trustees, following consultation with the Executive Committee of the Medical Staff, may modify or terminate a non-physician provider's authorization to provide clinical services at Providence facilities. Written notice of such action shall be sent to the President of the Medical Staff and the individual involved.

18:1:5 Non-physician providers who are not employed by the hospital are entitled to a hearing as stipulated in the Administrative Manual, if they anticipate an adverse recommendation from the Joint Credentialing Committee. This procedure will not apply to disputes arising between the non-physician provider and their employer.

## **MEDICAL STAFF RULES AND REGULATIONS**

### **R:1 Admission, Continuing Care and Discharge of Patients**

**R:1:1** This Hospital shall accept all categories of patients for medical care except those requiring highly specialized care, equipment or evaluation not available in Providence Hospital.

**R:1:2** All patients admitted to the Hospital will have an attending practitioner, an admitting diagnosis and will be assigned to a specific department and/or division.

**R:1:3** Emergency Department patients will have a provisional diagnosis made as soon as possible after examination.

**R:1:4** The attending practitioner shall be responsible for the medical care and treatment of the patient including change in code status unless and until that patient has been transferred to and accepted by another practitioner for continuing care. He shall be aware and governed by the admitting policies of the Hospital.

**R:1:5** The Admitting Office will have the right to obtain preadmission information on every patient prior to admission except in an emergency.

**R:1:6** Each member of the Medical Staff shall pre-arrange and designate at least one alternate practitioner with similar privileges and abilities to care for his patients when he is unavailable.

**R:1:7** Patients admitted through the Emergency Department who have no personal practitioner on the Providence Hospital Medical Staff and who request no specific practitioner on the Medical Staff shall be offered admission to the appropriate teaching Service or, for Psychiatry, to the service of the attending practitioner assigned by the Department.

**R:1:8** The attending practitioner shall be responsible for giving such information as may be necessary to assure the protection of the patient from self-harm and to assure the protection of others whenever his patients might be a source of danger from any cause whatsoever.

**R:1:9** Any patient known or suspected to be potentially suicidal shall be offered psychiatric consultation, and, if accepted shall be seen in psychiatric consultation. If, in the opinion of the consultant, psychiatric hospitalization is indicated, such shall be recommended. If a bed is available on the Psychiatry/Behavioral Services Unit, voluntary admission shall be offered, subject to the provisions of the Mental Health Code, State of Michigan, and the Provisions and Regulations of Providence Hospital and the Department of Psychiatry, Providence Hospital.

R:1:10 Discharge orders will be in writing. The practitioner will be notified if the patient leaves the hospital without the appropriate authorization and a notation of the incident shall be made on the patient's record.

R:1:11 It is the responsibility of the attending practitioner to discharge the patient as soon as clinical conditions permit.

R:1:12 In the event of the death of a patient in the hospital, the deceased shall be pronounced dead by a licensed physician within a reasonable time. The attending practitioner or his designate will notify the family and a note of the conditions and circumstances of the death will be made on the chart by the practitioner or his designee. The body will not be released until a signed authorization for such release has been obtained from the nearest of kin.

R:1:13 It will be the responsibility of the practitioner to obtain autopsy authorization whenever meaningful. An autopsy may be performed only upon written authorization and signed in accordance with State Law. Provisional anatomic diagnosis shall be recorded on the medical record within 48 hours. The final autopsy report shall be submitted to the attending physician in compliance with the American College of Pathologists standards.

## R:2 Medical Records

R.2.1 The attending practitioner is responsible for the preparation of a medical record for each patient which contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results accurately, and facilitate the continuity of care among health care providers. Specifically, each medical record will contain at least the following:

- a. The patient's name, address, date of birth, and the name of any legally authorized representative;
- b. The patient's legal status, for patients receiving mental health services;
- c. Pertinent and Emergency care provided to the patient prior to arrival;
- d. the findings of the patient's assessment;
- e. A statement of the conclusions or impressions drawn from the medical history and physical examination;
- f. The diagnosis or diagnostic impression;
- g. The reason(s) for admission or treatment;
- h. The goals of treatment and the treatment plan;
- i. Written and signed code status forms;
- j. Evidence of known advance directives;
- k. Evidence of informed consent for procedures and treatments for which informed consent is required;
- l. Diagnostic and therapeutic orders;
- m. All diagnostic and therapeutic procedures and tests performed and results;
- n. All operative and other invasive procedures performed, using acceptable disease and operative terminology that includes etiology, as appropriate;
- o. Progress notes made by the medical staff and other authorized individuals;
- p. All reassessments including change in code status;
- q. Clinical observations;
- r. The response to the care provided;
- s. Consultation reports;
- t. Every medication ordered or prescribed for the patient;
- u. Report of any adverse drug reaction;
- v. Every medication dispensed to or prescribed for an ambulatory patient or an inpatient on discharge;
- w. All relevant diagnoses established during the course of care;
- x. Any referrals and communications made to external or internal care providers and to community agencies.

