CONSTITUTION

&

BYLAWS

OF

STATEN ISLAND UNIVERSITY HOSPITAL

MEDICAL AND DENTAL STAFF

Approved by
Board of Trustees
04/19/2016
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PREAMBLE

Recognizing that the Medical and Dental Staff (as defined herein) is primarily responsible for the quality of medical and dental care at Staten Island University Hospital and must accept and assume this responsibility, subject to the ultimate authority of the Board of Trustees of Staten Island University Hospital (the “Board” or “Board of Trustees”), and that the best interests of the patient are protected by concerted effort, the physicians, dentists and podiatrists practicing in Staten Island University Hospital shall adopt bylaws not inconsistent with the rights, privileges and responsibilities which have been conferred upon them by the State of New York as practicing physicians and dentists, and which, by law, are theirs and theirs alone and cannot under any circumstances be transferred in any way to any lay person, group or board in aid thereof, and said physicians, dentists and podiatrists may from time to time promulgate rules and regulations for the orderly conduct of the affairs of the Medical and Dental Staff.

All members of the Medical and Dental Staff shall conform to the bylaws of Staten Island University Hospital (the “Bylaws”) and the rules and regulations (the “Rules and Regulations”) and the credentials manual (the “Credentials Manual”) promulgated thereunder.

All members of the Medical and Dental Staff shall comply with Staten Island University Hospital HIPAA Policies and Procedures as they relate to privacy practices (i.e. Policy on Amending Protected Health Information).

The Medical and Dental Staff, fully recognizing its obligation to provide adequate diagnosis and treatment of the patients of Staten Island University Hospital, shall cooperate with the President and Chief Executive Officer, Executive Director and the Board of Trustees in carrying out these objectives. In addition, the Medical and Dental Staff shall give the President and Chief Executive Officer, Executive Director and the Board of Trustees all possible assistance and counsel to aid them in fulfilling their responsibilities. These Bylaws shall be consistent with the Public Health Law of the State of New York and any applicable law and regulation.

Staten Island University Hospital (“UH”) is a hospital licensed pursuant to Article 28 of the Public Health Law of the State of New York. It consists of three sites. These Bylaws, the Rules and Regulations and the Credentials Manual shall govern the Medical and Dental Staff at the three sites.
DEFINITIONS

1. The term "Medical and Dental Staff" means all those holding unrestricted New York State medical licenses, duly New York State licensed dentists, duly New York State licensed podiatrists and duly New York State licensed osteopaths who are formally appointed members of the Medical and Dental Staff. Members of the Medical and Dental Staff shall be considered part of an organized health care arrangement with the Hospital (as the term is defined in 42 CFR 160.103) when exercising their clinical privileges in the Hospital. The Medical and Dental Staff shall also mean the Organized Medical Staff as such term is defined in the Joint Commission’s Comprehensive Accreditation Manual for Hospitals.

2. Wherever the term “Governing Body” appears, it shall be interpreted to refer to the Board of Trustees.

3. Wherever the term “Executive Committee” appears, it shall be interpreted to refer to the Executive Committee of the Medical and Dental Staff.

4. Wherever the term “Chief Executive Officer” or “CEO” appears, it shall be interpreted to refer to the President and Chief Executive Officer of UH or his/her designee.

5. Wherever the term “Executive Director” appears it shall refer to the individual appointed by the CEO who is responsible for the administration of the day-to-day operations of UH.

6. The term “Medical Director” refers to the individual responsible for directing the Medical and Dental Staff of UH in accordance with these ByLaws, UH policies, the regulations of the New York State Commissioner of Health and other relevant statutes and regulations.

7. The term “practitioner” means an appropriately licensed physician with an unrestricted license, an appropriately licensed dentist, an appropriately licensed osteopath or an appropriately licensed podiatrist.

8. The term “Corporation” or “UH” shall mean Staten Island University Hospital.

9. For the purposes of the Bylaws, the Medical and Dental Staff year commences on the first (1st) day of July and ends on the thirtieth (30th) day of June of each year.

10. “Annual Meeting” shall refer to the annual meeting of the Medical and Dental Staff held in June of each year.

11. Wherever the term “physician” is used in these Bylaws, it should be construed as referring to physician and/or dentist and/or podiatrist where applicable.

12. Whenever used herein, the use of either gender shall include both genders.
ARTICLE I - NAME

The name of this organization shall be the Medical and Dental Staff of Staten Island University Hospital.
ARTICLE II - PURPOSES

The purposes of this organization are:

1. To ensure that all patients admitted to or treated in any of the facilities, departments or services shall receive quality care.

2. To ensure a high level of professional performance of all practitioners authorized to practice at the hospital through the appropriate delineation of clinical privileges that each practitioner may exercise at the hospital through an ongoing review and evaluation of each practitioner’s performance in the hospital.

3. To provide an appropriate educational setting that will maintain scientific standards and that will lead to continuous advancement in professional knowledge and skill.

4. To initiate and maintain rules and regulations for the Medical and Dental Staff.

5. To provide a means whereby issues concerning the Medical and Dental Staff and UH may be discussed by the Medical and Dental Staff with the Board of Trustees, the Chief Executive Officer and/or the Executive Director, and the Medical Director.

6. To encourage research and clinical investigation.
ARTICLE III - MEMBERSHIP

Section 1. Nature of Medical and Dental Staff Membership.

A. Membership in the Medical and Dental Staff of UH is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws.

B. Membership in the Medical and Dental Staff of UH shall confer upon practitioners only such clinical privileges as shall be granted by the Board of Trustees.

C. Such privileges shall be granted in accordance with the established Table of Organization. The Table of Organization shall be developed by the Chairman of each Clinical Department outlining the needs of that Department and subspecialty areas. The Table of Organization will be consistent with the needs and plans of UH and final approval of the Tables of Organization will be the responsibility of the Board of Trustees.

Section 2. Qualifications.

A. The Medical and Dental Staff shall be limited to physicians, dentists and podiatrists who are graduates of medical, dental or podiatric schools recognized for licensure by the State of New York and shall be currently licensed and registered to practice medicine, dentistry or podiatry, as the case may be, by the Department of Education in the State of New York.

B. The Medical and Dental Staff shall not be deemed to include those members of the allied health professions such as psychologists, doctoral scientists and others who may be accorded specific practice privileges limited to their areas of competence. Such members of the allied health professions shall be designated as “Allied Health Professional Staff” and shall carry out their professional activities under the supervision of the Medical and Dental Staff and subject to appropriate departmental rules, regulations, policies and procedures.

C. No physician, dentist or podiatrist shall be denied a Medical and Dental Staff membership and no member of the Allied Health Professions shall be denied specific practice privileges on the basis of any criterion lacking professional justification or unrelated to the goals or objectives of UH.

D. Only physicians, dentists and podiatrists who can document their background, experience, ability to perform delineated privileges, training and demonstrated competence, adherence to the ethics of their professions, good reputation and ability to work well with others and with sufficient competency to assure the Medical and Dental Staff and the Board of Trustees that any patient treated by them will be given adequate medical care, shall be qualified for membership on the Medical and Dental Staff.

E. No qualified applicant shall be denied staff membership and/or clinical privileges on the basis of sex, race, creed or national origin.
Section 3.  Ethics and Ethical Relationships.

A. Membership on the Medical and Dental Staff shall constitute the Medical and Dental Staff member’s agreement that he will strictly abide by the Principles of Medical Ethics of the American Medical Association, by the Code of Ethics of the American Dental Association, by the ethical principles of the American Osteopathic Association, by the ethical principles of the American Podiatric Medical Association, whichever is applicable, and the “Principles of Financial Relations of the Professional Care of the Patient” of the Medical Society of the State of New York and The American College of Surgeons.

Specifically, all members of the Medical and Dental Staff shall pledge themselves that they will not receive from or pay to another physician, Dentist or podiatrist, either directly or indirectly, any part of a fee received for professional services except as provided by New York State Insurance and Compensation Laws. On the contrary, it shall be agreed that all fees shall be collected and retained by the individual physicians, dentists and podiatrists in accordance with the value of services rendered.

B. All members of the Medical and Dental Staff shall pledge themselves to maintain, at all times, full accreditation by the Joint Commission on Accreditation of Healthcare Organizations and continuance of the Operating Certificate issued to UH pursuant to the provisions of the Public Health Law of the State of New York.

Section 4.  Procedures for Appointment and Reappointment.

Applications for appointment and reappointment to the Medical and Dental Staff and requests for clinical privilege delineation (either for the granting, renewing or revising of clinical privileges) will be processed in accordance with the Credentials Manual of the Medical and Dental Staff as approved by the Board of Trustees.

Section 5.  Temporary and Emergency Privileges.

Temporary and emergency privileges shall be granted in accordance with the procedures and subject to the conditions set forth in the Credentials Manual of the Medical and Dental Staff.

Section 6.  Physician Health

The Medical and Dental Staff has a process to identify and manage matters of individual physician health (the “Impaired Physician Policy”). This process is separate from the Medical and Dental Staff Corrective Action procedures and is designed to assist, rehabilitate, and aid a physician in regaining optimal professional functioning consistent with protection of patients. If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a physician is unable to safely perform his privileges, the matter shall be reported to the Medical Executive Committee for appropriate corrective action, as described in Article VII of these Bylaws.

1. The Medical and Dental Staff and Allied Health Professional Staff shall be provided with educational material relevant to the recognition of illness and impairment specific to physicians.
2. In the event that a member of the Medical and Dental Staff is concerned for himself or for another physician, he may discuss the situation with his Department Chairman, a peer and/or make a direct referral to the Committee for Physicians’ Health (CPH). The CPH is a program of the Medical Society of the State of New York, which offers education, assessment, intervention, and referral to individualized treatment programs, ongoing monitoring, advocacy, if needed, and general support.

3. The Impaired Physician Policy includes a mechanism for maintenance of the confidentiality of the physician seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened.
ARTICLE IV - CLASSIFICATION OF STAFF

Section 1. Staff Categories.

The Medical and Dental Staff shall be constituted as follows:

A. Honorary Staff
B. Honorary Staff with Administrative and/or Non-Admitting Privileges
C. Consulting Staff
D. Teaching Associate Staff
E. Senior Staff
F. Senior Staff with Administrative and/or Non-Admitting Privileges
G. Active Staff
H. Courtesy Staff
I. Staff Physicians
J. Ambulatory Care Physicians
K. Special Services Staff
L. Visiting Pro Tem
M. House Staff
N. Allied Health Professional Staff*

*Not considered active Medical and Dental staff

Individuals who admit patients are granted the privilege to do so; and they are granted this privilege in accordance with New York State Law and criteria for standards of medical care established by the medical staff.

Section 2. Honorary Staff.

A. Qualifications - The Honorary Staff shall consist of:

(1) Retired Chairmen of Departments who have been designated as Chairmen Emeritus by the Governing Body.

(2) Practitioners of the Medical and Dental Staff who have reached at least their sixty-fifth (65th) birthday, who are not active in the administrative affairs of the Medical and Dental Staff and who are honored because of previous service to UH.

(3) Practitioners of outstanding reputation, not necessarily residents of the area, who are selected for such honor by UH.

B. Prerogatives - The prerogatives of Honorary Staff members shall be as follows:

(1) Honorary Staff members with admitting privileges shall have the right to vote in the Medical and Dental Staff organization.

(2) Honorary Staff members shall be eligible to admit patients, exercise clinical privileges and exercise other prerogatives as may be granted by the Board of Trustees, consistent with the abilities and qualifications of the Honorary Staff member.
(3) Honorary Staff members with admitting privileges shall be required to pay Medical and Dental Staff dues.

(4) Members of the Honorary Staff shall not be burdened with the responsibilities of Active Staff duties, be required to accept committee appointments or to serve as officers of the Medical and Dental Staff.

(5) Honorary Staff members shall not be required to attend meetings except to the extent required in connection with the exercise of clinical privileges.

C. Responsibilities - Each member of the Honorary Staff shall be required to discharge the basic responsibilities of members of the Medical and Dental Staff except may be as specifically excused by virtue of the prerogatives of Honorary Staff membership.

Section 3. Honorary Staff with Administrative Privileges and/or Non-Admitting Privileges.

A. Any honorary staff member with only administrative privileges should have malpractice insurance coverage provided by the hospital. Non-admitting honorary staff members do not require malpractice insurance coverage.

B. Honorary Staff members with administrative privileges shall not have admitting privileges.

C. Honorary Staff members without admitting privileges shall not have the right to vote in the Medical and Dental Staff organization.

D. Honorary Staff members without admitting privileges shall not be required to pay Medical and Dental Staff dues.

Section 4. Consulting Staff.

A. Qualifications - The Consulting Staff shall consist of recognized specialists who are active in hospitals and who have signified willingness to accept appointment to the Medical and Dental Staff. Consulting Staff members may be Fellows of the American College of Physicians, The American College of Surgeons, or other specialty colleges; diplomats of the American Boards of Medical Specialties; members of the National Society of the Specialty; or other practitioners considered by the Executive Committee of the Medical and Dental Staff to be worthy of appointment as members of the Consulting Staff. Consulting Staff shall be appointed by the Board of Trustees in accordance with the procedures set forth in the Credentials Manual.

