BYLAWS
of
THE MEDICAL STAFF
of
LENOX HILL HOSPITAL
NEW YORK

Revised 3/23/2015
Table of Contents

PREAMBLE ........................................................................................................................................1

DEFINITIONS .....................................................................................................................................3

ARTICLE I NAME .................................................................................................................................6

ARTICLE II PURPOSES .........................................................................................................................7

ARTICLE III MEMBERSHIP ON THE MEDICAL STAFF .................................................................8
 Section 1. Membership a Privilege ......................................................................................................8
 Section 2. Qualifications .....................................................................................................................8
 Section 3. Professional Liability Insurance Coverage .................................................................9
 Section 4. Professional and Ethical Standards .................................................................................10
 Section 5. Term of Appointment and Reappointment .................................................................12
 Section 6. Application for Appointment ..........................................................................................12
 Section 7. The Appointment Process ...............................................................................................15
 Section 8. The Reappointment Process ............................................................................................18
 Section 9. Expedited Credentialing ...................................................................................................22
 Section 10. Physicians, Dentists or Podiatrists Employed by the Hospital or Physicians Employed By a Medical Practice Entity With an Exclusive Contract With the Hospital ........................23
 Section 11. Leaves of Absence ............................................................................................................25
 Section 12. Exemption from Membership and Privileges Relating to Organ Procurement ........25
 Section 13. Focused Professional Practice Evaluation ..................................................................26
 Section 14. Ongoing Professional Practice Evaluation .................................................................26

ARTICLE IV THE MEDICAL STAFF .................................................................................................27
 Section 1. Medical Director ..............................................................................................................27
 Section 2. Categories Established .....................................................................................................28
 Section 3. The Attending Medical Staff ............................................................................................29
 Section 4. The Associate Medical Staff ............................................................................................30
 Section 5. The Assistant Medical Staff ............................................................................................31
 Section 6. The Courtesy Medical Staff ............................................................................................32
ARTICLE V  CLINICAL PRIVILEGES OF MEMBERS OF THE MEDICAL STAFF ...

ARTICLE VI  CORRECTIVE ACTION, SUMMARY SUSPENSION & AUTOMATIC TERMINATION/SUSPENSION

ARTICLE VII  HEARING & APPELLATE REVIEW PROCEDURE

PART A  INITIATION OF A HEARING

PART B  THE HEARING
PART C HEARING PROCEDURES..........................................................51
Section 1. Representation.................................................................51
Section 2. The Presiding Officer.........................................................52
Section 3. Record of Hearing............................................................52
Section 4. Rights of the Parties .........................................................52
Section 5. Admissibility of Evidence..................................................53
Section 6. Official Notice ....................................................................53
Section 7. Basis of Decision ...............................................................53
Section 8. Burden of Proof .................................................................54
Section 9. Adjournment and Conclusion .............................................54
Section 10. Hearing Committee Report ..............................................54
Section 11. Action on Hearing Committee Report ............................54
Section 12. Notice and Effect of Result .............................................55

PART D APPELLATE REVIEW..............................................................56
Section 1. Request for Appellate Review ..........................................56
Section 2. Grounds for Appeal ..........................................................56
Section 3. Notice of Time and Place of Appellate Review ..................56
Section 4. Appellate Review Body ......................................................56
Section 6. Action by the Appellate Review Body ...............................57
Section 7. Final Decision by the Board of Trustees ............................57
Section 8. Right to One Hearing/Appellate Review ............................58

ARTICLE VIII ALLIED HEALTH PROFESSIONAL STAFF.........................59
Section 1. General Provisions...........................................................59
Section 2. Additional Provisions Regarding the Allied Health Professionals ....62

ARTICLE IX MEDICAL BOARD................................................................64
Section 1. Composition ....................................................................64
Section 2. Procedure for Election of Elected Members of the Medical Board ....65
Section 3. Officers of the Medical Board ............................................66
Section 4. Duties and Responsibilities of the President of the Medical Board ....67
Section 5. Duties and Responsibilities of the Vice President of the Medical Board68
Section 6. Duties and Responsibilities of the Secretary of the Medical Board ...68
Section 7. Duties and Responsibilities of the Medical Board.........................68
Section 8. Meetings, Quorum and Voting Requirements ...........................70

ARTICLE X  ORGANIZATION OF CLINICAL DEPARTMENTS, DIVISIONS & SERVICES..................................................................................................................72
Section 1. Departments ..................................................................................72
Section 2. Qualifications of Department Chairmen ......................................74
Section 3. Appointment of Department Chairmen .......................................74
Section 4. Tenure, Absence and Vacancy of Department Chairmen ............75
Section 5. Duties and Responsibilities of Department Chairmen ..................75
Section 6. Divisions and Sections of Departments .......................................77
Section 7. Establishment of New and Modification of Existing Departments, Divisions, Sections, Services and Programs ..............................78
Section 8. Qualifications of Division Directors ..........................................78
Section 9. Appointment and Removal of Division Directors .......................79
Section 10. Tenure, Absence and Vacancy of Division Directors ...............79
Section 11. Duties and Responsibilities of Division Directors ......................79
Section 12. Section Chiefs ............................................................................81

ARTICLE XI  COMMITTEES OF THE MEDICAL BOARD ..............................82
Section 1. General Provisions ......................................................................82
Section 2. Bylaws, Codes, Accreditation and Ethics Committee ..................84
Section 3. Cancer Committee .......................................................................86
Section 4. Credentials Committee .................................................................87
Section 5. Critical Care Committee .................................................................88
Section 6. Graduate Medical Education Committee ....................................89
Section 7. Hospital Information Management Committee ........................91
Section 8. Hospital Infection Control Committee ......................................91
Section 9. Institutional Review Board ..........................................................92
Section 10. Operating Room Committee ......................................................93
Section 11. Performance Improvement Coordinating Group ......................93
Section 12. Pharmacy, Therapeutics and Nutrition Committee ...................95
Section 13. Radiation Safety Committee ......................................................96
Section 14.  Tissue Committee ................................................................. 97
Section 15.  Transfusion and Blood Bank Committee ......................... 9898

ARTICLE XII  BOARD OF TRUSTEES COMMITTEES & HOSPITAL
COMMITTEES ................................................................................. 99

Section 1.  Hospital Ethics Committee .................................................. 99
Section 2.  Committee on Quality .......................................................... 1000

ARTICLE XIII  MEDICAL STAFF MEETINGS ........................................ 101

Section 1.  Meetings of the Medical Staff .............................................. 1011
Section 2.  Special Meetings of the Medical Staff ................................. 1011
Section 3.  Notice of Regular Meetings of the Medical Staff .......... 1011
Section 4.  Quorum ........................................................................ 1011
Section 5.  Agenda ........................................................................... 102
Section 7.  Minutes ........................................................................ 1022

ARTICLE XIV  DEPARTMENT, DIVISION & COMMITTEE MEETINGS .......... 1033

Section 1.  Regular Meetings ................................................................. 1033
Section 2.  Special Meetings ................................................................. 1033
Section 3.  Notice of Regular Meetings ............................................... 1033
Section 4.  Quorum ........................................................................ 1044
Section 5.  Manner of Action ................................................................. 1044
Section 6.  Rights of Ex Officio Members ........................................... 1044
Section 7.  Minutes ........................................................................ 1044
Section 8.  Attendance Requirements .................................................. 1044

ARTICLE XV  CONFIDENTIALITY, IMMUNITY & RELEASES ................. 1066

Section 1.  Special Definitions ............................................................... 1066
Section 2.  Authorizations and Conditions ........................................ 1066
Section 3.  Confidentiality of Information ......................................... 1077
Section 4.  Immunity from Liability ...................................................... 1077
Section 5.  Activities and Information Covered .................................. 10808
Section 6.  Releases .......................................................................... 1088
ARTICLE XVI  RULES & REGULATIONS.................................................................10909
  Section 1.  Medical Staff Rules and Regulations......................................10909
  Section 2.  Department Rules and Regulations.......................................10909

ARTICLE XVII  AMENDMENTS TO THESE BYLAWS........................................1111

ARTICLE XVIII  CONFLICT MANAGEMENT..................................................1122

ARTICLE XIX  ADOPTION .............................................................................1144
PREAMBLE

Lenox Hill Hospital (the “Hospital”) is a voluntary hospital established as a New York not-for-profit corporation licensed under the laws of the State of New York. The Hospital is part of the North Shore-Long Island Jewish Health System (“Health System”) whose mission is to improve the health of the communities its healthcare institutions serve with a commitment to providing the highest quality clinical care; educating the current and future generations of health care professionals; searching for new advances in medicine through the conduct of bio-medical research; promoting health education; and caring for the entire community regardless of ability to pay.

In accordance with the Hospital’s mission, the Hospital is committed to accomplishing the following objectives:

• To ensure that all patients admitted to or treated in any of the facilities, campuses, departments or services of the Hospital shall receive the best possible care, irrespective of their race, color, creed, religion, gender, national origin, sexual orientation, veteran’s status, marital status, age, disability, or their ability to pay for such care.

• To provide reliable and valid measures for the continuous evaluation of the overall quality of care provided to all patients of the Hospital and to make recommendations thereon to the Board of Trustees so that all patients admitted or treated at any of the facilities, departments or services of the Hospital receive a safe and high quality of care.

• To ensure a high level of professional performance of all members of the Medical Staff through the appropriate delineation of privileges to practice in the Hospital and the regular review and evaluation of the activities of all individuals granted clinical privileges in the Hospital.

• To provide education and maintain the highest scientific and educational standards in cooperation with the Hospital’s affiliated medical schools and to ensure an optimum atmosphere for continuous progress in professional knowledge and skill of all members of the Medical Staff and those allied health practitioners affiliated with the Medical Staff.

• To initiate and maintain rules and regulations for the governance of the Medical Staff.

• To discuss issues concerning the patients, Medical Staff and the Hospital with the Board of Trustees, the Chief Executive Officer and the Executive Director, through authorized representatives and structures of the Medical Staff, such as the Medical Board and the Committee on Quality.

• To stimulate and foster approved clinical and laboratory research by members of the Medical Staff and to assist in providing funds therefor.

• To support programs associated with community public health needs.
• To conduct all of the above activities with an overriding concern for the patient and the recognition of his or her dignity as a human being.

• To render other services as are reasonably necessary to carry out the foregoing purposes as well as any other related purposes.

It is recognized that the Medical Staff of the Hospital shares responsibility for the quality of patient care and performance improvement at the Hospital and must accept and discharge that responsibility, subject to the ultimate authority of the Board of Trustees of the Hospital, and that the cooperative efforts of the Board of Trustees, the CEO, the Executive Director, the Chief Medical Officer, the Medical Director and the Medical Staff are necessary to fulfill the Hospital’s obligations to its patients.

In order to further the aims and purposes of the Hospital, therefore, the practitioners practicing at the Hospital have organized themselves into a Medical Staff in conformity with these Bylaws and the Medical Staff Rules and Regulations, which are subject to and shall not conflict with the Bylaws for the corporate governance of the Hospital.
DEFINITIONS

1. The term “Allied Health Professional” or “AHP” means a health care professional other than a physician, dentist or podiatrist, who may be accorded specific practice privileges in the Hospital, limited to his areas of competence. Allied Health Professionals shall include, but shall not be limited to, psychologists, podiatrists, doctoral scientists, physician assistants, certified nurse practitioners, midwives and certified registered nurse anesthetists (“CRNAs”). Such Allied Health Professionals may be appointed to the Allied Health Professional Staff and, unless otherwise provided, shall be subject in all respects to these Bylaws, Rules and Regulations, and shall carry out their professional activities in the Hospital subject to the Hospital Bylaws, Medical Staff Bylaws, Rules and Regulations, and all other standards, policies and rules of the Hospital.

2. The term “Board Certified” means an individual who is certified as a Diplomate by one or more Specialty Board as defined below, and, in those specialties requiring recertification in order to remain Board Certified, is Board recertified.

3. The term “Board of Trustees” or “Governing Body” means the Board of Trustees of Lenox Hill Hospital, the governing body of the Hospital.

4. The term “Chairman” or “Department Chairman” means an individual who supervises one of the Medical Staff Departments of the Hospital, whose qualifications, appointment, tenure, duties and responsibilities are more fully described in ARTICLE X hereof.

5. The term “Chief Academic Officer” means the individual appointed by the CEO who is responsible for the activities related to the affiliated medical schools and for educational programs of the Hospital, including its graduate staff, medical students and the continuing medical education of the Medical Staff.

6. The term “Chief Executive Officer” or “CEO” means the individual appointed by the Board of Trustees to act on its behalf in the overall administrative management of the Hospital. The CEO is the CEO of the North Shore-Long Island Jewish Health System and of the Hospital.

7. The term “Clinical Privileges” means the rights granted to a Practitioner by the Board of Trustees to provide those specific diagnostic, therapeutic, medical, dental, podiatric or other services which are within the scope of licensure of such individual, and as to which the Practitioner has been credentialed.

8. The term “Credentialed” refers to the process of review of the qualifications of Practitioners who apply for Medical Staff membership and clinical privileges at the Hospital, conducted by the Hospital in accordance with the provisions of the Public Health Law of the State of New York and/or other applicable authorities.

9. The term “Ex Officio” means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.
10. The term “Executive Director” means the individual appointed by the CEO who is responsible for the administration of the day-to-day operations of the Hospital.

11. The term “Hospital” means the Lenox Hill Hospital, located at 100 East 77th Street, New York, New York, and its clinical operations at other locations in the City of New York.

12. The term “Hospital Year” means the period of time commencing on January 1 and ending on December 31.

13. The term “Medical Board” means the body established to act on behalf of the Medical Staff, as set forth in ARTICLE IX hereof.

14. The term “Medical Care” encompasses the field of total medical, dental, podiatric or other professional care, the evaluation and management of health as well as of disease, and the practice of both health management and disease management, utilizing support personnel, services and facilities at the level of the Practitioner and his patient.

15. The term “Medical Director” refers to the individual responsible for the day-to-day medical activities at the Hospital and directing the Medical Staff of the Hospital in accordance with these Bylaws, Hospital policies, the Regulations of the New York State Commissioner of Health and other relevant statutes and regulations.

16. The term “Medical Education” shall be considered as embracing education in all of the disciplines, at all levels, and in all of the professional and technical fields that may contribute to the effectiveness of health and medical care, and shall not be deemed limited to the education of physicians, dentists and podiatrists.

17. The term “Medical Staff” means those physicians, dentists and podiatrists duly licensed or otherwise legally authorized to practice medicine or dentistry in the State of New York, who are appointed by the Board of Trustees to the medical staff of the Hospital and enjoy clinical privileges to provide care to patients of the Hospital. The term Medical Staff shall not be deemed to include Allied Health Professionals such as psychologists, doctoral scientists, physician assistants, certified nurse practitioners, midwives, certified registered nurse anesthetists or others who may be accorded specified practice privileges in the Hospital limited to their areas of competence. Members of the Medical Staff shall be considered part of an organized health care arrangement with the Hospital (as that term is defined in 42 CFR 160.103) when exercising their clinical privileges in the Hospital. The Medical Staff shall also mean the Organized Medical Staff as such term is defined in the Joint Commission’s Comprehensive Accreditation Manual for Hospitals.

18. The term “Patient” means any person admitted to and/or treated in any of the Departments, Divisions or Services of the Hospital, as an inpatient, outpatient, ambulatory patient, emergency patient, or otherwise.

19. The term “Practitioner” means a physician, dentist, podiatrist or Allied Health Professional who is duly licensed or otherwise legally authorized to practice in the State of New York and, in the case of physicians and dentists, is a member of the Medical Staff, or is otherwise
credentialed and privileged to provide specific services under the guidance and supervision of the Medical Staff.

20. The term “Resident” means a physician in a program of graduate medical education accredited by the Accreditation Council on Graduate Medical Education (ACGME), a dentist in a program of graduate dental education accredited by the American Dental Association (ADA), or a podiatrist in a program of graduate podiatric education accredited by the Council on Podiatric Medical Education.

21. The term “Specialty Board” means the American Board of Medical Specialties, the American Osteopathic Association, the Council on Dental Accreditation, or the American Board of Foot and Ankle Surgery (and its predecessor, the American Board of Podiatric Surgery).

22. The term “System Chief Medical Officer” means the person appointed by the CEO of the Health System who has administrative oversight over all the clinical programs and related activities (not day-to-day medical activities) of each of the System Hospitals.

23. The term “System Hospital” means a hospital in the Health System whose sole voting member is either North Shore-Long Island Jewish Health Care Inc. or North Shore-Long Island Jewish Health System and which is an acute care hospital licensed under Article 28 of the New York State Public Health Law.

Wherever a personal pronoun is used in these Bylaws, it shall be interpreted to refer to persons of either gender. The captions or headings in these Bylaws are for convenience only, and are not intended to limit or define the scope or effect of any of the provisions of these Bylaws.
ARTICLE I

NAME
The name of this organization shall be the *Medical Staff of Lenox Hill Hospital* hereinafter sometimes referred to as the *Medical Staff* or *Staff*. 
ARTICLE II

PURPOSES

The purposes of the Medical Staff are:

1. to ensure that all patients admitted to or treated in any of the facilities, Departments, Divisions or Services of the Hospital shall receive high quality care, irrespective of sex, race, creed, color, age, national origin, disability, sexual orientation, source of payment, marital status or veteran status;

2. to ensure a high level of professional performance by all members of the Medical Staff through the appropriate delineation of privileges and the continuous review and evaluation of the activities of all individuals granted clinical privileges in the Hospital;

3. to provide education and maintain high scientific and educational standards and to ensure an optimum atmosphere for continuous progress in professional knowledge and skill of all members of the Medical Staff and of those residents, fellows, medical students and members of the allied health professions associated with the Hospital;

4. to initiate and maintain rules and regulations for self-government of the Medical Staff;

5. to provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed by authorized representatives of the Medical Staff, the Executive Director, the Chief Executive Officer, and the Board of Trustees;

6. to stimulate and foster approved clinical and laboratory research by members of the Medical Staff;

7. to support programs associated with community public health needs, as deemed appropriate by the Board of Trustees;

8. to participate in the ongoing measurement, assessment and improvement of both clinical and non-clinical processes and to improve patient care outcomes; and

9. to practice within the framework of clinically relevant and scientifically valid standards, guidelines and criteria.
ARTICLE III

MEMBERSHIP ON THE MEDICAL STAFF

Section 1. Membership a Privilege

Membership on the Medical Staff of the Hospital is a privilege which shall be extended only to those individuals who meet and continue to meet the qualifications, standards and requirements set forth in these Bylaws, the Rules and Regulations, and all other standards, policies and rules of the Hospital.

Section 2. Qualifications

A. To qualify for membership and appointment to the Medical Staff, physicians, dentists and podiatrists shall be currently licensed and duly registered with the Department of Education of the State of New York, or otherwise legally authorized to practice in the State of New York, and able to document their background, education, experience, training, and demonstrated competence; their health status; their adherence to the ethics of their profession; their good reputation and character; and their ability to work harmoniously with others sufficiently to assure the Hospital that patients treated by them in the Hospital will receive high quality medical care and that the Hospital and the Medical Staff will be able to operate in an orderly manner.

B. No physician, dentist or podiatrist shall be entitled to membership on the Medical Staff, or shall be granted clinical privileges, merely by virtue of the fact that he is duly licensed or otherwise legally authorized to practice medicine, dentistry or podiatry in this or any other state; or that he has achieved certification, fellowship, or membership in a specialty body, society or other professional organization; or that he has had, or presently has, privileges at another hospital.

C. No physician, dentist or podiatrist shall be denied Medical Staff membership, nor shall any physician’s, dentist’s or podiatrist’s existing privileges on the Staff be curtailed, terminated or diminished in any way, because of his participation in any medical group practice or non-profit health insurance plan authorized by the laws of the State of New York.

D. No physician, dentist or podiatrist shall be denied Medical Staff membership and/or clinical privileges on the basis of sex, race, creed, color, age, national origin, disability, sexual orientation, marital status, veteran status, or any other criterion lacking professional justification.

E. An appointment to the Medical Staff shall be denied only for reasons relating to one or more of the following areas: the character or competency of the applicant, standards of patient care or patient welfare, and/or objectives of the Hospital. In evaluating a Medical Staff application, due consideration shall be given to whether the Hospital is able to provide adequate facilities and support services.
and whether an additional Medical Staff member with the applicant’s skill and training is needed.

F. All practitioners who are members in good standing of the Medical Staff and appointed to the Department of Emergency Medicine as of June 16, 2014, also shall be appointed to the Department of Community and Acute Care Services effective such date, provided that such practitioners satisfy the credentialing requirements set forth in this ARTICLE III.

Section 3. **Professional Liability Insurance Coverage**

A. Members of the Medical Staff shall maintain professional liability insurance in full force and effect and at all times, of such kind and type, and in such minimum amounts from a carrier, underwriter or issuer as the Board of Trustees, upon the recommendation of the Medical Board, may require. Such professional liability insurance shall provide, via occurrence coverage or via a paid tail endorsement in connection with any claims made policy, protection for claims arising from occurrences which take place at any time during the Medical Staff member’s membership on the Medical Staff, irrespective of when claims for such occurrences may be asserted.

B. Proof of such insurance coverage must be submitted by the Medical Staff member to the Health System’s Medical Staff Services Office at the time of procurement of such coverage and subsequently on an annual basis. Failure to maintain such limits of insurance will result in automatic suspension from the Medical Staff, pursuant to ARTICLE VI Section 4D.

C. All applicants for appointment to the Medical Staff shall submit, prior to appointment, and existing Medical Staff members shall submit at the time of reappointment, a certificate issued by the insurance carrier (i) evidencing the maintenance of such professional liability insurance as is required by the Hospital; and (ii) stating that the Hospital will receive prior written notice of the effective date of any reduction, cancellation or termination of such insurance. Any Medical Staff member who changes his professional liability insurance carrier, underwriter or issuer shall submit a certificate from the new insurance carrier, underwriter or issuer evidencing the requirements set forth herein, and confirming that there will be no lapse of insurance coverage following the discontinuance of the Medical Staff member’s prior coverage. Any other changes to the Medical Staff member’s professional liability insurance coverage, including but not limited to changes in amount of coverage or class of coverage, require prior written notification to the Health System’s Medical Staff Services Office. A new certificate or certificates of insurance reflecting such change(s) must also be presented to the Medical Staff Services Office as soon as available to the Medical Staff member.
D. The Board of Trustees, in consultation with the Medical Board, shall periodically review the requirements for professional liability insurance required to be maintained by Medical Staff members.

Section 4. Professional and Ethical Standards

A. Members of the Medical Staff shall provide their patients with care of the generally professionally recognized level of quality and efficiency, shall provide for the continuous care and supervision of their patients, and shall seek consultation whenever necessary. Each member of the Medical Staff and Allied Health Professional Staff shall designate another member to attend his patients during any absence of such Practitioner (including, but not limited to, illness, vacation, attendance at professional conferences, unavailability when contacted in an emergency, or for any other reason). In the event of failure of any Medical Staff member or Allied Health Professional Staff member to so designate another member, the Chairman of the applicable Department or the Director of the applicable Division shall have the authority to assign any member of the Department or Division, should he consider it necessary, to attend to patients of the absent or unavailable member.

B. Members of the Medical Staff shall abide by these Bylaws, the Rules and Regulations and by all other standards, policies and rules of the Hospital.

C. Members of the Medical Staff shall discharge such Staff, Department, Division, Service, Committee and Hospital duties for which they are responsible by appointment, election or otherwise.

D. Members of the Medical Staff shall prepare and complete in a timely manner the medical and other required records for all patients they admit or to whom they provide care in the Hospital.

E. Members of the Medical Staff shall conduct themselves in the highest professional tradition based on generally accepted principles of medical ethics. For those who have practiced elsewhere prior to application or appointment to the Hospital, prior adherence to such generally accepted principles of medical ethics shall be an express condition precedent to Staff membership.

F. Members of the Medical Staff shall not receive from, or pay to, another Practitioner or any other person, either directly or indirectly, any part of a fee received for professional services, except as otherwise authorized by federal, state or local law. Members of the Medical Staff may not participate in any activity or professional conduct that constitutes fraud and abuse as those terms are used and interpreted in federal statutes or regulations or by the Office of the Inspector General or other governmental authority.

G. Members of the Medical Staff shall not have had sanctions of any kind imposed or disciplinary proceedings pending by any health care institution, professional health care organization, managed care organization (e.g., HMO, PPO, IPA, etc.),
governmental or licensing authority, including suspension, termination for cause or exclusion from the Medicare or Medicaid program, or any other federal or state provider payment programs, and shall not have been engaged in activities or professional conduct that constitutes fraud and abuse as those terms are used and interpreted in federal statutes or regulations or by the Office of Inspector General, or other governmental authority.