R:2:2 The history, physical examination, code status form, and a nursing care assessment will be completed within 24 hours of the inpatient admission or readmission. If a complete history and physical has been recorded prior to the patient's admission to Providence Hospital, a legible copy of these reports may be used in the patient's hospital medical record in lieu of admission history and physical examination, provided these reports were recorded by a physician or oral and maxillofacial surgeon member of the Medical Staff within 7 days before admission or readmission. The practitioner may also dictate by telephone a complete history and physical examination and this shall be incorporated into the patient's chart. When the history and physical is dictated but not immediately available to provide pertinent information for the reason for admission, an admission note will be written to assure continuity of patient care.

R:2:3 Surgery and invasive procedures shall be performed only after a history, physical examination, code status form, any indicated diagnostic tests, and the preoperative diagnosis have been completed and recorded in the patient's medical record. In emergency situations in which there is inadequate time to record the history and physical, a brief note, including the preoperative diagnosis is recorded before surgery. Additionally, there shall be a pre-anesthesia assessment of each patient for whom anesthesia is contemplated to determine that the patient is an appropriate candidate to undergo the planned anesthesia.

An invasive procedure shall be defined as a procedure with significant risk involving puncture or incision of the skin or insertion of an instrument or foreign material into the body; including, but not limited to percutaneous aspirations and biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations. Excluded are routine physical examinations (i.e.: pap smears, cultures...), venipunctures, parenteral therapy, injection of radiographic contrast media, and routine nursing procedures (i.e.: nasogastric tube insertion, Foley catheter insertion).

R:2:4 Immediately after surgery/invasive procedure, an operative /procedure note will be in the medical record. This may be written or computer generated if computer generated report is immediately available.

R:2:4:1 A complete operative report will be dictated within 24 hours of the completion of the surgery; this may be dictated or computer generated if the computer generated report is immediately available..

R:2:5 Progress notes shall be made daily on all patients admitted to the inpatient or short stay placement services of Providence Hospital. The progress note shall contain sufficient detail to permit continuity of care, code status determination and changes, identify current or potential problems, and correlate test results and treatments. Any consideration of, or decision to change the code status should be described in the progress notes.

R:2:6 When not dictated, Consultations shall be written on a specified consultation form. The consultation shall include evidence of a review of the patient's record, pertinent history, pertinent physical findings, and the consultant's opinion and recommendation.

R:2:7 All clinical entries in the patient's medical record shall be accurately dictated and authenticated with the practitioner's signature, initials or computer key.

R:2:8 A physician order is required to transfer a patient to or from a monitored or critical care bed. The hospital physician or designee initiating the transfer must inform the patient and/or the patient's designated advocate of the decision to transfer and document this notification in the progress notes.

R:2:9 A discharge clinical resume shall be written or dictated on all medical records of patients hospitalized over 48 hours except for normal newborn infants and uncomplicated obstetrical deliveries. A final summation type progress note shall be sufficient for these exceptions. The clinical resume shall concisely summarize the reason for hospitalization, the significant findings, the procedures performed and treatment rendered, the patient's condition on discharge, and any specific instructions given the patient and/or family as pertinent.

R:2:9:1 A transfer summary may be substituted for the resume if the patient is transferred to a different level of hospitalization or residential care within the organization.

R:2:10 The patient's medical record is the property of Providence Hospital and shall not be taken from the medical record office without permission of the Medical Record Administrator or his designee. No medical records are to be removed from the Hospital under any circumstances except in accordance with a court order, subpoena or statute. In the case of readmission of a patient, all previous records shall be available for the use of the attending practitioner. This shall apply whether the patient is attended by the same practitioner or another.

R:2:11 Access to all medical records of all patients shall be afforded to members of the Medical Staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. Subject to discretion of the Hospital President or VPMA, former members of the Medical Staff shall, upon appropriate notice, be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in Providence Hospital.

R:2:12 A medical record shall not be permanently filed until it is completed by the responsible practitioner or is ordered filed by the Medical Record Administrator.

R:2:13 The attending practitioner is responsible for the completion of the medical record. If the medical record is incomplete at the time of discharge, all essential reports will be placed on the record and it will be made available to the practitioner for completion in the designated area. A record will be considered delinquent when it has not been completed within 30 days of the patient's discharge. A practitioner who fails to complete his delinquent records shall not have clinical privileges until such records are completed.

#### R:2:14 Notification

R:2:14:1 Incomplete medical records will be audited weekly and any practitioner having incomplete records will be sent a notice asking him to complete these records. If a practitioner has not responded to prior notification consisting of one weekly notice, he will then be sent a certified letter from the President of the Medical Staff stating that unless his delinquent records are completed within 48 hours after receipt of the letter, he shall not have clinical privileges until such records are completed. The Admitting Offices and the Surgery Boarding Office shall be notified of the action. This shall not apply to patients hospitalized when this regulation is exercised.

R:2:14:2 When any practitioner so suspended has a patient who requires an emergency admission, the practitioner must obtain the approval of the Chair of the Department or his designee or the Vice President of Medical Affairs or his designee, who shall certify to the Admitting Office that this patient is an emergency and may be admitted.