B. Prerogatives - The prerogatives of Consulting Staff members shall be as follows:

(1) Members of the Consulting Staff shall not have the right to vote in the Medical and Dental Staff organization.
Insofar as their specialty is concerned, members of the Consulting Staff shall have full admitting privileges, but in cases not within their specialty, members of the Consulting Staff shall have only such privileges as may be granted pursuant to these Bylaws. Membership on the Consulting Staff does not preclude application for membership on the Active Staff.

Consulting Staff members shall not be required to pay Medical and Dental Staff dues.

Members of the Consulting Staff shall not be burdened with the responsibilities of Active Staff duties, be required to accept committee appointments or to serve as officers of the Medical and Dental Staff.

Consulting Staff members shall not be required to attend meetings except to the extent required in connection with the exercise of clinical privileges.

Consulting Staff members shall not be required to pay Medical and Dental Staff dues.

Consulting Staff members shall not be required to attend meetings except to the extent required in connection with the exercise of clinical privileges.

C. Responsibilities - Each member of the Consulting Staff shall be required to discharge the basic responsibilities of members of the Medical and Dental Staff except as may specifically be excused by virtue of the prerogatives of Consulting Staff membership. Consulting Staff members shall provide their service on the request of any member of the Medical and Dental Staff, in any case in which consultation is required by the rules of the hospital, including but not limited to Service patients.

Section 5. Teaching Associate Staff.

A. Qualifications - The Teaching Associate Staff shall consist of practitioners in limited subspecialties whose affiliations with other hospitals and/or medical schools make it possible to attend meetings. Appointees may be considered for advancement to the Active Staff after a period of one (1) year and upon reapplication.

B. Prerogatives - The prerogatives of Teaching Associate Staff members shall be as follows:

(1) Members of the Teaching Associate Staff shall not have the right to vote in the Medical and Dental Staff organization.

(2) Insofar as their teaching specialty is concerned, members of the Teaching Associate Staff shall have full admitting privileges, but in cases not within their specialty, members of the Teaching Associate Staff shall have only such privileges as may be granted pursuant to these Bylaws. Membership on the Teaching Associate Staff does not preclude application for membership on the Active Staff.

(3) Teaching Associate Staff members shall not be required to pay Medical and Dental Staff dues.

(4) Teaching Associate Staff members shall not be required to attend meetings except to the extent required in connection with the teaching program.
(5) Teaching Associate Staff category has been expanded to include Chief residents, Fellows and other house staff credentialed for independent practice.

C. Responsibilities - Each member of the Teaching Associate Staff shall be required to discharge the basic responsibilities of members of the Medical and Dental Staff except as may specifically be excused by virtue of the prerogatives of Teaching Associate Staff membership. Teaching Associate Staff members shall participate in the resident teaching program of UH.

Section 6. Senior Staff.

A. Qualifications - Senior Staff shall consist of those members of the Active Staff who have retired, or who have contributed valuable services to UH in the past. Senior Staff members need not have reached their sixty-fifth (65th) birthday, but shall have had a minimum of twenty (20) years service.

B. Prerogatives - The prerogatives of the Senior Staff shall be as follows:

(1) Senior Staff members shall not be burdened with staff assignments. (Staff assignments are clarified as referring to attendance at quarterly medical staff meetings and other such assignments as stipulated by the Bylaws – whereas ‘departmental assignments’ refers to on-call responsibilities and other such assignments as stipulated by the department in which the practitioner maintains privileges)

(2) Senior Staff members shall be permitted privileges to admit and care for patients in accordance with their individual clinical privileges as approved by the Board of Trustees.

(3) Senior Staff members with admitting privileges shall have the right to vote in the Medical and Dental Staff organization.

(4) Senior Staff members with admitting privileges shall be required to pay Medical and Dental Staff dues.

C. Responsibilities - Each member of the Senior Staff shall be required to discharge the basic responsibilities of members of the Medical and Dental Staff except may be as specifically excused by virtue of the prerogatives of Senior Staff membership. Members of the Senior Staff shall not be required to pay dues.

Section 7. Senior Staff with Administrative Privileges and/or Non-Admitting Privileges.

A. Any Senior Staff member with only administrative privileges shall have malpractice insurance coverage provided by the hospital. Non-admitting senior staff members do not require malpractice insurance coverage.
B. Senior Staff members with administrative privileges shall not have admitting privileges.

C. Senior Staff members without admitting privileges shall not have the right to vote in the Medical and Dental Staff organization.

D. Senior Staff members without admitting privileges shall not be required to pay Medical and Dental Staff dues.

Section 8. Active Staff

A. General

   (1) Qualifications - The Active Staff shall consist of practitioners of the Medical and Dental Staff who assume all the functions and responsibilities of membership on the active staff, including, where appropriate, care of general service patients, emergency care services, clinic and consultation assignment. The Active Staff shall consist of practitioners in the community who have been selected to attend service patients in the Hospital and to whom all such patients shall be assigned.

   (2) Prerogatives –

    (a) Active Staff members shall be appointed to a specific department.

    (b) Active Staff members shall have admitting privileges.

    (c) Active Staff members shall be eligible to vote.

   (3) Responsibilities - Active Staff members shall attend general service patients in their appointed specialty. Active Staff members shall attend all meetings as designated in the Bylaws of the Medical and Dental Staff. Members of the Active Staff shall be required to pay dues.

B. Organization - The organization of the Active Staff shall be as follows:

   (1) Active Teaching Staff and Non-Teaching Staff - Members of the Active Staff shall be either Teaching or Non-Teaching. Members of the Active Teaching Staff shall be responsible for teaching and training of residents, medical students, nurses and students of the Allied Health professions, as applicable. Members of the Active Non-Teaching Staff shall not be responsible for the teaching and training of residents, medical students, nurses and students.

   (2) Attending Staff - To attain the rank of Attending, the practitioner must be a member of the American Board of his designated specialty, except that certification of the American Specialty Board may be waived in exceptional cases for sufficient cause when the practitioner has sufficient skill, practical knowledge, competence, experience and judgment, in the opinion of the Director of the Department, and the Credentials and Executive Committees, to assume the responsibilities of the service to
which he is assigned. Attending Staff members shall also have completed four years of Active Service at UH as an Associate Attending in a satisfactory manner. The criteria for eligibility for Attending Staff may be waived or reduced in special cases, subject to two-thirds approval of the Active Medical and Dental Staff.

(3) **Associate Attending Staff** - To attain the rank of Associate Attending, the practitioner must be primarily qualified in the particular branch of medicine or dentistry to which he is assigned, and although it is desirable that said practitioner have certification of the American Board in his specialty, this qualification may be waived in exceptional cases for sufficient cause when, on the recommendation of the Department involved and in the opinion of the Chairman of the Department, and the Credentials and Executive Committees, the practitioner has sufficient skill, practical knowledge, competence, experience and judgment to assume the responsibilities of the service to which he is assigned. The practitioner shall also have completed at least two years on the Active Staff as an Adjunct Attending, fulfilling all required responsibilities in a satisfactory manner. The criteria for eligibility for Associate Attending Staff may be waived or reduced in special cases, subject to two-thirds approval of the Active Medical and Dental Staff.

(4) **Adjunct Attending** - To attain the rank of Adjunct Attending, the practitioner must be qualified primarily in the service in which he is assigned.

Section 9. **Courtesy Staff.**

A. **Qualifications** - No new applications for appointment to Courtesy Staff shall be distributed and no further appointments will be made to the Courtesy Staff. No appointments have been made for a number of years and it is now considered a closed staff category. Courtesy Staff shall consist of practitioners qualified for staff membership and appointed to a specific department.

B. **Prerogatives** - The prerogatives of Courtesy Staff members shall be as follows:

(1) Clinical privileges shall be delineated as with all other members of the staff.

(2) Courtesy Staff members shall have the privilege of admitting an occasional patient to the hospital at the discretion of the Departmental Director. The term “occasional” shall be defined by the Chairman of such Department in each instance. During periods of limited bed availability, as determined by the Executive Director in consultation with the Chairman of the Executive Committee of the Medical and Dental Staff, the admitting privileges of members of the Courtesy Staff may be suspended of pro tempore in the best interests of the hospital.

(3) Courtesy Staff members shall not be required to pay medical and dental staff dues and shall not be eligible to vote.
C. **Responsibilities**

(1) Since the admission of patients is the exercise of a privilege and necessarily accompanied by responsibility, admission of more than an occasional patient as defined by the applicable Departmental Chairman, may require the practitioner to seek membership on the Active Staff.

(2) Members of the Courtesy Staff shall be governed by the Bylaws, Rules and Regulations of the Medical and Dental Staff. Department Chairmen may recommend non-reappointment of members of the Courtesy Staff.

Section 10. **Staff Physicians.**

All Staff Physicians shall apply for membership on the Medical and Dental Staff and their clinical privileges shall be delineated by the Department Directors, Executive Committee and Board of Trustees. The procedure for application and delineation of privileges shall be as outlined in the Medical and Dental Staff Bylaws for all members of the Medical and Dental Staff. Staff Physicians shall not hold office, vote or sit on committees.

Section 11. **Ambulatory Care Physicians.**

A. Ambulatory Care Physicians shall be appointed and reappointed and delineated privileges by the Department Chairmen, Executive Committee and Board of Trustees.

(1) A subcategory of “Physician Liaison” has been established under the Ambulatory Care Physicians Category – These physicians shall be granted only the following privileges: (1) Access of information and (2) Communication. These physicians shall not be entitled to document in the patient record. In addition, they do not require malpractice insurance.

B. Ambulatory Care Physicians shall not have admitting privileges.

C. They may not hold office, vote or sit on committees.

D. They shall not be required to pay medical and dental staff dues, however, they shall be required to pay a Continuing Medical Education Assessment fee.

E. They will not be eligible to transfer for active staff appointment.

F. They shall be deemed to have automatically resigned from staff, and their privileges shall be deemed to have expired, upon cessation of the provision of services or upon contract termination from a Hospital Article 28 Facility or other Hospital Clinic Facility.

Section 12. **Special Services Staff**

A qualified physician, dentist or podiatrist who is needed to provide special services, including but not limited to such practitioners retained by a third party vendor under contract with the Hospital to provide such services, may be appointed to the Special
Services Staff upon the recommendation of the Department Chairman, and with approval of the Executive Committee of the Medical and Dental Staff and the Board of Trustees. A practitioner appointed to the Special Services Staff shall have all of the qualifications and fulfill all of the requirements for membership on the Medical and Dental Staff; his/her special service shall be limited and stipulated; he/she shall not be required to pay medical and dental staff dues; he/she shall not have the right to vote, hold office, serve on committees or attend Medical Executive Committee or Medical Staff meetings; he/she shall be encouraged, but not required, to attend departmental and/or divisional meetings; and his/her appointment to the Special Services Staff shall automatically terminate without any of the procedural rights set forth in the Bylaws of the Medical and Dental Staff and the Medical and Dental Staff Rules and Regulations when the contract with the third party vendor terminates, or when the practitioner ceases, for any reason, either to be retained by such vendor or to provide services to the Hospital under such contract, or when the practitioner is notified that the Department Chairman has determined that the need for that practitioner’s special service(s) no longer exists.

Section 13. Visiting Pro Tem

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, 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 request from the relevant Department Chairman indicating the rationale for the appointment; a delineation of privileges completed by the applicant and approved by the Department Chairman; a completed Northwell or UH-approved health assessment form; proof of malpractice insurance coverage that complies with the Bylaws; a current curriculum vitae that, for proctors, demonstrates that the applicant is a clinical expert; a DEA certificate if applicable to the privileges requested; evidence of infection control training compliant with New York State requirements; proof of current clinical competence evidenced by a minimum of one letter of reference from an authorized agent of the applicant’s principal institution; and 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 grant 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 Chairman concerned, or his or her designee. The visiting pro tem appointee shall be under the appropriate level of supervision of the Chairman of the Clinical Department or designee. A visiting pro tem appointee shall not be required to pay medical and dental staff dues, 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 Chairman, 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 VIII of these Bylaws and the Medical Staff Rules and Regulations.
Section 14.  House Staff.

A. House Staff shall consist of residents and fellows who meet the qualifications for, and have been accepted for the educational programs. They shall conform to and be governed by the House Staff Guide, Rules and Regulations for House Staff members, Department Rules and Regulations, contractual Rules and Regulations and the general or specific rules, regulations, policies and procedures of the Corporation.

B. House Staff members shall not have admitting privileges.

C. Affiliate House Staff are residents from an affiliate hospital who may rotate through an educational program.

D. Members of the House Staff do not pay dues and are not eligible to vote.

Section 15.  Allied Health Professional Staff.

A. Establishment - As the need arises, the Medical and Dental Staff shall make recommendations to the Board of Trustees, through the Executive Committee for the establishment of categories of non-physician, non-dental and non-podiatric Allied Health Professional Staff. The following categories of non-physician, non-dental and non-podiatric Allied Health Professional (“AHP”) Staff have been established: nurse anesthetists, nurse practitioners, physician assistants, optometrists, opticians, midwives, research psychologists, psychotherapists, specialty liaison nurses, acupuncturists and acupuncture detoxification therapists, neurophysiologists, and chiropractors (solely as an adjunct to Rehabilitation Medicine).