H. Members of the Medical Staff shall maintain such standards and meet such requirements as will, at all times, warrant:

1. full accreditation of the Hospital by The Joint Commission;

2. continuance of the operating certificate issued to the Hospital pursuant to the provisions of the Public Health Law of the State of New York; and

3. approval, accreditation and certification by applicable review or certifying boards and/or agencies in connection with such undergraduate, graduate and postgraduate professional training programs as are or may be approved by the Board of Trustees.

I. No member of the Medical Staff may delegate to another Medical Staff member, other Hospital Practitioner, or other medical practitioner, responsibility for the diagnosis and the care of patients admitted to or treated at the Hospital unless appropriate privileges have been granted to the latter to undertake such responsibility. Members of the Medical Staff may not deceive a patient as to the identity of an operating surgeon or any other Practitioner providing treatment or services at the Hospital.

J. No member of the Medical Staff may delegate to a commercial or other referral service, or a professional corporation or any other legal entity, the privileges assigned to him pursuant to these Bylaws.

K. The Medical Staff shall prescribe from time to time in its Rules and Regulations the criteria and procedures for determining the need for a consultation with a specialist physician. Where applicable, members of the Medical Staff shall consult with a specialist physician, in accordance with such criteria and procedures, to provide for the diagnosis and treatment of patient conditions in accordance with generally accepted standards of patient care.

L. Members of the Medical Staff are subject to review as part of the Malpractice Prevention Program and the Quality Assurance Program of the Hospital, and shall be responsible for participating in such programs in accordance with the Hospital’s written plans therefore.

M. The clinical judgment of members of the Medical Staff or the Allied Health Professional Staff shall not be compromised by the manner in which the Hospital compensates or shares financial risk with Practitioners.
Section 5. **Term of Appointment and Reappointment**

For the purpose of these Bylaws, the Hospital’s year shall commence on the first day of January and end on the thirty-first day of December. Appointments and reappointments to the Medical Staff shall be made by the Board of Trustees in accordance with the procedures set forth in this ARTICLE III of these Bylaws and the maximum term of such appointment or reappointment shall be two (2) years, and in no event shall it extend beyond the last calendar day of the second Hospital year, or until such date in the following calendar year as the Board of Trustees shall act on Medical Staff reappointments, whichever shall last occur. An initial appointment to the Medical Staff shall be for a provisional two (2) year period, during which time the appointee must demonstrate to the Department Chairman and the Medical Board that he meets all qualifications, has discharged all his responsibilities, has satisfactorily demonstrated his ability to exercise the clinical privileges provisionally granted to him and has not exceeded or abused the prerogatives of the Medical Staff category to which he was provisionally appointed.

Section 6. **Application for Appointment**

A. Applications for appointment to the Medical Staff must be requested in writing from the Chairman of the Department in which privileges are sought. Whenever an application for appointment to the Medical Staff is requested in writing, the Chairman of the applicable Department shall notify the Health System’s Medical Staff Services Office. Applications must be completed and submitted on the prescribed Hospital form, either in person or by mail, to the applicable clinical Department, which shall notify the Medical Staff Services Office of its receipt.

B. The applicant shall be responsible for producing adequate information for proper evaluation of his education, experience, background, training, and demonstrated ability. This evaluation process may include an assessment for proficiency in the following six “General Competencies” adapted from the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative: (i) Patient Care; (ii) Medical/Clinical Knowledge; (iii) Practice-Based Learning and Improvement; (iv) Interpersonal and Communication Skills; (v) Professionalism; and (vi) Systems-Based Practice. The applicant also shall be responsible for providing information about his physical and mental status, as evidenced by a certificate signed by the applicant’s physician.

C. The application shall be in such form as shall have been approved by the Medical Board and the Board of Trustees, and shall include, but not be limited to, the following information, which the applicant shall verify to be complete, true and current:

D. The application shall require detailed information concerning the applicant’s professional qualifications, including:
(1) Professional education, training and experience.

(2) Current licensures and registrations.

(3) The names and addresses of any hospital or facility with or at which the applicant had or has any association, employment, privilege or practice.

(4) The names of at least three (3) references who have had current and extensive experience in observing and working with the applicant and can provide relevant information pertaining to the applicant’s background, education and training. At least one (1) of the three (3) references must be a director or chief of service at a hospital at which the applicant trained or was affiliated. Business or practice subordinates and family members shall be ineligible to serve as references for an applicant.

(5) Information concerning whether the applicant has ever been convicted of a crime as determined by the laws of the State of New York or any other jurisdiction.

(6) Information concerning any currently pending challenges or action ever taken concerning the restriction, suspension, revocation or termination of the applicant’s license, registration, certificate or authority to practice any profession or his narcotics license, the voluntary relinquishment of such licensure, registration, certificate or authority, or any currently pending challenges to any of the foregoing, or action ever taken concerning the placement of the applicant on probation, and the reasons therefor.

(7) Information concerning whether the applicant’s employment, medical staff appointment, association, practice, status or clinical privileges were ever voluntarily discontinued, revoked, suspended, refused, reduced, not renewed, restricted, limited, or placed on probation or otherwise changed in any hospital or health care facility, and the reasons therefor.

(8) Information concerning whether the applicant has ever had sanctions of any kind imposed or disciplinary proceedings pending by any health care institution, professional health care organization, managed care organization (e.g., HMO, PPO, IPA, etc.), governmental or licensing authority, including suspension, termination for cause or exclusion from the Medicare or Medicaid program, or any other federal or state provider payment programs, or has ever been found to have engaged in activities or professional conduct that constitutes fraud and abuse as those terms are used and interpreted in federal statutes or regulations or by the Office of the Inspector General, or other governmental authority.

(9) Information concerning whether the applicant’s membership in any local, state or national professional society or association has ever been suspended, revoked or terminated, and the reasons therefor.
(10) Information concerning whether the applicant has currently in force professional liability insurance coverage of the kind and type and in the amount specified by the Board of Trustees.

(11) Information concerning the applicant’s malpractice experience, including: (i) a description of any pending medical malpractice actions in any state, (ii) the substance of the allegations in such actions or proceedings, (iii) the substance of the findings in such actions or proceedings, (iv) any judgments or settlements of any malpractice actions in any state, and (v) any additional information concerning such pending or past actions or proceedings as may be appropriate.

(12) Information concerning any past findings of professional misconduct as well as any pending professional misconduct proceedings in any state, the substance of the allegations in such actions or proceedings, the findings of such actions or proceedings, and any additional information concerning such actions or proceedings as may be appropriate.

(13) Information relative to findings pertinent to violations of patients’ rights, as prescribed by the regulations of the Commissioner of Health.

(14) Other information as the Hospital may require.

E. A copy of the corporate Bylaws of the Hospital, the Bylaws of the Medical Staff, and the Rules and Regulations of the Medical Staff are available for review by all applicants in the Hospital’s Medical Affairs Office. By submitting an application the applicant agrees to be bound by the terms thereof in all matters relating to the consideration of his application without regard to whether or not he is granted Medical Staff membership and/or clinical privileges, and that if appointed to the Medical Staff, he shall be bound by the terms thereof in carrying out the professional responsibilities imposed by such membership in all of his activities as a Medical Staff member.

F. By applying for appointment to the Medical Staff, each applicant thereby signifies his willingness to appear for interviews in regard to his application; authorizes the Hospital to consult with members of the medical staffs of other hospitals with which the applicant has been associated and with others who may have information bearing on his competence, character, ethical qualifications, professional conduct and medical malpractice history, including, but not limited to, the National Practitioner Data Bank; consents to the Hospital’s inspection of all records and documents that may be material to an evaluation of his professional qualifications to carry out the clinical privileges he requests, his health status and his moral and ethical qualifications for Staff membership; releases from any liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his credentials; releases from any liability all individuals and organizations who provide information to the Hospital in good
faith and without malice concerning the applicant’s competence, ethics, character and other qualifications for Staff appointment and clinical privileges, including otherwise privileged or confidential information; and authorizes and consents to Hospital representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that the Hospital may have concerning the applicant and releases Hospital representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice.

G. The applicant shall execute a waiver of confidentiality concerning the information requested by the Hospital, and shall sign a verification that the information provided to the Hospital by the applicant is true and accurate.

H. The applicant acknowledges his responsibility and agrees to fully and actively participate in Hospital and Department programs and activities and agrees to honor reasonable requests to serve on committees; to act as consultant; to attend meetings, teaching and continuing education programs; and to accept such other Staff duties and responsibilities as are from time to time assigned to him.

I. The Hospital shall request from any hospital with or at which the applicant had or has privileges, was associated, or was employed, the following information concerning such applicant: (i) any pending professional medical conduct proceedings or any medical malpractice actions in any state; (ii) any judgment or settlement of a medical malpractice action and any finding of professional misconduct in any state; and (iii) information which is required to be reported by hospitals pursuant to Section 2803-e of the Public Health Law.

J. The Chairman of the applicable clinical Department, or his designee, shall be responsible to see that the application form and all enclosures are examined for completeness. When the application is complete, the Chairman shall forward it for processing pursuant to the provisions of this ARTICLE III.

Section 7. The Appointment Process

A. Department Action

The Chairman of the Department in which privileges have been requested shall review the application and verify the information submitted, provided, however, that licensure shall be verified by primary source verification. He or his designee shall interview the applicant. To assist the Chairman in his review, he may submit the application to a Department review committee which may interview the applicant. This committee shall report its findings to the Chairman for his review. Thereafter, the Chairman of the Department shall make a written report and recommendation with regard to the appointment, privilege delineation and any limitations thereon, and forward the application and written report and recommendation to the Credentials Committee. Consideration shall be given to
the factors listed in Section 7B (2), below, in the formulation of the Chairman’s recommendation.

B. Credentials Committee Action

(1) The Credentials Committee shall review the application, supporting documents, the Chairman’s written report and recommendation and other relevant information. In its discretion, the Credentials Committee may interview the applicant. The Credentials Committee shall, as soon as practicable following its review, transmit to the Medical Board the application and a written report and recommendation that the Practitioner be either appointed or rejected for Medical Staff membership, or that the application be deferred for further consideration.

(2) In making its recommendations, the Credentials Committee shall give consideration, but shall not be limited, to the following factors:

(a) that the applicant’s professional competence and ethical standing meet the highest standards;

(b) that the nature of the applicant’s professional activities is such as to give promise of significant contribution to the needs, purposes and interests of the Hospital;

(c) that patient care requirements are such that there is a need for additional Medical Staff members with the applicant’s skills and training;

(d) that the applicant meets all of the necessary qualifications for the category of Medical Staff membership, and the clinical privileges requested by him;

(e) that the Hospital is able to provide adequate facilities and support services; and

(f) that the applicant’s membership on and responsibilities to the medical staffs of other hospitals and the applicant’s other endeavors will not hinder him from devoting sufficient time to his responsibilities at the Hospital.

(3) If the application for appointment is recommended for approval, the Credentials Committee shall recommend to the Medical Board the specific privileges to be conferred, together with any limitations thereon. When a recommendation to defer has been made by the Credentials Committee, a further recommendation to the Medical Board that the applicant be either appointed or rejected for Medical Staff membership shall be made at the next meeting of the Credentials
Committee or as soon thereafter as may be reasonably practicable. If the application for appointment is recommended for rejection, the reasons for such adverse recommendation shall be stated.

C. Medical Board Action

The Medical Board, at its next regularly scheduled meeting, or as soon thereafter as may be reasonably practicable after consideration of the application and the recommendations of the Credentials Committee, shall recommend that the applicant be appointed, rejected or that the application be deferred for further consideration.

(1) **Favorable Recommendation:** When the recommendation of the Medical Board is in favor of appointment to the Medical Staff, the President of the Medical Board shall promptly forward it, together with all committee actions, supporting documentation and specific recommendations with respect to the delineation of privileges, to the Committee on Quality for review and recommendation to the Board of Trustees. All recommendations for appointment must specifically recommend the clinical privileges to be granted and may qualify such privileges by probationary conditions.

(2) **Adverse Recommendation:** When the recommendation of the Medical Board is adverse to the applicant with respect to appointment or clinical privileges, the applicant shall be promptly notified of such adverse recommendation and the reasons for such recommendation, which must relate to patient welfare, standards of patient care, the objectives of the Hospital or the character and competence of the applicant. Such notice shall be given in accordance with the notice provisions of these Bylaws. No such recommendation shall be forwarded to the Committee on Quality for review and transmittal to the Board of Trustees until after the applicant has exercised or has been deemed to have waived his rights under these Bylaws.

(3) **Deferral:** When the recommendation of the Medical Board is to defer the application for further consideration, it must be reconsidered at the Medical Board’s next regularly scheduled meeting, or as soon thereafter as may be reasonably practicable, with a subsequent recommendation, either for appointment to the Medical Staff with specified clinical privileges, or for rejection for Staff membership.

D. Board of Trustees Action

(1) **On Favorable Medical Board Recommendation:** At its next regular meeting after receipt of favorable recommendations from the Medical Board, the Board of Trustees shall act in the matter. If the decision of the Board of Trustees is favorable, the applicant shall be notified in
writing by the Executive Director. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as are specified in the Notice of Appointment and/or employment agreement, in accordance with these Bylaws. If the Board’s decision is adverse to the applicant with respect to either appointment or clinical privileges, the Executive Director shall promptly notify him of such adverse decision and the reasons for the decision, which must relate to patient welfare, standards of patient care, the objectives of the Hospital or the character or competence of the applicant. Such notice shall be given in accordance with the notice provisions of ARTICLE VII of these Bylaws, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his rights under ARTICLE VII of these Bylaws.

(2) **After Exercise or Waiver of Procedural Rights:** In the case of an adverse Medical Board recommendation pursuant to ARTICLE III, Section 7C (2) or an adverse Board of Trustees decision pursuant to ARTICLE III, Section 7D(1) of these Bylaws, the Board of Trustees shall take final action in the matter only after the applicant has exhausted or has been deemed to have waived his rights under ARTICLE VII of these Bylaws.

**E. Final Decision of the Committee on Quality**

When the decision of the Board of Trustees is final, the Executive Director shall send notice of the decision to the applicant. Notification to the applicant shall be made by overnight delivery service or personal delivery to the applicant. When the decision of the Board of Trustees is favorable, appointment to the Medical Staff shall confer on the appointee only such clinical privileges as are specified in the Notice of Appointment and/or employment agreement, in accordance with these Bylaws.

**Section 8. The Reappointment Process**

**A. Criteria for Reappointment Assessment**

Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon the Hospital’s ability to provide support services and facilities and upon such member’s professional competence; proficiency in the ACGME General Competencies; demonstrated physical and mental capability; clinical performance and judgment in the treatment of patients; ethics and conduct; attendance at Department, Medical Staff and committee meetings; service on Medical Board and Hospital committees or other service obligations, as requested; active participation in the medical education programs and services of the Hospital; maintenance of timely, accurate and complete medical records; continuing education efforts made since last appointment; sanctions of any kind imposed or
disciplinary proceedings pending by any health care institution, professional health care organization, managed care organization (e.g. HMO, PPO, IPA, etc.), governmental or licensing authority, including suspension, termination for cause or exclusion from the Medicare or Medicaid program, or any other federal or state provider payment programs and/or activities or professional conduct that constitutes fraud and abuse as those terms are used and interpreted in federal statutes or regulations or by the Office of the Inspector General or other governmental authority; malpractice insurance coverage and malpractice history; information (if any) received from the National Practitioner Data Bank; patterns of care as demonstrated by reviews conducted by Medical Board and Hospital committees, including, but not limited to, Medical Staff member-specific information from the Hospital's performance-improvement activities and comparison to aggregate information; compliance with Hospital Bylaws, the Medical Staff Bylaws, the Medical Staff Rules and Regulations, and all other standards, policies and rules of the Hospital; cooperation with Hospital personnel; use of the Hospital’s facilities by the member for his patients; relations with other practitioners; general attitude toward patients, the Hospital and the public; and other reasonable indicators of the member’s continuing qualifications for Medical Staff membership at the time of reappointment.

B. Information for Reappointment

(1) In sufficient time prior to reappointment to enable the reappointment process to be completed in a timely fashion, each Medical Staff member seeking reappointment shall submit updated and current information concerning those matters noted in ARTICLE III, Section 6D of these Bylaws, except for Section 6 D (1) and (3), as well as any other information that may be requested by the Department Chairman.

(2) Each Medical Staff member seeking reappointment shall be required to submit evidence of current health status in the form of a certificate signed by the Staff member’s physician.

(3) The Medical Staff member shall execute a waiver of confidentiality concerning the information requested by the Hospital and shall sign a verification that the information provided to the Hospital by the Medical Staff member is true and accurate.

(4) Prior to renewing a Medical Staff member’s appointment, the Hospital shall request from any hospital with or at which such Medical Staff member has or had privileges, was associated or was employed during at least the preceding ten (10) years, the following information concerning the Medical Staff member:

(a) any pending professional misconduct proceedings or any professional malpractice actions in any state;
(b) any judgment or settlement of a malpractice action and any finding of professional misconduct in any state; and

(c) any information required to be reported by hospitals in connection with the occurrence of the denial, suspension, restriction, termination or curtailment of the training, employment, association or professional privileges of the medical staff member for reasons relating to

(i) alleged mental or physical impairment, incompetence, malpractice, misconduct or endangerment of a patient’s safety or welfare;

(ii) voluntary or involuntary resignation or withdrawal of association or of privileges with a hospital to avoid the imposition of disciplinary measures; or

(iii) the receipt of any information concerning a conviction for a misdemeanor or felony.

C. Department Action

In sufficient time prior to the next meeting of the Medical Board, the Chairman of each Department shall review all of the Medical Staff members in his Department and verify the information for reappointment submitted by each Medical Staff member, provided, however, that licensure shall be verified by primary source verification. The Chairman of each Department shall submit to the Credentials Committee a written report and recommendations concerning reappointment, non-reappointment or change in Medical Staff category or classification of all members of the Department, together with the retention, extension, diminution or withdrawal of their privileges. Where non-reappointment or a reduction in clinical privileges is recommended, the reasons for such adverse recommendation shall be stated and documented in the written report.

D. Reappointment of Chairmen of Departments

(1) As is the case for the reappointment of all members of the Medical Staff of the Hospital, reappointment of the Chairmen of Departments shall be based upon review and evaluation of professional performance, physical and mental health status, and reappraisal of continuing qualifications for Medical Staff membership and clinical privileges in accordance with the Medical Staff Bylaws, applicable laws and regulations, and standards of The Joint Commission.

(2) Each Chairman seeking reappointment to the Medical Staff shall complete and submit the prescribed Hospital reappointment application form and required supporting documentation. These materials shall be forwarded to the Health System’s Medical Staff
Services Office for inclusion in the Chairman’s file and further processing in accordance with applicable provisions of the Medical Staff Bylaws.

(3) In sufficient time prior to the meeting of the Credentials Committee at which time reappointments to the Medical Staff are considered, an ad hoc committee shall be established to review the Chairman’s application for reappointment to the Medical Staff. Each such committee shall consist of an Officer of the Medical Board, who shall be the chair of the committee; two (2) members of the Attending Medical Staff, who shall be members of the Department and who shall be selected by the chair of the ad hoc committee in consultation with the Medical Director; and the Medical Director, who shall serve as an Ex Officio member without vote. The Medical Board Officer who serves on the ad hoc committee shall be the chair of another department, and the responsibility to serve on such committees shall rotate among the Officers.

(4) The ad hoc committee shall review the reappointment application and supporting documentation submitted by the Department Chairman and other information gathered from required data sources, including information concerning the Chairman’s professional competence, clinical performance and judgment, findings of Hospital and Departmental quality assessment and improvement activities, and health status. The committee shall also consider information received from other institutions with which the Chairman is/was affiliated with respect to his professional conduct and medical malpractice history, and information received from the National Practitioner Data Bank. Based upon this reappraisal, the committee chairman shall, on behalf of the committee, complete the prescribed Medical Staff reappointment reappraisal form for the Department Chairman. The performance and reappraisal criteria considered by the committee, any findings or comments, any relevant information regarding the Chairman’s physical/mental health status and pertinent information received from other institutions, shall be documented on the form. The form shall also document the committee’s recommendation to the Credentials Committee of the Medical Board respecting the reappointment of the Chairman to the Medical Staff and delineation of clinical privileges.

E. Credentials Committee

(1) In sufficient time prior to the meeting of the Medical Board, the Credentials Committee, after considering the Department Chairman’s recommendations, shall complete its own review of all pertinent information available on each Medical Staff member who is being considered for reappointment for the ensuing period (including the
Chairman, as to whom the Medical Board shall consider the recommendation of the ad hoc committee established pursuant to Section 8D(3) of this ARTICLE III).

(2) Prior to the meeting of the Medical Board, the Credentials Committee shall make written recommendations to the Medical Board concerning the reappointment or non-reappointment of each member of the Medical Staff (including Department Chairmen), indicating the specific clinical privileges to be granted for each reappointee for the ensuing period. Where non-reappointment or a reduction in clinical privileges is recommended, the reasons for such adverse recommendation shall be stated and documented.

F. Medical Board Action

The Medical Board shall make written recommendations concerning the reappointment or non-reappointment of each member of the Medical Staff (including Department Chairmen), indicating the specific clinical privileges to be granted to each reappointee for the ensuing period. Where non-reappointment or a reduction in clinical privileges is recommended, the reasons for such adverse recommendation shall be stated and documented.

G. Final Processing and Board of Trustees Action

(1) Following action by the Medical Board, the procedure provided in Section 7 through Section 7E of this ARTICLE III shall be followed. For purposes of reappointment, the terms “applicant” and “appointment” as used in those Sections shall be read, respectively, as “Medical Staff Member” and “reappointment.”

(2) The Board of Trustees shall make its reappointments and non-reappointments to the Medical Staff for the ensuing period at its regularly scheduled meetings.

Section 9. Expedited Credentialing

A. An expedited review process may be used for the granting or renewal of Medical Staff membership and clinical privileges, or modification of existing privileges, when the Board of Trustees is not scheduled to meet, a scheduled meeting is cancelled, or in such other circumstances when expedited credentialing is determined to be in the best interest of the Hospital, provided that the applicant or Medical Staff member has submitted a complete application for appointment or reappointment that has received a favorable recommendation from the Medical Board and, unless otherwise determined by the Medical Board, there is no evidence of any of the following with respect to the applicant or Medical Staff member:
(1) a current challenge or a previously successful challenge to licensure or registration;

(2) an involuntary termination of medical staff membership at another hospital or institution, participation as a provider in a managed care network, or membership in a professional society;

(3) an involuntary limitation, reduction, denial or loss of clinical privileges;

(4) an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment or settlement against the applicant; or

(5) such other circumstances when expedited credentialing is determined by the Medical Board not to be in the best interest of the Hospital.

B. When the expedited review process is used, the application(s) and the Medical Board’s recommendation(s) will be forwarded for review and action to a subcommittee of the Committee on Quality composed of two (2) voting members of the Board of Trustees on the Committee on Quality appointed by the Chairman with the consent of the Board of Trustees, one of whom shall be the President of the Medical Board and the other of whom shall be a non-physician. Either member of the subcommittee may, in the event of the other member’s absence or unavailability, designate a replacement member, provided such replacement is also a voting member of the Board of Trustees on the Committee on Quality.

C. Any approval granted by the subcommittee must be unanimous, and shall be effective immediately. Any adverse recommendation made by the subcommittee will not be considered effective until it is ratified by the Medical Board.