R:2:14:3 The completion of the medical record face sheet will be completed by the attending practitioner at the time of discharge of the patient. Any case in which diagnoses are subject to pending pathology or laboratory results will be excluded from the requirement. Completion and signature of the face sheet is not required when the discharge summary is written or dictated at the time of discharge.

## R:3 General Conduct of Care

### R:3:1 Consent Form

R:3:1:1 General consent form for admission and treatment must be signed by or on behalf of the patient at the time of admission. The practitioner will be notified whenever such consent is not obtained and it shall thereby be his obligation to secure such consent except in an emergency.

R:3:1:2 A special consent form must be signed by the patient or on behalf of the patient for all surgical, special diagnostic or treatment procedures after the practitioner has discussed the procedure and the inherent nature and risks with the patient. The practitioner will verify by his signature that in his opinion, the patient's consent is an informed consent. If so signed by the patient longer than seven (7) days prior to the performance of the procedure, reverification must be obtained from the patient.

R:3:1:3 A separate consent form for the administration of an anesthetic will be signed by or in behalf of all patients prior to their receiving any form of anesthesia. The practitioner will verify by his signature that in his opinion, the patient's consent is an informed consent. This will be done within 72 hours prior to its administration and after discussion of the inherent nature of the proposed technique with the patient.

### R:3:2 Orders

R:3:2:1 All orders for treatment shall be in writing, legible and signed by the physicians responsible for the care of the patient. The physicians shall identify themselves by writing or stamping their physician I.D. No. next to the signature.

Verbal orders shall be considered to be in writing if dictated to a nurse, pharmacist, registered or certified respiratory therapist, or Resident Staff member. Such orders will be signed by the licensed person per the practitioner. The practitioner, or his practitioner designee, shall authenticate such orders by his signature as soon as possible following the order within 48 hours.

R:3:2:2 Orders are to be clearly, legibly and completely written. Orders not legible or improperly written will not be carried out by the nurse or respiratory therapist until clarification has been obtained from the practitioner. This clarification may be oral but shall be subsequently verified and signed by the practitioner. The terms "renew", "repeat", "continue orders" are unacceptable.

R:3:2:3 Patients going to inpatient surgery, delivery, or moving into or out of specialty units including the ICU will have all previous orders canceled and code status reviewed to confirm consistency with care planned.

R:3:2:4 There shall be a list of approved abbreviations that may be used at Providence Hospital. These shall be published and made available to the Medical Staff, Resident Staff, and to the various nursing units. A list of frequently misinterpreted abbreviations is also published that will not be used under any circumstance.

R:3:2:5 Medical records will be audited periodically for verbal orders and any practitioner having records with unsigned verbal orders will be sent a notice asking that these orders be signed. If the practitioner has not responded within 2 days, the practitioner will then be sent a certified letter from the President of the Medical Staff stating that unless the verbal orders are signed and dated within 2 days he shall not have clinical privileges until such orders are signed. The Admitting Offices and the Surgery Boarding Office shall be notified of the action. This shall not apply to patients hospitalized when this regulation is exercised.

R:3:2:6 When any practitioner so suspended has a patient who requires an emergency admission, the practitioner must obtain the approval of the Chair of the Department or his designee or the Vice President of Medical Affairs or his designee, who shall certify to the Admitting Office that this patient is an emergency and may be admitted.

### R:3:3 Drugs and Medications

R:3:3:1 All medications administered to patients shall meet the standards of the United States Pharmacopoeia and/or be approved as a Providence Hospital Formulary drug by the Pharmacy and Therapeutics Committee. Drugs under study for a bona fide clinical investigation shall be approved by the Research and Publications Committee and need not be a Providence Hospital Formulary drug. Such clinical investigation shall be in full accordance with "Statement of Principles Involved in the Use of Investigational Drugs in the Hospital", (American Hospital Association and the American Society of Hospital Pharmacists) and all regulations of the Food and Drug Administration (FDA).

R:3:3:2 Use of proprietary drugs shall be avoided. When ordered by the practitioner, and the need verified by the pharmacist, they shall be secured.

R:3:3:3 In all cases that a practitioner orders a drug by trade name the pharmacist may automatically dispense the drug by its generic terminology unless the attending practitioner writes Dispense as Written (DAW).

R:3:3:4 Unless the practitioner specifies a specific number of doses or days a medication is to be administered, certain classes of medications will be discontinued according to the policy adopted by the Pharmacy and Therapeutics Committee:

**Discontinued after 7 Days**

- Antibiotic Preparations
- DEA Schedule II & III Substances
- Sedatives and Hypnotics not in Schedules II & III (e.g. Dalmane)

***Exceptions:***

- Barbiturates Used with or as Anticonvulsants
- Antibiotic Ointments
- Antibiotic Derivatives used as Chemotherapeutic Agents (i.e. Adriamycin, Mitomycin)

**Discontinued after 24 Hours and Require Complete Rewrite (Cannot Indicate Days or Doses)**

- Anticoagulants
- I.V. Fluids or Push Medication

***Exceptions:***

- Programmed Treatment for Chemotherapy

**Discontinued after 6 Doses Unless Otherwise Specified**

- Ergot Oxytocics for O.B. Patients

R:3:3:5 Unless the practitioner specifies a route of administration, all prescribed drugs will be supplied in their oral form.