A subcategory of “Research Associate Staff” has been established under the Allied Health Professional Staff Category – To include Research Scientists who have non-clinical privileges and who do not issue opinions that will affect patient care and who do not require malpractice insurance.

B. Qualifications - Before an individual may be appointed to the Allied Health Professional Staff there shall be in place criteria, qualifications, status, clinical duties and responsibilities delineated and accepted by the Executive Committee of the Medical and Dental Staff and the Board of Trustees. These criteria and related items must be developed in consultation with the President on a categorical basis rather than on an individual basis. In certain instances, criteria will be developed on an individual basis, e.g. physician’s assistants. Qualifications for specific categories of AHPs may not be arbitrary or discriminatory and must conform with applicable law. The Medical and Dental Staff must make recommendations to the President for appointments of providers of allied health professional services. Established AHPs shall not be members of the Medical and Dental Staff.

C. Prerogatives - Allied Health Professional Staff:
(1) shall render care under certain prescribed conditions upon approval of the Board;

(2) shall render care only if the patient is under the assignment of a Staff member;

(3) shall provide services based on written order from a Staff Member, prescribing the procedure to be rendered by the providers of allied health professional services; and

(4) may be grouped together into a section when the need arises. These sections shall be under the supervision of the medical and dental department peculiar to their services.

(5) shall apply for clinical privileges in the same manner as otherwise forth in these Bylaws.

D. Responsibilities - AHPs shall have such duties and responsibilities as may be assigned by the Medical and Dental Staff and as defined in applicable Departmental Rules, Regulations, Policies and Procedures.
ARTICLE V - CLINICAL DEPARTMENTS

Section 1. Departments.

The Medical and Dental Staff shall be divided into the following departments*:

- Anesthesiology
- Dental Medicine
- Emergency Medicine
- Medicine (including Family Practice which is organized for administrative purposes only)
- Neurology
- Obstetrics/Gynecology
- Pathology and Laboratory Medicine
- Pediatrics
- Psychiatry & Behavioral Science
- Radiology
- Radiation Medicine
- Rehabilitation Medicine
- Surgery

*The Board of Trustees determines clinical departments on recommendation of the Executive Committee.

Section 2. Organization of Departments.

A. Each department shall be organized as a division of the staff as a whole and shall have a chairman. Each department may be further subdivided into special sites.

B. The establishment of new departments or sub-departments or the abolition or change of existing departments or sub-departments may be accomplished as indicated and as provided in these Bylaws, subject to confirmation by the Board of Trustees.

C. Each clinical department shall establish its own criteria, consistent with the policies of the Medical and Dental Staff and of the Board of Trustees, for the granting of clinical privileges in the Department.

Section 3. Appointment, Qualifications and Duties of Department Chairmen, Associate Directors, Assistant Directors, Attendings and Associate Attendings.

A. Department Chairman

(1) Appointment - The Department Chairman shall be appointed by the Board of Trustees in accordance with the policy and procedure governing the Search Committee process.

(2) Qualifications - To be considered for the position of Chairman, candidates should be graduates of an approved medical school, and or dental school, internship and residency program, and with board certification in an approved medical specialty or affirmatively established comparable competence through the credentialing process. It is also desirous that the candidate have previous experience in private practice and in the administration of medical education programs.
Responsibilities - The Department Chairman is ultimately responsible for the following:

(a) all clinically-related activities of the department;
(b) all administratively-related activities of the department. Administrative Directors will report directly to the Department Chairman;
(c) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
(d) recommending to the medical staff the criteria for clinical privileges that are relevant to the care provided in the department;
(e) recommending clinical privileges for each member of the department;
(f) assessing and recommending to Administration off-site sources for needed patient care services not provided by the department or organization;
(g) developing and implementing policies and procedures that guide and support the provision of care, treatment and services.
(h) recommending a sufficient number of qualified and competent persons to provide care, treatment and services.
(i) responsibility for the coordination and integration of interdepartmental and intradepartmental services affecting their Departments, including, but not limited to, the integration of their departments into the primary functions of the Hospital organization, as identified by The Joint Commission and any other applicable accrediting or certifying boards or bodies.

Duties – The duties of the Department Chairman shall be:

(a) to make recommendations for a sufficient number of qualified and competent persons to provide care or services.
(b) the determination of the qualifications and competence of department/service personnel who are not licensed independent practitioners and who provide patient care, treatment and services. Each Department shall deal with matters of post graduate and continuing education, staff and faculty development and patient care and research;
(c) the continuous assessment and improvement of the quality of care, treatment and services provided;
(d) the maintenance of quality control programs, as appropriate;

(e) the orientation and continuing education of all persons in the department/service;

(f) to make recommendations to Administration for space and other resources needed by the department/service.

(g) to maintain the quality of clinical practice within the department in accordance with specified goals, programs, rules and regulations, through review and evaluation.

(h) to recommend changes and improvements, where appropriate, to the Executive Committee of the Medical and Dental Staff for consideration and adoption.

(i) to exercise the authority to invoke whatever measures may be reasonably required to ensure proper professional care and management of all patients (private, service, inpatient or outpatient) coming under the supervision of the members of his department, including the right to inspect patient records and to require consultation as necessary.

(j) to direct the development of graduate and continuing education and teaching programs.

(k) the Department Chairman is responsible to the Chief Executive Officer of the Corporation and through the Chief Executive Officer to the Board of Trustees for the satisfactory performance of his professional responsibilities. The Department Chairman is responsible to the Executive Committee of the Medical and Dental Staff, and through it to the Board of Trustees for the satisfactory performance of his professional responsibilities.

(l) the Department Chairman shall be responsible for the enforcement of UH Bylaws and the Bylaws, Rules and Regulations of the Medical and Dental Staff within his department. The Department Chairman shall present to the Executive Committee of the Medical and Dental Staff and any other relevant committee (including the Credentials Committee) his recommendations concerning the staff rank, reappointment and the delineation of clinical privileges for all practitioners within his department. The Department Chairman shall participate in every phase of administration of his department through cooperation with the nursing service and the administration in matters concerning patient care, including personnel, supplies, special regulations, standing orders and techniques;

(5) Evaluation - There shall be a periodic review of performance of each Chairman by the Chief Executive Officer with input from the Executive Director, the Medical and Dental Staff and others, as necessary.
B. **Associate Director**

1. **Appointment** - Associate Directors shall be appointed by the Chairman of the Department subject to the approval of the Chief Executive Officer and the Board of Trustees.

2. **Qualifications** - To be considered for the position of Associate Director, candidates should be graduates of an approved medical school and/or dental school, internship and residency program, and with board certification in an approved medical specialty. It is also desirous that the candidate have previous experience in private practice and in the administration of medical education programs. His rank shall be suggested by the Credentials Committee.

3. **Duties** - The duties of the Associate Director shall be assigned by the Department Chairman. The Associate Director shall be responsible to the Chairman of his respective department and the Chief Executive Officer of the Corporation, and through the Chief Executive Officer, to the Board of Trustees, for the satisfactory performance of his professional responsibilities.

4. **Evaluation** - There shall be a periodic review of performance of each Associate Director by the Chief Executive Officer or the Executive Director with input from the Chairman, the Medical and Dental Staff and others, as necessary.

C. **Assistant Director**

1. **Appointment** - Assistant Directors shall be appointed by the Department Chairman subject to the approval of the Chief Executive Officer and the Board of Trustees.

2. **Qualifications** - To be considered for the position of Assistant Director, candidates should be graduates of an approved medical school and/or dental school, internship and residency program, and with board certification in an approved medical specialty. It is also desirous that the candidate have previous experience in private practice and in the administration of medical education programs. His rank shall be suggested by the Credentials Committee.

3. **Duties** - The duties of the Assistant Director shall be assigned by the Department Chairman. The Assistant Director shall be responsible to the chairman of his respective department and the Chief Executive Officer of the Corporation, and through the Chief Executive Officer, to the Board of Trustees, for the satisfactory performance of his professional responsibilities.

4. **Evaluation** - There shall be a periodic review of performance of each Assistant Director by the Chief Executive Officer or the Executive Director.
with input from the Departmental Chairman, the Medical and Dental Staff and others, as necessary.

D. Attending

Attending practitioners shall be appointed in accordance with the procedures set forth in the Credentials Manual.

Section 4. Department of Dental Medicine.

A. The Board of Trustees shall appoint licensed dentists to this section on recommendation of the Credentials Committee, the Executive Committee of the Medical and Dental Staff.

B. All dentists shall be assigned administratively to the Department of Dental Medicine. Members of the section on oral surgery and maxillofacial surgery shall be professionally under the supervision of the Chairman of the Department of Surgery, when functioning in the Operating Room or Emergency Room and shall be required to participate in Departmental surgical activity.

C. Dentists who are active members of the Medical and Dental staff may admit and discharge dental cases, be responsible for the complete dental record, including history, treatment, progress notes and summary. Patients admitted to the site for dental care shall receive the same basic medical appraisal as patients admitted for other services. This includes the performance and recording of the findings in the medical record by a physician member of the medical staff of an admission history and physical examination and an evaluation of the overall medical risk. The responsible dentist shall take into account the recommendations of the consultation in the overall assessment of the specific procedure proposed and the effect of the abnormality is present, the final decision must be a joint responsibility of the dentist and the medical consultant. The dentist is responsible for the part of the history and physical examination related to dentistry. A physician member of the medical staff shall be responsible for the care of any medical problem that may present on admission or that may arise during hospitalization of dental patients. Dental surgeons shall be permitted to write histories and physicals pre-operatively.

Section 5. Departmental Meetings.

Each department will hold separate meetings at a minimum of a quarterly basis; and there shall be a mechanism in place for timely review of quality issues. Such meetings shall not release the members from their obligations to attend the Regular and Annual Meetings. These meetings shall address quality improvement issues resulting from the indicator-based review of care which is conducted within each department. The minutes and recommendations of these meetings shall be forwarded to the Performance Improvement Coordinating Group (in accordance with the Performance Improvement Plan) and Medical Executive Committee for review, consideration and action.

Section 6. Provisional Status.
A. Applicants for membership on the Medical and Dental Staff shall serve a provisional period of one (1) year under the observation of clinical performance by the Department Chairman or designee to which they are assigned where their clinical competence and ethical moral conduct are observed. The Department Chairman shall submit a report not less than 60 days prior to the end of that period to the Executive Committee of the Medical and Dental Staff. If it is determined by the Department Chairman that there has been insufficient opportunity to observe the clinical performance of the provisional appointee, the provisional appointment period may be extended for a period of one year to allow for additional evaluation.

B. Those active members holding Provisional status may not hold office. However, they may vote and may serve on Medical and Dental Staff committees.
ARTICLE VI - DETERMINATION OF QUALIFICATIONS AND PRIVILEGES

Section 1. Clinical Privileges Restricted.

Every practitioner practicing at UH by virtue of Medical and Dental Staff membership or otherwise shall in connection with such practice, be entitled to exercise only those clinical privileges specifically recommended by the Medical and Dental Staff in accordance with the process provided herein and granted by the Board of Trustees, except as may be provided in these Bylaws with respect to Temporary, Interim and/or Emergency Privileges.

Section 2. Classification of Privileges.

Privileges shall be granted based on the criteria set out in this section and the Credentials Manual.

A. Initial and Reappointment Applications - Every initial application for staff appointment must contain a request for the delineation of privileges desired by the applicant. The evaluation of such requests shall be based upon the applicant's education, training, experience, demonstrated competence, health status (as it relates to his/her requested and delineated privileges), ability to perform delineated privileges, references and other relevant information, including an appraisal by the clinical department in which such privileges are sought. During appointment and reappointment, information shall be requested of the applicant regarding previous successful or currently pending challenges to any licensure or registration (State or Drug Enforcement Administration) or the voluntary or involuntary relinquishment of such licensure; or the voluntary or involuntary termination of medical staff membership; or the voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital. The applicant shall have the burden of establishing his qualifications and competency in the clinical privileges he or she requests. Chairmen will keep individual Delineation of Privileges forms on file for each staff member.

B. Increase in Privileges - Periodic redeterminations of clinical privileges and the increases of same shall be based upon an applicant’s training, experience and demonstrated competence and review of the applicant’s credentials by the Credentials Committee, direct observation by the Active Medical and Dental Staff and the Chairman of the Department involved and review of reports, as presented to the Credentials Committee which make recommendations to the Executive Committee. In order to obtain additional privileges, a practitioner must make written application, state the type of clinical privileges desired and recent special training and experience. Such applications should be processed in the same manner as an initial application. The Executive Committee then makes recommendations to the Board of Trustees for final determination.

C. Decrease in Privileges - Voluntary decrease in privileges may be made by a staff member in writing at any time to the Department Chairman with
copies to the Credentials Committee. (This is only providing there are no quality issues surrounding the voluntary decrease in privileges.)

D. Protection from Liability - In matters relating to clinical privileges, all Medical and Dental Staff members and other practitioners, and all appropriate UH personnel including members of the Board of Trustees and UH Administration, shall be acting pursuant to the same rights, privileges, immunities and authority as are provided for in these Bylaws.