Section 10. Medical Staff Employed by the Hospital or Employed By a Medical Practice Entity With an Exclusive Contract With the Hospital

A. A member of the Medical Staff employed by the Hospital, or by any medical practice entity (including but not limited to a corporation, partnership or other medical practice) with an exclusive contract with the Hospital (the “Entity”), primarily to render clinical services, must be a member of the Medical Staff, achieving his Medical Staff status by the procedure provided in this ARTICLE III of these Bylaws. The appointment of any such physician, dentist or podiatrist to the Medical Staff shall cease when the physician’s, dentist’s or podiatrist’s employment with the Hospital or with the Entity ceases for any reason or if the exclusive contract between the Entity and the Hospital terminates for any reason. Employment of the Medical Staff by the Hospital shall be subject to the Hospital’s regular personnel policies and conditions of employment, and to the terms of any employment agreement. Any action concerning the employment by the Hospital of any member of the Medical Staff shall require joint consultation by Hospital Administration and the appropriate Department Chairman or other
Medical Staff member with supervisory responsibility in that area. If a physician’s, dentist’s or podiatrist’s Medical Staff appointment ceases on account of the termination of such Medical Staff member’s employment by the Hospital or by an Entity with an exclusive contract with the Hospital, or on account of the termination of the Entity’s exclusive contract with the Hospital, then such individual shall not be eligible for the hearing and appellate review process set forth in ARTICLE VII hereof; any member of the Medical Staff so employed expressly waives his right to such intra-Hospital due process. This ARTICLE III, Section 10, notwithstanding, in the event of termination of employment of a member of the Medical Staff employed by the Hospital, or employed by the Entity, or termination of the exclusive contract with the Hospital, and who is a member of the Medical Staff independent of such employment relationship (including, but not limited to, being employed for a specific purpose unrelated to Medical Staff membership; or having gained Medical Staff membership subsequent to and separate from employment), such Medical Staff membership shall not cease upon the loss of employment.

B. A physician or dentist employed by the Hospital solely in an administrative capacity need not be a member of the Medical Staff, and such individual’s employment shall be subject to the regular personnel policies and conditions of employment of the Hospital and to the terms of any employment agreement.

C. A member of the Medical Staff employed by the Hospital in a medical-administrative capacity must be a member of the Medical Staff, achieving his Medical Staff status by the procedure provided in ARTICLE III of these Bylaws. The Medical Staff membership of any physician, dentist or podiatrist employed in a medical-administrative position shall not be contingent on his continued employment in that position, unless otherwise provided in an employment agreement. The employment of such member of the Medical Staff shall be subject to the regular personnel policies and conditions of employment of the Hospital and to the terms of any employment agreement. Except with respect to Chairmen of Departments as provided in ARTICLE X, Section 4 of these Bylaws, and with respect to Division Directors as provided in ARTICLE X, Section 10 of these Bylaws, any action concerning the employment of such individuals shall require joint consultation by Hospital Administration and the appropriate Department Chairman or other Medical Staff member with supervisory responsibility in that area.
Section 11.  **Leaves of Absence**

A. Members of the Medical Staff may submit written requests for leaves of absence to their respective Department Chairmen for an initial period not to exceed six (6) months. The Department Chairman shall forward the request, together with his recommendation, to the Medical Board for final action. With regard to any decision concerning the granting of a leave of absence, the needs of the Department and Hospital shall be determining factors.

B. At least thirty (30) days prior to the termination of the leave, or at any earlier time, the Medical Staff member may request reinstatement of his privileges or extension of the leave of absence, for a second period not to exceed six (6) months, for a maximum total of one (1) year, by submitting a written request therefor to the Department Chairman. The Department Chairman shall transmit this request, together with his recommendation, to the Medical Board for final action. If the Department Chairman or Medical Board so requests, the Medical Staff member shall submit, in writing, a summary of his relevant activities during the leave or the reasons for his requested extension of the leave. Failure, without good cause, to request reinstatement or extension of the leave, or to provide the requested summaries as provided above, shall result in expiration of Medical Staff membership without right of hearing or appellate review. A request for Medical Staff membership subsequently received from a Staff member whose appointment has expired as described above shall be submitted and processed in the manner specified for applications for initial appointments as set forth in Section 7 of this ARTICLE III. The provisions of this Section 11B notwithstanding, the Chairman of the Department (subject to the approval of the Medical Board) shall have the authority to extend a leave of absence beyond one year in exceptional circumstances or for other good cause shown.

C. Notwithstanding any contrary provision contained in these Bylaws, a Department Chairman shall only be permitted to take a leave of absence if approved by the Executive Director, who shall consult with the President of the Medical Board and the Chairman of the Board of Trustees. Should the President of the Medical Board consider it necessary, he may appoint, in consultation with the Executive Director and Chairman of the Board of Trustees, an Acting Chairman while the Department Chairman is on leave of absence.

Section 12.  **Exemption from Membership and Privileges Relating to Organ Procurement**

Notwithstanding any other provision in these Bylaws concerning Medical Staff membership and the granting of privileges to the contrary, those Practitioners from outside organ procurement organizations designated by the Secretary, United States Department of Health and Human Services, engaged at the Hospital solely in the harvesting of tissues and/or body parts for transplantation, therapy, research or educational purposes pursuant to the Federal Anatomical Gift Act and the requirements
of applicable regulations governing organ donations, shall be exempt from the requirements hereof to obtain Medical Staff membership and privileges.

Section 13.  **Focused Professional Practice Evaluation**

A. A period of focused professional practice evaluation (FPPE) is required for all new members of the Medical Staff and all existing members of the Medical Staff who request and receive new or expanded privileges.

B. The Credentials Committee, with the recommendation of the Department Chairman and with the approval of the Medical Board, will define the process and criteria for evaluating the clinical performance of each practitioner, which may involve prospective, concurrent or retrospective proctoring, including but not limited to chart review, monitoring of diagnostic and treatment techniques through direct observation or otherwise, simulations, discussion with other individuals involved in the care of patients such as consulting physicians, assistants at surgery, nursing and administrative personnel, and morbidity and mortality review.

C. The Credentials Committee will also be responsible for determining (i) the method for establishing the monitoring plan specific to the requested privilege; (ii) the method for establishing the duration of the performance monitoring; and (iii) the circumstances under which performance monitoring is required.

Section 14.  **Ongoing Professional Practice Evaluation**

A. The Medical Staff will engage in ongoing professional practice evaluation (OPPE) of its members to identify professional practice trends that affect quality of care and patient safety.

B. OPPE will be required for all practitioners, not just those with performance issues. The Credentials Committee, with the approval of the Medical Board, will define the OPPE process to include the committee; the body or individual(s) responsible for reviewing performance data; the frequency of the data review; the process for using the data to determine whether to continue, limit or revoke privileges; and how the data will be incorporated into the appropriate files.

C. Decisions resulting from OPPE reviews, i.e., whether to continue, modify or revoke the practitioner’s privileges, shall be documented along with the supporting data. The type of data to be collected will be defined by each Department and approved by the Medical Board.
ARTICLE IV

THE MEDICAL STAFF

Section 1. Medical Director

A. There shall be a physician who shall serve as the Medical Director of the Hospital, who shall be duly licensed or otherwise legally authorized to practice medicine in the State of New York and a member in good standing of the Hospital’s Medical Staff. The Medical Director shall be appointed by the Board of Trustees, and shall report to the Board of Trustees through the Executive Director. The Medical Director is responsible for directing the Hospital’s Medical Staff in accordance with these Bylaws, the Medical Staff Rules and Regulations, Hospital policies, the Regulations of the New York State Commissioner of Health and other relevant statutes and regulations. The Medical Director shall be assigned to the Attending Medical Staff.

B. The responsibilities of the Medical Director shall include the following:

1) Assisting the Board of Trustees, Chief Executive Officer, Executive Director, President of the Medical Board and Department Chairmen in discharging their responsibilities for the organization and conduct of the Medical Staff.

2) Assisting the Performance Improvement Coordinating Group in the ongoing review, analysis, evaluation and improvement of the quality of patient care.

3) Collaborating with the Medical Board, Department Chairmen and the Performance Improvement Coordinating Group in the establishment and maintenance of systems for the ongoing review and evaluation of the performance of all Practitioners at the Hospital.

4) Acting in consultation with Department Chairmen in matters of corrective or disciplinary actions involving Medical Staff members, and coordinating relations with the Office of Professional Medical Conduct of the New York State Department of Health.

5) Collaborating in the establishment and conduct of Medical Staff appointment, reappointment and credentialing processes and procedures.

6) Collaborating with the Medical Board, Department Chairmen and the Chief Academic Officer in the following clinical and educational activities: establishing and monitoring working conditions and schedules of physicians and postgraduate trainees; recommending privileges for postgraduate trainees to perform medical procedures; assigning patient care duties to medical students and arranging
appropriate staff supervision; recommending privileges for, and reviewing the performance of, practitioners who are exempted from the requirement of a license.

(7) Assisting Hospital Administration, the Medical Board and the Medical Staff in complying with requirements of The Joint Commission, New York State Department of Health, and other voluntary or governmental licensing or accreditation agencies.

(8) Understanding the Bylaws and the Rules and Regulations of the Medical Staff and assisting in their interpretation, evaluation and review.

(9) Assisting in the review of matters concerning the Medical Staff, physician assistants, specialist assistants and other Allied Health Professionals.

(10) Assisting the Medical Board in establishment of procedures to secure permission for autopsies in all cases of unusual deaths and deaths of educational value.

(11) Developing appropriate communication channels between the Medical Staff, Hospital Administration and Board of Trustees so that the Medical Staff has adequate information about Hospital operations and services, and the Board of Trustees has adequate information about Medical Staff concerns.

(12) Developing and implementing orientation programs for new Medical Staff members.

(13) Discharging other duties as may be assigned by the Chief Executive Officer, the Executive Director, the Medical Board and/or the Board of Trustees.

Section 2. Categories Established

The Medical Staff shall be divided into the following categories:

A. The Attending Medical Staff

B. The Associate Medical Staff

C. The Assistant Medical Staff

D. The Courtesy Medical Staff

E. The Consulting Medical Staff
F. The Honorary Medical Staff

G. The Adjunct Medical Staff

Section 3. The **Attending Medical Staff**

A. The Attending Medical Staff shall be composed of all Chairmen of Departments, the Medical Director and all members of the Attending Medical Staff who have, unless otherwise provided in these Bylaws, advanced from the Associate Medical Staff, and regularly admit patients to, or are otherwise regularly involved in the care of patients in the Hospital. They will be selected on the basis of training, experience and demonstrated competence, together with an active interest in the work of the Hospital.

B. Notwithstanding the foregoing, in circumstances where the reputation, credentials or other qualifications of a physician, dentist or podiatrist who is not presently a member of the Medical Staff so warrant, such physician, dentist or podiatrist (upon the favorable consideration of an application for membership on the Medical Staff in the manner prescribed by these Bylaws) may be appointed to the Attending Medical Staff, without having to advance from the Associate Medical Staff. The Attending Medical Staff shall carry out the preponderance of professional service and the performance of most of the major Medical Staff administrative duties, including the development of policies and standards of patient care, by means of active participation in Medical Board committees and in the medical education programs and services of the Hospital.

(1) Attending Medical Staff membership shall, except as provided in subparagraph (2), below, be limited to physicians, dentists and podiatrists who are certified as Diplomates by one or more of the Specialty Boards, whenever such certification exists and, where recertification is necessary to remain a Diplomate, are recertified. This provision shall not be applicable to those physicians and dentists appointed to the Attending Medical Staff and in good standing as of June 28, 1995. A physician, dentist or podiatrist who is a member of the Attending Medical Staff, who is required to obtain Board recertification to remain a Diplomate but does not do so when such recertification is due or otherwise required, shall be assigned to the Associate Medical Staff. Upon obtainment of Board recertification, such individual shall be eligible, upon application, for reinstatement to the Attending Medical Staff.

(2) Notwithstanding any provision of these Bylaws to the contrary, recognizing that individual situations may arise that would not require board certification, exceptions may be made for those physicians and dentists who are not board certified and/or are not actively working toward completion of such certification, but who, in the opinion of the Medical Board, and with approval of the Credentials Committee and
the Board of Trustees, are deemed to possess such substantial training and experience in the area of their specialty to warrant membership on the Attending Medical Staff.

C. Appointment to the Attending Medical Staff shall be made by the Board of Trustees for those physicians, dentists and podiatrists who meet the qualifications set forth above, upon receiving the favorable recommendations of the appropriate Department Chairman, the Credentials Committee, the Medical Board and the Committee on Quality. In order to be considered for advancement to the Attending Medical Staff, Medical Staff members shall have served, insofar as possible and practicable, on the Associate Medical Staff for at least three (3) years, have given adequate evidence of their interest in and loyalty to the Hospital, have contributed a suitable measure of their endeavor toward its work, and have expressed a desire to become more active in the work of the Hospital.

D. Each appointee to the Attending Medical Staff shall serve in such capacity and shall perform those duties as assigned by the appropriate Department Chairman in accordance with the Department’s needs and with the Hospital’s needs.

E. Members of the Attending Medical Staff shall be privileged to admit and attend patients. They shall be eligible to vote on Medical Staff matters, serve on the Medical Board, hold office on the Medical Board and serve with vote on Medical Board committees and Hospital committees. They shall be required to attend Medical Staff, Department and committee meetings as set forth in these Bylaws.

Section 4. The Associate Medical Staff

A. The Associate Medical Staff shall be composed of members of the Medical Staff who have, unless otherwise provided in these Bylaws, advanced from the Assistant Medical Staff, have heretofore shown an active interest in the work of the Hospital and have expressed a desire to become more active in the work of the Hospital. Factors to be considered regarding advancement of a member of the Assistant Medical Staff to the Associate Medical Staff shall include, but shall not be limited to, the following: the Medical Staff member shall have demonstrated to the Department Chairman and the Medical Board that he meets all of the qualifications for membership on the Associate Medical Staff; has discharged all of his responsibilities; has satisfactorily demonstrated his ability to exercise the clinical privileges granted to him and has not exceeded or abused the prerogatives of the Assistant Medical Staff; has regularly attended Medical Staff, Department and committee meetings; and has gained recognition of professional competence by the Chairman of the Department to which he has been assigned.

B. Notwithstanding the foregoing, in circumstances where the reputation, credentials or other qualifications of a physician, dentist or podiatrist who is not presently a member of the Medical Staff so warrant, such physician, dentist or podiatrist (upon the favorable consideration of an application for membership on the Medical Staff in the manner prescribed by these Bylaws) may be appointed to the
Associate Medical Staff, without having to advance from the Assistant Medical Staff.

C. Members of the Associate Medical Staff who regularly admit patients to, or are otherwise regularly involved in the care of patients in the Hospital, shall be eligible for advancement from the Associate Medical Staff and appointment to the Attending Medical Staff in accordance with the provisions of Section 3 of this ARTICLE IV.

D. Each appointee to the Associate Medical Staff shall serve in such capacity and shall perform those duties as assigned by the appropriate Department Chairman in accordance with the Department’s needs and with the Hospital’s needs.

E. Members of the Associate Medical Staff shall be privileged to admit and attend patients. They shall be eligible to vote on Medical Staff matters, serve on the Medical Board, hold office on the Medical Board and serve with vote on Medical Board committees and Hospital committees. They shall be required to attend Medical Staff, Department and committee meetings as set forth in these Bylaws.

Section 5. The Assistant Medical Staff

A. The Assistant Medical Staff shall be the entry-level Medical Staff category for initial appointees to the Medical Staff unless the Board of Trustees, upon the favorable recommendation of the appropriate Department Chairman, the Credentials Committee, the Medical Board and the Committee on Quality, determines that this category is not suitable for the applicant in light of his credentials, experience and/or position at the Hospital.

B. The performance, competence, ethical and moral conduct of members of the Assistant Medical Staff shall be observed by the appropriate Department Chairman, or his designee, to determine the eligibility of such Medical Staff member for advancement within the Medical Staff.

C. Each appointee to the Assistant Medical Staff shall serve in such capacity and shall perform those duties as assigned by the appropriate Department Chairman in accordance with the Department’s needs and with the Hospital’s needs.

D. Members of the Assistant Medical Staff shall be privileged to admit and attend patients. They shall not be eligible to serve as members of the Medical Board but may serve with vote on Medical Board committees and Hospital committees. They shall be required to attend Medical Staff, Department and committee meetings as set forth in these Bylaws.
Section 6.  **The Courtesy Medical Staff**

A. The Courtesy Medical Staff shall be composed of physicians, dentists and podiatrists who shall be privileged to admit and treat only an occasional patient in the Hospital.

B. Since the admission of patients is the exercise of a privilege and necessarily accompanied by responsibility, admission of more than an occasional patient to the Hospital shall require the physician, dentist or podiatrist to seek membership in another Medical Staff category.

C. Each appointee to the Courtesy Medical Staff shall serve in such capacity and shall perform those duties as assigned by the appropriate Department Chairman in accordance with the Department’s needs and with the Hospital’s needs.

D. Members of the Courtesy Medical Staff shall not be eligible to vote on Medical Staff matters, serve as members of the Medical Board or serve on Medical Board committees or Hospital committees. If any case treated by a member of theCourtesy Medical Staff is to be presented at a Department or Medical Staff meeting, the member shall be so notified and shall be required to attend.

Section 7.  **The Consulting Medical Staff**

A. The Consulting Medical Staff shall be composed of physicians, dentists and podiatrists of widely recognized professional ability and reputation in the area of their specialty who are interested in the activities of the Hospital, have been certified as Diplomates by one or more of the Specialty Boards, and, where recertification is necessary to remain a Diplomate, have been recertified, and have signified a willingness to accept such appointment and assist the Medical Staff by rendering clinical opinions within their area of specialty. The Consulting Medical Staff may also be composed of physicians and dentists whom the Board of Trustees wishes to honor in recognition of their outstanding professional attainments, or their noteworthy contributions to the health and medical sciences, or their previous long-standing service to the Hospital, and who continue to admit and attend more than the occasional private patient in the Hospital.

B. Each appointee to the Consulting Medical Staff shall be expected to devote a reasonable amount of time to the services and programs of his assigned Department, and to serve in such capacity and perform those duties as assigned by the appropriate Department Chairman in accordance with the Department’s needs and with the Hospital’s needs.

C. Members of the Consulting Medical Staff may admit and attend private patients in the Hospital. They shall not be eligible to vote on Medical Staff matters or to serve as members of the Medical Board but may serve with vote on Medical Board and Hospital committees. Attendance requirements at Medical Staff and Department meetings are at the discretion of the Department Chairman.
Section 8.  **The Honorary Medical Staff**

A. The Honorary Medical Staff shall be composed of those physicians, dentists and podiatrists whom the Board of Trustees wishes to honor in recognition of their outstanding professional attainments, or their noteworthy contributions to the health and medical sciences, or their previous long-standing service to the Hospital and who are otherwise qualified for membership on the Medical Staff in accordance with the provisions of this ARTICLE IV.

B. Members of the Honorary Medical Staff shall have no mandatory patient care responsibilities and shall not be privileged to admit or attend patients. They shall not be required to attend Medical Staff and Department meetings. They shall not be eligible to vote on Medical Staff matters, serve as members of the Medical Board, serve on Medical Board Committees, or otherwise actively participate in the organization and activities of the Medical Staff.

Section 9.  **The Adjunct Medical Staff**

The Adjunct Medical Staff shall consist of three categories:

The Special Fellow/Preceptee Category;

The Moonlighter/Limited Purpose Employee Category; and

The Refer and Follow Category.

A. The Special Fellow/Preceptee Category

(1) The Special Fellow/Preceptee Category of the Adjunct Staff shall be composed of physicians, dentists and podiatrists who are pursuing one or more years of advanced training in their specialty/subspecialty field, under the supervision of a member of the Hospital’s Medical Staff, pursuant to an employment agreement entered into between the special fellow/preceptee and the Hospital.

(2) Every member of the Special Fellow/Preceptee Category of the Adjunct Staff shall act, at all times, under the supervision of a member of the Hospital’s Medical Staff, who shall be responsible for evaluating the performance, competence, ethical and moral conduct of such individual.

(3) Membership in the Special Fellow/Preceptee Category of the Adjunct Staff shall be contingent upon the continuing validity of the employment agreement between the special fellow/preceptee and the Hospital. In the event that such employment agreement shall expire or terminate for any reason, the membership on the Medical Staff of such individual, and such individual’s right to exercise any clinical privileges granted, shall automatically terminate, effective as of the expiration or termination of the employment agreement.
(4) In the event that the Medical Staff membership or right to exercise any clinical privileges by a member of the Special Fellow/Preceptee Category of the Adjunct Staff is terminated for any reason, including, but not limited to expiration or termination of his employment agreement, such individual shall not be entitled to the procedural rights provided in ARTICLE VII of these Bylaws.

(5) Members of the Special Fellow/Preceptee Category of Adjunct Staff may admit and attend private patients in the Hospital. They shall not be eligible to vote on Medical Staff matters, or to serve as members of the Medical Board or any committees of the Medical Board. They shall not be required to attend Medical Staff meetings.

B. The Moonlighter/Limited Purpose Employee Category

(1) The Moonlighter/Limited Purpose Employee Category of the Adjunct Staff shall be composed of (i) physicians, dentists, and podiatrists who are enrolled as residents in ACGME-approved programs either at the Hospital or outside the Hospital and who, for periods of time separate and apart from their residency obligations and with the written approval of the Program Directors of their residency programs, provide service in the Hospital and (ii) other physicians or dentists who provide service to the Hospital, in all events, pursuant to an employment agreement entered into between the physician or dentist and the Hospital.

(2) Membership in the Moonlighter/Limited Purpose Employee Category of the Adjunct Staff shall be contingent upon the continuing validity of the employment agreement between the moonlighter and the Hospital. In the event that such employment agreement shall expire or terminate for any reason, the membership on the Medical Staff of such individual, and such individual’s right to exercise any clinical privileges granted, shall automatically terminate, effective as of the expiration or termination of the employment agreement.

(3) In the event that the Medical Staff membership or right to exercise any clinical privileges by a moonlighter/limited purpose employee is terminated for any reason, including, but not limited to expiration or termination of his employment agreement, such individual shall not be entitled to the procedural rights provided in ARTICLE VII of these Bylaws.

(4) Moonlighters/limited purpose employees shall not have independent admitting privileges, but shall be permitted to admit patients to the service that they are assigned to cover. They shall not be eligible to vote on Medical Staff matters, or to serve as members of the Medical Board or
any committees of the Medical Board. They shall not be required to attend Medical Staff or Department meetings.

C. The Refer and Follow Category

(1) The Refer and Follow Category of the Adjunct Staff shall consist of those members of the Medical Staff who do not admit patients, but perform significant other services to the Hospital. Such members of the Refer and Follow Category of the Adjunct Staff may not admit patients, but they may visit and review the charts of their patients when hospitalized. They may not render consultations or write orders concerning Hospital patients.

(2) Members of the Refer and Follow Category of the Adjunct Staff shall have no other mandatory assigned duties in the Hospital except pursuant to specific provisions of the Bylaws and the Rules and Regulations of the Medical Staff, and the policies and procedures of their respective Clinical Departments, as amended from time to time. Appointment to the Refer and Follow Category of the Adjunct Staff shall be made in accordance with the provisions of ARTICLE III above to these Bylaws. Members of the Refer and Follow Category of the Adjunct Staff may serve on Medical Staff, Medical Board or Department Committees, but shall not be eligible to vote or hold office. The respective Department Chairs may require their attendance at departmental meetings at their discretion and as necessary in connection with the departmental quality assurance process and other clinical and administrative matters.

Section 10. Waiver of Qualifications

Any qualification set forth in this ARTICLE IV of these Bylaws for appointment to any category of the Medical Staff may be waived in the discretion of the Board of Trustees upon its determination that such waiver will serve the best interests of the patients and the Hospital, and upon the favorable recommendation of the appropriate Department Chairman, the Credentials Committee and the Medical Board.
ARTICLE V

CLINICAL PRIVILEGES OF MEMBERS OF THE MEDICAL STAFF

Section 1. Delineation of Clinical Privileges in General

A. Medical Staff membership shall confer on the appointee or reappointee only such clinical privileges as are specified in the Notice of Appointment or Reappointment and/or by employment agreement. All applications for clinical privileges must be reviewed by the Chairman of the Department in which the privileges are sought.

B. Every initial application for Medical Staff appointment must contain a request for the clinical privileges desired by the applicant. Evaluation of such requests shall be based upon information concerning the applicant’s background, education, training, experience, demonstrated competence, references and other relevant information, including an appraisal by the Chairman of the Department in which such privileges are sought and the needs, facilities and support services of the Hospital. The applicant shall have the burden of establishing his qualifications for and competency in the clinical privileges requested.

C. Determinations regarding clinical privileges made in connection with periodic reappointment or otherwise shall be based upon the applicant’s or Medical Staff member’s education, training, observed clinical performance and judgment, and upon documented results of patient care audits and other methods of quality review, evaluation and monitoring activities required by these Bylaws and the corporate Bylaws of the Hospital, including proficiency in the ACGME General Competencies. Privilege determinations shall also be based upon pertinent information concerning clinical performance obtained from other sources such as other institutions and health care facilities at which the applicant or Medical Staff member exercises or has exercised clinical privileges. This information shall be added to and maintained in the Medical Staff file established for the Medical Staff member.