R:3:4 Consultation

R:3:4:1 Any member of the Medical Staff may be called upon for consultation in the area of his expertise.

R:3:4:2 Except in an emergency, consultation shall be recommended in all cases where the diagnosis remains obscure; in unusually complicated cases requiring special skills of another practitioner; where there is doubt as to the therapeutic measures to be used; or when requested by the patient or his family. Infectious Diseases consultation is required on all patients requiring antibiotic therapy for longer than 15 days.

R:3:4:3 The attending practitioner is primarily responsible for requesting consultation when indicated and for calling such consultant(s).

R:3:4:4 If a physician, nurse, unit secretary or other health care provider has reason to doubt or question the care provided to any patient or believes that appropriate consultation is needed and has not been obtained, he shall call this to the attention of the attending practitioner. If warranted, he may refer the matter to his supervisor who may then bring the matter to the Chair of the Department wherein the practitioner has clinical privileges. Where circumstances justify, the Chair of the Department may request consultation.

## R:4 General Rules Regarding Surgical Care

R:4:1 The Operating Room Committee shall recommend to and be empowered by the Medical Executive Committee to implement policy concerning scheduling, safe care, identification, transport, testing and monitoring of patients in the pre-operative, post-operative and operating rooms. The Committee shall recommend policy regarding the purchase, use, maintenance and monitoring of equipment; efficient utilization of operating rooms; safe handling of contaminated cases; conductivity and environmental control; and laser and radiation

R:4:3 In any situation where the life of a patient is threatened by an emergency situation, the third or fourth year Surgical Specialty Resident is authorized to board the case in the Operating Room and to begin the operation prior to the arrival of the Attending Staff Surgeon on call if he deems that life would be in jeopardy if the operation is not begun immediately. The Attending Staff Surgeon on call shall be notified as soon as possible that an emergency situation exists and that his presence is desired. If the Staff surgeon on call cannot be located, the Chair of the Department or his alternate shall be notified as soon as possible of the emergency.

R:4:3:1 This policy will be instituted on the assumption that each resident passing to the third year of training will be evaluated and reviewed in the terms of his capacity to handle such emergency situations. This will be noted in the resident's record.

R:4:4 A patient admitted for dental or podiatric care is a dual responsibility of the dentist or podiatrist and a physician member of the Medical Staff.

R:4:4:1 The dentist's or podiatrist's responsibilities include a detailed dental or podiatric history appropriate to the procedure(s) being performed within the scope of privileges which justifies the hospital admission. The dentist or podiatrist shall also be responsible to arrange for a medical staff physician to meet the requirements R:2:3. In cases of extraction of teeth, the dentist shall clearly state the number of teeth and fragments removed. All tissue, including teeth and fragments shall be sent to the Providence Hospital pathologists for identification. Progress notes will be kept by the dentist or podiatrist. A clinical resume will be completed by the dentist or podiatrist.

R:4:4:2 The discharge of the patient shall be on written order of the dentist or podiatrist member of the Medical Staff.

R:4:5 Informed consent shall be obtained prior to the operative procedure and a consent form shall be signed except in those situations where the patient's life is in jeopardy and suitable signatures cannot be immediately obtained from parents, guardian or next of kin. These circumstances should be fully explained

on the patient's medical record. A consultation in such instances may be desired before the emergency operative procedure is undertaken if time permits.

R:4:6 The Anesthesiologist shall maintain a complete anesthesia record to include evidence of pre-anesthetic evaluation, progress of the anesthetized patient and post-anesthetic follow-up of the patient's condition.

R:4:7 Tissues removed at the operation shall be sent to Providence Hospital Pathology, where a pathologist shall make such an examination as he may consider necessary to arrive at a pathologic diagnosis and he shall so describe his findings and sign his report and the report shall be part of the patient's medical record. All pathology specimens, tissue block and slides shall be the property of Providence Hospital and shall not be removed without permission of the Chair of the Department of Pathology or his authorized representative.

Certain tissues and specimens are exempt from pathologic examination at the discretion of the surgeon or obstetrician/gynecologist. These potentially exempt specimens will be delineated in a combined OR and Pathology department policy.

## R:5 Major Rules Regarding Obstetrical Care

R:5:1 The Chair of the Department of Obstetrics/Gynecology shall be responsible for the establishing and maintaining and monitoring of quality control in the Obstetrical unit.

R:5:2 All patients admitted to the Obstetrical Unit will have a complete history and physical performed at the time of admission.

R:5:3 A standard prenatal record formulated by the Department of Obstetrics and Gynecology will be submitted by each practitioner admitting patients to the Obstetrical suite during the 36th week of the patient's gestation. These forms will be kept on file in the Obstetrical suite and will be available at the time of the patient's admission. Compliance shall be monitored on an ongoing basis.