Section 3. **Telemedicine.**

A. Where a Medical and Dental Staff member recommends that clinical services be provided to a patient of UH via telemedicine, the practitioners who diagnose or treat the patient via telemedicine must satisfy all the credentialing and privileging requirements and qualifications required of physicians on the active Medical and Dental Staff.

B. The Medical and Dental Staff shall determine which clinical services are appropriate to be delivered through the use of electronic communications or other communication technologies to provide or support clinical care at a distance, according to commonly accepted quality standards.

C. Any telemedicine practitioner who prescribes, renders a diagnosis, or otherwise provides clinical treatment to a patient of UH shall submit an application for clinical privileges as described in Article VI of these Bylaws for members of the Medical and Dental Staff. During the application process, the credentialing information from another accredited facility may be relied upon, so long as UH makes the decision to delineate privileges following the procedure as set out in Article VI of these Bylaws, and takes into consideration the appropriate utilization of telemedicine equipment by the telemedicine practitioner. (Refer to policy on Telemedicine: Appointment, Reappointment and Delineation of Privileges – for details concerning credentialing and privileging of Licensed Independent Practitioners (“LIPs”) in the practice of Telemedicine).
ARTICLE VII - CORRECTIVE ACTION

Section 1. Corrective Action.

A. Whenever the activities or professional conduct of any practitioner with clinical privileges, with the exception of AHPs, are considered to be lower than the standards or aims of the Medical and Dental Staff or to be disruptive to the operations of UH, corrective action against such practitioner may be requested by any officer of the Medical and Dental Staff, by the Chairman of any clinical department, by the Chairperson of any standing committee of the Medical and Dental Staff, by the Chief Executive Officer, by the Executive Director or by the Board of Trustees. All requests for corrective action shall be in writing, shall be made to the Executive Committee of the Medical and Dental Staff, and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request. If a summary suspension is imposed at the same time as some other corrective action or recommended corrective action, or action on an application or reapplication for Staff membership is taken, or if proceedings involving a summary suspension and/or some other corrective action or recommended corrective action and/or such application or reapplication are pending at the same time, the proceedings may be combined or handled in any order or manner at the discretion of the application department Chairman.

B. Whenever the request for corrective action could lead to a reduction or suspension of clinical privileges, the Executive Committee of the Medical and Dental Staff shall forward such request to the Chairman of the Department wherein the practitioner has such privileges. Upon receipt of such request, the Chairman of the Department shall immediately appoint an ad hoc Committee to investigate the matter. The practitioner shall cooperate fully in this investigation, as well as any investigation conducted by or under the auspices of an ad hoc committee, or the Executive Committee of the Medical and Dental Staff.

C. The clinical privileges of the practitioner under investigation shall remain in full force while the corrective action process takes place.

D. Within thirty (30) days, or as soon as practicable, after the department's receipt of the request for corrective action, the department shall make a report of its investigation to the Executive Committee of the Medical and Dental Staff. Prior to the making of such report, the practitioner against whom corrective action has been requested shall have an opportunity for an interview, ad hoc with the committee shall be informed of the general nature of the charges against him, and shall be invited to discuss, explain and refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the department and included with its report to the Executive Committee of the Medical and Dental Staff.

E. Within thirty (30) days, or as soon as practicable, following the receipt of a report from a department involving potential reduction or suspension of clinical privileges, the Executive Committee of the Medical and Dental Staff shall make its recommendation upon the request. If the corrective action could involve a reduction or suspension of clinical privileges or expulsion from the Medical and
Dental Staff, the affected practitioner shall be permitted to make an appearance before the Executive Committee of the Medical and Dental Staff prior to its recommendation on such request. This appearance shall not constitute a hearing, shall be preliminary in nature and none of the procedural rules provided in these Bylaws with respect to hearing shall apply thereto. A record of such appearance shall be made by the Executive Committee of the Medical and Dental Staff.

F. The recommendation of the Executive Committee of the Medical and Dental Staff on a request for corrective action may be to reject or modify the request for corrective action, to issue a warning, a letter of admonition or a letter of reprimand, to impose terms of probation or a requirement for consultation, or to recommend that the practitioner’s staff membership or clinical privileges be suspended or revoked. Any recommendation of the Executive Committee relative to corrective action requires approval by the Board of Trustees.

G. Any recommendation by the Executive Committee of the Medical and Dental Staff for change reduction, suspension or revocation of clinical privileges or for suspension or expulsion from the Medical and Dental Staff shall entitle the affected practitioner to procedural rights provided in Article VIII of these Bylaws.

H. The Chairman of the Executive Committee of the Medical and Dental Staff shall promptly notify the Chief Executive Officer in writing of all requests for corrective action received by the Executive Committee and shall continue to keep the Chief Executive Officer and/or the Executive Director fully informed of all action taken in connection therewith. After the Executive Committee of the Medical and Dental Staff has made its recommendation in the matter, the procedure to be followed shall be as provided in Article VIII of these Bylaws, as applicable.

Section 2. Summary Suspension

A. Each and any one of the following: The President of the Medical and Dental Staff or his legal substitute, the Chairmen of Clinical Departments, the Chief Executive Officer, the Executive Director, the Medical Director, the Executive Committee of the Medical and Dental Staff and the Board of Trustees shall have the right, whenever action must be taken immediately in the best interest of patient care in UH to summarily suspend all or any portion of the clinical privileges of a practitioner, and such summary suspension shall become effective immediately upon imposition. Written notice of such summary suspension shall be provided to the practitioner within two (2) business days of such action. Notice of summary suspension shall be made in writing to the involved practitioner by Certified Mail, Return Receipt Requested.

B. A summary suspension may be instituted when the practitioner’s behavior poses an imminent danger to the welfare of a patient or other person. (HCQIA-42USCA 11112-c).

C. A practitioner whose clinical privileges have been summarily suspended shall be entitled to request a hearing on the summary suspension. A request for such hearing must be made in writing, to the President and Chief Executive Officer by Certified Mail, Return Receipt Requested, within thirty (30) days of the notice of
summary suspension. If not received within the specified timeframe the practitioner will be deemed to have waived his/her right to a hearing and appellate review. The hearing shall be held within fourteen (14) days from the date of receipt of the request for hearing, in accordance with Article VIII of these Bylaws. The hearing on the matter shall be held by an ad hoc committee. The composition of the Committee and the conduct of this hearing shall be defined in the same manner as specified in Article VIII, Sections 4 and 5 of these Bylaws. Upon completion of the hearing, the ad hoc committee shall provide a written report of its recommendation to the Executive Committee of the Medical and Dental Staff (as outlined in Article VIII, Section 5.j.).

Appropriate evidence shall be presented in support of the summary suspension, but the practitioner shall be responsible for supporting the challenge to the summary suspension by an appropriate showing that the charges or grounds involved lack any factual basis or that such basis or any action based thereon, is either arbitrary, unreasonable or capricious.

D. The Executive Committee of the Medical and Dental Staff may recommend modification, continuance or termination of the terms of summary suspension. If, as a result of such hearing, the Executive Committee does not recommend immediate termination of the summary suspension, the affected practitioner shall, also, in accordance with Article VIII, be entitled to request an appellate review by the Board of Trustees, but the terms of the summary suspension as sustained or modified by the Executive Committee of the Medical and Dental Staff shall remain in effect pending a final decision thereon by the Board of Trustees.

E. Immediately upon the imposition of a summary suspension, the Chairman of the Executive Committee of the Medical and Dental Staff or responsible departmental director shall have the authority to provide for alternative medical coverage for the patients of the suspended practitioner remaining in the hospital at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternate practitioner. The Executive Director shall be responsible for informing the patients currently in the hospital of any such suspension of their practitioner.

Section 3. Automatic Suspension.

It should be noted that no automatic resignation or termination of Medical and Dental Staff privileges, as noted in this section entitle the affected practitioner to due process, appeals or other right to hearings under these Bylaws, normally afforded practitioners whose medical staff privileges are diminished, suspended or terminated.

It should further be noted that it shall be the duty of the President of the Medical and Dental Staff to cooperate with the Chief Executive Officer and the Executive Director in enforcing all automatic suspensions.

A. Medical Records - A temporary suspension in the form of withdrawal of admitting and consulting privileges, effective until medical records are completed, shall be imposed automatically upon a practitioner’s failure to complete medical records on a timely basis (within thirty (30) days after discharge). Such temporary suspension shall be effectuated in accordance with the Hospital’s policy
regarding completion of medical records. Any practitioner terminated for incomplete medical records may reapply to staff after all outstanding records have been completed.

B. Professional Liability (Malpractice) Insurance

(1) Any member of the Medical and Dental Staff who fails to maintain professional liability (malpractice) insurance in the amount and form specified by the Board of Trustees shall be deemed to have automatically resigned from the Medical and Dental Staff as of the effective date that such insurance coverage ceased. Such automatic resignation will be deemed rescinded if, and only if, such Medical and Dental Staff member provides proof of appropriate insurance coverage within thirty (30) days from the effective date that such insurance coverage ceased.

(2) In the event, upon the cessation of such insurance coverage for any reason, such Medical and Dental Staff member fails to notify UH administration within twenty-four (24) hours, such failure shall be deemed a waiver by the practitioner of his or her right to reinstatement within thirty (30) days from the cessation of coverage as described above and such Member’s Medical and Dental Staff membership may thereafter be reinstated only upon submission of a new application, which application will be processed in accordance with these Bylaws.

C. Felony Charges/License – A practitioner who is arrested or indicted on felony charges shall be required to meet with his/her Department Chairman for an investigatory interview; such meeting may take place in person or by telephone, at the Chairman’s discretion. Such an arrest or indictment may result in the summary termination of a practitioner’s appointment and privileges, or a summary suspension of the practitioner’s privileges pending investigation, or the practitioner being placed on an involuntary leave of absence. Action by the State Board of Professional Medical Conduct revoking a practitioner’s license shall automatically terminate his/her appointment and privileges. Should the suspension or probation be lifted by the State Board of Professional Medical Conduct, the practitioner may reapply for Medical and Dental Staff membership and privileges. Should the suspension end or be lifted and probation is still in effect, the practitioner may reapply for Medical and Dental Staff membership and privileges, provided that the terms of probation imposed by the Office of Professional Medical Conduct are complied with prior to reapplication.

Any member of the Medical and Dental Staff who fails to maintain his or her professional license, or whose license has expired, shall be deemed to have automatically resigned from the Medical and Dental Staff as of the effective date of license expiration. Such automatic resignation shall be deemed rescinded if, and only if, such Medical and Dental Staff member provides proof of reinstatement of such license. Coverage arrangements for patient care, upon such automatic resignation, shall be the responsibility of the practitioner. However, should such arrangements not be made in a timely or appropriate manner, the applicable Department Chairman shall have the authority to make such arrangements.
D. **Dues Payment** - Failure to pay medical staff dues within 90 days after July 1st of any year shall be deemed an automatic resignation from the Medical and Dental Staff. This resignation cannot be repealed by any Chairman, Administrator or Committee. The member may reapply to staff after full payment of arrears and current dues.

E. **Provision of Reappointment Documents** - Failure to reapply to staff in the designated time frame shall be deemed an automatic resignation from staff. The member may reapply to staff in accordance with the procedure for appointment, as outlined in the Credentials Manual.

Section 4. **Corrective Action & Hearing Procedures for Allied Health Professionals.**

A. **General** – Whenever the professional conduct of any AHP is considered to be lower than the standards or aims of the Medical and Dental Staff or the hospital, disruptive to the operations of the hospital, detrimental to patient safety, or in violation of hospital policy or procedure, the Chief Executive Officer, the Officers of the Medical and Dental Staff, the Chairman of any clinical department, the Executive Director, or the Board of Trustees may recommend in writing that the Medical Executive Committee take appropriate corrective action, including, but not limited to, reduction, limitation, suspension or termination of the AHP’s clinical privileges.

B. **Notice of Recommendation of Corrective Action** – Upon such Recommendation by an appropriate individual to the Medical Executive Committee that it take corrective action against an AHP, the Medical Executive Committee shall provide written notice of the recommendation by registered mail, return receipt requested to the AHP. The notice shall state: (i) that corrective action has been recommended; (ii) the type of corrective action recommended; (iii) the reason for the recommendation; (iv) that, for corrective action involving a reduction in clinical privileges, limitation, suspension or termination of clinical privileges, the AHP may request a hearing within thirty (30) days of receipt of the written notice from the Medical Executive Committee; and (v) a summary of the AHP’s hearing rights as provided for below.

C. **Request for Hearing; Failure to Request Hearing** – An AHP may request, within thirty(30) days of receipt of the written notice from the Medical Executive Committee that corrective action involving a reduction in clinical privileges, suspension or termination of clinical privileges has been recommended, a hearing before an ad hoc Committee. Failure to request in writing a hearing within such 30-day period shall be deemed a waiver of the AHP’s rights to a hearing or appellate review hereunder.