D. A medical history and physical examination shall be completed and documented for each patient no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to surgery or the performance of any procedure requiring anesthesia services. The medical history and physical examination must be completed and documented by a physician, an oromaxillofacial surgeon or other qualified licensed individual in accordance with law and hospital policy. If a complete history and physical examination has been obtained within thirty (30) days before admission or registration, then a durable, legible copy of this history and physical examination must be placed in the patient’s hospital medical record at the time of, or prior to, any anticipated procedure, and an updated examination including any changes in the patient’s condition or the absence thereof must be completed and documented within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring
anesthesia services. Such updated examination must be completed and documented by a physician, an oromaxillofacial surgeon or other qualified licensed individual in accordance with law and hospital policy. Other details associated with the recording of the history and physical examination are set forth in the Rules and Regulations of the Medical Staff.

**Section 2. Clinical Privileges of Dentists**

A. Privileges granted to dentists shall be based upon their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform must be specifically defined and recommended in the same manner as are all other surgical privileges. Surgical procedures performed by dentists shall be under the overall supervision of the Chairman of the Department of Otolaryngology/Head and Neck Surgery.

B. Patients admitted for dental care shall be given the same medical appraisal as patients admitted for surgical services. The attending dentist shall be responsible for the admission, management and discharge of dental patients, including all related written documentation. The admission history and physical examination for dental patients shall be completed by a member of the Medical Staff so qualified. Dental patients with medical co-morbidities or complications present upon admission or arising during hospitalization shall be referred to an appropriate physician member of the Medical Staff for consultation and/or management. The Medical Staff member shall be responsible for the care of any medical problem that may exist or arise during hospitalization. The dentist shall have total responsibility for the treatment, maintenance and proper quality of dental care, including dental history, examinations, and the writing of orders and prescribing of medications within the scope of or limits of his licensure and consistent with Hospital Bylaws, Medical Staff Bylaws, the Rules and Regulations and all other standards, policies and rules of the Hospital.

**Section 3. Clinical Privileges of Podiatrists**

A. Podiatrists shall serve in the Department of Orthopedic Surgery and shall function under the overall supervision of the Chairman of the Department of Orthopedic Surgery. Records pertaining to podiatrists, and files applicable to each podiatrist, shall be maintained within the Department of Orthopedic Surgery.

B. The granting and delineation of specific clinical privileges to podiatrists shall be accomplished in a manner consistent with the procedures established for members of the Medical Staff as set forth above in Section 1 of this Article V.

**Section 4. Emergency, Temporary, Visiting Pro Tem & Disaster Privileges**

A. Emergency Privileges

In the case of an emergency when a practitioner qualified by these Bylaws and the Rules and Regulations is not available, any licensed practitioner at the Hospital,
regardless of his or her Department or extent of clinical privileges approved, shall be permitted and expected to do everything reasonably possible to save a patient from imminent serious harm or death. Such practitioner shall use every available resource of the Hospital, including calling for assistance as may be available.

B. Temporary Privileges Pending Final Approval of Application

Following approval by the Credentials Committee of a completed application for Medical Staff membership, and pending the recommendation of the Medical Board and final action by the Board of Trustees thereon, the Executive Director or his or her designee may, based upon the request of the Department Chair to satisfy an important patient care need, grant temporary clinical privileges to an applicant. Temporary privileges shall also be based on verification of the following: (i) a current New York State license; (ii) relevant training or experience; (iii) current competence; (iv) ability to perform the privileges requested; (v) a query and evaluation of information obtained from the National Practitioner Data Bank; and (vi) no current or previously successful challenge to the applicant’s licensure or registration. The grant of such privileges shall be upon such conditions as the Executive Director (or designee) at any time may in his or her discretion wish to impose, and shall be exercised only under the supervision of the Department Chair concerned or his or her designee. Temporary privileges on a completed application to the Medical Staff shall be granted for a period not to exceed one hundred and twenty (120) days. Such privileges may be revoked, reduced or restricted at will at any time by the Department Chair in whose Department the temporary privileges were granted, the Chairman of the Medical Board, the Executive Director, or the Medical Director or his or her designee. In such event, the practitioner shall not be entitled to the procedural rights afforded by ARTICLE VII of these Bylaws, and the patients of the practitioner shall be assigned to appropriate members of the Medical Staff by the responsible Department Chair. The wishes of the patient shall be considered in the selection of the alternative practitioner. Practitioners with Temporary privileges are not eligible to vote or to hold office.

C. Visiting Pro Tem Privileges

Under limited circumstances, practitioners who are needed to meet an important patient care need, including but not limited to clinical experts needed to proctor a member of the Medical Staff, individuals seeking focused training under the supervision of a member of the Medical Staff or individuals providing training to a member(s) of the Medical Staff, and those who are requested by a patient (or another person authorized to consent on behalf of the patient) to provide clinical care, may be granted temporary privileges. All such practitioners shall be designated as visiting pro tem.

Visiting pro tem appointments shall require the following documents:
a. A request from the relevant department chair indicating the rationale for the appointment

b. A delineation of privileges completed by the applicant and approved by the Department Chair

c. A completed health assessment form

d. Proof of malpractice insurance coverage that complies with the Bylaws

e. A current curriculum vitae that, for proctors, demonstrates that the applicant is a clinical expert

f. A DEA certificate if applicable to the privileges requested

g. Evidence of infection control training compliant with New York State requirements

h. Proof of current clinical competence evidenced by a minimum of one letter of reference from an authorized agent of the applicant’s principal institution

i. A copy of the current registration of the New York State license or, in such absence, the New York State Education Law regarding exemptions of such license shall apply and, in such instance a copy of the out-of-state license shall be provided.

The granting of visiting pro tem privileges shall be upon such conditions as the Executive Director (or designee) at any time may, in his or her discretion, wish to impose, and shall be exercised only under the supervision of the Department Chair concerned or his or her designee. The visiting pro tem appointee shall be under the appropriate level of supervision of the Chair of the Clinical Department or designee. A visiting pro tem appointee shall not have the right to admit patients, or to vote, hold office, serve on committees or attend Medical Board or Medical Staff meetings. Visiting pro tem privileges shall be granted only for the period of time that the underlying rationale for such privileges justifies, and in any event not exceeding three (3) months. Visiting pro tem privileges may be terminated whenever, in the opinion of the Department Chair, the need or justification therefor no longer exists. Practitioners whose visiting pro tem privileges are so terminated, or whose request for such privileges is denied, shall not be entitled to the procedural rights afforded by ARTICLE VII of these Bylaws.

D. Disaster Privileges

Disaster privileges may be granted when the Hospital’s emergency management plan has been activated and the Hospital is unable to meet immediate patient care needs due to a national, State or local disaster or emergency. Such disasters and
emergencies include, but are not limited to, unexpected events (whether human-made or natural or a combination of both) that result in a sudden, significantly changed or increased demand for the Hospital’s services. Disaster privileges may be granted to a non-affiliated practitioner by the Executive Director or his/her authorized designee, which shall include the Medical Director and/or the Chairman of the Medical Board, upon presentation of a valid government-issued photo identification (for example, a driver’s license or passport) and at least one of the following:

- A current photo identification card from a health care organization that clearly identifies professional designation; or
- A current license to practice; or
- primary source verification of licensure; or
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals, (ESAR-VHP), or other recognized state or federal response organization or group; or
- Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity); or
- Presentation by current administration or Medical Staff member(s) with personal knowledge regarding practitioner’s identity and such individual’s ability to act as a licensed independent practitioner.

A practitioner who is denied disaster privileges, or whose disaster privileges are subsequently revoked or restricted, shall not be entitled to the procedural rights set forth in Article VI of these Bylaws.

The Hospital will ensure oversight of the professional performance of practitioners who are granted disaster privileges by any of the following: direct observation, mentoring or clinical review, as appropriate under the circumstances. Reassessment to determine whether such privileges should continue will occur within seventy-two (72) hours of granting disaster privileges.

The Hospital will provide appropriate identification badges for all practitioners who are granted disaster privileges.

Primary source verification of licensure of practitioners who receive disaster privileges begins as soon as the immediate situation is under control, and is completed within seventy-two (72) hours of granting disaster privileges. In the extraordinary circumstance that primary source verification of licensure, certification, or registration (if required by law and regulation to practice a profession) cannot be completed in 72 hours (e.g., no means of communication or a lack of resources), it is expected that it be done as soon as possible thereafter.
In this extraordinary circumstance, there must be documentation of *each* of the following:

- Why primary source verification could not be performed in the required time frame;
- Evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and
- Attempts to perform primary source verification as soon as possible.

Primary source verification of licensure certification, or registration (if required by law and regulation to practice a profession) would not be required if the volunteer practitioner has not provided care, treatment, and services under the disaster responsibilities.

These privileges will be in effect until the Executive Director or designee has deemed that the services of those practitioners granted disaster privileges are no longer needed for any reason. Upon termination of disaster privileges, the practitioner shall not be entitled to the procedural rights set forth in ARTICLE VII of these Bylaws.

**Section 4.  Telemedicine Privileges**

A. Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance to patients of the Hospital.

B. For purposes of these Bylaws, the term “originating site” means the Hospital, and the term “distant site” means the site where the practitioner providing the professional service is located.

C. All licensed independent practitioners (LIPs) based at distant sites who practice at the Hospital via telemedicine link must be credentialed and privileged to do so through one of the following mechanisms:

1. The Hospital fully privileges and credentials the practitioner in accordance with the procedures specified in these Bylaws; OR

2. The Hospital grants privileges to the practitioner using credentialing information from the distant site if the distant site is a Joint Commission-accredited hospital; OR

3. The Hospital uses the credentialing and privileging decision from the distant site to make a final privileging decision if all of the following requirements are met:

   (a) The distant site is a Joint Commission-accredited organization;
(b) The practitioner is privileged at the distant site for those services to be provided at the Hospital; and

(c) The Hospital has evidence of an internal review of the practitioner’s performance of these privileges and sends to the distant site information that is useful to assess the practitioner’s quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by the Joint Commission that result from the telemedicine services provided; and complaints about the distant site LIPs from patients, LIPs, or staff at the Hospital.
ARTICLE VI

CORRECTIVE ACTION, SUMMARY SUSPENSION & AUTOMATIC TERMINATION/SUSPENSION

Section 1.  Minor Infractions

A. Department Chairman shall be empowered, after an investigation and interview with the affected Medical Staff member, to take appropriate disciplinary action in connection with minor infractions. Such disciplinary action may include, but shall not be limited to, the issuance of a warning, letter of reprimand or admonition, or imposition of terms of probation.

B. For the purposes of this Section, a “minor infraction” may be any activity or conduct which is lower than the standards or aims of the Medical Staff or the Hospital; would not ordinarily trigger a recommendation for the denial, reduction, suspension, revocation or termination of privileges or Medical Staff appointment; and is not professional misconduct as defined by the laws of the State of New York. A sanction imposed pursuant to Section 1A, above, shall not constitute grounds for a hearing and shall take effect without hearing or appellate review.

C. All disciplinary sanctions to be imposed or implemented pursuant to this Section shall be reported to the President of the Medical Board for confirmation prior to the effective date of the discipline. If the President of the Medical Board does not concur that the violation is a minor infraction, or that the intended sanction is appropriate, and no other sanction can be agreed upon, the remaining provisions of this ARTICLE VI shall apply.

Section 2.  Corrective Action

A. Except for minor infractions which may be governed by Section 1 of this ARTICLE VI, whenever the activities or professional conduct of any Medical Staff member with clinical privileges are, or are reasonably probable of being, lower than the standards or aims of the Medical Staff; detrimental to patient safety; disruptive to the operations of the Hospital; constitutes fraud or abuse, as those terms are used and interpreted in federal statutes or regulations or by the Office of the Inspector General or other governmental authority; or result in the imposition of sanctions by any governmental or licensing authority (including suspension or termination from the Medicare or Medicaid program), corrective action against such Medical Staff member may be requested by the Medical Board, by any officer of the Medical Board, by the Chairman of any clinical Department, by the Executive Director, the Medical Director, or by the Board of Trustees. All requests for corrective action shall be in writing, submitted to the Medical Board and supported by reference to the specific activities or conduct which constitute the grounds for the request.
B. The Medical Board shall forward such request to the Chairman of the Department in which the Medical Staff member has clinical privileges. Upon receipt of such request, the Chairman of the Department, or, if such Chairman is unable, the Officers of the Medical Board, shall immediately appoint a Departmental Ad Hoc Review Committee to investigate the matter.

C. As soon as practicable after the Department Chairman’s receipt of the request for corrective action, the Chairman shall make a report of his investigation to the Medical Board. Prior to the making of such report, the Medical Staff member for whom corrective action has been requested shall have an opportunity for an interview with the Departmental Ad Hoc Review Committee. In such interview, he shall be informed of the general nature of the charges against him and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing and shall be preliminary in nature; none of the procedural rules provided in ARTICLE VII of these Bylaws with respect to hearings shall apply thereto. A report of such interview shall be made by the Department Chairman and included in his report to the Medical Board.

D. As soon as practicable after receipt of a report from a Department Chairman following the Department’s investigation of a request for corrective action, the Medical Board shall take action on the request. If the corrective action could involve a reduction, suspension or termination of clinical privileges, or a suspension or expulsion from the Medical Staff, the affected Medical Staff member shall be permitted to make an appearance before the Medical Board prior to its taking action on such request. This appearance shall not constitute a hearing and shall be preliminary in nature; none of the procedural rules provided in ARTICLE VII of these Bylaws with respect to hearings shall apply thereto. A report of such appearance shall be made by the Medical Board.

E. The action of the Medical Board on a request for corrective action may be to reject or modify the request for corrective action; issue a warning, letter of reprimand or admonition; impose terms of probation; impose a consultation, retraining or additional training requirement, or continuing education requirement; recommend that a previously imposed suspension of clinical privileges be terminated, modified or sustained; recommend reduction, suspension, revocation, curtailment, termination or diminution of clinical privileges or Medical Staff appointment; or recommend other action appropriate to the facts which prompted the request for corrective action.

F. Only those recommendations of the Medical Board pursuant to Section 2E of this ARTICLE VI which constitute one of the “Grounds for Hearing” set forth in ARTICLE VII, Part B, Section 1 of these Bylaws, shall afford the Medical Staff member the procedural rights provided in ARTICLE VII of these Bylaws.

G. The President of the Medical Board shall promptly notify the Executive Director, in writing, of all requests for corrective action received by the Medical Board and shall continue to keep the Executive Director fully informed of all action taken in
connection therewith. After the Medical Board has made its recommendation in the matter, the procedures to be followed, as applicable, shall be as provided in ARTICLE VII of these Bylaws.

Section 3. **Summary Suspension**

A. Any officer of the Medical Board, Chairman of any Department in which a Medical Staff member has privileges, the Executive Director, or the Medical Director may, with the concurrence of the senior-most officer of the Medical Board then available, summarily suspend any or all of a Medical Staff member’s clinical privileges. Summary suspension may be invoked when the professional conduct of the Practitioner is such as to create an immediate threat to the health, safety or welfare of patients, visitors or employees of the Hospital; or is of such a nature as to create a significantly adverse effect on patient care, or the reputation of, or other activities of, the Hospital; or is of such a nature as to constitute fraud and abuse as those terms are used and interpreted in federal statutes or regulations or by the Office of the Inspector General or other governmental authority; or has resulted in the imposition of suspension, termination or exclusion from the Medicare or Medicaid program; or has resulted in the conviction of a crime; or when any Medical Staff member has failed, without just and adequate cause, to carry out his professional responsibilities as set forth in the Hospital Bylaws, Medical Staff Bylaws, the Rules and Regulations and all other standards, policies and rules of the Hospital, so as to create a significantly adverse effect on patient care, or the reputation of, or other activities of, the Hospital. It shall be the responsibility of the President of the Medical Board, with the cooperation of the Executive Director, to enforce all summary suspensions.

B. Such summary suspension shall become effective immediately upon imposition, and the Executive Director shall promptly give written notice of the suspension to the Medical Staff member, and the reason or reasons therefor, by overnight delivery service or personal delivery. In the event of any such suspension, the Medical Staff member’s patients then in the Hospital shall be assigned to another Medical Staff member by the appropriate Department Chairman. The wishes of the patient shall be considered, where feasible, in choosing a substitute Medical Staff member.

C. As soon as possible, but in no event later than fourteen (14) days after imposition of such summary suspension, a meeting of the Medical Board shall be convened to review and consider the action taken. The Medical Board may continue, modify or terminate the terms of the summary suspension. If the Medical Board affirms the imposition of the summary suspension, and if the Medical Board determines that the circumstances so warrant, it may also recommend termination of the member’s Medical Staff membership.

D. If the Medical Board does not immediately terminate the summary suspension and cease all further corrective action, the affected Medical Staff member shall be afforded the procedural rights set forth in ARTICLE VII of these Bylaws. The
terms of the summary suspension as sustained or as modified by the Medical Board shall remain in effect pending a final decision thereon by the Board of Trustees.

E. If the Medical Board’s action is to terminate the summary suspension and cease all further corrective action, such action shall be transmitted immediately, together with all supporting documentation, to the Board of Trustees.

Section 4. Automatic Suspension

A. License

(1) Revocation: Whenever a Medical Staff member’s license, certificate or other legal credential authorizing him to practice in New York State is revoked, his Medical Staff or Allied Health Professional Staff membership and privileges to practice in the Hospital shall be immediately and automatically terminated.

(2) Restriction: Whenever a Medical Staff member’s license, certificate or other legal credential is limited or restricted by the applicable licensing or certifying authority, the clinical privileges which he has been granted that are subject to such limitation or restriction shall be immediately and automatically terminated. Further action on the matter shall proceed pursuant to Section 4E of this ARTICLE VI.

(3) Suspension: Whenever a Medical Staff member’s license, certificate or other legal credential is suspended, his Medical Staff membership and privileges to practice in the Hospital shall be immediately and automatically terminated.

(4) Probation: Whenever a Medical Staff member is placed on probation by the applicable licensing or certifying authority, his clinical privileges and applicable Medical Staff membership status shall automatically become subject to the terms of the probation, effective upon and for at least the term of the probation. Further action on the matter shall proceed pursuant to Section 4E of this ARTICLE VI.

B. Drug Enforcement Administration (DEA) Certificate

(1) Revocation: Whenever a Medical Staff member’s DEA certificate is revoked, he shall be immediately and automatically divested of his right to prescribe medications covered by the certificate. Further action on the matter shall proceed pursuant to Section 4E of this ARTICLE VI.

(2) Suspension: Whenever a Medical Staff member’s DEA certificate is suspended, he shall be immediately and automatically divested, at a minimum, of his right to prescribe medications covered by the
certificate, effective upon and for at least the term of the suspension. Further action on the matter shall proceed pursuant to Section 4E of this ARTICLE VI.

(3) **Probation**: Whenever a Medical Staff member is placed on probation insofar as his DEA certificate is concerned, his right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation, effective upon and for at least the term of the probation. Further action on the matter shall proceed pursuant to Section 4E of this ARTICLE VI.

C. **Medical Records**

For failure to complete medical records within the parameters established by the Medical Staff and/or the Hospital, and set forth in the Medical Staff Rules and Regulations or elsewhere, a Medical Staff member’s clinical privileges and his right to admit patients and consult with respect to patients shall be suspended, pending the completion of all delinquent medical records.

D. **Professional Liability Insurance**

For failure to maintain or provide evidence of professional liability insurance of such kind and type and in such amounts as required under ARTICLE III, Section 3 of these Bylaws, a Medical Staff member’s clinical privileges and his right to admit patients and consult with respect to patients shall be automatically suspended and shall remain so suspended until the Medical Staff member provides evidence of professional liability insurance coverage as required, including coverage for any time period as to which there was a gap or lapse in coverage.

E. **Medical Board Review**

As soon as practicable after action is taken as described in Section 4A (2) and (4) and Section 4B (1), (2), and (3) of this ARTICLE VI, the Medical Board shall review, consider and investigate the circumstances surrounding the facts upon which such action was predicated. The Medical Board may then recommend such further corrective action as may be warranted based upon the information disclosed or otherwise made available to it in its investigation.

F. **Procedural Rights**

A Medical Staff member under automatic suspension shall not be entitled to the procedural rights provided in ARTICLE VII of these Bylaws.
ARTICLE VII

HEARING & APPELLATE REVIEW PROCEDURE

Part A  INITIATION OF A HEARING

Unless otherwise provided in these Bylaws or by contract, an applicant or Medical Staff member holding a Medical Staff appointment shall be entitled to a hearing whenever an unfavorable recommendation or action concerning those matters enumerated in Part B, Section 1 of this ARTICLE VII has been:

1. recommended by the Medical Board; or

2. taken by the Board of Trustees contrary to a favorable recommendation by the Medical Board; or

3. taken by the Board of Trustees on its own initiative without a prior recommendation by the Medical Board.

Part B  THE HEARING

Section 1.  Grounds for Hearing

A. No recommendation or action other than those hereinafter enumerated shall constitute grounds for a hearing:

   (1) denial of initial Medical Staff appointment or of requested initial clinical privileges;

   (2) reduction in or denial of requested additional clinical privileges or requested advancement in Medical Staff category;

   (3) denial of Medical Staff reappointment; or

   (4) reduction, restriction, suspension, revocation, curtailment, termination or diminution of Medical Staff appointment or clinical privileges (except for automatic suspension pursuant to ARTICLE VI, Section 4 of these Bylaws which shall not constitute grounds for a hearing).

B. Neither the voluntary relinquishment of clinical privileges; nor the imposition of terms of probation; nor the issuance of a warning, letter of reprimand or admonition; nor the imposition of a retraining or additional requirement or continuing education requirement shall constitute grounds for a hearing and such action shall take effect without hearing or appellate review.
Section 2. **Notice of Recommendation or Action**

When a recommendation is made or action is taken which constitutes grounds for a hearing as set forth in Part B, Section 1 of this ARTICLE VII and which, according to these Bylaws, entitles an applicant or Medical Staff member to a hearing prior to a final decision by the Board of Trustees on that recommendation or action, the Executive Director shall promptly give the applicant or Medical Staff member written notice of the adverse recommendation or action, including a statement of reasons for the recommendation or action, and notice of his right to request a hearing within thirty (30) days following the date of receipt of such notice pursuant to Part B, Section 3 of this ARTICLE VII. The notice of the right to request a hearing shall include a summary of the applicant’s or Medical Staff member’s rights in the hearing, as set forth in Part C of this ARTICLE VII. Such notice shall be delivered by overnight delivery service or personal delivery.

Section 3. **Request for Hearing**

The applicant or Medical Staff member shall have thirty (30) days following the date of receipt of notice pursuant to Part B, Section 2 of this ARTICLE VII to request a hearing by the Hearing Committee hereinafter referred to. Such request shall be submitted in writing to the Executive Director, by overnight delivery service or personal delivery. If the applicant or Medical Staff member does not request a hearing within the time and in the manner specified herein, he shall be deemed to have waived his right to such hearing and to any appellate review and to have accepted the recommendation or action involved. Such waiver in connection with an adverse recommendation by the Medical Board shall constitute acceptance of that recommendation which shall thereupon become and remain effective pending final action by the Board of Trustees. Such waiver in connection with an adverse action by the Board of Trustees shall constitute acceptance of that action which shall thereupon become effective as the final decision of the Board.

Section 4. **Notice of Time and Place of Hearing**

Upon receipt of a timely request for hearing, the Executive Director, within thirty (30) days after receipt of such request, shall schedule and arrange for a hearing and shall give notice, by overnight delivery service or personal delivery, to the applicant or Medical Staff member of the date, place and time of the hearing. The hearing shall take place as soon as practicable considering the schedules and availability of all concerned, but shall not be less than thirty (30) days from the date of the notice of hearing. In instances where the affected Medical Staff member is under a summary suspension which is then in effect, the Medical Staff member may waive his right to have a hearing held not less than thirty (30) days after the date of the notice of hearing by requesting an early hearing date, in which event the hearing shall be held not later than thirty (30) days from the date of receipt of the hearing request. The Medical Staff member shall be advised by the Executive Director of his right to request an accelerated hearing in the notice of recommendation or action. In the event that the Medical Staff member wishes to exercise this option, he shall include a specific request for an accelerated hearing in the written request for hearing described in Part B, Section 3 of this ARTICLE VII. In such cases,
the Executive Director shall arrange for a hearing and give notice of same by overnight delivery service or personal delivery, as soon as practicable. The Medical Staff member’s failure to expressly request an accelerated hearing in this manner shall be deemed a waiver of his right to this option.