R:5:4 All primary cesarean section patients will have a complete history and physical performed prior to the surgery except in an emergency in which case it will be completed immediately following the cesarean section.

## R:6 Physician Conduct Policy

### R:6:1 Purpose

The Medical Staff of Providence Hospital and Medical Centers values all of the participants in the delivery of healthcare, including patients, family members, physicians and employees of the hospital. The Medical Staff expects that its members will, at all times, strive to show respect for the dignity of all such individuals.

The purpose of the Physician Conduct Policy is to define disruptive conduct and the measure that will be taken in response thereto. This Policy strives to maintain the procedural rights of Medical Staff members while focusing on eliminating disruptive behavior. The Medical Staff considers these issues to be within the jurisdiction of its peer review process.

### R:6:2 Disruptive Behavior

Disruptive behavior includes a variety of actions that interfere with the normal operation of the hospital and/or patient care activities. Behavior that negatively affects the ability of patients or their families to cooperate with, or to accept care; that negatively affects the work environment of other members of the hospital staff; that creates a hostile or non-productive environment; or that interferes with the physician's own ability to practice competently, is included in behavior that may be considered disruptive.

The following is a non-exhaustive list of behavior that the Medical Staff considers to be disruptive and which will trigger the procedures outlined in this Policy:

R:6:2:1 Physical or verbal abuse or threats, assaults or other acts of physical or emotional intimidation directed at patients, families, visitors, employees or members of the Medical Staff.

R:6:2:2 Any form of sexual or other harassment directed at patients, families, visitors, employees or other Medical Staff members. Although this Policy covers all forms of harassment, employees and medical staff members should be aware of the several forms of sexual harassment to which this Policy is specifically addressed. Sexual harassment includes unwelcome sexual advances, requests for sexual attention as a condition of employment or professional relationship, and other verbal or physical conduct of a sexual nature, where there is an attempt to make submission to such conduct a term or condition of an individual's employment or professional relationship. Sexual harassment also includes the submission to or rejection of such conduct used as a basis for employment-related decisions and situations in which such conduct has the purpose or effect of substantially interfering with an individual's work

performance or creating an intimidating, hostile or offensive work environment. Sexual harassment is not limited to actions by supervisors, but can also include conduct by co-workers or Medical Staff members.

R:6:2:3 Unprofessional conduct towards other employees or other appointees of the Medical Staff.

R:6:2:4 The abuse of drugs or alcohol.

R:6:2:5 The practice of medicine without reasonable skill and without regard for the safety of the patient.

R:6:2:6 Physical or verbal abuse, acts of intimidation, retaliation or threats of retaliation for filing complaints of disruptive behavior.

### R:6:3 Evaluation of Complaints of Disruptive Behavior

#### R:6:3:1 Informal Procedure

R:6:3:1:1 All complaints will be forwarded to the VP of Medical Affairs, who will investigate the complaint and document the findings of the investigation, as well as conclusions in a confidential administrative file.

R:6:3:1:1:1 The President of the Medical Staff, Department Chair and VP Medical Affairs will review the investigation and will determine if further investigation is necessary.

R:6:3:1:1:2 If, after this investigation, it is determined that the disruptive behavior does not merit further action, then all involved parties will be so notified. The documentation relative to the investigation will remain in the confidential administrative file.

R:6:3:1:1:3 If, after discussion with the physician, the Department Chair and VP of Medical Affairs feel that the complaint constitutes a violation of the Policy and warrants further action, they may counsel the individual on the issue; develop a corrective action plan; request a formal investigation; or if the complained act is deemed sufficiently severe and safety is at risk, pursue the temporary suspension of the physician's privileges, in accordance with the Medical Staff Bylaws.

R:6:3:1:1:4 If the complaint is deemed sufficiently severe to require formal review, or if the complaint suggests that

repeated informal counseling with the physician has not resulted in correction of the pattern of disruptive behavior, but does not involve immediate threat to patient safety, the Department Chair and the VP of Medical Affairs may forward the complaint for formal review and action by requesting that the Medical Staff Executive Committee hear the matter, in accordance with the Medical Staff Bylaws.

R:6:3:1:1:5 If the complaint involves a potential threat to the safety of a patient, visitor, other Medical Staff member or employee, the VP of Medical Affairs may, upon recommendation of the Department Chair and two members of the Medical Staff elected leadership, temporarily suspend the physician's clinical privileges, in accordance with the Medical Staff Bylaws. If the threat to safety is severe enough to warrant the immediate removal of the physician from the premises, Security will be notified. In the case of disruptive behavior or impairment during non-business hours, the VP of Medical Affairs and Department Chair will be notified.

#### R:6:3:2 Formal Procedure

This will be used in situations that are considered potentially serious enough to warrant formal actions. Instances, which may potentially be referred for formal action, include, but are not limited to: situations involving threats of physical abuse to a patient, family member, visitor or employee; some incidents of sexual or other harassment; and physician impairment. Situations wherein a physician has been involved with a number of complaints may also be considered serious enough to initiate formal review and/or action.