D. **Appointment of Ad Hoc Committee** – Upon an AHP’s request for hearing within the above 30-day period, the Chairman of the Department to which the AHP belongs shall appoint an ad hoc Committee (including a Chairman) and provide the AHP with written notice of the hearing. The composition and size of the ad hoc Committee shall be at the discretion of the Department Chairman, but in no event shall any member be in economic competition with the affected AHP.
E. **Hearing** – The AHP shall have the right to (i) call, examine and cross examine witnesses; (ii) present evidence determined to be relevant by the Chairman of the ad hoc Committee regardless of its admissibility in court; and (iii) submit a written statement at the close of the hearing. Failure to attend the hearing shall be deemed a waiver of the AHP’s right to a hearing as provided for herein. Neither party shall be entitled to an attorney at the hearing, unless approved for both parties by the Chairman.

F. **Post Hearing** – Following the hearing, the ad hoc Committee shall present a written summary of the hearing and a recommendation to approve, modify or withdraw the proposed corrective action to the Executive Committee of the Medical and Dental Staff. The Executive Committee of the Medical and Dental Staff shall review the recommendation of the ad hoc Committee and the recommendation of the authorized individual requesting corrective action and shall vote to determine whether to approve, modify or withdraw such recommendations. The Executive Committee of the Medical and Dental Staff shall advise the AHP of its decision in writing by registered mail, return receipt requested. Such notice shall state the corrective action to be taken, if any, the reason for the decision and the right, within ten (10) days of receipt of notice, to request appellate review, if applicable.

G. **Appellate Review** – In the event that the Executive Committee of the Medical and Dental Staff approves corrective action involving any curtailment, suspension or revocation of clinical privileges, the affected AHP shall have the right to request an appeal to a committee appointed by the Chief Executive Officer or the Executive Director who shall determine the composition of the committee. The committee shall have at least three (3) members of the governing body, none of whom shall be in economic competition with the affected AHP. The request for appellate review must be made in writing within ten (10) days of receipt of the written notice of a right to appellate review. Such appellate review shall be based upon written evidence only. All materials reviewed by the Executive Committee of the Medical and Dental Staff shall be made available to the appellate review committee. In addition, each party may submit any other written material they believe to be relevant by no later than three (3) business days prior to the appellate review. Within ten (10) days of completion of its review, the committee of the governing body shall issue a written determination to approve, modify or withdraw the recommendation of the Medical Executive Committee. The decision of the appellate review committee shall be final. The governing body shall advise the AHP of its decision in writing by registered mail, return receipt requested.

H. **Waiver** – Notwithstanding anything to the contrary herein, AHP’s may waive their rights of due process set forth herein in their respective employment or independent contractor agreements with the hospital.

Section 5. **Mechanism for the Termination of Employment by the Administration of a Medico Administrative Person.**

Any physician or dentist whose engagement by UH (in a medico-administrative position) requires membership on the Medical and Dental Staff shall not have his medical staff privileges terminated without the same due process provisions as must be provided for
any other member of the Medical and Dental Staff unless otherwise provided in the physician’s or dentist’s contract with UH.

Section 6. Protection from Liability.

In matters relating to corrective action, summary suspension and automatic suspension, all Medical and Dental staff members and other practitioners, and all appropriate hospital personnel, including members of the Board of Trustees and UH management, shall be acting pursuant to the same rights, privileges, immunities and authority as are provided for in these Bylaws.

Section 7. Impact of Corrective Action, Summary Suspension and Automatic Suspension on Medical and Dental Staff Membership and Clinical Privileges.

A. There shall be a free exchange of information between sites on all matters actually or potentially impacting patient care at UH. Such information exchange shall not be limited to instances in which corrective action, summary suspension and/or automatic suspension is actually instituted.

B. Suspension, change or termination of Medical and Dental Staff membership or the exercise of clinical privileges at either site shall automatically suspend or terminate, as applicable, the medical and dental staff membership and/or exercise of clinical privileges at the other site and such suspension or termination at the second site shall not, in and of itself, give rise to a right to a hearing or appellate review pursuant to Article VIII of these Bylaws. Nothing in this section shall be deemed to prohibit initiation of corrective action, summary suspension and/or automatic suspension at the one site while similar proceedings are pending at the other site.
ARTICLE VIII - HEARING AND APPELLATE REVIEW PROCEDURE

Section 1. Right to Hearing and Appellate Review.

A. Within thirty (30) days of receipt of a notice of a recommendation of the Executive Committee of the Medical and Dental Staff that, if it were ratified by decision of the Board of Trustees, would adversely affect his appointment to or status as a member of the Medical and Dental Staff, or his exercise of clinical privileges, the practitioner shall be entitled to request a hearing before an ad hoc committee of the Medical and Dental Staff. The practitioner’s request for a hearing shall be delivered by written notice through the Executive Director to the Executive Committee of the Medical and Dental Staff by certified mail, return receipt requested. If the recommendation of the Executive Committee of the Medical and Dental Staff following such hearing is still adverse to the affected practitioner, the practitioner shall then be entitled to an appellate review by the Board of Trustees, before the Board of Trustees makes a final decision on the matter.

B. Within thirty (30) days of receipt of a notice of a proposed decision by the Board of Trustees that will affect his appointment to or status as a member of the Medical and Dental Staff or his exercise of clinical privileges, and such decision is not based on a prior adverse recommendation of the Executive Committee of the Medical and Dental Staff with respect to which he was entitled to a hearing and appellate review, the practitioner shall be entitled to request a hearing by a committee appointed by the Board of Trustees. The practitioner’s request for a hearing should be delivered by written notice through the Executive Director to the Board of Trustees by certified mail, return receipt requested. If such hearing does not result in a favorable recommendation, the practitioner may request an appellate review by the Board of Trustees before the Board of Trustees makes a final decision on the matter.

C. All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this Article VIII to ensure that the affected practitioner is accorded all rights to which he is entitled.

Section 2. Request for Hearing.

A. The Executive Director shall be responsible for giving prompt written notice of an adverse recommendation or proposed decision to any affected practitioner who is entitled to a hearing or to an appellate review, by certified mail, return receipt requested. Such notice shall state that a professional review action has been proposed to be taken against the practitioner, the reasons for the proposed action, the practitioner’s right to request a hearing within thirty (30) days after receiving the notice and a summary of the practitioner’s rights any such hearing. (42 USCA 11112)

B. The failure of a practitioner to request a hearing to which he is entitled by these Bylaws within the time and in the manner herein provided shall be deemed a waiver of his rights to such hearing and to any appellate review to which he might otherwise be entitled on the matter. The failure of a practitioner to request an appellate review to which he is entitled by these Bylaws within the time and in the
manner herein provided shall be deemed a waiver of his rights to such appellate review on the matter.

C. When the waived hearing or appellate review relates to an adverse recommendation of the Executive Committee of the Medical and Dental Staff or of a hearing committee appointed by the Board of Trustees, the same shall thereupon become and remain effective against the practitioner pending the Board of Trustees’ final decision on the matter. When the waived hearing or appellate review relates to an adverse decision by the Board of Trustees, the same shall thereupon become and remain effective against the practitioner in the same manner as a final decision of the Board of Trustees. In either of such events, the Executive Director shall promptly notify the affected practitioner of his status by certified mail, return receipt requested.

Section 3. Notice of Hearing.

A. Within thirty (30) days of a receipt of a request for a hearing from a practitioner entitled to the same, the Executive Director or the Board of Trustees, whichever is appropriate, or their respective designees shall schedule and arrange for such a hearing and shall, through the Executive Director, notify the practitioner of the time, place and date so scheduled, by certified mail, return receipt requested. The hearing date shall be scheduled no earlier than thirty (30) days from the date of the notice of hearing, provided, however, that a hearing for a practitioner who is under suspension which is then in effect shall be held as soon as arrangements therefore may reasonably be made, but not later than fifteen (15) days from the date of receipt of such practitioner’s request for a hearing. (42 USCA 11112-b2)

B. The notice of hearing shall state, in concise language: (i) the date, time and place of such hearing; (ii) specification of the activities or professional conduct upon which the adverse recommendation was based, including, if applicable, a list of specific or representative charts being questioned; (iii) the nature of the evidence against the practitioner; (iv) the rights of the practitioner at such hearing; (v) the fact that an accurate record of the hearing shall be kept, and (vi) a list of witnesses (if any) expected to testify at the hearing on behalf of the professional review body. (41 USCA 11112)

Section 4. Composition of Hearing Committee.

A. When a hearing relates to an adverse recommendation of the Executive Committee of the Medical and Dental Staff, such hearing shall be conducted by an ad hoc Hearing Committee of not less than five (5) members of the medical staff appointed by the President of the Medical and Dental Staff in consultation with the Executive Committee of the Medical and Dental Staff, and one of the members so appointed shall be designated as Chairman. No staff member who has actively participated in the consideration of the adverse recommendation (including members of the Credentials Committee and Medical Executive Committee) or is in direct economic competition with the practitioner shall be appointed a member of this Hearing Committee. The President of the Medical and Dental Staff may appoint individuals from outside the Department, at his or her discretion, who have no conflict of interest with the practitioner.
B. When a hearing relates to a proposed adverse decision of the Board of Trustees, that is contrary to the recommendation of the Executive Committee of the Medical and Dental Staff, the Board of Trustees shall appoint the Hearing Committee to conduct such hearing and shall designate one of the members of this Committee as Chairman. One representative from the Medical and Dental Staff shall be included on this committee.

Section 5. Conduct of Hearing.

A. There shall be at least four (4) of the members of the Hearing Committee present when the hearing takes place, and no member shall vote by proxy.

B. An accurate record of the hearing must be kept. The mechanism shall be established by the ad hoc Hearing Committee and may be accomplished by use of a court reporter, electronic recording unit, detailed transcription or by the taking of adequate minutes. The method of maintenance of an accurate record of the hearing shall be determined by the Chairman of the Hearing Committee.

C. The personal presence of the practitioner for whom the hearing has been scheduled shall be required. A practitioner who fails without good cause to appear and proceed at such hearing shall be deemed to have waived his rights in the same manner as if the practitioner had not requested a hearing in a timely and proper manner and the practitioner shall be deemed to have accepted the adverse recommendation or proposed decision involved, and the same shall thereupon become and remain in effect as provided in Section 2 of this Article VIII.

D. Postponement of hearings within the times set forth in these Bylaws shall be made only with the approval of the ad hoc Hearing Committee. Granting of such postponement shall only be for good cause shown and in the sole discretion of the Hearing Committee.

E. The affected practitioner shall be entitled to be accompanied by and/or represented at the hearing by a member of the Medical and Dental Staff in good standing; or by his attorney or by a member of his local professional society, or other person of the practitioner’s choice. (HCQIA 42 USCA 1112(b)3-(c)i). The hearing committee may be represented by counsel, provided that the Attorney appointed is not the same as was appointed by the Executive Committee of the Medical and Dental Staff.

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

G. The hearing need not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which reasonable persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make such evidence inadmissible over objection in civil or criminal
action. The practitioner for whom the hearing is being held shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of procedure or of fact and such memoranda shall become a part of the hearing record.

H. The Executive Committee of the Medical and Dental Staff, when its recommendation has prompted the hearing, shall appoint one of its members or some other member of the Medical and Dental Staff to represent it at the hearing, to present the facts in support of its adverse recommendation and to examine witnesses. It shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendation, but the affected practitioner shall thereafter be responsible for supporting his challenge to the adverse recommendation by an appropriate showing that the charges or grounds involved lack any factual basis or that such basis or any action based thereon is either arbitrary, unreasonable or capricious.

I. The affected practitioner shall have the following rights: to call and examine witnesses; to introduce written evidence; to cross-examine on a matter relevant to the issue of the hearing; to challenge any witness; and to rebut any evidence. If the practitioner does not testify on his own behalf, he may be called and examined as if under cross-examination.

J. The ad hoc committee shall provide a written report of its recommendation to practitioner and to the Executive Committee of the Medical and Dental Staff within fifteen (15) days of completion of the hearing, and the Executive Committee of the Medical and Dental Staff shall report its recommendation to the Board of Trustees within thirty (30) days of the completion of the hearing. The practitioner and the Executive Committee of the Medical and Dental Staff shall be given the opportunity to provide a written statement to the Board of Trustees within thirty (30) days of completion of the hearing.

K. Upon completion of the hearing, the practitioner involved has the right to receive the written recommendation of the committee, including a statement of the basis for the recommendation by certified mail, return receipt requested. If the practitioner waives or is deemed to have waived his right to appellate review, the ad hoc committee’s recommendation shall be reviewed in accordance with Section 7 below. The practitioner has the right to a written decision by of the Board of Trustees, including a statement of the basis for the decision by certified mail, return receipt requested.

Section 6. Appeal to the Board of Trustees.

A. Within thirty (30) days of a receipt of a notice by an affected practitioner of an adverse recommendation or proposed decision made or adhered to after a hearing as provided in Section 5, he may, by written notice to the Board of Trustees delivered to the Executive Director, by certified mail, return receipt requested, request an appellate review by the Board of Trustees. Such notice may request that the appellate review only be held on the record on which the adverse recommendation or decision is based, as supported by the practitioner’s written statement provided for below, or may also request that oral argument be permitted as part of the appellate review.
B. If such appellate review is not requested within thirty (30) days, the affected practitioner shall be deemed to have waived his rights to same and to accept such adverse recommendation or proposed decision, and the same shall become effective immediately as provided in these Bylaws.