Section 5. Statement of Reasons for the Recommendation or Action and List of Witnesses

A. The notice of hearing required by Part B, Section 4 of this ARTICLE VII shall contain a concise statement of the alleged acts or omissions with which the applicant or Medical Staff member is charged, a list of all patient records in question and/or other reasons or information supporting or forming the basis for the adverse recommendation or action which is the subject of the hearing, to elaborate upon and further specify the information provided in the statement of reasons required by Part B, Section 2 of this ARTICLE VII. The notice of hearing required by Part B, Section 4 of this ARTICLE VII shall also contain a list of the witnesses, if any, expected to testify at the hearing in support of the adverse recommendation or action. Any information required by this Section to be contained in the notice of hearing, including the list of expected witnesses, may be amended or added to at any time, including during the hearing, provided that the material is relevant to the Medical Staff appointment or clinical privileges of the applicant or Medical Staff member requesting the hearing, that such applicant or Medical Staff member shall have sufficient time to study and respond to the additional information, and that any additional witnesses are expected to provide information which is relevant and necessary for the Hearing Committee to reach a conclusion with respect to the adverse recommendation or action.

B. Within ten (10) days after receipt of the notice of hearing, the applicant or Medical Staff member shall submit to the Hearing Committee a list of witnesses, if any, expected to testify at the hearing in opposition to the adverse recommendation or action. The list of witnesses may be amended or added to at any time, including during the hearing, provided that any additional witnesses are expected to provide information which is relevant and necessary for the Hearing Committee to reach a conclusion with respect to the adverse recommendation or action, and provided that the body whose decision prompted the hearing shall have sufficient time to respond to any additional information revealed as the result of such testimony.

Section 6. Composition of Hearing Committee

A. When a hearing relates to an adverse recommendation of the Medical Board, the hearing shall be conducted by an Ad Hoc Hearing Committee (“Hearing Committee”) composed of not fewer than five (5) members of the Medical Staff appointed by the President of the Medical Board who shall designate one of the appointed members as Chairman.
B. When a hearing relates to an adverse decision of the Board of Trustees, the hearing shall be conducted by an Ad Hoc Hearing Committee (“Hearing Committee”) composed of not fewer than three (3) voting members of the Board of Trustees and one (1) member of the Medical Staff appointed by the Chairman of the Board of Trustees who shall designate one of the appointed Trustee members as Chairman.

C. A member of the Medical Staff or of the Board of Trustees shall not be disqualified from serving on a Hearing Committee merely because he has heard of the case or has knowledge of the facts involved or what he supposes the facts to be. However, no individual who has actively participated in the initiation or the consideration of the adverse recommendation or action shall be appointed a member of the Hearing Committee. In addition, no individual may serve on a Hearing Committee who is in direct economic competition with the applicant or Medical Staff member requesting a hearing; and all members of a Hearing Committee shall be required to consider and decide the case with good faith objectivity.

Section 7. Failure to Appear

No hearing shall be conducted without the personal presence of the applicant or Medical Staff member requesting the hearing unless he waives such appearance or fails without good cause to appear for the hearing after appropriate notice. An applicant or Medical Staff member who fails without good cause to appear and proceed at such hearing shall be deemed to have waived his right to such hearing and to any appellate review, and to have accepted the recommendation, or action pending. Such waiver in connection with an adverse recommendation by the Medical Board shall constitute acceptance of that recommendation which shall thereupon become and remain effective pending final action by the Board of Trustees. Such waiver in connection with an adverse action by the Board of Trustees shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Board.

Section 8. Postponements and Extensions

Postponements and extensions of time beyond the times expressly permitted in these Bylaws may be requested by anyone but shall be permitted only by the Hearing Committee or its Chairman acting upon its behalf on a showing of good cause.

Part C HEARING PROCEDURES

Section 1. Representation

The applicant or Medical Staff member shall be entitled at the hearing to be represented by an attorney or other person of his choice, including a physician, dentist or podiatrist who is a member in good standing of the Medical Staff. The body whose decision prompted the hearing shall be entitled to be represented by legal counsel, and may also
appoint a representative from the Medical Board or from the Board of Trustees, whichever body’s decision prompted the hearing, to present its recommendation, decision or action and the facts in support thereof. The extent to which legal representatives for both parties shall be entitled to participate in the conduct of the hearing shall be determined by the Hearing Committee.

Section 2. The Presiding Officer

A. The presiding officer at the hearing shall be the Chairman of the Hearing Committee or a hearing officer appointed pursuant to Section 2B, below. The presiding officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present all oral and documentary evidence, and to ensure that proper decorum is maintained. He shall be entitled to determine the order of, or procedure for, presenting evidence and argument during the hearing. He shall have the authority and discretion, in accordance with these Bylaws, to make all rulings on questions which with reasonable diligence could not have been raised prior to the hearing and which pertain to matters of law, procedure or the admissibility of evidence.

B. At the option of the Hearing Committee, a hearing officer may be appointed from within or without the Hospital, who shall be an individual experienced in presiding at and conducting hearings. Such an individual may not be in direct economic competition with the applicant or Medical Staff member requesting the hearing, nor may he have actively participated in the initiation or the consideration of the adverse recommendation or action. The hearing officer may be permitted to participate in the deliberation of, and to act as an advisor to, the committee but he shall not be entitled to vote.

Section 3. Record of Hearing

A record of the hearing shall be kept that is of sufficient accuracy to assure that an informed and valid judgment can be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The Hearing Committee may select the method to be used for making the record such as court reporter, electronic recording unit, detailed transcription or minutes of the proceedings. The applicant or Medical Staff member shall be entitled to obtain copies of the record of the hearing, in whatever form it exists, upon payment of the charges associated with obtaining or preparing such copies, including fees that may be imposed by a stenographic reporter or service.

Section 4. Rights of the Parties

At a hearing, the parties shall have the following rights: To call and examine witnesses, to present evidence determined to be relevant by the presiding officer; to introduce exhibits or other documents; to cross-examine or otherwise attempt to impeach any witness who shall have testified orally on any matter relevant to the issues; and otherwise
to rebut any evidence. The applicant or Medical Staff member may be called by the body
whose decision prompted the hearing and examined as if under cross-examination.

Section 5.  Admissibility of Evidence

The rules of law relating to the examination of witnesses and presentation of evidence
shall not apply in any hearing conducted hereunder. Any relevant evidence, including
hearsay, may be admitted by the presiding officer if it is the type of evidence on which
responsible persons are accustomed to rely in the conduct of serious affairs, regardless of
the admissibility of such evidence in a court of law. Each party shall have the right to
submit a memorandum of points and authorities, and the Hearing Committee may request
such memoranda to be filed following the close of the hearing. Such memoranda shall
become a part of the hearing record. The Hearing Committee may interrogate the
witnesses or call additional witnesses if it deems such action appropriate. The presiding
officer may, but shall not be required to, order that oral evidence shall be taken only on
oath administered by any person designated by the Hearing Committee and entitled to
notarize documents in the State of New York, or by affirmation under penalty of perjury.

Section 6.  Official Notice

In reaching a decision, official notice may be taken by the Hearing Committee, either
before or after submission of the matter for decision, of any generally accepted technical
or scientific matter relating to the issues under consideration at the hearing and of any
facts which may be judicially noticed by the courts of the State of New York. Participants in the hearing shall be informed of the matters to be noticed, and those
matters shall be noted in the record of the hearing. Either party shall have the
opportunity to request that a matter be officially noticed or to refute the officially noticed
matters by evidence or by written or oral presentation of authority, the manner of such
refutation to be determined by the Hearing Committee. The Committee shall also be
entitled to consider any pertinent material contained on file in the Hospital, and all other
information, which may be considered in connection with applications for appointment to
the Medical Staff and for clinical privileges pursuant to these Bylaws.

Section 7.  Basis of Decision

The decision of the Hearing Committee shall be based on the evidence produced at the
hearing. Such evidence may consist of the following:

A. oral testimony of witnesses;

B. memoranda of points and authorities presented in connection with the hearing;

C. any material contained in the Hospital or Medical Staff personnel files regarding
the applicant or medical staff member which shall have been made a part of the
hearing record;

D. any and all applications, references, medical records, exhibits and other
documents and records which shall have been made a part of the hearing record;
E. all officially noticed matters; or

F. any other evidence admissible hereunder.

Section 8. Burden of Proof

When a hearing relates to the denial of initial Medical Staff appointment or of requested initial clinical privileges, or the denial of additional clinical privileges or requested advancement in Medical Staff category, the applicant or Medical Staff member who requested the hearing shall have the burden of proof, by clear and convincing evidence, that the adverse recommendation or action is unsupported by the facts of the matter or that the conclusions drawn from the facts of the matter therefrom are either arbitrary, unreasonable or capricious. The body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support thereof, and the applicant or medical staff member shall thereafter be responsible for supporting his challenge to the adverse recommendation or action in accordance with the standard set forth herein.

Section 9. Adjournment and Conclusion

The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall thereupon, outside the presence of the parties, conduct its deliberations and render a written decision and accompanying report.

Section 10. Hearing Committee Report

Within a reasonable time after final adjournment of the hearing, the Hearing Committee shall make a written report of its findings and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the body whose adverse recommendation or action occasioned the hearing. The applicant or Medical Staff member shall be entitled to obtain the written report of the Hearing Committee.

Section 11. Action on Hearing Committee Report

Within a reasonable time after receipt of the report of the Hearing Committee, the Medical Board or the Board of Trustees, as the case may be, shall consider the same and affirm, modify or reverse its prior recommendation or action in the matter. It shall transmit the result, together with the hearing record, the report of the Hearing Committee and all other documentation considered, to the Executive Director.
Section 12. Notice and Effect of Result

A. Notice

The Executive Director shall send the applicant or Medical Staff member notice of the decision of the Medical Board or of the Board of Trustees, as the case may be, including a statement of the basis for the decision, by overnight delivery service or personal delivery.

B. Effect of Favorable Result

(1) Adopted by the Medical Board: If the Medical Board’s result pursuant to Part C, Section 11 of this ARTICLE VII is favorable to the applicant or Medical Staff member, the Executive Director shall promptly forward it, together with all supporting documentation, to the Board of Trustees for final action. The Board shall take action thereon by adopting or rejecting the Medical Board’s result in whole or in part, or by referring the matter back to the Medical Board for further consideration. Any such referral shall state the reasons therefor and may include a directive that an additional hearing be conducted to clarify the issue. After receipt of such subsequent recommendation and any new evidence in the matter, the Board of Trustees shall take final action. The Executive Director shall send the applicant or Medical Staff member notice by overnight delivery service or personal delivery informing him of each action taken pursuant to this Section, including a statement of the basis for each decision or action. Favorable action by the Board of Trustees shall become the final decision of the Board of Trustees and the matter shall be considered closed. If the Board of Trustees’ action is adverse to the applicant or Medical Staff member, the notice shall inform the applicant or Medical Staff member of his right to request an appellate review by the Board of Trustees as provided in Part D of this ARTICLE VII.

(2) Adopted by the Board of Trustees: If the Board of Trustees’ result pursuant to Part C, Section 11 of this ARTICLE VII is favorable to the applicant or Medical Staff member, such result shall become the final decision of the Board and the matter shall be considered closed.

C. Effect of Adverse Result

If the result of the Medical Board or of the Board of Trustees pursuant to Part C, Section 11 of this ARTICLE VII continues to be adverse to the applicant or Medical Staff member, the notice required by Section 12A, above, shall inform the applicant or Medical Staff member of his right to request an appellate review by the Board of Trustees as provided in Part D of this ARTICLE VII.
Part D APPELLATE REVIEW

Section 1. Request for Appellate Review

Within ten (10) days after receipt of notice of an adverse decision of the Medical Board or of the Board of Trustees pursuant to Part C, Section 12B (1) or Section 12C of this ARTICLE VII, the applicant or Medical Staff member or the body whose decision prompted the hearing may request an appellate review by the Board of Trustees. The request shall be made in writing; shall be delivered to the Executive Director by overnight delivery service or personal delivery; and shall include a brief statement of the reasons for appeal. If such appellate review is not requested within the time and in the manner specified herein, both sides shall be deemed to have waived any right to such review and to have accepted the action or decision involved. Such waiver in connection with an adverse recommendation by the Medical Board shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending final action by the Board of Trustees. Such waiver in connection with an adverse action, by the Board of Trustees shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Board.

Section 2. Grounds for Appeal

The grounds for appeal from an adverse decision shall be as follows: substantial failure to comply with the procedures required by the Hospital or Medical Staff Bylaws, or applicable law, in the conduct of hearings and the rendering of decisions so as to deny the applicant or Medical Staff member a fair hearing; or recommendations made or actions taken were arbitrary, unreasonable, capricious, with prejudice or without substantial evidence.

Section 3. Notice of Time and Place of Appellate Review

Upon receipt of a timely request for appellate review, the Executive Director shall deliver such request to the Chairman of the Board of Trustees who shall, within a reasonable period of time after receipt of such request, schedule and arrange for an appellate review. The Executive Director shall cause the applicant or Medical Staff member to be given notice, by overnight delivery service or personal delivery, of the date, place and time of the appellate review.

Section 4. Appellate Review Body

A. When an appellate review is requested, the Board of Trustees may sit as the appellate review body or it may appoint an appellate review body composed of not fewer than three (3) persons who are either voting members of the Board of Trustees or reputable persons not otherwise affiliated with the Hospital, or a combination thereof. No individual who is in direct economic competition with the applicant or Medical Staff member shall be a member of the appellate review body. The Chairman of the Board of Trustees shall designate one of the members of the appellate review body as Chairman. Knowledge of the matter involved shall not preclude any person from serving as a member of the appellate review body.
body so long as that person did not take part in a prior hearing on the same matter and/or did not actively participate in the initiation or consideration of the adverse recommendation or action.

B. The Chairman of the appellate review body shall be the presiding officer. He shall determine the order of procedure during the review, make all required rulings and maintain decorum.

Section 5. **Nature and Procedure of Appellate Review**

A. The proceedings by the appellate review body shall be in the nature of an appellate review, based upon the record that formed the basis for the recommendation which is the subject of the appellate review. New or additional oral or written evidence not raised or presented during the hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only under unusual and compelling circumstances. The appellate review body, in its sole discretion, shall determine whether such matters or evidence shall be considered or accepted. Each party shall have the right to present a written statement in support of his position on appeal and, in its sole discretion, the appellate review body may allow each party or its representative to personally appear and make an oral argument.

B. The appellate review body may recess the appellate review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon the conclusion of oral statements, if allowed, the appellate review shall be closed. The appellate review body shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

C. The appellate review body shall have such additional powers as are reasonably appropriate to the discharge of its responsibilities.

Section 6. **Action by the Appellate Review Body**

Upon conclusion of its deliberations, the appellate review body shall recommend final action to the Board of Trustees. It may recommend that the Board of Trustees affirm, modify or reverse the adverse result that is the subject of the appellate review or it may, in its discretion, remand certain matters to the Medical Board or Hearing Committee for further review and recommendation, within a reasonable period of time, in accordance with its instructions. As soon as practicable thereafter, the appellate review body shall make its recommendation to the Board of Trustees as herein provided.

Section 7. **Final Decision by the Board of Trustees**

A. At the next regularly scheduled meeting of the Board of Trustees after conclusion of the proceedings before the appellate review body or as soon thereafter as reasonably practicable, the Board of Trustees shall render its final decision in the
matter, which shall be immediately effective and final and shall not be subject to further review.

B. The Board of Trustees shall send written notice of its final decision in the matter, including a statement of the basis for the decision, to the applicant or Medical Staff member and to the Medical Board, by overnight delivery service or personal delivery.

Section 8. **Right to One Hearing/Appellate Review**

Notwithstanding any other provision of these Bylaws, no applicant or Medical Staff member shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by either the Medical Board or the Board of Trustees or by both.
ARTICLE VIII

ALLIED HEALTH PROFESSIONAL STAFF

Section 1. General Provisions

A. Applicability

The provisions of this ARTICLE VIII shall govern the relationship between members of the Allied Health Professional Staff (sometimes referred to herein as "AHP Staff") and the Hospital. Any provisions of the remainder of these Bylaws that are not in conflict with the provisions of this ARTICLE VIII shall likewise be applicable to members of the Allied Health Professional Staff to the extent applicable to their professions.

B. Qualifications

(1) The Allied Health Professional Staff shall be comprised of two categories, the Hospital-Based Allied Health Professional Staff and the Physician-Employed Allied Health Professional Staff. Each applicant to the Hospital-Based Allied Health Professional Staff must hold an employment position in the Hospital and perform clinical or administrative functions on behalf of the Hospital as assigned by the Department Chairman, his designee or a representative of Hospital management. Each applicant to the Physician-Employed Allied Health Professional Staff must be employed by a physician member of the Medical Staff.

(2) Members of the Allied Health Professions, including but not limited to psychologists, doctoral scientists, physician assistants, certified nurse practitioners, midwives, certified registered nurse anesthetists and other categories of Allied Health Professionals as may be designated from time to time by the Medical Board and approved by the Board of Trustees, shall not be deemed members of the Medical Staff, but may be appointed by the Board of Trustees to the Allied Health Professional Staff. Hospital-Based Allied Health Professionals shall be subject to the regular personnel policies and conditions of employment of the Hospital.

(3) To be eligible for appointment to the Hospital-Based or Physician-Employed Allied Health Professional Staff and the exercise of specified clinical privileges, Allied Health Professionals shall have a current license, certificate or other legal credential as may be required by law; shall document their background, education, experience, training, demonstrated competence and ability, clinical judgment and physical and mental health status with sufficient adequacy to demonstrate that patients treated by them will receive care of the generally
recognized professional level of quality and efficiency established by the Hospital and that they are qualified to provide a needed service within the Hospital; shall demonstrate their adherence to the ethics of their profession, their good reputation and character, and their ability to work harmoniously with others; and shall maintain and provide evidence of professional liability insurance coverage in the same manner as required by ARTICLE III, Section 3 of these Bylaws for members of the Medical Staff.

(4) The scope and nature of clinical or patient related activities performed by a Hospital-Based or a Physician-Employed member of the Allied Health Professional Staff must be specifically set forth in his delineation of privileges. In addition, Hospital-Based Allied Health Professional Staff responsibilities shall also be defined by the Human Resources Department in a job description.

(5) All Physician Assistants and Allied Health Professionals who are appointed to the Department of Emergency Medicine as of June 16, 2014, also shall be appointed to the Department of Community and Acute Care Services effective such date, provided that such Physician Assistants and Allied Health Professionals satisfy the credentialing requirements set forth in this ARTICLE VIII.

C. Procedures for Appointment and Reappointment to the Allied Health Professional Staff and for Delineation of Clinical Privileges

(1) Applications for appointment and reappointment to the Allied Health Professional Staff and for the exercise of clinical privileges shall be submitted and processed in the same manner as provided for Medical Staff membership and clinical privileges, including, but not limited to, credentialing of such applicants by the Credentials Committee in accordance with ARTICLE III of these Bylaws. Members of the Allied Health Professional Staff shall be individually assigned to the clinical Departments, Divisions or services appropriate to their professional training and the professional training of the supervising physician. They shall be subject, in general, to the same criteria, terms and conditions of appointment, including corrective action, summary suspension and automatic termination/suspension, as specified in ARTICLE III, ARTICLE IV, and ARTICLE VI of these Bylaws, except that in the event of adverse recommendations or actions concerning appointment, reappointment or clinical privileges (including corrective action and summary suspension), they shall not be entitled to the procedural rights set forth in ARTICLE VII of these Bylaws, which rights are reserved for members of the Medical Staff.

(2) Members of the Allied Health Professional Staff shall have the right to challenge adverse recommendations or actions concerning their
appointment, reappointment or clinical privileges by filing a written grievance with the Chairman of the Department in which the Allied Health Professional has privileges within ten (10) days after receipt of written notice of the adverse recommendation or action taken by the Medical Board or the Board of Trustees. All grievances shall be supported by reference to the specific recommendation or action taken that is the subject of the grievance. As soon as practicable following receipt of the grievance, the Chairman shall appoint an ad hoc committee to investigate the matter and shall afford the Allied Health Professional an opportunity for an interview before this committee. Before the interview, the Allied Health Professional shall be informed of the general nature of the circumstances giving rise to the adverse recommendation or action and, at the interview, the Allied Health Professional may present information relevant thereto. This interview shall not constitute the same type of “hearing” as is provided for in ARTICLE VII of these Bylaws and shall not be conducted in accordance with the procedural rules applicable thereto. A report of the findings and recommendations of such committee shall be forwarded by the Chairman, together with his report and recommendations, to the Medical Board. After reviewing and considering the matter, the Medical Board shall forward its recommendation to the Board of Trustees. If the recommendation of the Medical Board is adverse to the Allied Health Professional, he may, within ten (10) days following receipt of written notice of this adverse decision, request review of the matter by the Board of Trustees. This review shall not constitute the same type of “appellate review” as is provided for in ARTICLE VII of these Bylaws and shall not be conducted in accordance with the procedural rules applicable thereto. Upon conclusion of the review proceedings, if applicable, the Board of Trustees shall take final action in the matter. The decision of the Board of Trustees shall be immediately effective and final and shall not be subject to further review. The Executive Director shall give the Allied Health Professional written notice of the final action taken, by overnight delivery service or personal delivery. An Allied Health Professional shall not be entitled to file more than one grievance or request more than one appellate review on any matter which shall have been the subject of action by either the Medical Board or the Board of Trustees. Notwithstanding the foregoing, the procedures described herein shall not apply to automatic termination/suspension.

D. Ranks, Privileges and Responsibilities of Members of the Allied Health Professional Staff

(1) Allied Health Professionals appointed to the Allied Health Professional Staff shall hold the rank of either Hospital-Based Allied Health Professional Staff Member or Physician-Employed Allied Health Pro-
fessional Staff, or Allied Health Professional Honorary Staff Member ("AHP Honorary Staff Member").

(a) **Hospital-Based and Physician-Employed AHP Staff Member:**
Allied Health Professionals may not admit patients to the Hospital. They shall be authorized to provide specified patient care services to inpatients and outpatients of the Hospital subject to the delineation of their privileges.

(b) **AHP Honorary Staff Member:** Members holding the rank of AHP Honorary Staff Member shall include Allied Health Professionals whom the Board of Trustees wishes to honor in recognition of their professional attainments, their previous long-standing service to the Hospital and who are otherwise qualified for membership in accordance with the provisions of this ARTICLE III. They shall have no mandatory patient care responsibilities and shall not be privileged to admit or provide patient care services to inpatients and outpatients of the Hospital.

(2) Hospital-Based and Physician-Employed AHP Staff Members may provide specified patient care services under the supervision or direction of a member of the Medical Staff designated by the appropriate Department Chairman and as set forth in the Rules and Regulations of the Medical Staff of the Hospital.

(3) Hospital-Based and Physician-Employed AHP Staff Members may write orders and record reports and progress notes in patients’ medical records as authorized by the Medical Board and in compliance with the applicable federal, state and local laws, rules and regulations, and as set forth in the Rules and Regulations of the Medical Staff of the Hospital.

(4) Hospital-Based and Physician-Employed AHP Staff Members shall participate in committee work; in continuing health education programs; in-patient care audit and other quality review, evaluation and monitoring activities that may be required; and in supervising appointees of the same profession as may be necessary. They shall be required to attend Staff, Department and committee meetings as set forth in these Bylaws and to perform such other duties and functions as may be assigned by the appropriate Department Chairman and the Medical Board.

(5) Except as otherwise provided in these Bylaws, members of the Allied Health Professional Staff shall, in the exercise of the clinical privileges granted to them, comply with and be governed by applicable Hospital Bylaws, Medical Staff Bylaws, the Rules and Regulations and all other standards, policies and rules of the Hospital.

**Section 2. Additional Provisions Regarding the Allied Health Professionals**
Further requirements applicable to AHPs shall be set forth in the Rules and Regulations of the Medical Staff.
ARTICLE IX

MEDICAL BOARD

Section 1. Composition

A. There shall be established a Medical Board which shall be empowered to represent and to act on behalf of the Medical Staff. It shall be appointed by the Board of Trustees and be responsible to it for the conduct of the medical affairs of the Hospital.