R:6:3:2:1 Initiation of formal review may be requested by the President of the Medical Staff, the Department Chair, Hospital President or VP of Medical Affairs.

R:6:3:2:2 The complaint and investigative documentation obtained by the VP of Medical Affairs during the informal inquiry will be forwarded to the Medical Staff Executive Committee.

R:6:3:2:3 The Medical Staff Executive Committee will determine if any corrective action needs to be taken:

R:6:3:2:3:1 If corrective action does not affect the physician's clinical privileges, then the actions recommended by the Medical Staff Executive Committee shall be

implemented. Within five days of the Medical Staff Executive Committee's decision, the VP of Medical Affairs will inform the physician of the charges, findings and actions to be taken.

R:6:3:2:3:2 If the corrective action affects the physician's clinical privileges, the VP of Medical Affairs will inform the physician, within five days of the Medical Staff Executive Committee recommendation via certified mail, of the charges, findings, recommendations, and the physician's procedural right to hearing and appeal. The process for pursuing such corrective action will be undertaken in accordance with the Medical Staff Bylaws.

R:6:3:2:3:3 If the recommended corrective action is to temporarily suspend clinical privileges while the physician seeks treatment for an impairment, arrangements will be made for the physician to seek appropriate treatment and pursue clinical privileges upon successful completion of the program.

R:6:3:2:4 If the incident involves a physician impaired due to mental illness or substance abuse, and the individual, at any time during the formal proceedings, seeks treatment for his or her impairment, clinical privileges will be temporarily suspended and appropriate documentation made in the physician's file. The physician will seek and participate in appropriate treatment for his or her impairment. Furthermore, the individual will be eligible to seek reinstatement of clinical privileges pending successful completion of the rehabilitation, provided however that the impairment is treatable and that clinical practice will not be adversely affected. See Exhibit A pertaining to the rehabilitation of impaired physicians.

**R:6 – Physician Conduct Policy  
Exhibit A**

**Impaired Physicians**

A. In the event of suspicion of impairment, in the absence of concerns related to patient care, reporting and referral to the Michigan Health Professionals Recovery Program (MHPRP) will be made consistent with Michigan Statute (MCLA 333.16010, et. seq.).

1. This referral may be made by the President of the Medical Staff, Department Chair, Hospital President or VP of Medical Affairs.

2. If sufficient concern exists on the part of the above listed officers, temporary withdrawal of the physician's clinical privileges may be pursued, in accordance with the Medical Staff Bylaws.

3. Following completion of the MHPRP assessment, the Medical Staff Executive Committee will make a review of the findings.

B. In the event that MHPRP concludes that no impairment exists, the investigation will be closed and the results will be kept in a separate, confidential administrative file.

C. If the MHPRP concludes that an impairment does indeed exist, then completion of the MHPRP treatment program becomes a prerequisite for reinstatement of Medical Staff privileges.

1. The Medical Staff member may not participate in patient care activities until clearance is provided to do so, in writing, by the MHPRP.

2. The Medical Staff member may request a medical leave of absence for the treatment period, not to exceed one year. In the event the Medical Staff member refuses to seek a leave of absence, the Medical Staff Executive Committee will suspend his or her clinical privileges until such time as he or she is cleared to return to medical practice by MHPRP.

3. Participants in MHPRP are required to sign a contract for ongoing monitoring. Subsequent compliance with all terms of this contract will remain a prerequisite for staff privileges. MHPRP will notify the VP of Medical Affairs in the event that the physician violates this contract. Under these circumstances, the physician's clinical privileges will be suspended until such time as satisfactory compliance with the terms of the contract occurs and the ability of the physician to return to practice is provided, in writing, by MHPRP.

4. Continued failure to comply will result in reporting by the MHPRP to the Board of Medicine, per Michigan Statute. In this event, the Medical Staff Executive Committee will monitor the Board of Medicine decisions regarding the licensure

status of the physician. In the event of restrictions, or loss of licensure, the Medical Staff Executive Committee will take action as appropriate for the change in licensure status.

5. If impairment is due to non-treatable physical or mental illness, including physiologic deterioration or loss of motor skill, then the Medical Staff Executive Committee may recommend one or more of the following:

- a. that the physician voluntarily “retires” from his or her practice.
- b. the imposition of appropriate restrictions on the physician’s practice
- c. suspension of clinical privileges and/or amendment of Medical Staff membership status.

D. In the event of suspension due to concerns related to patient care, reporting to the Board of Medicine and referral to the Michigan Health Professional Recovery Program will be made consistent with Michigan Statute.

1. This report may be made by the President of the Medical Staff, Department Chair, Hospital President or VP of Medical Affairs.
2. Since quality is a concern in this situation, the physician’s clinical privileges will be withdrawn or suspended, as appropriate, in accordance with the Medical Staff Bylaws.
3. Following completion of the MHPRP assessment, the Medical Staff Executive Committee will make a review of the findings.

E. In the event that Board of Medicine and MHPRP conclude that no impairment exists, that portion of the investigation will be closed and the result will be kept in a separate, confidential administrative file, however, the quality issues will be investigated and addressed by the Department Chair.