C. Within thirty (30) days after receipt of such notice of request for appellate review, the Board of Trustees shall schedule a date for such appellate review, including a time and place for oral argument if such has been requested, and shall, through the Executive Director, by written notice sent by certified mail, return receipt requested, notify the affected practitioner of the same. The date of the appellate review shall not less than thirty (30) days, nor more than sixty (60) days from the date of receipt of the notice of request for appellate review, except that when the practitioner requesting the review is under a suspension which is then in effect, such review shall be scheduled as soon as the arrangements for it may reasonably be made, but not more than thirty (30) days of the receipt of such notice.

D. The appellate review shall be conducted by the Board of Trustees or by a duly appointed appellate review committee of the Board of Trustees of not less than five (5) members.

E. The affected practitioner shall have access to the report and record (and transcription, if any) of the ad hoc Hearing Committee and all material, favorable or unfavorable, that was considered in making the adverse recommendation or proposed decision, against him. He shall have thirty (30) days to submit a written statement in his own behalf in which those factual and procedural matters with which he disagrees, and his reasons for such disagreement, shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Board of Trustees through the Executive Director by certified mail, return receipt requested, at least fifteen (15) days prior to the scheduled date for appellate review. A similar statement may be submitted by the Executive Committee of the Medical and Dental Staff or by the Chairman of the Hearing Committee appointed by the Board of Trustees, and if submitted, the Executive Director shall provide a copy thereof to the practitioner at least five (5) days prior to the date of such appellate review, by certified mail, return receipt requested.

F. The Board of Trustees, or its appointed review committee, shall act as an appellate body. It shall review the record created in the proceedings and shall consider the written statement submitted pursuant to subparagraph e of this Section 6 for the purpose of determining whether the adverse recommendation or proposed decision against the affected practitioner was justified and was not arbitrary or capricious.

G. New or additional matters not raised during the original hearing or in the Hearing Committee report, nor otherwise reflected in the record, shall only be introduced at the appellate review under unusual circumstances and the Board of Trustees or the Committee thereof appointed to conduct the appellate review shall in its sole discretion determine whether such new matter shall be accepted.
H. If the appellate review is conducted by the Board of Trustees it may affirm, modify or reverse its prior proposed decision, or, in its discretion, may refer the matter back to the Executive Committee of the Medical and Dental Staff for further review and recommendation, such further review and recommendation within thirty (30) days. Such referral may include a request that the Executive Committee of Medical and Dental Staff arrange for a further hearing by the original ad hoc committee to resolve specified disputed issues.

I. If the appellate review is conducted by a Committee of the Board of Trustees, such committee shall, within thirty (30) days after the review is completed, issue a written report recommending that the Board of Trustees affirm, modify or reverse its prior proposed decision, or refer the matter back to the Executive Committee of the Medical and Dental Staff for further review and recommendation within thirty (30) days. Such referral may include a request that the Executive Committee of Medical and Dental Staff arrange for a further hearing to resolve disputed issues. Within fifteen (15) days after receipt of such recommendation after referral the Committee shall make its recommendations to the Board of Trustees as provided above.

Section 7. Final Decision by the Board of Trustees.

A. Within thirty (30) days after the Board of Trustees concludes its appellate review or if applicable, within 30 days after the Board of Trustees receives the report of the ad hoc committee (if appeal is waived) or Appellate Review Committee, the Board of Trustees shall make its final decision in the matter and shall send notice thereof to the Executive Committee of the Medical and Dental Staff and, through the Executive Director, to the affected practitioner, by certified mail, return receipt requested, including a statement of the basis for the decision. (HCQIA 41 USCA 11112). If this decision is in accordance with the last recommendation of the Executive Committee of the Medical and Dental Staff, it shall be immediately effective and final, and shall not be subject to further hearing or appellate review. If this decision is contrary to the Executive Committee’s last recommendation, the Board of Trustees shall refer the matter to the Joint Conference Committee for further review and recommendation within thirty (30) days and shall include in such notice of decision a statement that a final decision will not be made until the Joint Conference Committee’s recommendation has been received and considered. At its next meeting after receipt of the Joint Conference Committee’s recommendation, the Board of Trustees shall make its final decision with like effect and notice as first above provided in this Section 7.

B. Notwithstanding any other provision of these Bylaws, no practitioner shall be entitled as a right to more than one hearing and one appellate review on any matter which should have been the subject of action of the Executive Committee of the Medical and Dental Staff or by the Board of Trustees, or by a duly authorized committee of the Board of Trustees, or by both.

ARTICLE IX - OFFICERS

Section 1. Officers.
The officers of the Medical and Dental Staff shall be as follows:

A. President
B. Vice President
C. Secretary
D. Treasurer

Section 2. Qualifications.

To be considered for office in the Medical and Dental Staff organization, candidates shall have been active members in good standing of the Medical and Dental Staff for a minimum of three years.

Section 3. Selection and Term of Office.

The Officers shall be elected by closed ballot prior to the Annual Meeting of the Medical and Dental Staff, where the results of the election shall be announced. The Officers shall take office effective July 1 following the Annual Meeting, and shall hold office until the next July 1 or until a successor is elected and qualified.

Section 4. President.

A. The President of the Medical and Dental Staff shall serve as Chief Administrative Officer of the Medical and Dental Staff.

B. The President of the Medical and Dental Staff shall:

1. Provide leadership to the Medical and Dental Staff.
2. Convene and preside at all meetings of the Executive Committee of the Medical and Dental Staff and all meetings of the full staff.
3. Serve ex officio on all Committees of the Medical and Dental Staff with vote.
4. Serve on the Joint Conference Committee and report on pertinent activities of the Medical and Dental Staff and its committees.
5. Report to the full staff at its Regular Meetings on the actions of the Executive Committee of the Medical and Dental Staff and any other pertinent matters.
6. Assist the Departmental Chairmen, where possible, in the maintenance of the quality of patient care.
7. Represent the Medical and Dental Staff as liaison with the Chief Executive Officer and/or Executive Director, where necessary.
8. Act in coordination and cooperation with the Chief Executive Officer, Executive Director, and Medical Director in all matters of mutual concern with UH.
9. Serve as a non-voting member of the Board of Trustees during the period he holds office. During the time he holds office, he shall be invited to the Regular Meetings of the Board of Trustees.
10. Review and make recommendations for revision, as needed, the medical staff committee composition/description to reflect a multi-disciplinary and collaborative approach.
(11) Select five members of the Active Medical and Dental Staff of Full Attending or Associate Attending rank for participation on committees of the Board of Trustees as approved by the Chairman of the Board of Trustees.

(12) Have the authority to appoint medical staff committee chairmen as well as appoint members to the medical staff committees, in cooperation with the respective chairmen (except as otherwise provided in these bylaws).

Section 5. Vice President.

The Vice President shall:

A. Assume all the duties and responsibilities of the President of the Medical and Dental Staff in his absence.

B. Carry out specific tasks as assigned by the President of the Medical and Dental Staff.

Section 6. Secretary.

The Secretary shall:

A. Keep accurate and complete minutes and attendance records of all meetings of the Medical and Dental Staff and its Executive Committee.

B. Insure that accurate and complete minutes of attendance records of all meetings of Committees of the Medical and Dental Staff are kept.

C. Inform members of the Medical and Dental Staff regarding all meetings.

D. Handle the correspondence of the Medical and Dental Staff.

Section 7. Treasurer.

The Treasurer shall:

A. Keep detailed financial records of the income and disbursements of the Medical and Dental Staff Funds.

B. Report monthly to the Executive Committee.

C. Shall receive in writing one week prior to the meeting of the Executive Committee all requests for funds.

Section 8. Mechanism for Removal of Elected Officers.

Elected officers may be removed from office for cause by the affirmative vote of two thirds (2/3) of the Medical Executive Committee. For purposes of this section, “cause” shall include, but not be limited to, unexcused absence of three (3) consecutive Medical Executive Committee or quarterly meetings of the Medical Staff, or a combination...
thereof, failure to carry out his/her duties for any reason, or for conduct which adversely affects the reputation of SIUH in a material fashion or the conduct of UH’s operations or affairs, upon a vote of two thirds of the members of the Executive Committee of the Medical and Dental Staff present at the meeting in which removal is discussed. If at least three members of the Executive Committee of the Medical and Dental Staff believe that they have good cause, as set forth above for the removal of an officer of the Medical and Dental Staff, they shall present their request for formal removal in writing to the Executive Director of the Hospital who shall inform the officer of such request within three days. At the next regular meeting of the Executive Committee of the Medical and Dental Staff, or at a special meeting called for such purpose, held no fewer than fifteen days after a copy of the request for removal is given or mailed to the officer, the Executive Committee of the Medical and Dental Staff shall inquire into and take action on the request for removal. The officer of the Medical and Dental Staff who is not the subject of the request shall preside over and conduct the review. The officer, if he/she shall be present and request an appearance, shall be permitted to appear before the Executive Committee of the Medical and Dental Staff and respond to the request, prior to a vote upon it by the Executive Committee of the Medical and Dental Staff.


In the absence of the President &/or Vice President (absence defined as lasting greater than 90 days), any elected remaining officer shall assume the duties of the vacant office; until such time as the Nominating Committee can be called into session (which should take place within 30 days of the vacancy). An election should then take place within the next 60 days.
ARTICLE X – MEDICAL DIRECTOR
AND ASSOCIATE MEDICAL DIRECTOR

Section 1. Selection.

The Medical Director and Associate Medical Director shall be appointed by the Chief Executive Officer with input from the Medical and Dental Staff subject to the approval of the Board of Trustees.

Section 2. Functions.

A. The Medical Director shall be responsible for directing the organization and conduct of the Medical and Dental Staff of UH to coordinate, oversee, report, recommend action and follow-up on all quality assurance responsibilities delegated to the Medical and Dental Staff by the Board of Trustees pursuant to applicable law and consistent with the Hospital’s Performance Improvement Program (“PIP”).

B. The duties and responsibilities of the Medical Director shall be exclusively administrative in nature. The Medical Director shall perform the responsibilities of a medical director as defined in Section 405.2 of the New York State Hospital Code (10 NYCRR 405.2), as amended from time to time, including, without limitation, directing the Medical and Dental Staff organization of the Hospital, acting as liaison between the Medical and Dental Staff and the Board of Trustees of the Hospital through the Executive Director and performing such other duties and responsibilities as shall be incumbent upon a medical director of a hospital in New York State.

Section 3. Qualifications.

A. The person appointed as Medical Director shall:

   (1) be a licensed and currently registered physician in the State of New York; and

   (2) be qualified for membership on and admitted to the Medical and Dental Staff.

B. The Board of Trustees should consider also the following factors in determining qualification for this position including, without limitation:

   (1) knowledge of and experience in performance improvement matters;

   (2) education and training;

   (3) number of years of clinical experience;

   (4) board certification or active candidate for board certification;

   (5) demonstrated administrative and medical staff organizational experience in hospitals and other health care facilities; and
Section 4. Term.

The Medical Director and Associate Medical Director shall serve at the pleasure of the Board of Trustees.

Section 5. Authority of the Medical Director and Associate Medical Director.

A. The Medical Director shall be accountable to the Board of Trustees and shall report to the Board of Trustees through the Chief Executive Officer.

B. The authority of the Medical Director derives from the Board of Trustees through the Chief Executive Officer.

C. The Medical Director shall assure adherence to Medical and Dental Staff Bylaws and Rules and Regulations and such assurance shall be exercised through existing Medical and Dental Staff channels, consistent with the UH Corporate Bylaws and the Medical and Dental Staff Bylaws.

D. The Medical Director shall review, or cause to be reviewed, the clinical performance or the personal conduct within the Hospital of any member of the Medical and Dental Staff whose performance or conduct is not considered to be in the best interests of the patients or the institution or as otherwise required by the PIP, and to submit findings and recommendations to the Medical Executive Committee and the Chief Executive Officer, or otherwise to take direct action consistent with the Hospital’s Corporate Bylaws and the Medical and Dental Staff Bylaws.

E. The Medical Director shall guide, and counsel the chairmen of clinical departments.

Section 6. Responsibilities.

The Medical Director shall:

A. Serve as an ex officio non-voting member of each Medical and Dental Staff committee established pursuant to the Medical and Dental Staff Bylaws or as otherwise requested by the Executive Committee President, the Board of Trustees or the Medical Executive Committee, and in connection therewith ensure that:

(1) Meetings are held as required and appropriate minutes are maintained;

(2) Reports of material issues discussed, actions recommended and taken and results thereof are made to the Performance Improvement Coordinating Group ("PICG") of the Board of Trustees; and
(3) Guidance be given to each committee in setting and pursuing objectives for maintaining and improving quality care in the Hospital, consistent with the PIP.