B. The Medical Board shall consist of voting and non-voting members.

(1) The voting members shall include:

(a) Chairmen of all clinical Departments of the Medical Staff;

(b) Eight (8) Attending or Associate members of the Medical Staff, elected by the Attending and Associate members of the Medical Staff in accordance with the provisions of this Article;

(c) The Executive Director, except that the Executive Director shall not have a vote in the election of officers of the Medical Board;

(d) The President of the Physicians’ Attending Association;

(e) The President of the House Staff Association, except that the President of the House Staff Association shall not have a vote in the election of officers of the Medical Board;

(f) The Medical Director, except that the Medical Director shall not have a vote in the election of officers of the Medical Board;

(g) The Chairmen of the Bylaws, Codes, Accreditation and Ethics Committee; the Performance Improvement Coordinating Group; and the Credentials Committee;

(h) The immediate past president of the Medical Board, if such individual is not a member of the Medical Board pursuant to sub-paragraphs (a) through (g) above; and

(i) Other members as may, from time to time, be added by the Medical Board.
(2) The non-voting members shall include:

(a) The Vice President/Nursing;

(b) The Chief Academic Officer; and

(c) Other members as may, from time to time, be added by the Medical Board.

Section 2. Procedure for Election of Elected Members of the Medical Board

A. Elected members of the Medical Board shall serve a three (3) year term and shall not be permitted to succeed themselves for a period of three (3) years thereafter. Membership on the Medical Board is subject to continued Medical Staff membership in good standing. Any vacancy in an elected position shall be filled by the Medical Board.

B. Qualifications: Candidates shall be members of the Attending or Associate Medical Staff, in good standing at the time of nomination.

C. Nomination and Election: Each representative shall be nominated and elected in the manner described herein every three (3) years. Nominations and elections shall be staggered such that four (4) of the eight (8) Medical Staff members will be appointed in each of the first and second years of the three (3) year term. A nominating committee consisting of the current elected representatives of the Medical Staff on the Medical Board and the immediate past four (4) representatives shall prepare a slate of at least six (6) candidates. This slate of candidates, including the names and assigned Departments of all such nominees, shall be submitted to the Executive Director or his designee. The Executive Director, or his designee, shall be responsible for ensuring that ballots containing the above information, together with a provision for listing write-in candidates, are mailed or otherwise delivered to all Attending and Associate members of the Medical Staff in sufficient time prior to the end of the Hospital year of an elected representative’s currently expiring term to allow for the newly elected representatives to have been so elected prior to the start of the next Hospital year. The nominating committee shall receive all ballots, hear and determine all challenges and questions in connection with the right to vote and the count, and shall tabulate, determine and certify the results of such balloting and forward a report of the same to the Executive Director. In addition, the nominating committee shall perform all other acts which are necessary and proper to conduct such nomination and election with fairness. The four (4) candidates receiving the most votes cast in each election year shall be deemed elected to the Medical Board, subject to confirmation by the Board of Trustees. Except as otherwise necessary due to the withdrawal or removal of an elected Medical Staff member from the Medical Board, there shall be no nominations or elections in the third year of the applicable three (3) year term.
Section 3. Officers of the Medical Board

A. Identification of Officers

The officers of the Medical Board shall be the President, Vice President, and Secretary.

B. Qualifications

Officers must be physicians and must be voting members of the Medical Board who demonstrate a willingness to assume responsibility and devote time to the office.

C. Nominations

The nomination of officers of the Medical Board shall be made at a meeting of the Medical Board held in October, provided a quorum is present. Upon the conclusion of such October meeting of the Medical Board, the nomination of officers of the Medical Board shall be closed. The slate of candidates nominated for office at the October meeting of the Medical Board shall be eligible to be voted upon by voting members of the Medical Board.

D. Election

(1) Voting for officers of the Medical Board shall be by written ballot which must be submitted to the Hospital’s Medical Affairs Office no later than seven (7) days following the close of the October meeting of the Medical Board. Voting by proxy shall not be permitted.

(2) Only voting members of the Medical Board shall be eligible to vote in the election of officers.

(3) Officers shall be elected by majority vote. In the event no candidate receives a majority vote, a runoff between the candidates who receive the two highest numbers of votes shall take place within seven (7) days following the initial seven (7) day period after the close of the October meeting of the Medical Board.

(4) The election of officers shall be subject to confirmation by the Board of Trustees.

E. Terms of Office

(1) Each officer shall serve a one (1) year term, commencing on January 1st and ending December 31st or until a successor is elected and assumes office, whichever is later. No member of the Medical Board may serve in the same officership for more than three (3) consecutive years. Following the end of the President’s term, he or she shall serve
on the Medical Board as immediate past President as prescribed by Section 1(B)(h) of this ARTICLE IX until such time as there is a new immediate past President.

(2) The President of the Medical Board may not succeed himself as President or hold any other elected office of the Medical Board for a period of one (1) year following his officership as President, which officership, as described above, shall be for a maximum of three (3) consecutive years. Service on the Medical Board as immediate past President shall not be deemed a period of officership.

(3) Neither the Vice President nor the Secretary may succeed himself in the same officership position of the Medical Board for a period of one (1) year following his officership as Vice President or Secretary, which officership, as described above, shall be for a maximum of three (3) consecutive years. The above notwithstanding, the Vice President and the Secretary of the Medical Board may serve in a position of officership of increasing capacity, in accordance with the election provisions of Section 3D of this ARTICLE IX, upon the completion of three (3) consecutive years of service in office as Vice President or Secretary. For purposes of this Section 3E, serving in a position of “increasing capacity” means serving as Vice President and then serving as President or serving as Secretary and then serving as either Vice President or President.

F. Vacancies in Office

Any vacancy in office shall be filled by the officer next in the order of succession. A special election to fill the remaining open position shall be called by the President of the Medical Board within thirty (30) days after such vacancy occurs. The order of succession in descending order is President, Vice President and Secretary.

G. Removal of Officers

The removal of an officer of the Medical Board may be accomplished by a two-thirds (2/3) vote of the Medical Board members eligible to vote in the election of officers. Removal may be based only upon the officer’s demonstrated failure to satisfactorily perform the duties and responsibilities of the position held as described in this ARTICLE IX.

Section 4. Duties and Responsibilities of the President of the Medical Board

A. The President of the Medical Board shall be authorized to call all meetings of the Medical Staff and of the Medical Board.
B. The President of the Medical Board shall, with the assistance of the Medical Board, plan and implement the agenda of the Medical Board and each of the Medical Staff meetings.

C. The President of the Medical Board shall be an Ex Officio member of all Committees of the Medical Board.

D. The President of the Medical Board shall perform such other duties as are specified in these Bylaws and the corporate Bylaws of the Hospital, in addition to those duties ordinarily performed in such capacity.

**Section 5. Duties and Responsibilities of the Vice President of the Medical Board**

The Vice President shall, in the absence of the President of the Medical Board, assume all of his duties and all of his authority. In addition he shall perform such other duties as may be assigned to him by the President of the Medical Board or by the Medical Board.

**Section 6. Duties and Responsibilities of the Secretary of the Medical Board**

A. The Secretary shall keep accurate and complete minutes of all Medical Board meetings and shall transmit copies thereof to all members of the Medical Board. In the absence of the Secretary, the President of the Medical Board shall designate another member of the Medical Board to record the minutes.

B. The Secretary shall preserve as part of the records of the Medical Staff and of the Medical Board, for reference or possible publication, all papers read before the Medical Staff or the Medical Board, and minutes of any discussions thereof.

C. The Secretary shall attend to all necessary correspondence.

D. The Secretary shall be custodian of and accountable for any Medical Staff funds, maintain an accurate account of any such funds entrusted to him and expend such funds only upon the order of the Medical Board.

E. The Secretary shall perform such other duties as are specified in these Bylaws and the corporate Bylaws of the Hospital, in addition to those duties ordinarily performed in such capacity.

**Section 7. Duties and Responsibilities of the Medical Board**

A. In addition to those duties heretofore and hereafter specified in these Bylaws and the corporate Bylaws of the Hospital, the duties and responsibilities of the Medical Board shall be to:

   (1) represent, and act on behalf of, the Medical Staff, subject to such limitations as may be imposed by these Bylaws and the corporate Bylaws of the Hospital;
coordinate the activities and general policies of the Medical Staff, and its clinical Departments and Divisions;

receive and act upon reports and recommendations of committees;

provide liaison between the Medical Staff, the Executive Director, the Chief Executive Officer, and the Board of Trustees, and make recommendations to the Executive Director on medical-administrative matters;

fulfill the Medical Staff’s responsibilities of accountability to the Board of Trustees for the medical care rendered to patients of the Hospital;

take all reasonable steps to ensure ethical conduct and competent clinical performance on the part of all members of the Medical Staff and the Allied Health Professional Staff, including the initiation of, and/or participation in, corrective action or review measures when warranted;

assure that the Medical Staff is kept informed of the current accreditation status of the Hospital as determined by The Joint Commission, and of the factors influencing that status;

provide formal procedures for the evaluation of Medical Staff and Allied Health Professional Staff applications and credentials; the appointment, promotion, reappointment, suspension or dismissal of Staff members; delineation of clinical privileges; changes in Medical Staff appointment or clinical privileges; grievances; and other subjects and conditions which the Board of Trustees shall deem appropriate;

consult with the Board of Trustees regarding objectives of the Hospital, as such objectives relate to Medical Staff membership and privileges;

together with the Designated Institutional Official and in collaboration with the Health System’s Graduate Medical Education Committee and Office of Academic Affairs, supervise the Hospital’s training, education and supervision of medical students, residents, and fellows;

participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs;

be responsible for the adoption, with the approval of the Board of Trustees, of Bylaws and the Rules and Regulations of the Medical Staff consistent with the Standards of The Joint Commission and all
other applicable accrediting and certifying boards and bodies, and all applicable federal, state and local statutes and regulations; and

(13) perform such other functions as may be assigned to it by these Bylaws and the corporate Bylaws of the Hospital, by the Medical Staff or the Board of Trustees, and carry out those duties and responsibilities of a Medical Board as may be enumerated by applicable federal, state and local statutes and regulations, and by applicable accrediting and certifying boards and bodies.

(14) The Medical Board shall establish mechanisms to periodically evaluate various aspects of the Departments of the Medical Staff. Areas for review shall include the status of professional, educational and administrative activities within the Department; the effectiveness of the Department’s organization with regard to patient care and interdepartmental requirements; and the effectiveness of the Chairman’s administrative performance and scientific and professional leadership.

(15) The Medical Board shall report to the Board of Trustees through the President of the Medical Board.

Section 8. Meetings, Quorum and Voting Requirements

A. The Medical Board shall meet monthly, except for the months of July and August, at which times meetings shall be held upon the call of the President of the Medical Board. Meetings shall be held at a time and place to be designated in a Notice of Meeting which shall also include the agenda. In addition, special meetings may be called at any time by the President of the Medical Board or upon the written request of fifty percent (50%) of the voting members thereof.

B. Members of the Medical Board shall be required to attend all regular and special meetings thereof unless excused by the President of the Medical Board.

C. Any one or more members of the Medical Board may participate in a meeting of the Medical Board by means of a conference telephone or other communications equipment, including electronic media, allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

D. The presence of a majority of the total voting membership of the Medical Board shall constitute a quorum for the transaction of business.

E. The affirmative vote of at least a majority of the members of the Medical Board present and voting shall be required for the approval of any actions taken or recommendations made by the Medical Board.
F. Since service on the Medical Board is a personal and non-transferable privilege accorded to a specific appointee by the Board of Trustees, such member’s right to vote may be fulfilled by the use of a proxy, unless otherwise provided, only under the following conditions:

(1) except as may be otherwise provided in these Bylaws, a member of the Medical Board may hold a proxy only if so designated by another member of the Medical Board,

(2) the Medical Board member issuing the proxy is unable to be present at the specified meeting for reasons acceptable to the President of the Medical Board,

(3) the proxy is dated, signed, given to the President of the Medical Board, and directed to a vote on a specific item listed on the published agenda for a specific stated meeting of the Medical Board, and

(4) use of a proxy shall be limited to one proxy per member, at any given meeting.

G. Unless otherwise provided in these Bylaws, Medical Board meetings shall be conducted according to Robert’s Rules of Order; however, failures to follow such rules shall not invalidate action taken at such a meeting.

H. The Medical Board shall maintain minutes of all meetings, recording the date, attendance and matters discussed, and such minutes shall be approved at the next regular meeting of the Medical Board. It shall transmit copies of the minutes of such meetings to all members of the Medical Board and to the Executive Director. Such minutes shall be available in the Hospital’s Medical Affairs Office for review by members of the Medical Staff.
ARTICLE X

ORGANIZATION OF CLINICAL DEPARTMENTS, DIVISIONS & SERVICES

Section 1. Departments

A. The Medical Staff shall be divided and organized into such Departments as may be established by the Hospital in accordance with these Bylaws, including the following:

(1) Department of Anesthesiology
(2) Department of Cardiovascular Medicine
(3) Department of Cardiothoracic Surgery
(4) Department of Community and Acute Care Services (located at 30 Seventh Avenue, New York, New York)
(5) Department of Emergency Medicine
(6) Department of Medicine
(7) Department of Neurology
(8) Department of Obstetrics/Gynecology
(9) Department of Ophthalmology
(10) Department of Orthopedic Surgery
(11) Department of Otolaryngology/Head & Neck Surgery
(12) Department of Pathology
(13) Department of Pediatrics
(14) Department of Plastic Surgery
(15) Department of Psychiatry
(16) Department of Radiation Medicine
(17) Department of Radiology
(18) Department of Surgery
(19) Department of Urology
B. All Departments shall be under the supervision of a Department Chairman.

C. The Chairman of any Department shall be permitted, in his or her discretion, to appoint an Associate Chairman. An Associate Chairman shall be appointed by, and may be removed by, the appropriate Department Chairman, subject to the approval of the Medical Board, and the Board of Trustees. An Associate Chairman shall carry out such duties as may be assigned by the Department Chairman, and shall carry out the duties of the Department Chairman during periods of temporary absence or unavailability of the Department Chairman, except that the Associate Chairman shall not assume the Chairman’s seat on the Medical Board. Other Medical Staff members may be appointed by the Chairman of the Department to assist the Chairman of the Department. All such other Medical Staff members appointed to assist the Chairman shall serve at the pleasure of the Chairman, except as otherwise provided herein.

D. Members of the Medical Staff shall be individually assigned to at least one clinical Department but may be assigned and/or granted privileges in one or more of the other clinical Departments of the Medical Staff, subject to the terms and conditions specified in the Notice of Appointment or Reappointment and/or by employment agreement. The exercise of clinical privileges within any Department shall be under the overall supervision of the Department Chairman and subject to the Rules and Regulations of the Medical Staff and of that Department.

E. Each Department of the Hospital shall assist the Hospital in achieving its mission, goals and strategic objectives. Each Department shall, under the direction and supervision of the Department Chairman:

   (1) provide for continuous improvement of the quality, efficiency and effectiveness of patient care in the Department; Departmental performance improvement activities shall be coordinated and integrated with other Hospital and Medical Staff performance improvement initiatives;

   (2) establish guidelines for the delineation of clinical privileges and the performance of specified patient care services within the Department;

   (3) conduct or participate in, and make recommendations regarding the need for, continuing medical education programs and findings of review, evaluation and monitoring activities;

   (4) monitor, on a continuing and concurrent basis, adherence to Medical Staff and Hospital policies and procedures, requirements for alternate coverage and for consultations, sound principles of clinical practice, and regulations designed to promote patient safety;

   (5) submit written reports to the Medical Board concerning findings of the Department’s review, evaluation and monitoring activities, actions taken thereon, and the results of such actions; and recommendations
for maintaining and improving the quality of care in the Department and the Hospital;

(6) meet on a regular basis, as provided for in these Bylaws, for the purpose of receiving, reviewing and considering patient care audit findings and the results of the Department’s other review, evaluation and monitoring activities and for receiving and reviewing reports on other Department and Medical Staff functions; and

(7) establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it. This shall include efforts within the Department to integrate and coordinate departmental activities with those of Hospital Departments and committees, the Medical Board and its committees, and other clinical departments and services.

Section 2. Qualifications of Department Chairmen

Chairmen shall be members of, or eligible for membership on, the Attending Medical Staff; shall be among the most competent available in their particular field of specialization; and shall be board certified in their respective specialty, if such board certification exists, and, where recertification is necessary to remain a Diplomate, shall be recertified. They shall be persons of high character and integrity. They must have demonstrated teaching ability and a constructive attitude toward investigative activity. They shall have the capacity to effectively administer a Department, and have sufficient time and interest and be willing and able to faithfully discharge their duties. All Chairmen shall maintain their primary base of medical practice at the Hospital.

Section 3. Appointment of Department Chairmen

A. When the position of office of a Chairman has become vacant for any reason whatsoever, or in the case of the creation of a new Chairmanship, a Search Committee shall be appointed by the President of the Medical Board, in consultation with the Medical Board and the Executive Director, to search for qualified candidates either from within the Hospital or from outside the Hospital and to present to the Executive Director a list of available, qualified candidates for the position. The Executive Director shall then enter into preliminary discussions with such candidates and submit his comments and recommendations thereon to the Search Committee. The Search Committee shall then recommend to the Medical Board one or more candidates from this list for consideration as Chairman. The composition and functions of the Search Committee may be subject to the requirements of any medical school affiliation agreement then in effect.

B. The Medical Board, after due consideration of the recommendations of the Search Committee shall forward its recommendation to the Board of Trustees, which shall have the power of appointment. In the event that the nominee or nominees
recommended for such position are not acceptable to the Board of Trustees, the Search Committee shall be reconvened and this procedure shall be repeated as necessary to ensure the appointment by the Board of Trustees of a nominee who shall be acceptable to it to fill such position.

Section 4.  **Tenure, Absence and Vacancy of Department Chairmen**

A. The term of office of any Department Chairman, subject to the terms and conditions of any contract between the Chairman and the Hospital, shall be at the pleasure of the Board of Trustees, but the right of any former Chairman to retain Medical Staff membership on the Attending Medical Staff, shall, unless otherwise provided in the Chairman’s contract with the Hospital, be as provided in these Bylaws and the corporate Bylaws of the Hospital. The removal of a Chairman for any reason shall not entitle such individual to the hearing and appellate review rights set forth in ARTICLE VII of these Bylaws.

B. In the event that any Department Chairman dies in office, resigns, is absent or becomes disabled from performing his usual and customary duties by reason of illness or other cause for such period of time as, in the judgment of the Medical Board, shall constitute a vacancy in the said office, an Acting Chairman shall be designated by the Medical Board, subject to the approval of the Board of Trustees. Such Acting Chairman shall discharge the responsibilities of the Department Chairman and shall represent such Department on the Medical Board until the appointment by the Board of Trustees of a new Chairman pursuant to the provisions of this ARTICLE X. Acting Chairmen shall attend all regular and special meetings of the Medical Board and shall have voting privileges thereon. Any such Acting Chairman who wishes to be considered for the position of the Department Chairman shall not be permitted to serve on the Search Committee established pursuant to Section 3A of this ARTICLE X, nor may he participate in the deliberations regarding the appointment of a new Chairman of his Department.

C. In the event a Chairman of a Department cannot attend a meeting of the Medical Board, the Chairman shall have the option to appoint a designee from his/her Department to attend such meeting of the Medical Board, which designee shall attend such meeting without vote.

Section 5.  **Duties and Responsibilities of Department Chairmen**

A. Chairmen of Departments shall provide effective leadership of their Departments. This shall include:

   (1) assisting the Hospital in achieving its mission, goals and strategic objectives;

   (2) responsibility for professional and administrative activities of their Departments, and for implementing directives and recommendations of Administration, the Medical Board and the Board of Trustees;
(3) making recommendations for a sufficient number of qualified and competent persons to provide, care, treatment and services;

(4) determining the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment and services;

(5) compliance with standards and requirements for Clinical Departments as described in Section 1E of this ARTICLE X;

(6) providing leadership, education and support of clinical practice within the Department that is within the framework of clinically relevant and scientifically valid standards, guidelines and criteria;

(7) integration of departmental services and activities with other clinical, ancillary, and support departments, services and committees;

(8) developing and implementing departmental policies and procedures to guide and support the provision of services by the Department and its staff;

(9) ensuring departmental compliance with Hospital Bylaws; Medical Staff Bylaws; the Rules and Regulations; and other standards, policies and rules of the Hospital and of accreditation and regulatory bodies and organizations;

(10) conducting performance improvement activities within the Department and participating and contributing to Hospital and Medical Staff efforts to improve patient care;

   (i) The Chairman shall oversee the conduct of performance improvement activities within the Department that are planned, systematic, and that continuously assess and improve the Department’s performance.

   (ii) The Chairman shall also maintain appropriate quality control programs within the Department;

(11) considering applicants for appointment and reappointment to the Department and making recommendations to the Medical Board concerning appointments, reappointments, delineation of clinical privileges, change of status, and corrective action with respect to all Practitioners within the Department, consistent with the objectives of the Hospital;

   (i) The scope of this responsibility shall include residents assigned to the Department.
commitment to excellence in medical education, the promotion of a scholarly environment, and adherence to ethical, professional and accreditation standards in connection with graduate medical education and continuing medical education programs of the Department;

supporting research and scholarly activities within the Department;

responsibility, as members of the Medical Board, to give guidance on the overall medical policy of the Hospital;

responsibility for assessing and recommending, to Hospital Administration, off-site sources for needed patient care services not provided by the Department or the Hospital;

recommendation space and other resources needed by the department or service.

responsibility for preparation of departmental reports, including assisting in budgetary planning;

performing such other duties as required to provide effective leadership of the Department and as may from time to time be reasonably requested by the President of the Medical Board, the Executive Director or the Board of Trustees; and

undergoing periodic review and appraisal measured against the criteria listed in Section 5A of this ARTICLE X.

B. All Chairmen shall arrange for regular Department meetings as they shall deem necessary for review of the clinical work and professional policies of the Departments. Such meetings shall include review of scientific literature, discussions, case presentations and clinical conferences. Chairmen shall oversee the preparation of minutes and records of all such meetings to see that they adequately reflect the conclusions and recommendations of such meetings, and actions taken.

C. Each Department may formulate its own rules and regulations, subject to the approval of the Medical Board; however, such Department rules and regulations shall not conflict or be inconsistent with the Hospital Bylaws, Medical Staff Bylaws or the Rules and Regulations. Chairmen of Departments shall be responsible for ensuring that their Department rules and regulations are observed.

Section 6. Divisions and Sections of Departments

A. The Departments of the Medical Staff shall be further divided into those Divisions, and, as necessary, Sections, which the Board of Trustees, after receiving the recommendations of the applicable Department Chairman and the Medical Board, deems most suitable to carry out the functions of the Department.
B. All Divisions shall be under the supervision of a Division Director, and all Sections shall be under the supervision of a Section Chief.

C. Each Division and Section, upon the approval of the Medical Board and the Board of Trustees, shall perform the functions assigned to it by the appropriate Department Chairman. Such functions may include, without limitation, any of the functions of Departments described in Section 1E of this ARTICLE X.

D. Each Division and Section shall prepare and transmit regular reports on the conduct of its assigned functions to the Department Chairman.

Section 7. Establishment of New and Modification of Existing Departments, Divisions, Sections, Services and Programs

A. The establishment of new Departments, Divisions or Sections thereof, or the abolition of or changes in existing Departments, Divisions or Sections, may be accomplished from time to time upon consultation with the applicable Department Chairman, Division Director, Section Chief and Hospital Administration, and with the approval of the Medical Board and the Board of Trustees.

B. Any proposed modification constituting an addition or deletion of a Department, Division or Section shall be considered by the Medical Board at two (2) separate meetings. At the initial meeting, the proposed modification shall be presented to the Medical Board together with the recommendations of the applicable Department Chairman, Division Director and Section Chief, and the Executive Director. No vote shall be taken at this meeting. At a subsequent meeting of the Medical Board, action may be taken on the proposed modification and the Medical Board’s recommendation, which shall then be sent to the Board of Trustees for final action.

Section 8. Qualifications of Division Directors

Division Directors shall be members of the Attending Medical Staff, or Associate Medical Staff; shall be board certified in their designated specialty, if such board certification exists, and, where recertification is necessary to remain a Diplomate, shall be recertified; and, Division Directors appointed from and after the effective date of these Bylaws, shall be board certified in their designated subspecialty, if such board certification exists, and, where recertification is necessary to remain a Diplomate, shall be recertified; and shall be qualified by training, experience, interest, demonstrated teaching ability, and demonstrated current ability in the clinical area covered by the Division; and shall be willing and able to effectively discharge the administrative responsibilities of this position. Whenever practicable, Division Directors shall maintain their primary base of medical practice at the Hospital. Notwithstanding the foregoing, in circumstances where the reputation, credentials or other qualifications of a Division Director so warrants, any qualification set forth in this Section 8 of these Bylaws for qualifications of Division Directors may be waived in the discretion of the Board of Trustees upon its determination that such waiver will serve the best interests of the patients and the Hospital, and upon
favorable recommendation of the appropriate Department Chairman, the Credentials Committee and the Medical Board.