F. If the Board of Medicine or MHPRP concludes that there is evidence that an impairment does exist, then completion of the MHPRP treatment program becomes a prerequisite for continued medical staff privileges.

1. The physician may not participate in patient care activities until clearance is provided to do so, in writing, by the MHPRP.
2. The physician’s clinical privileges will remain suspended until such time as he or she is cleared to return to medical practice by MHPRP.
3. Participants in MHPRP are required to sign a contract for ongoing monitoring. Compliance with all terms of this contract will remain a prerequisite for staff

privileges. MHPRP will notify the VP of Medical Affairs in the event that the physician violates this contract. Under these circumstances, the physician will be suspended until such time as satisfactory compliance with the terms of the contract occurs and the ability of the physician to return to practice is provided, in writing, by MHPRP.

4. The Medical Staff Executive Committee will review the Board of Medicine decision regarding the licensure status of the physician. In the event of restrictions, or loss of licensure, the Medical Staff Executive Committee will take action as appropriate for the change in licensure status.

5. If impairment is due to non-treatable physical or mental illness, including physiologic deterioration or loss of motor skill, then the representatives of the Medical Staff may recommend the following:

- a. Request that the physician voluntarily resign his or her membership on the Medical Staff.
- b. Suspend or modify clinical privileges and/or amend medical staff membership status.

## R:7 Identification And Management Of Physician Health

### R:7:1 Purpose

To identify and manage physician health and provide education.

### R:7:2 Policy

It is the obligation of the Medical Staff, in coordination with the Department of Medical Affairs, to identify and manage matters of individual physician health. "Matters of Individual Health" are defined as physical or mental illness, or life crises that impair the physician's ability to care for patients. This function is separate from the medical staff disciplinary function.

The purpose of this process is to provide assistance and rehabilitation, rather than discipline, and aid a physician in retaining or regaining optimal professional functioning, consistent with protection of patients. If at anytime during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a physician is unable to safely perform the privileges he or she has been granted, the matter is forwarded to medical staff leadership for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements.

### R:7:3 Procedure

#### R:7:3:1 Identification of a Physician's Physical or Mental Illness or Life Crisis

R:7:3:1:1 A physician may refer himself or herself, or be referred by another physician, staff member, or other source by calling the Vice President of Medical Affairs office, or submitting a report in writing or verbally to the Vice President of Medical Affairs (VPMA).

R:7:3:1:2 The VMPA will review the information and investigate the matter fully to evaluate credibility of the referral.

R:7:3:1:3 The VPMA will take action, as appropriate, upon completion of this investigation.

R:7:3:1:4 This action may include:

R:7:3:1:4:1 Meeting personally with the physician or designate another appropriate person to do so.

R:7:3:1:4:2 Review all documents or interview any and all individuals involved in the incident(s) or who may have

information relevant to the investigation.

R:7:3:1:4:3 Require that the physician undergo a complete medical exam, so long as the exam is related to the performance of the physician's clinical privileges and medical staff duties.

R:7:3:1:4:4 Require the physician to undergo a drug test to determine if the physician is currently using drugs illegally.

R:7:3:1:4:5 Referral of the affected physician to the appropriate professional, internal or external, for diagnosis and treatment of the condition or concern.

R:7:3:1:4:6 All activities of the VPMA will be carefully and confidentially documented.

#### R:7:3:2 Monitoring and Evaluation

R:7:3:2:1 The Department of Medical Affairs will provide information to the physician as it relates to their illness as needed.

R:7:3:2:2 The VPMA will assess the physician and provide an appropriate referral to an internal or external resource for diagnosis and treatment of the condition.

R:7:3:2:3 Once a physician has been identified as having a physical illness, mental illness or a life crisis, a treatment process and time frame will be discussed and agreed upon with the physician and the VPMA. This will include reports from the treating professional. If it is determined that the physician's physical or mental illness affects his/her ability to treat patients, their privileges will be referred to the Qualifications and Credentials Committee for review.

R:7:3:2:4 If the problem that is affecting the physician is determined to be an impairment and is classified as a disability under the ADA, the following will occur:

R:7:3:2:4:1 It will be determined if a reasonable accommodation can be made for the physician and if the physician would be able to competently and safely perform his/her clinical privileges and the duties and responsibilities of the medical staff.

R:7:3:2:4:2 Whether a reasonable accommodation would

create an undo hardship upon the hospital, such that the reasonable accommodation would be excessively costly, disruptive, or alter the nature of the hospital's operations or the provision of patient care.

R:7:3:2:4:3 Whether the impairment constitutes a "direct threat" to the health and safety of the physician, patients, employees or others within the hospital.

R:7:3:2:4:4 If there is a reasonable accommodation that can be made, the VPMA will attempt to work out a voluntary agreement with the physician, so long as it does not create an undo hardship upon the hospital. The president of the hospital will be informed of attempts to work out an agreement and approve any agreement before it becomes final or effective. The hospital will report to the Department of Commerce for Health Facilities as outlined in the Health Professional Licensure and Discipline Laws.