B. Coordinate the appointment and reappointment process of the Medical and Dental Staff consistent with the PIP, and in connection therewith:

(1) Ensure that qualifications for membership meet with federal, state, regulatory and Medical Staff Bylaws requirements;

(2) Assure, through directing and guiding department chairmen and committees, that appropriate systems are established and maintained on a continuing basis for on-going review, analysis, and evaluation of practitioner’s performance and the performance and functioning of clinical departments;

(3) Assure that a procedure for supervision of all new appointees to the Medical and Dental Staff for a stated period of time is established and followed;

(4) Conduct regular, formal orientation programs for new appointees to the Medical and Dental Staff, department chairmen and committee chairmen;

(5) Ensure the maintenance of a permanent file for each Medical and Dental Staff member for continuing use in connection with the PIP, including but not limited to initial appointment and reappointment to the Medical Staff;

(6) Assure the system stated in the Medical and Dental Staff Bylaws for reappointment to the Medical and Dental Staff is followed in accordance with predetermined criteria, and that the recommendations for each reappointment consider the individual’s clinical performance and compliance with Hospital policies;

(7) Assure that all appointments are made to appropriate Medical and Dental Staff categories, that appropriate Medical and Dental Staff classifications exist for all members and that members are functioning properly within such defined and assigned classifications;

(8) Ensure that adequate provisions are made and complied with regarding leaves of absence, transfers within Medical and Dental Staff classifications and retirement; and

(9) Ensure that due process is afforded in accordance with the Medical and Dental Staff Bylaws whenever corrective action is taken against a Medical and Dental Staff member.

C. Oversee the granting of clinical privileges consistent with the PIP, and in connection therewith:

(1) Ensure that each department chairman delineates specific characteristics to be met by practitioners for privileges in such department;
(2) Ensure that each practitioner in such department meets the defined characteristics;

(3) Ensure that the scope and nature of privileges are based, without limitation, on the practitioner’s training, experience, demonstrated competence and judgment; and

(4) Provide for periodic redetermination of clinical privileges and the increase of curtailment thereof to whatever extent deemed necessary based upon direct observation of care provided (where possible), review of records of patients treated and review of the practitioner’s performance improvement file.

D. Direct the organization of the Medical and Dental Staff in accordance with the Hospital’s Corporate Bylaws, the Medical and Dental Staff Bylaws and consistent with the PIP, and in connection therewith:

(1) Ensure that the Medical and Dental Staff is organized consistent with the requirements of the Hospital’s Corporate Bylaws, the Medical and Dental Staff Bylaws and applicable laws, rules, regulations and accrediting standards;

(2) Ensure that each department has a chairman who shall be responsible for and shall advise the Medical Director regarding the activities of the respective department;

(3) Ensure that each department director conducts reviews of the performance of practitioners with clinical privileges in such department and communicates the results of such review to the Medical Director;

(4) Ensure that each department establishes its own criteria, consistent with the Medical and Dental Staff Bylaws for the granting of clinical privileges and for the holding of office in the department;

(5) Ensure that each department establishes rules and regulations in accordance with the Hospital’s Corporate Bylaws, the Medical and Dental Staff Bylaws and applicable laws, rules and regulations in order to assure quality care in such department;

(6) Ensure that each department conducts retrospective and concurrent reviews of care provided in such department for purposes of assuring quality care and continuing education of practitioners; and

(7) Coordinate the activities of clinical departments with each other and with non-clinical departments through the appropriate administrative channels.

E. Receive reports from the Medical Executive Committee and bring appropriate issues to the attention of the Board of Trustees through the Executive Director, consistent with Hospital’s Corporate Bylaws and the Medical and Dental Staff Bylaws;
F. Oversee the recruitment, direction and education of postgraduate trainees, consistent with the PIP, and in connection therewith:

(1) Ensure that qualifications are established and appropriately reviewed;

(2) Ensure that each postgraduate trainee’s responsibilities are specifically delineated;

(3) Oversee hours and schedules of postgraduate trainees as required by applicable laws, rules and regulations;

(4) Oversee continuing education of postgraduate trainees;

(5) Ensure the periodic review of the performance on postgraduate trainees and the increase of curtailment of responsibilities in connection therewith; and

(6) Ensure proper supervision of postgraduate trainees.

G. Ensure the establishment and maintenance of formal programs of continuing professional education for all Medical and Dental Staff members, consistent with the PIP.

H. Keep informed of the activities and findings of all Medical and Dental Staff surveillance programs and promptly direct or recommend, as appropriate and consistent with the Medical and Dental Staff Bylaws, the necessary corrective measures are taken when individual or collective patterns of practice so warrant.

I. Provide a mechanism to remain informed of all infractions and violations of Hospital policies, patient safeguards, and Medical and Dental Staff Bylaws, Rules and Regulations for which corrective action is considered necessary now or in the future.

J. Monitor and ensure Medical and Dental Staff compliance with the Hospital’s Corporate Bylaws, Medical and Dental Staff Bylaws, Hospital policies, applicable laws, rules and regulations, accrediting standards and other appropriate directives and guidelines.

K. Participate in long-range planning activities, especially overseeing the development of new patient care programs;

L. Review all communications received from the Medical Staff on subjects related to Medical and Dental Staff affairs and refer them to the appropriate Medical and Dental Staff committee or to the Board of Trustees, through the Executive Director, with recommendation if appropriate.

M. Discharge other responsibilities and duties as may be deemed appropriate or necessary by the Chief Executive Officer or the Board of Trustees.
ARTICLE XI – COMMITTEES

Section 1. General.

A. Appointment - Committee Chairpersons shall be appointed by the President of the Medical and Dental Staff except as otherwise provided in these Bylaws. The Chairpersons shall select the members of the Committees in cooperation with the President of the Medical and Dental Staff unless otherwise provided in these Bylaws.

B. Meetings - Committees may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required. The frequency of such meetings shall be as required by these Bylaws. A special meeting of any committee may be called by, or at the request of, the Chairman thereof, the Board, the President of the Medical and Dental Staff, the Executive Committee of the Medical and Dental Staff or Chairman thereof, or by one-third (1/3) of the Committee’s current members. No business shall be transacted at any special meeting except that stated in the meeting notice.

C. Quorum - Fifty percent (50%) of the voting members of a committee, but not less than two members, shall constitute a quorum at any meeting of such committee.

D. Minutes - Minutes of all meetings shall be prepared and shall include a record of attendance and the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer, approved by the attendees, forwarded to the Executive Committee of the Medical and Dental Staff and the Executive Director. A permanent file of the minutes of each meeting shall be maintained.

E. Selection of Member to Serve on the Board of Trustees Committee - Selection of members of the Active Staff of Attending and/or Associate Attending rank proposed for non-voting representation on the various committees of the Board of Trustees shall take place at the Annual Meeting of the Medical and Dental Staff in June. A minimum of five (5) members of the Active Staff selected shall be submitted to the President of the Board of Trustees for his consideration.

F. Ex-Officio Committee Members - The Medical Director (non-voting), Associate Medical Director (non-voting) and President (voting) shall be ex-officio members of all Committees of the Medical and Dental Staff.

Section 2. Executive Committee of the Medical and Dental Staff.

A. Composition - The Executive Committee shall consist of the following individuals:

(1) There shall be ten (10) elected representatives, who are listed below and, except for the Immediate Past President, shall be nominated by the Nominating Committee pursuant to Section 16(B) of this Article XI, and shall be voted on by the members of the Medical and Dental Staff by closed ballot prior to the Annual Meeting, where the results of the vote shall be announced:
(a) President
(b) Vice President
(c) Secretary
(d) Treasurer
(e) Immediate Past President
(f) At-Large Member
(g) At-Large Member
(h) At-Large Member
(i) At-Large Member
(j) At-Large Member

(2) There shall be one (1) House Staff Representative, with no vote, who shall be selected by the Department of Academic Affairs.

(3) Any department having one or more approved residency program(s) shall have at least one representative on the Executive Committee. If, following the election process set forth in Section 16(B) of this Article XI, a department having an approved residency program does not have a representative among the ten (10) elected positions identified in Paragraph 1 above, then an additional At-Large Member shall be added to the Executive Committee to represent such department. This additional At-Large Member shall be elected by the members of that department. If an approved residency program loses its accreditation or ceases to exist at UH for any reason, then the corresponding At-Large Member from that department shall cease to serve as a member of the Executive Committee.

(4) The Department Chairmen with vote shall number thirteen (13) and be the Directors of:

(a) Medicine
(b) Surgery
(c) OB/GYN
(d) Pediatrics
(e) Pathology
(f) Radiology
(g) Anesthesia
(h) Emergency Medicine
(i) Behavioral Sciences
(j) Dental Medicine
(k) Rehabilitation Medicine
(l) Radiation Medicine
(m) Neurology

(5) Invited members to the Executive Committee with no vote shall be:

(a) Director of Medical Staff Services
(b) Director of Outpatient Department
(c) Nurse Executive/Associate Executive Director
(d) Medical Director
(e) Chief Executive Officer (attends each meeting on an ex-officio basis)

(f) Executive Director

(g) Board of Trustees Representative

(h) Director of Performance Improvement/Associate Medical Director

(i) Director of Case Management/Utilization Management

(j) Infection Control Coordinator

(k) Chairman, Credentials Committee

(l) Licensed Independent Practitioners (as appointed by the President of the Medical and Dental Staff)

(m) Patient Safety Officer

(n) Chief Medical Information Officer

(o) Medical Director of Ambulatory Care

(6) No medical staff member actively practicing in the hospital is ineligible for membership on the executive committee solely because of his or her professional discipline or specialty.

B. Resignations – Members of the Executive Committee who are absent from three meetings during the year, regardless of excuse, shall be considered as automatically resigned from the Committee.

(1) For extreme extenuating circumstances, the resignation can be reversed by a 2/3 majority of the entire committee’s vote not including the vote of the member in question.

(2) Vacancies created by resignations shall be filled in the usual manner in accordance with the Constitution and Bylaws.

(3) Any member who has been automatically resigned from the committee, shall not be eligible to serve on the committee again for a period of two years following his resignation.

C. Quorum – There shall be no less than seven (7) members or designees of members (as approved by the President of the Medical and Dental Staff and such approval shall not be unreasonably withheld) from each voting body to constitute a quorum. Telecommunication presence of voting members is acceptable to constitute voting member presence for purposes of a quorum.

D. Motions and Voting – For a motion to be approved by Medical Executive Committee, elected officials and directors with vote present shall vote separately. There must be a majority in both voting bodies for a motion to pass.

(1) If there is not a majority vote by both bodies, the motion shall be referred to a conference committee consisting of the President, Vice-President, Secretary and Treasurer and 4 voting chairmen as selected by the Chairmen. Their decision shall be binding on the Executive Committee.

(2) If the conference committee fails to reach a compromise by the next meeting, the motion shall be decided by the President of the Medical Staff.
(3) If a Department Chairman with vote should also be an elected official, he shall vote as an elected official only.

E. Authority Delegated by the Medical Staff – The authority delegated by the Medical Staff to the Medical Executive Committee shall be:

(1) To act on its behalf in the intervals in between meetings.

(2) To act on its behalf in approving the procedural details as may be set forth in the Rules and Regulations, the Credentials Manual and associated policies with regard to:

(a) credentialing licensed independent practitioners
(b) appointing LIPs to membership on the medical staff

This authority is delegated and removed as follows:

Delegated – This authority is delegated through the Constitution and Bylaws of the Medical and Dental Staff.

Removed – This authority is removed through amendment to the Constitution and Bylaws of the Medical and Dental Staff.

F. Functions - The functions of the Executive Committee shall be as follows:

(1) To fulfill the Medical and Dental Staff’s accountability to the Board of Trustees, the Executive Committee shall be responsible for the care of all patients and for the establishment of Professional Policies and Objectives regarding the quality and control of all medical and surgical practices within the hospital.

(2) Its role, duties and responsibilities shall also be the following:

(a) To meet monthly and maintain a permanent record of its proceedings.

(b) To receive, review and act on the reports and recommendations of all Medical Staff committees, clinical departments/services and assigned activity groups; acting upon these reports and preparing them for submission to the entire Staff at their Regular Meetings.

(c) To receive, review and act on reports pertaining to quality issues and performance improvement activities.

(d) To review the credentials of all applicants and to make recommendations to the Board of Trustees for the granting, renewing, revising of privileges, appointment, reappointment and promotions of staff members.
(e) To insure that recommended changes in medical policies and practices at the hospital are made in consideration of the hospital's total needs keeping in mind the functions of the department or service.

(f) To refer matters to and act on requests from the Joint Conference Committee.

(g) To review and give advice to the Executive Director on the purchase of new medical equipment and other matters of a medico-administrative nature.

(h) To receive, review, modify as necessary, and approve recommendations pertaining to medical education and medical care.

(i) To coordinate the professional activities and policies of the various Clinical Departments and sections of the Medical and Dental Staff through the Department Chairmen.

(j) To evaluate the strengths and weaknesses of the professional programs of the departments in accordance with the predetermined professional goals and objectives and recommend to the Medical and Dental Staff as a whole and the Board of Trustees, the specific courses of action designed for the Hospital.

(k) To apprise the members of the Staff on changes in standards of accreditation and on other matters relative to the accreditation program.