Section 9.  **Appointment and Removal of Division Directors**

Division Directors shall be appointed by, and may be removed by, the appropriate Department Chairman, subject to the approval of the Medical Board and the Board of Trustees.

Section 10.  **Tenure, Absence and Vacancy of Division Directors**

A. Notwithstanding any provision to the contrary in these Bylaws, the term of office of any Division Director, subject to the terms and conditions of any contract between the Division Director and the Hospital, shall be at the pleasure of the Board of Trustees.

B. In the event that any Division Director dies in office, resigns, is absent or becomes disabled from performing his usual and customary duties by reason of illness or other cause for such period of time as, in the judgment of the applicable Department Chairman, shall constitute a vacancy in the said office, a new Division Director shall be designated by the Chairman of the Department, subject to the approvals for appointment of Division Directors as set forth in these Bylaws.

C. The removal of a Division Director for any reason shall not entitle such individual to the hearing and appellate review rights set forth in ARTICLE VII of these Bylaws.

Section 11.  **Duties and Responsibilities of Division Directors**

A. Division Directors shall provide effective leadership of their Divisions. Division Directors shall be responsible to the applicable Department Chairman. Division Director responsibilities shall include:

   (1) responsibility for professional and administrative activities within the Division;

   (2) providing leadership, education and support of clinical practice within the Division that is within the framework of clinically relevant and scientifically valid standards, guidelines and criteria;

   (3) integration of activities of the Division with the applicable clinical Department and other clinical, ancillary and support departments, services and committees;

   (4) developing and implementing policies and procedures to guide and support the provision of services by the Division and its staff;
(5) ensuring compliance with Hospital Bylaws; Medical Staff Bylaws; the Rules and Regulations; and all other standards, policies and rules of the Hospital, Department and of accreditation and regulatory bodies and organizations;

(6) conducting performance improvement activities within the Division and participating and contributing to Hospital, Medical Staff and departmental efforts to improve patient care;

(i) The Division Director shall oversee the conduct of performance improvement activities within the Division that are planned, systematic, and that continuously assess and improve his Division’s performance.

(ii) The Division Director shall also maintain appropriate quality control programs within the Division.

(7) considering applicants for appointment and reappointment to the Division and making recommendations to the Department Chairman concerning appointments, reappointments, delineation of clinical privileges, change of status, and corrective action with respect to all Practitioners within the Division, consistent with the objectives of the Hospital;

(i) The scope of this responsibility includes residents assigned to the Division.

(8) commitment to excellence in medical education, the promotion of a scholarly environment, and adherence to ethical, professional and accreditation standards in connection with graduate medical education and continuing medical education programs of the Division;

(9) supporting research and scholarly activities within the Division;

(10) responsibility for preparation of Division reports, including assisting in budgetary planning;

(11) performing such other duties as required to provide effective leadership of the Division and as may from time to time be reasonably requested by the Department Chairman, the President of the Medical Board, the Executive Director, the Chief Executive Officer or the Board of Trustees; and

(12) undergoing periodic review and appraisal measured against the criteria listed in Section 11 of this ARTICLE X.

B. Division Directors shall arrange for Division meetings at such times and with such frequency as they may consider appropriate.
Section 12. Section Chiefs

A. The provisions in this ARTICLE X that pertain to Division Directors shall apply to Section Chiefs, unless contrary provisions in these Bylaws apply specifically to Section Chiefs, in which case the specific provisions relating to Section Chiefs shall govern.

B. A Section Chief may be appointed at the discretion of the Chairman of the applicable Department. A Section Chief may be removed from such position by the Chairman of the applicable Department, or by the Director of the Division of which the Section is a part based upon the Chairman’s or Division Director’s determination that the Section Chief has not satisfactorily discharged the duties and responsibilities set forth in Section 11 hereof, as such duties and responsibilities may apply to Section Chiefs.

C. Each Section Chief shall report to the Chairman of the applicable Department through the Director of the Division of which the Section is a part.
ARTICLE XI

COMMITTEES OF THE MEDICAL BOARD

Section 1. General Provisions

A. Designation of and Appointment to Medical Board Committees

(1) The committees described in Section 2 through 15 of this ARTICLE XI shall be the Standing Committees of the Medical Board, as listed below. The appointment of Medical Staff members to such committees shall be made by the President of the Medical Board. Rosters of all Standing Committees shall be submitted to the Medical Board for approval upon the appointment of Medical Staff members of such committees by the President of the Medical Board. The appointment of non-Medical Staff members shall be made by the President of the Medical Board in consultation with the Executive Director. Except as set forth in Section 1A (3) of this ARTICLE XI (dealing with Chairmen of committees who are elected to such positions), and unless otherwise provided in these Bylaws, Chairmen of committees shall be appointed by the President of the Medical Board.

(2) Chairmen of committees may be removed by the President of the Medical Board in consultation with the Medical Board and the Executive Director. In the event of the removal of a Chairman of a committee who was appointed to such position by the President of the Medical Board, the President of the Medical Board shall appoint a replacement Chairman of such committee. In the event of the removal of a Chairman of a Committee who was elected by the Medical Board to such position, the Medical Board shall elect a replacement Chairman of such committee.

(3) As of the date of adoption of these Bylaws, Chairmen for the following committees shall be elected by the Medical Board rather than appointed by the President of the Medical Board: Bylaws, Codes, Accreditation and Ethics Committee; Performance Improvement Coordinating Group; and Credentials Committee. Where this ARTICLE XI requires the election of Chairmen, such election shall be accomplished by a vote of the Medical Board at a meeting held after the election of officers of the Medical Board and in sufficient time prior to the commencement of the upcoming Hospital year. The Chairmen of the Bylaws, Codes, Accreditation and Ethics Committee, Performance Improvement Coordinating Group, and Credentials Committee shall be voting members of the Medical Board.
(4) The following committees, as described in Section 2 through Section 15 of this ARTICLE XI, shall be the Standing Committees of the Medical Board:

(a) Bylaws, Codes, Accreditation and Ethics Committee;

(b) Cancer Committee;

(c) Credentials Committee;

(d) Critical Care Committee;

(e) Health Information Management Committee;

(f) Hospital Infection Control Committee;

(g) Institutional Review Board;

(h) Operating Room Committee;

(i) Performance Improvement Coordinating Group;

(j) Pharmacy, Therapeutics and Nutrition Committee;

(k) Radiation Safety Committee;

(l) Tissue Committee; and

(m) Transfusion & Blood Bank Committee.

(5) Special Committees may be created by the Medical Board from time to time on an ad hoc basis to perform specified tasks and to report to the Medical Board. The tenure and authority of such committees shall be defined at the time of their creation. They shall meet as often as necessary and shall confine their work to the fulfillment of the purposes for which they were created. The appointment of the members and Chairmen of such committees shall be made by the President of the Medical Board, in consultation with the Medical Board.

(6) Unless otherwise provided elsewhere in these Bylaws, appointment and/or reappointment to all Standing and Special Committees of the Medical Board shall be for a period of one (1) year commencing on January 1 and ending on December 31.

(7) Unless otherwise appointed to a committee of the Medical Board or unless otherwise provided in this ARTICLE XI, the President of the Medical Board, the Executive Director, and the Medical Director shall be Ex Officio members of all committees of the Medical Board, whether Standing Committees or Special Committees.

- 83 -
(8) When deemed appropriate by the Chairman of any committee, other individuals may be invited to attend meetings and participate in the discussion and deliberations of Standing Committees and Special Committees.

(9) No member of the Medical Staff shall be required to serve on more than three (3) committees.

(10) Minutes of all meetings of Standing Committees and Special Committees shall be prepared and maintained as set forth in ARTICLE XIV of these Bylaws.

(11) Any one or more committee members may participate in a meeting of any committee by means of a conference telephone or other communications equipment, including electronic media, allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

B. Non-Medical Staff Membership on Medical Board Committees

Non-Medical Staff members on Medical Board committees shall be required to attend and shall have the right to participate fully in the meetings, discussions and deliberations of such committees and shall, unless otherwise provided in these Bylaws, have the right to vote but shall not be counted in determining the existence of a quorum. Resident physicians, selected by their peers, shall have the right to participate fully in the meetings, discussions and deliberations of such committees and shall, unless otherwise provided in these Bylaws, have the right to vote but shall not be counted in determining the existence of a quorum.

C. Representation on Interdisciplinary Hospital Management Committees

Medical Staff functions and responsibilities requiring participation of, rather than direct oversight by, the Medical Staff may be discharged by Medical Staff representation on such Hospital management committees as are established to perform such functions. Such Medical Staff representatives shall be appointed jointly by the President of the Medical Board and the Executive Director.

Section 2. Bylaws, Codes, Accreditation and Ethics Committee

A. Membership

The Bylaws, Codes, Accreditation and Ethics Committee shall consist of not fewer than six (6) members of the Medical Board, including not fewer than two (2) elected representatives thereof. For purposes of this Section 2, the representative of the Physicians’ Attending Association on the Medical Board shall be considered an elected representative. This committee shall also include a member of the Attending Medical Staff and a representative from Hospital
Administration. This committee shall also include the Medical Director who shall serve as an Ex Officio member. The Chairman shall be a member of the Medical Board.

B. Functions

(1) The Bylaws, Codes, Accreditation and Ethics Committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital which relates to self-governing mechanisms established for the Medical Staff, to requirements of accrediting and certifying bodies and regulatory agencies, and to ethical issues, as they relate to the professional conduct of members of the Medical Staff and Allied Health Professional Staff of the Hospital.

(2) This committee shall, whenever necessary and at least biennially, review the Medical Staff Bylaws, the Rules and Regulations and procedures and forms promulgated in connection therewith, and make recommendations to the Medical Board concerning revisions necessary to reflect current practices with respect to Medical Staff organization and functions.

(3) This committee shall assist in the maintenance of the Hospital’s accreditation status by The Joint Commission and other applicable accrediting and certifying bodies, insofar as such status relates to patient care responsibilities. This committee shall assist and advise the Medical Board with regard to the factors influencing such status.

(4) This committee may act as a consulting group whenever a survey by The Joint Commission, the New York State Department of Health or any other accrediting or certifying body is in progress.

(5) When amendments to these Bylaws are being considered, this committee shall take into account the provisions of federal, state and local statutes and regulations affecting hospitals and the practice of medicine, dentistry and the Allied Health Professions and shall make such recommendations as it deems advisable to the Medical Board.

(6) This committee shall meet at least twice annually and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.
Section 3. **Cancer Committee**

A. **Membership**

This is a multidisciplinary committee with representation from all the medical specialties and allied health professions involved in the care of patients with cancer.

The Committee shall consist of members of the Medical Staff representing the following disciplines: Surgery, Medical Oncology, Radiation Medicine, Radiology, Pathology, Palliative Care and the Cancer Program Physician Liaison, as well as other Departments and/or Divisions as necessary; at least one (1) representative each from: Hospital Administration, Nursing, Cancer Registry, Social Services and Quality Management, as well as representative members of the Allied Health Professional Staff involved in the care of cancer patients. All physician members must be board-certified by their respective Specialty Board.

B. **Functions**

The Cancer Committee is responsible for:

1. Planning, initiating, assessing and reporting at least annually on all cancer related activities in the Hospital.

2. Providing guidelines for consultative services to cancer patients, evaluating the quality of care to these patients, developing and evaluating educational and research programs, and supervising activities of the Tumor Registry.

3. Maintaining and reviewing data on improving the performance of the Hospital’s Cancer Program as a whole.

4. Maintaining liaison with other pertinent committees of the Medical Staff as well as with State and local elements of the American Cancer Society, the New York State Department of Health and with the Department of Professional Services of the American College of Surgeons and its Committee on Cancer.

5. Maintaining compliance with the American College of Surgeons Commission on Cancer requirements for cancer committees.

6. Reporting regularly into the Medical Board, and into the Performance Improvement Coordinating Group as necessary.
C. Meetings

The Committee shall meet at least quarterly and as many additional times as the Chair, thereof, shall direct.

Section 4. Credentials Committee

A. Membership

The Credentials Committee shall consist of not fewer than five (5) members of the Medical Board, including one (1) elected representative thereof. This committee shall also include a member of the Attending Medical Staff. The Chairman shall be a member of the Medical Board.

B. Functions

(1) The Credentials Committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital by participating in the credentialing functions set forth in these Bylaws.

(2) This committee shall review and evaluate the credentials and qualifications of each Practitioner applying for appointment, reappointment, or modification of appointment to the Medical Staff and for clinical privileges, and, in connection therewith, obtain and consider the recommendations of the appropriate Department Chairman.

(3) This committee shall review and evaluate the credentials and qualifications of Allied Health Professionals applying for appointment or reappointment to the Allied Health Professional Staff and for clinical privileges, and, in connection therewith, obtain and consider the recommendations of the appropriate Department Chairman.

(4) This committee shall submit reports to the Medical Board, in accordance with these Bylaws, on the qualifications of each Practitioner applying for Medical Staff or Allied Health Professional Staff membership and clinical privileges. Such reports shall include recommendations with respect to appointment, staff category, Department assignment and clinical privileges or specified services, and special conditions attached thereto.

(5) This committee shall, in accordance with these Bylaws, investigate and review periodically the qualifications of each Practitioner in consideration of reappointment, non-reappointment, and increased or decreased clinical privileges, and it shall make appropriate and specific recommendations to the Medical Board in connection therewith.
(6) This committee shall review and evaluate intradepartmental procedures to ensure that the credentialing process is uniform for all of the disciplines of the Hospital.

(7) This committee shall perform such other functions and responsibilities as are set forth in these Bylaws or as are ordinarily performed by a credentials committee of a hospital medical staff.

(8) This committee shall meet upon the call of the Chairman, but not less than quarterly, and shall present a written report of its findings, actions and recommendations to the Medical Board.

Section 5. Critical Care Committee

A. Membership

The Critical Care Committee shall consist of not fewer than seven (7) members of the Medical Staff. This committee shall also include two (2) Resident members, a representative from Hospital Administration, the Director of Admitting and three (3) representatives from the Department of Nursing.

B. Functions

(1) The Critical Care Committee shall be involved with the evaluation and improvement of the quality of care, including access to care, appropriateness of care and effectiveness of care, rendered in all of the critical care units of the Hospital, including, but not limited to, the Medical Intensive Care Unit, the Cardiac Care Unit, the Surgical Intensive Care Unit and the Neonatal Intensive Care Unit.

(2) This committee shall receive, evaluate and offer suggestions to the Medical Board concerning the functions and activities of critical care units of the Hospital.

(3) This committee shall review and evaluate the care of patients in critical care units

(4) This committee shall review the staffing, equipment, supply and space needs of the critical care units and shall coordinate training programs involving such units.

(5) This committee shall meet at least quarterly and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.
Section 6. **Graduate Medical Education Committee**

Policies and procedures related to graduate medical education will be deferred to the Health System’s Graduate Medical Education Committee. The Hospital’s Designated Institutional Official shall make an annual presentation to the Medical Board regarding all committee activities relevant the graduate medical education programs at the Hospital.

Section 7. **Health Information Management Committee**

A. **Membership**

The Health Information Management Committee shall consist of not fewer than seven (7) members of the Medical Staff. This committee shall also include two (2) Resident physicians, a representative from Hospital Administration, the Vice President/Nursing or designee, and the Director of the Medical Records Department.

B. **Functions**

(6) The Health Information Management Committee shall be involved with the management and use of information to improve patient outcomes and patient care processes. The Committee fulfills this responsibility through oversight and involvement in the following areas:

(a) **Information Management Planning**

(i) The design, implementation, and continuous improvement of information-management processes to meet internal and external information needs;

(ii) The design, implementation, and continuous improvement of systems and policies to insure the confidentiality, security, and integrity of data and information;

(iii) The use of uniform data definitions and methods to capture clinical data whenever possible;

(iv) The design, implementation, and continuous improvement of processes to educate and train appropriate staff in the principles of information management;

(v) The design, implementation, and continuous improvement of systems and processes to provide for the timely and accurate transmission of data; and

(vi) The design and continuous improvement of hospital capabilities for the integration and interpretation of data.
(b) Patient-Specific Data and Information

This committee shall oversee systems and processes related to the capture, analysis, use, transmission, and storage of patient-specific data and information regardless of the means or medium by which the data or information is obtained or stored.

(i) This committee shall review and evaluate medical records to determine whether they properly describe the condition and progress of the patient, the therapy provided, the results thereof, and the individuals responsible for all actions taken; are sufficiently complete at all times to facilitate continuity of care and communications between all those providing patient care services in the Hospital; meet the generally accepted standards of patient care usefulness and of historical validity; and are adequate, in form and content, to support the ongoing monitoring and evaluation of the quality and appropriateness of patient care.

(ii) This committee shall review Medical Staff and Hospital policies, rules and regulations relating to medical records and clinical data and information including medical records completion, forms, formats, filing, indexing, storage, retention, and availability, and shall recommend methods of enforcement thereof and changes herein.

(iii) This committee shall review and approve all forms or other inclusions to be used in the medical records of the Hospital for the recording of information regarding any and all aspects of patient care.

(iv) This committee shall be responsible for keeping the Medical Board informed concerning standards of The Joint Commission as they relate to the management of patient-specific information.

(v) This committee shall make such recommendations as may be appropriate to the Medical Board regarding Practitioners who are delinquent or deficient in attending to patient medical records.

(vi) This committee shall be responsible to ensure appropriate and confidential use of electronic or computer transmissions and authentications, including the identification of those categories of practitioners and hospital personnel who are authorized to utilize electronic
or computer generated transmissions, as available, for transmitting or authenticating medical record entries, orders and other patient-specific information.

(c) Aggregate Data and Information

The committee shall oversee the design, implementation, and continuous improvement of systems for the collection and analysis of aggregate data to support patient care and operations.

(d) Comparative Data and Information

The committee shall oversee the design, implementation, and continuous improvement of systems for the definition, collection, analysis, and use of comparative performance data and information for the improvement of patient care.

(7) This committee shall meet at least monthly, exclusive of the summer months, and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.

Section 8. **Hospital Infection Control Committee**

A. **Membership**

The Hospital Infection Control Committee shall consist of not fewer than five (5) members of the Medical Staff including representatives from the Departments of Medicine, Surgery, Obstetrics/ Gynecology, Pathology, and Pediatrics. This committee shall also include two (2) Resident members, a representative from Hospital Administration, the Vice President/Nursing or designee, the Nurse-in-Charge of the Operating Room, the Supervisor of the Microbiology Lab, a representative from the Department of Pharmacy, the Epidemiology Staff, the Director of the Infectious Disease Division of the Department of Medicine, and a representative from other Hospital Departments, as appointed by the Chairman of this committee.

B. **Functions**

(1) The Hospital Infection Control Committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital which relates to infection control. It shall be responsible for investigating, controlling and preventing infections in the Hospital.

(2) This committee shall be responsible for the surveillance of inadvertent Hospital infection potentials, the review and analysis of actual infections, and the promotion of a preventive and corrective program designed to minimize infection hazards.
(3) This committee shall approve systems for collecting, reporting, identifying, and analyzing incidents of infection.

(4) This committee shall supervise and review infection control in all phases of Hospital activity, including operating rooms, delivery rooms, recovery rooms, special care units, isolation procedures, training of personnel rendering care to patients with infectious or communicable diseases, testing of Hospital personnel for immunity or infection transmission risk or other situations as requested by the Medical Board.

(5) This committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital which relates to environmental control. It shall be responsible for the surveillance of infection risks related to the inanimate environment of the Hospital. It shall review incidents, conduct surveillance tours of designated areas and consider other matters presented by any of its members or its Chairman.

(6) This committee shall meet at least six (6) times a year and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.

Section 9. Institutional Review Board

An Institutional Review Board (IRB) is a committee authorized by the Health System’s Human Research Protection Program and charged with the responsibility for reviewing and approving all research activities involving human subjects. An authorized IRB may be one that is established by the Health System, one that is established by a System Hospital, or one that is established by an external organization. The IRB review includes investigator-initiated research, projects that are interdepartmental in nature and cooperative research projects with other institutions or organizations. In addition, the IRB may serve as the Privacy Board for research activities with regard to HIPAA and will determine the need for obtaining authorization from subjects and/or issuing a waiver of authorization for research projects involving human subjects. These requirements are in place regardless of the source of funding for the project. Prior to undertaking such research, members of the Medical Staff must obtain appropriate administrative and IRB approval in accordance with Human Research Protection Program policies. If such approval is obtained, it shall be the responsibility of the Medical Staff member, together with his/her department Chairman, to inform the Medical Board of the research project so that it may exercise appropriate oversight.
Section 10. Operating Room Committee

A. Membership

The Operating Room Committee shall consist of not fewer than seven (7) members of the Medical Staff, including representatives from all surgical specialties, and from the Departments of Anesthesiology and Pathology. This committee shall also include two (2) Resident members, a representative from Hospital Administration, the Vice President/Nursing, the Nurse-in-Charge of the Operating Room and the Patient Care Coordinator for the Recovery Room. The Chairman shall be a member of the Medical Board.

B. Functions

(1) The Operating Room Committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital which relates to surgical procedures.

(2) This committee shall receive, review, evaluate and make recommendations to the Medical Board concerning professional matters relating to the general utilization of operating room facilities, staffing, selection of equipment and supplies, and rules and regulations governing cleanliness, sterility and other health measures as recommended by the Hospital Infection Control Committee.

(3) This committee shall meet at least quarterly and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.

Section 11. Performance Improvement Coordinating Group

A. Membership

The Performance Improvement Coordinating Group shall be a committee of the Medical Board, and its membership shall be as set forth in the Hospital’s plans for performance improvement. It shall report its findings and recommendations monthly to the Medical Board and the Executive Director, and at least quarterly through the Medical Board to the Committee on Quality.

Generally, it shall include physician representatives from all clinical Departments and Divisions of the Medical Staff; physician representatives from all standing committees of the Medical Board involved with the evaluation and improvement of clinical processes and the quality of care provided to patients; representatives from the Board of Trustees; representatives from Hospital Administration and appropriate Hospital Departments; the Hospital Insurance/Risk Manager; and the Medical Director. The Chairman shall be a member of the Medical Board.

B. Functions
(1) The Performance Improvement Coordinating Group shall coordinate and integrate activities of the Medical Board and its Committees, and clinical Departments, as they relate to improving clinical performance and quality of care. This committee shall coordinate and organize such activities between and among the clinical Departments. However, matters specific to a Department shall remain the responsibility of that Department, under the supervision of the Department Chairman. This committee shall provide the framework for the Medical Staff to improve clinical and non-clinical processes that require Medical Staff leadership or participation. This committee shall oversee integration and coordination of actions by the Medical Board and its committees, and clinical Departments, to improve clinical performance, including, but are not limited to, the following:

(a) Medical assessment and treatment of patients
(b) Use of medications
(c) Use of blood and blood components
(d) Use of operative and other procedures
(e) Efficiency of clinical practice patterns
(f) Significant departures from established patterns of clinical practice

(2) This committee shall oversee the development or selection, and implementation of systems to measure and assess clinical performance and outcomes and the use of these systems to improve the quality and efficiency of clinical performance and the quality of care provided to patients.

(3) This committee shall contribute to the development and implementation of Hospital plans for performance improvement under the direction and oversight of the Board of Trustees.

(4) This committee shall be responsible for oversight and coordination of clinical performance improvement activities conducted by clinical Departments and Divisions, and other committees of the Medical Board and of the Medical Staff.

(5) This committee shall be responsible for oversight and coordination of the process that assures identification of and response to actual or potential problems or incidents concerning patient care and clinical performance, including Sentinel Events.

(6) This committee shall be responsible for oversight and evaluation of the appropriateness of the utilization of Hospital resources (utilization
management), including, but not limited to, the review of utilization information to help prioritize use and management of limited resources, and the efficiency and effectiveness of clinical processes.

(7) This committee shall meet at least quarterly and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.

Section 12. Pharmacy, Therapeutics and Nutrition Committee

A. Membership

The Pharmacy, Therapeutics and Nutrition Committee shall consist of not fewer than five (5) members of the Medical Staff, including a surgeon, a nephrologist, an endocrinologist and an oncologist. This committee shall also include two (2) Resident members, a representative from Hospital Administration, the Vice President/ Nursing or designee, the Director of the Department of Pharmacy and the Director of the Home Care Department or designee.

B. Functions

(1) The Pharmacy, Therapeutics and Nutrition Committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital which relates to drug utilization policies and practices and to the nutritional care of patients.

(2) This committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs in the Hospital, including the review of all significant untoward drug reactions.