R:7:3:2:5 The Department of Medical Affairs will monitor the patient care activities of the affected physician.

### R:7:3:3 General Education

R:7:3:3:1 The Department of Medical Affairs will sponsor at least one educational program on the physician health and well being each year for the general medical staff.

R:7:3:3:2 This reporting policy will be reviewed at each medical staff division meeting on an annual basis.

### R:7:3:4 Reporting to the Medical Staff Leadership

R:7:3:4:1 The VPMA will report any instances in which a physician provides unsafe treatment to the Qualifications and Credentials Committee and the Medical Staff Executive Committee.

R:7:3:4:2 The VMPA will report an anonymous summary of the referrals received to the Qualifications and Credentials Committee every six months.

### R:7:3:5 Confidentiality

R:7:3:5:1 All information gathered by the process will be kept strictly confidential in the Department of Medical Affairs in a separate locked file.

R:7:3:5:2 The VPMA will maintain confidentiality except as required by law, ethical obligation or when the safety of a patient is threatened.

#### R:7:3:6 Reinstatement of Privileges

R:7:3:6:1 If a physician had their privileges limited or restricted during their treatment process, a review will be completed to determine if the physician has completed his/her rehabilitation and/or treatment. At this time the physician may request to have their privileges reinstated.

R:7:3:6:2 The physician must submit a report from the treating physician to the VPMA. The letter shall include:

R:7:3:6:2:1 If the physician is participating in a treatment or rehabilitation program

R:7:3:6:2:2 If the physician is in compliance with all of the terms of the program

R:7:3:6:2:3 If the physician is attending rehabilitation meetings regularly (if appropriate)

R:7:3:6:2:4 To what extent the physician's behavior and conduct are monitored

R:7:3:6:2:5 Whether in the opinion of the treating physician or director if the physician is rehabilitated

R:7:3:6:2:6 Whether an after-care program has been recommended to the physician and a description of the program

R:7:3:6:2:7 Whether in the opinion of the treating physician or director if the physician is capable of resuming medical practice and providing continuous, competent care to patients.

R:7:3:6:3 The VPMA has the right to obtain another opinion if needed.

R:7:3:6:4 If all of the information given indicates that the physician is rehabilitated and capable of resuming care of patients, the VPMA

may request the following:

R:7:3:6:4:1 The affected physician must identify a physician who is willing to assume responsibility for the care of their patients in the event of their inability or unavailability to treat patients.

R:7:3:6:4:2 The physician may be required to obtain periodic reports for the VPMA from his/her primary care physician, during a specified time frame.

R:7:3:6:5 The physician's privileges will be monitored by the department chair or a physician appointed by the department chair and VPMA. The Medical Staff Executive Committee will determine the nature and timeframe of the monitoring after review of the circumstances.

R:7:3:6:6 The physician must agree to submit to an alcohol or drug-screening test (if appropriate) at the request of the VPMA or their designee.

R:7:4 Responsible Persons:

Vice President of Medical Affairs  
Director of Physician Services  
Medical Staff Leadership

## R:8 Guidelines for Physicians and Health Care Workers Treating Family Members

R:8:1 Physicians and healthcare workers should avoid treating themselves and immediate family members.

R:8:2 Physicians and healthcare workers should also be cautious about assuming the care of extended family members, employees, close friends, or closely associated healthcare workers, when care may be compromised.

### R:8:3 Consideration of potential problems:

R:8:3:1 Lack of thorough history taking: drug use, domestic violence.

R:8:3:2 A physician's or health care worker's emotional proximity to patient may result in a loss of professional objectivity.

R:8:3:3 Loss of patient autonomy: the patient's right to consent to or refuse medical treatment offered by the physician or health care worker may be comprised by their proximal relationship to the physician or health care worker.

R:8:3:4 Lack of continuity of care: with the patient's own physicians and health care workers.

R:8:3:5 Confidentiality and privacy issues.

### R:8:4 Recommendations

R:8:4:1 If, out of necessity, physicians and health care workers treat themselves or immediate family members (i.e.: a family member unexpectedly presents to the medical floor, to the ED or needs emergency surgery) then the physician and healthcare workers involved should transfer that patient's care to another physician or health care worker as soon as possible.

R:8:4:2 Elective treatment and procedures should not be performed on immediate family members.

R:8:4:3 Request for care from immediate/close family members should be handled by assisting them in obtaining appropriate care. Of course, fulfilling the role of an informed and trusted advisory may be continued.

R:8:4:4 The physician-patient relationship should be reassessed for possible conflicts when necessary (a patient becomes an employee, etc.)

R:8:4:5 Physicians should not write orders on a patient's chart when a formal physician-patient relationship does not exist. Similarly, physician and health care workers should not have access to the patient's medical record, except through

normal channels following HIPAA guidelines.

R:8:4:6 Physicians should not write prescriptions for controlled substances for themselves or immediate family members.

R:8:4:7 Concerns with these guidelines mandates referral to the department chairperson, nurse manager and/or to the ethics committee for review/consultation.