(3) This committee shall assist in the development of Hospital and Departmental policies and procedures concerning the nutritional care of patients.

(4) This committee shall advise the Medical Board and the Hospital’s Pharmacy Department on matters pertaining to the choice of available drugs.

(5) This committee shall receive, review, evaluate and make recommendations to the Medical Board concerning professional matters relating to the nutritional care of patients.

(6) This committee shall make recommendations concerning drugs to be stocked on the nursing unit floors and by other services.
(7) This committee shall develop, maintain and review periodically a
formulary of drugs for use in the Hospital.

(8) This committee shall evaluate clinical data concerning new drugs or
preparations requested for use in the Hospital.

(9) This committee shall recommend rules and regulations concerning the use
and control of investigational drugs and of research involving approved
drugs.

(10) This committee shall meet at least quarterly and as many additional times
as directed by the Chairman, and shall present a written report of its
findings, actions and recommendations to the Medical Board.

Section 13. Radiation Safety Committee

A. Membership

The Radiation Safety Committee shall consist of not fewer than seven (7)
members of the Medical Staff, including the Chairman of the Department of
Radiology who shall serve as Chairman of the Radiation Safety Committee; the
physician in charge of diagnostic radiology; the physician in charge of nuclear
medicine; at least one physician specializing in internal medicine, hematology or
pathology; and representatives from other clinical Departments or Division which
use radioactive materials. This committee shall also include two (2) Resident
members, a representative from Hospital Administration, the Vice
President/Nursing or designee, the Administrative Manager of the Department of
Radiology, the Hospital’s Radiation Physicist and the Director of Safety.

B. Functions

(1) The Radiation Safety Committee shall be involved with the evaluation
and improvement of the quality of care rendered in the Hospital which
relates to the use of radioactive materials.

(2) This committee shall review and evaluate all proposals for research,
diagnosis, and therapeutic use of radioactive materials in the Hospital.

(3) This committee shall recommend policies and procedures for the use,
transport, storage and disposal of radioactive materials utilized for
diagnostic and/or therapeutic purposes.

(4) This committee shall make recommendations concerning the
qualifications, training and experience of Practitioners who may
perform procedures which utilize radioactive materials.

(5) This committee shall provide guidance to Hospital personnel
concerning the safe handling and use of radioactive materials and shall
recommend remedial action when there is a failure to observe such safety recommendations, rules and regulations.

(6) This committee shall assist the Hospital in complying with all federal, state and local statutes and regulations, and requirements of The Joint Commission pertaining to the use of radioactive materials in the Hospital.

(7) This committee shall meet at least quarterly and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.

Section 14. **Tissue Committee**

A. **Membership**

The Tissue Committee shall consist of not fewer than five (5) members of the Medical Staff and two (2) Resident members. This committee shall also include, as Ex Officio members, the Chairman of the Department of Surgery and the Chairman of the Department of Pathology. The Chairman shall be a member of the Medical Board.

B. **Functions**

(1) The Tissue Committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital in connection with the process of tissue review and autopsy protocols.

(2) This committee shall examine and compare preoperative and postoperative diagnoses and the pathology reports on tissues removed by surgery, and shall report on whether the surgical procedures undertaken appear to be justified. The committee shall also include surgical procedures in which no tissue was removed.

(3) This committee shall review autopsy protocols and shall evaluate all reports in which ante-mortem and post-mortem diagnoses disagree. In addition, it shall hold pertinent discussions on selected deaths in which no autopsy has been performed.

(4) This committee shall refer matters which the committee deems require further review to the appropriate Department Chairman for investigation and report back to the committee.

(5) This committee shall meet at least monthly, exclusive of the summer months, and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.
Section 15.  Transfusion and Blood Bank Committee

A. Membership

The Transfusion and Blood Bank Committee shall consist of not fewer than seven (7) members of the Medical Staff including the Director of the Blood Bank who shall serve as Chairman, a clinical pathologist, a hematologist, a surgeon, an internist, a nephrologist and a pediatrician. The committee shall also include at least one (1) Resident member, a representative from Hospital Administration and the Vice President/Nursing or designee.

B. Functions

(1) The Transfusion and Blood Bank Committee shall be involved with the evaluation and improvement of the quality of care rendered in the Hospital which relates to the use of blood.

(2) This committee shall assist in the development of policies and procedures relating to the distribution, handling, use and administration of blood and blood components.

(3) This committee shall periodically review all transfusions of blood and blood components for their proper utilization and shall make recommendations to the Medical Board regarding transfusion practices, policies and procedures.

(4) This committee shall report at least quarterly to the Medical Board concerning the number of transfusions performed in the Hospital, including number and type of components transfused; number of compatibility tests; number of units outdated or otherwise discarded; all patient adverse reactions attributed to transfusion of donor blood, blood components or blood derivatives, including suspected disease transmission; results of proficiency testing; peer review; inspections by governmental or private organizations; and changes in personnel.

(5) This committee shall establish guidelines for crossmatching of blood for each elective surgical procedure which has been performed at the Hospital more than five (5) times in the preceding calendar year and shall fix the maximum number of hours that crossmatched blood will be held on reserve.

(6) This committee shall meet at least quarterly and as many additional times as directed by the Chairman, and shall present a written report of its findings, actions and recommendations to the Medical Board.
ARTICLE XII

BOARD OF TRUSTEES COMMITTEES & HOSPITAL COMMITTEES

Section 1. Hospital Ethics Committee

A. Membership

(1) The Hospital Ethics Committee shall be multidisciplinary in composition and shall consist of not less than twelve (12) members. Members of the Hospital Ethics Committee may include representation from the Board of Trustees, the Medical Staff, residents, nursing, social work, pastoral care, patient relations, Hospital Administration, human resources, home care, mental health, risk management and community representatives. The members of this committee shall have varying backgrounds to promote complete and adequate review, discussion and facilitation of ethics issues, ethical decision-making in specific cases, ethics education and conflict resolution in the context of clinical care, and be sufficiently qualified through the experience and expertise of its members, and the diversity of its members, including consideration of cultural backgrounds, and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in the area of ethics issues.

(2) The Chairman of this committee shall be appointed by the Executive Director in consultation with the Medical Board. The Chairman shall report directly to the Executive Director or his/her designee. Members of this committee shall be appointed by the Executive Director after consultation with the Chairman of this committee.

B. Functions

(1) The Hospital Ethics Committee shall serve as a forum for the review and discussion of ethics issues, the promotion of ethics education, the facilitation of ethical decision-making in specific cases and conflict resolution when arising in the context of clinical care.

(2) This committee shall develop procedures to arrange for ethics consultations as may be requested by Hospital staff members, health care providers, patients or family members.

(3) The Hospital Ethics Committee shall report to the Executive Director.

(4) This committee shall meet at least quarterly and as many times as directed by the Chairman.
Section 2. **Committee on Quality**

A. **Functions.**

The Committee on Quality will serve as a liaison between the Hospital’s Medical Board and the Board of Trustees. Quality information, which includes the results of measures that evaluate clinical performance of the Hospital, generated by Medical Board committees, such as the Performance Improvement Coordinating Group, may be presented to the Committee on Quality for review to better understand how the Hospital meets accepted standards of practice. The Committee on Quality also may review analyses of sentinel events in order to understand how these incidents can be prevented in the future, to communicate lessons learned and for establishing best practices. Medical staff credentialing matters, such as appointments and reappointments, approved by the Medical Board that are presented to the Board of Trustees or its Executive Committee may be presented through the Committee on Quality, together with the recommendation of the Committee on Quality thereon with regard to approval.

B. **Meetings.**

The Committee on Quality will meet not less than ten times per year, and will be comprised of members of the Board of Trustees and senior leadership representing administration, nursing and the Medical Staff.
ARTICLE XIII

MEDICAL STAFF MEETINGS

Section 1. Meetings of the Medical Staff

There shall be an annual meeting of the entire Medical Staff during the Hospital year, at the call of the President of the Medical Board, who shall designate the date, place and time of such meetings in the notice thereof as set forth in Section 3 of this ARTICLE XIII.

Section 2. Special Meetings of the Medical Staff

A. Special meetings of the Medical Staff may be called at any time by the President of the Medical Board, with the approval of the Medical Board; by one of the elected members of the Medical Board, with the approval of the Medical Board; upon the request of the Board of Trustees or the Medical Board; or, upon the written request of not less than one-fourth (¼) of the combined membership of the Attending Medical Staff and the Associate Medical Staff.

B. No business shall be transacted at any special meeting except that stated in the notice calling the meeting and all meetings must be held within the Hospital.

C. A written notice stating the date, place and time of any special meeting of the Medical Staff shall be posted in the Physicians’s Lounge and delivered electronically, to each member of the Medical Staff, not less than five (5) days before the date of such meeting, by or at the direction of the President of the Medical Board or other person(s) authorized to call such meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

Section 3. Notice of Regular Meetings of the Medical Staff

A written notice stating the date, place and time of any regular meeting of the Medical Staff shall be sent electronically to the Medical Staff, included in departmental schedules and addressed at departmental meetings and shall be posted in conspicuous places frequented by members of the Medical Staff, not less than five (5) days before the date of such meeting, by or at the direction of the President of the Medical Board or other person(s) authorized to call such meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

Section 4. Quorum

A. The presence of one-third (1/3) of the voting membership of the Medical Staff shall constitute a quorum for voting purposes at all meetings of the Medical Staff.

B. Except as may be otherwise expressly required by these Bylaws or the corporate Bylaws of the Hospital, the affirmative vote of at least a majority of the members
present and voting at any such meeting shall be required for the approval of any action taken or recommendation made by the Medical Staff.

Section 5. **Agenda**

A. The order of business at the regular meeting of the Medical Staff shall be determined by the President of the Medical Board. The agenda shall include:

1. reports from the Executive Director, the President of the Medical Board, the Medical Director, the President of the Physicians' Attending Association, other invitees as appropriate, and, when applicable, Department Chairmen;

2. recommendations for improving patient care within the Hospital;

3. old business; and

4. new business.

B. The agenda at special meetings of the Medical Staff shall be:

1. reading of the notice calling the meeting; and

2. transaction of the business for which the meeting was called.

Section 6. **Minutes**

Minutes of all meetings shall be prepared and shall include a record of attendance of members and the vote taken on each matter. The minutes shall be signed by the President or the Secretary of the Medical Board. The Medical Staff Office shall maintain a permanent file of the minutes of each meeting.
ARTICLE XIV

DEPARTMENT, DIVISION & COMMITTEE MEETINGS

Section 1. Regular Meetings

Departments, Divisions and committees may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall be required. Meetings of Standing Committees and Special Committees shall be held with such frequency as is provided in these Bylaws. Meetings of Departments and Divisions shall be held with such frequency as is determined by each Department Chairman and Division Director, as the case may be.

Section 2. Special Meetings

A. Special meetings of Departments, Divisions and committees may be called by, or at the request of, the presiding officer thereof, the President of the Medical Board or one-third (1/3) of such body’s current members, but not fewer than three (3) members.

B. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

C. A written notice stating the date, place and time of any special meeting of a Department, Division or committee shall be delivered, either personally or by mail or by receipted overnight courier or by facsimile, to each member of the Department, Division or committee, not less than five (5) days before the date of such meeting, by or at the direction of the President of the Medical Board or other person(s) authorized to call such meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail, or when received by a receipted overnight courier, addressed to each Department, Division or committee member at his office address as it appears on the records of the Hospital. If by facsimile, the notice of the meeting shall be deemed delivered when the transmission of the facsimile is complete. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

Section 3. Notice of Regular Meetings

A written notice stating the date, place and time of any regular meeting not held pursuant to resolution of a Department, Division or committee shall be included in Department, Division or committee schedules and addressed at Department, Division or committee meetings and shall be posted in conspicuous places frequented by members of the Department, Division or committee, not less than five (5) days before the date of such meeting, by or at the direction of the President of the Medical Board or other person(s) authorized to call such meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.
Section 4.  **Quorum**

Unless otherwise provided in these Bylaws, the presence of fifty percent (50%) of the Medical Staff members of a Department, Division or committee, but not fewer than two (2) such members, shall constitute a quorum at any meeting of such Department, Division or committee.

Section 5.  **Manner of Action**

Except as otherwise provided in these Bylaws, the action of a majority of the members present at a meeting at which a quorum is present shall be the action of a Department, Division or committee. Action may be taken without a meeting by unanimous consent in writing setting forth the action so taken and signed by each member entitled to vote thereat.

Section 6.  **Rights of Ex Officio Members**

Unless otherwise provided in these Bylaws, persons serving as Ex Officio members of a committee shall have all rights and privileges of regular members.

Section 7.  **Minutes**

Minutes of all meetings shall be prepared and shall include a record of attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and forwarded to the Medical Board. Each Department, Division or committee shall maintain a permanent file of the minutes of each meeting.

Section 8.  **Attendance Requirements**

A. **Regular Attendance**

Each member of a Medical Staff category required to attend meetings under ARTICLE IV of these Bylaws shall be required to attend at least fifty percent (50%) of all meetings in each Hospital year, of each Department, Division and committee of which he is a member. Unless excused for good cause, failure to meet the attendance requirements of this Section 8 of this ARTICLE XIV, may be grounds for any of the corrective actions specified in ARTICLE VI of these Bylaws, including, in addition, removal from such Department or committee.
B. Participation By Telephone or Other Communication for Committee Meetings

Notwithstanding the foregoing, any one or more members of a committee may participate in a meeting of such committee by means of a conference telephone or other communications equipment, including electronic media, allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a committee meeting.

C. Special Appearance

A Practitioner whose patient’s clinical course of treatment is scheduled for discussion at any meeting of a Department, Division or committee shall be so notified and shall be required to attend such meeting. If the Practitioner shall make a timely request for postponement, such presentation may be postponed by the presiding officer.
ARTICLE XV

CONFIDENTIALITY, IMMUNITY & RELEASES

Section 1. Special Definitions

For the purposes of this ARTICLE XV, the following definitions shall apply:

A. “Information” means any record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data and other disclosures or communications, whether in written or oral form, relating to any of the subject matter specified in Section 5 of this ARTICLE XV.

B. “Malice” means the dissemination of a knowing falsehood or of information with a reckless disregard for whether it is true or false.

C. “Practitioner” means a Medical Staff member or applicant, a Resident or fellow, or an Allied Health Professional.

D. “Representative” means a board of a hospital and any director or committee thereof; a hospital chief executive officer or his designee; registered nurses and other employees of a hospital; a medical staff organization and any member, officer, clinical unit or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.

E. “Third parties” means both individual and organizations providing information to any representative.

Section 2. Authorizations and Conditions

By submitting an application for Medical Staff or Allied Health Professional Staff membership or by applying for or exercising clinical privileges or providing specified patient care services in this Hospital, a Practitioner:

A. authorizes representatives of the Hospital and the Medical Staff to solicit, provide and act upon information bearing on his professional ability and qualifications;

B. authorizes third parties and their representatives to provide information, including otherwise privileged or confidential information, concerning such Practitioner to the Hospital and its Medical Staff;
C. agrees to be bound by the provisions of this ARTICLE XV and to waive all legal claims against any representative who acts in accordance with the provisions of this ARTICLE XV; and

D. acknowledges that the provisions of this ARTICLE XV are express conditions to his application for, or acceptance of, Medical Staff or Allied Health Professional Staff membership, and the continuation of such membership, and to his exercise of clinical privileges or provision of specified patient services at the Hospital.

Section 3. **Confidentiality of Information**

Information with respect to any Practitioner submitted, collected or prepared by any representative of this or any other health care facility or organization or medical staff for the purpose of evaluating, achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research shall be confidential, to the fullest extent permitted by law, and shall not be disseminated to anyone other than a representative nor used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient’s file or of the general Hospital records.

Section 4. **Immuinity from Liability**

A. For Action Taken

Each representative of the Hospital, the Medical Staff and the Allied Health Professional Staff shall be exempt, to the fullest extent permitted by law, from liability to a Practitioner for damages or other relief for any action taken or statement or recommendations made within the scope of his duties as a representative and within the scope hereof.

B. For Providing Information

Each representative of the Hospital, the Medical Staff and the Allied Health Professional Staff, and all third parties, shall be exempt, to the fullest extent permitted by law, from liability to a Practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative concerning a Practitioner who is or has been an applicant to or a member of the Medical Staff or Allied Health Professional Staff, or who did or does exercise clinical privileges or provide specified services at this Hospital.

C. For Refusals Concerning Induced Terminations of Pregnancy

The Hospital shall exempt any physician who shall inform a patient that he refuses to give advice with respect to, or participate in, any induced termination of pregnancy, from any liability in connection with such refusal.
Section 5. **Activities and Information Covered**

A. **Activities**

The confidentiality and immunity provided by this ARTICLE XV shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any health care facility’s or organization’s activities concerning, but not limited to:

1. applications for appointment, clinical privileges or the right to perform specified services;
2. periodic reappraisals for reappointment, clinical privileges or specified services;
3. corrective action;
4. hearings and appellate reviews;
5. quality assurance program activities;
6. utilization reviews;
7. claims, reviews and malpractice loss prevention; or
8. other Hospital, Department, Division, Section, Committee, Medical Staff or Allied Health Professional Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

B. **Information**

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

Section 6. **Releases**

Each Practitioner shall, upon request of the Hospital, execute general and specific releases in accordance with the provisions, tenor and import of this ARTICLE XV. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this ARTICLE XV.
ARTICLE XVI
RULES & REGULATIONS

Section 1. Medical Staff Rules and Regulations

A. Subject to the approval of the Board of Trustees, the Medical Board shall adopt such Rules and Regulations of the Medical Staff as may be necessary for the proper discharge by the Medical Staff of its responsibilities. Such Rules and Regulations shall be reviewed at least once during every two (2) year period.

B. Rules and Regulations of the Medical Staff may be amended or repealed at any meeting of the Medical Board, at which a quorum is present, by two-thirds (2/3) of the votes of those members present and eligible to vote. Such changes shall become effective when approved by the Board of Trustees.

C. When the Medical Board proposes to amend or adopt Rules and Regulations of the Medical Staff, it shall notify the Medical Staff of such a proposal and shall provide twenty-one (21) days for the Medical Staff to submit comments. When the Medical Board adopts or amends a Rule or Regulation of the Medical Staff, it shall communicate such fact to the members of the Medical Staff.

D. In the event it becomes necessary for the Hospital to urgently amend a Rule or Regulation of the Medical Staff in order to comply with any law or regulation, the Medical Board shall have the authority to provisionally adopt and the Board of Trustees may provisionally approve such amendment or modification as may be required to comply with the law or regulation without prior communication to the members of the Medical Staff. In such circumstances, the Medical Board shall immediately notify the members of the Medical Staff in writing of such amendment and the reason that it is necessary. The Medical Staff shall have the opportunity to comment on the provisional amendment. If there is no conflict between the Medical Staff and the Medical Board, the provisional amendment will remain in effect. If there is conflict over the provisional amendment, the conflict management process set forth in ARTICLE XVIII of these Bylaws shall be implemented.

E. The Rules and Regulations of the Medical Staff shall be maintained by the Hospital’s Medical Affairs Office and periodically circulated to members of the Medical Staff. Members of the Medical Staff shall keep informed of the Rules and Regulations and all amendments thereto.

Section 2. Department Rules and Regulations

Subject to the approval of the Medical Board, each Department shall formulate such rules and regulations for the conduct of its affairs and the discharge of its responsibilities as it may deem appropriate. Such rules and regulations shall not be inconsistent with the
Medical Staff Bylaws or the Rules and Regulations, nor inconsistent with any other standards, policies and rules of the Hospital.
ARTICLE XVII

AMENDMENTS TO THESE BYLAWS

A. Amendments to these Bylaws may be proposed by:

(1) any member of the Medical Board at any meeting thereof; or

(2) the Bylaws, Codes, Accreditation and Ethics Committee.

B. These Bylaws shall be reviewed at least once during each two (2) year period by the Medical Board.

C. Any proposed amendments, other than proposed amendments submitted by the Bylaws, Codes, Accreditation and Ethics Committee, shall be referred to such committee, which shall report its recommendation thereon to the Medical Board as soon as practicable.

D. When the Medical Board proposes to amend or adopt Bylaws it shall notify the Medical Staff of such a proposal and shall provide twenty-one (21) days for the Medical Staff to submit comments.

E. The Medical Board, at its next meeting, or as soon thereafter as reasonably practicable, shall consider the proposed amendments. If adopted by the affirmative vote of at least two-thirds (2/3) of the membership of the Medical Board as then constituted, such proposed amendments shall be referred to the Board of Trustees for action.

F. Such amendments shall become effective upon approval by the Board of Trustees.

G. The Board of Trustees may unilaterally amend these Bylaws only if the amendment is necessary to conform them to applicable statutes, regulations, judicial decisions or to ensure compliance with Joint Commission standards to maintain accreditation.

H. The Bylaws shall be maintained by the Medical Staff Services Office, which shall notify members of the Medical Staff of any new or amended Bylaws. Members of the Medical Staff shall keep informed of the Bylaws and any amendments thereto.
ARTICLE XVIII

CONFLICT MANAGEMENT

The following conflict management process shall be followed in the event of conflict between the Medical Board and the Medical Staff regarding a proposed or adopted medical staff Bylaw, Rule and Regulation of the Medical Staff, or other significant matter under the purview of the Medical Board. A written petition to trigger the conflict management process signed by at least twenty-five (25) members of the Medical Staff shall be submitted to the President of the Medical Board. The petition shall include (a) a clear statement of the reason for the conflict and the terms of any alternative Bylaw or Rule and Regulation, and (b) the designation of 3 members of the Medical Staff as selected by the petitioners to serve as the petitioners’ representatives.

Within one week after receipt of the petition, the President of the Medical Board shall convene a meeting between the 3 petitioners’ representatives and 3 physician voting members of the Medical Board as selected by the President of the Medical Board. The 3 physician members of the Medical Board shall be members of the Medical Staff.

The representatives of the Medical Board and the petitioners shall exchange information relevant to the conflict and shall work in good faith to resolve differences within thirty (30) days of their first meeting, in a manner that respects the positions of the Medical Staff, the leadership responsibilities of the Medical Board and the safety and quality of patient care at the Hospital. Resolution of the matter shall require a majority vote of the 3 representatives of the Medical Board and a majority vote of the 3 petitioners’ representatives. If such a resolution proposes a medical staff Bylaw or Rule and Regulation that has not been previously submitted to the Medical Staff, such resolution shall follow the process outlined in ARTICLE XV, or ARTICLE XVII, as applicable.

If the parties’ representatives are unable to reach a resolution, they may, by mutual agreement, utilize the System Chief Medical Officer and/or other persons skilled in conflict management to assist in resolving their conflict. Differences that remain unresolved after the expiration of the above thirty-day period shall be submitted to the Board of Trustees for its consideration in making a final decision with respect to the proposed medical staff Bylaw, Rule and Regulation or other matter. The Board of Trustees shall determine the method by which unresolved conflicts are submitted to the Board.

At all times the participants in the conflict management process shall observe the following principles:

- Resolution of all conflicts shall be undertaken in a manner that promotes productive, collaborative, and effective teamwork, and in an atmosphere of mutual respect and understanding.

- Resolution of the conflict shall be consistent with the organization’s mission, values, strategic objectives, policies and organizational ethics; shall protect patient safety and quality of care; and shall best serve the interests of the patient.
o All discussions regarding the issues that are the subject of the conflict shall be confined to internal communications, and the highest level of confidentiality shall be maintained with respect to such discussions and issues. Communication to the public with respect to the issues is not appropriate.
ARTICLE XIX

ADOPTION

These Bylaws of the Medical Staff and Rules and the Regulations of the Medical Staff shall become effective, supersede and replace any previous Bylaws, and Rules and Regulations, after having been adopted at any meeting of the Medical Board by a two-thirds (2/3) vote of the membership of the Medical Board as then constituted, and thereafter, approved by the Board of Trustees.

THESE BYLAWS ARE HEREBY ADOPTED ON BEHALF OF THE MEDICAL STAFF OF LENOX HILL HOSPITAL:

_____________________________
Neal Epstein, M.D., President of the Medical Board

THESE BYLAWS ARE HEREBY APPROVED BY THE BOARD OF TRUSTEES OF LENOX HILL HOSPITAL AND THE EFFECTIVE DATE THEREOF SHALL BE THE DATE SHOWN BELOW:

_____________________________
Chief Executive Officer
Lenox Hill Hospital

_____________________________
Assistant Secretary, Board of Trustees

Lenox Hill Hospital Medical Staff Bylaws
Effective Date: 3/23/2015