(l) To take all reasonable steps to strive toward assuring professionally ethical conduct and competent clinical performance on the part of all members of the Medical and Dental Staff, including the initiation of and/or participation in the Medical and Dental Staff corrective or review measures, when warranted.

(m) To act for the medical staff in the intervals between medical staff meetings.

(n) To approve the process through which dissemination of all granting, modification, or restriction decisions takes place.

(3) To make medical staff recommendations directly to the governing body for its approval. Such recommendations pertain to the medical staff's structure, the mechanism used to review credentials and delineate clinical privileges, recommendations of individuals for medical staff membership, recommendations for delineated clinical privileges for each eligible individual, the participation of the medical staff in performance improvement activities, the mechanism by which medical staff membership may be terminated and the mechanism for fair hearing procedures.
G. Meetings - It shall meet monthly and shall maintain a permanent record of its proceedings and actions.

Section 3. The Credentials Committee.

A. Composition - The Credentials Committee shall consist of nine (9) members or more of the Active Staff of Attending and/or Associate Attending Ranks, and a representative of the Board of Trustees. In addition, any department or service with a recognized residency/teaching program should be allowed to have representation on the committee. The Chairperson shall be appointed by the President of the Medical and Dental Staff. The Chief Executive Officer, the Executive Director, the Medical Director, and Associate Medical Director shall serve as ex-officio members, without vote, of the Credentials Committee.

B. Functions

(1) It shall investigate the credentials of each applicant for membership and make recommendations to the Executive Committee of the Medical and Dental Staff that the application be accepted, deferred or rejected.

(2) It shall review recommendations from the appropriate departments to the Executive Committee of the Medical and Dental Staff for the granting, renewing, revising of privileges, with specified limitations.

(3) It shall review recommendations from the appropriate departments every two (2) years for reappointment or non-reappointment to the Medical and Dental Staff.

(4) It shall review recommendations, promotions and demotions from the appropriate Departments.

(5) The Credentials Committee shall function as outlined in the Credentials Manual. Any changes to that Manual will be presented by the Credentials Committee to the Constitution and Bylaws Committee and the Executive Committee, and then to the Board of Trustees, for approval.

C. Meetings - It shall meet at least quarterly each year and as often as indicated and shall maintain a permanent record of its proceedings and actions.

Section 4. Joint Conference Committee.

A. Membership - The Joint Conference Committee shall include the Chairman and Vice Chairman of the Board of Trustees and four (4) additional members of the Board. There shall be an equal number of members of the Medical and Dental Staff including the President(s) and immediate past president(s). The Chief Executive Officer and the Executive Director shall be a member of the Committee.

Invited with no vote shall be the Chairmen of the Departments of Medicine, Surgery, Pediatrics and Obstetrics/Gynecology, and Dental Medicine, the Medical Director, Associate Medical Director, and the Executive Director.
B. Functions

(1) The Joint Conference Committee shall provide the major formal and official means of medical-administrative liaison between the Medical and Dental Staff, the Board of Trustees and Administration and shall serve as a discussion committee to which issues regarding the affairs and operation of each site affecting the interest of the patient, the doctor and the Hospital may be brought for consideration.

(2) In addition to the responsibilities enumerated above, the duties of the Joint Conference Committee shall be as follows:

(3) To conduct itself as a forum for the discussion of matters of administrative and medical policies and procedures requiring agreement among the Board of Trustees, Medical and Dental Staff and Administration.

(4) To provide input with regard to compliance with the laws and regulations of Federal, State and local government agencies, and with the standards, rules and regulations of the various accrediting and approval agencies including the Joint Commission on Accreditation of Health Care Organizations.

(5) To assist in the formulation and implementation of standards and activities for the review and maintenance of the quality and efficiency of care.

C. Meetings - The Joint Conference Committee shall meet at least quarterly and as many additional times as directed by the Chairperson.

Section 5. Critical Care Committee.

A. Composition

(1) The Chairperson shall be appointed by the President of the Medical and Dental Staff and the Chairperson shall select the members of the Committee in cooperation with the President. The Critical Care committee shall be composed of one (1) physician and nurse from: the coronary care unit, intensive care unit, recovery room and a representative from Administration. The chairperson shall be appointed by the President of the Medical and Dental Staff. It shall report in writing directly to the Performance Improvement Coordinating Group (PICG) at least every six months.

(2) A sub-committee on cardiopulmonary resuscitation shall function under the jurisdiction of the Chairperson of the Critical Care Committee. The composition of the cardiopulmonary resuscitation committee shall consist of the director of anesthesiology, the director of pulmonary laboratory, a thoracic surgeon and a representative of the nursing and respiratory departments.
B. **Functions** - the Critical Care Committee shall:

1. Establish procedure and protocol for both the intensive care unit and the coronary care unit with regard to admission, the policies and practices and also with regard to daily practices in the ICU and CCU with regard to the delivery of patient care.

2. Review on a quarterly basis the statistics with regard to the intensive care unit and coronary care unit, respectively, concerning types of admissions, morbidity and mortality.

3. Review any questions arising in the intensive care unit or coronary care unit with respect to the proper delivery of medical care to the patient and also has the duty and responsibility to resolve any disagreements with regard to the delivery of medical care that may arise between the house staff and any medical or dental practitioner.

4. Review all requests for purchase of physiologic recording equipment and monitoring equipment to ensure the uniformity of this equipment throughout the hospital.

5. Review Code 99 procedures and the results of cardiopulmonary resuscitation on a quarterly basis.

6. Ensure the appropriate courses in cardiopulmonary resuscitation be given to both nurses and physicians of the hospital.

C. **Meetings** - The Critical Care Committee shall meet quarterly and on call of the chairman of the Committee.

Section 6. **Performance Improvement Coordinating Group of Medical and Dental Staff.**

A. **Introduction** - The Board of Trustees of UH has the absolute responsibility for assuring the delivery of the highest quality patient care achievable within available resources and in a cost effective manner. Since the Board of Trustees does not have the technical skills to implement such legal mandates, it has delegated, but not abrogated, this overall general supervisory responsibility to the General Institution-Wide Performance Improvement Coordinating Group and the Administration of UH for the implementation of a system wide performance improvement program and to the Medical and Dental Staff for a similar responsibility with the Medical and Dental clinical areas of UH. There shall be a Performance Improvement Plan developed by the General Institution-Wide Performance Improvement Coordinating Group and approved by the Executive Committee of the Medical and Dental Staff and the Board of Trustees.

B. **Function and Purpose**

1. The Performance Improvement Coordinating Group (PICG) of the Medical and Dental Staff shall have the responsibility for the interpretation and implementation of all requirements and regulations as currently exist,
or may from time to time be promulgated by, the Joint Commission on Accreditation of Healthcare Organizations, the Department of Health of the State of New York (Article 405), the Department of Health of the City of New York, and the Federal Department of Health and Human Services.

(2) The Medical and Dental Staff, with assistance from appropriate sources, shall develop a comprehensive, detailed plan of procedure for the evaluation of medical and dental care in all clinical disciplines and shall assure that such a plan is updated to reflect changing requirements. This plan shall be part of the overall UH Performance Improvement Plan and shall be sufficiently detailed to implement the changes contained in these Bylaws.

C. The Performance Improvement Plan shall:

(1) ensure that when the performance of a process is dependent primarily on the activities of one or more individuals with clinical privileges, the Medical and Dental Staff provides leadership for the performance of the following processes (including their measurement, assessment and improvement):

(a) medical assessment and treatment of patient;
(b) use of medications;
(c) use of blood and blood components;
(d) use of operative and other procedures;
(e) efficiency of clinical patterns;
(f) significant departures from established patterns of clinical practice.

(2) ensure that the Medical and Dental Staff participates in the measurement, assessment and improvement of other patient care processes, including, but not limited to:

(a) education of patients and families; and
(b) coordination of care with other practitioners and UH personnel as relevant to the care of an individual patient.

(3) ensure that when the findings of the assessment process (as described above) are relevant to an individual’s performance, the Medical and Dental Staff is responsible for determining their use in peer review or the ongoing evaluations of a licensed independent practitioner’s competence, in accordance with the standards set forth in these Bylaws.

(4) ensure that the findings, conclusions, recommendations and actions taken to improve organization performance are communicated to appropriate Medical and Dental Staff members.

D. Meetings and Reports - The Performance Improvement Coordinating Group of the Medical and Dental Staff shall meet monthly and shall submit a detailed written report to the Executive Committee of the Medical and Dental Staff. The Executive Committee, in turn, will submit their findings and conclusions to the
General Institution Wide Performance Improvement Coordinating Group and the UH Board of Trustees.

E. **Composition (Basic)** - The Chairperson of the Performance Improvement Coordinating Group of the Medical and Dental Staff shall be appointed by the President of UH in consultation with and concurrence by the Medical Director and the President of the Medical and Dental Staff. Other committee members are as follows:

Two (2) Department of Medicine representatives
Chairman, Department of Emergency Medicine
Chairman, Department of Surgery
Associate Director of Surgery
Utilization Department Manager/North
Patient Representative
Chairperson, Credentials Committee
Director, Legal and Regulatory Affairs
Director, Ambulatory Care Services
Chairperson, Infection Control Committee
Administrative Director of Epidemiology
President, Administration
Vice President, Administration
Director, QI Department of Pediatrics
Director, OB/GYN
Director, Utilization Management Department
Associate Chairman, Utilization Management Committee
Director, Quality Improvement
Director, Medical Staff Services
Medical Director
Associate Medical Director
Chairman, Department of Anesthesiology
Director of Medicine
Senior Vice President - Nursing
Co-Chairman, Medical Staff QI Subcommittee
Chairman, Department of Dental Medicine
Assoc. Director of Dental Medicine
Chairman, Department of Radiology
Assoc. Director of Medicine
Chairman, Department of Behavioral Sciences
Chairman, System-wide QI Committee
Administrative Director, Quality Improvement
Chairman, Department of Pediatrics
President, Medical and Dental Staff
Director of Lab and Pathology
Chairman, Department of Rehab. Medicine
Medical Resident representative

F. **Components of the PICG**

(1) **Surgical Case and Invasive Procedure Review Committee**
(a) The Surgical Case and Invasive Procedure Review Committee shall consist of at least six (6) members, including representatives from the Departments of Internal Medicine, Surgery, Pathology, Pulmonary, Intensive Care, Radiology, Anesthesiology, Pediatrics and Obstetrics-Gynecology; and such members of the Medical and Dental Staff as, in the judgment of the chairperson of the Executive Committee, are necessary to perform its function.

(b) It shall be the duty of this committee to study and report in writing to the Performance Improvement Coordinating Group (PICG) on questions pertaining to preoperative, postoperative and pathological diagnosis and those pertaining to surgical procedures undertaken in the hospital. Such study and report shall also include questions pertaining to surgical procedures in which inappropriate surgery was done or in which no tissue was removed.

(c) The committee function shall include a review for the appropriateness/justification of surgical and invasive diagnostic and therapeutic procedures, the performance of processes and post-procedure care.

Cases with potentially diagnostic tissue shall be reviewed with comparison between pre-operative diagnosis with post-operative and pathologic findings. Cases with non-tissue, non-diagnostic tissue and invasive diagnostic procedures shall be reviewed as well. Inclusive in this review function shall be a concurrent record review compared to objective, pre-established criteria/clinical indicators.

(d) To achieve its purposes, the Surgical Case and Invasive Procedure Review Committee shall have access to all necessary medical and ancillary records of patients of the hospital and may interview members of the Medical and Dental Staff.

(e) This committee shall not have the power to censure the practitioner involved, but shall report to the pertinent departmental chairperson of the Surgical Case and Invasive Procedure Review Committee and to the Chairperson of the PICG within thirty (30) days as to what action, if any, has been taken.

(f) The Chairperson may call on his respective committee members to perform functions other than those specifically listed herein, in the same manner as if a special committee were formed to carry out such duties. It shall meet upon the call of the chairperson at least monthly and shall submit written reports to the PICG.

(g) The committee shall incorporate the 5 review processes, noted in The Joint Commission standards:
   (i) selection of the appropriate procedure;
   (ii) patient preparation for the procedure;
(iii) performance of the procedure and patient monitoring;
(iv) post-procedure care; and
(v) post-procedure patient education.

Section 7. Transfusion Committee

A. **Composition** – The Transfusion Committee shall consist of:

1. Director of Blood Bank;
2. Director of Laboratory or delegate;
3. A hematologist;
4. A surgeon;
5. An internist;
6. A pediatrician;
7. A representative of the nursing staff;
8. A representative of administration;
9. A representative of the Bloodless Medical and Surgery Program;
10. Others concerned with transfusion, dialysis, hepatitis surveillance or neonatal care.

B. **Functions**

1. The committee shall advise on the appointment of the physician responsible for transfusion services and shall make recommendations regarding the responsibilities and authority to the office of the Medical and Dental Staff as stated below:
   a. Number of transfusions, including number and type of components transfused.
   b. Number of compatibility tests.
   c. Number of units outdated or otherwise discarded.
   d. All patient adverse reactions, attributed to transfusion of donor blood, blood components or blood derivatives, including suspected disease transmission.
   e. Results of proficiency testing, peer review, inspections by governmental or private (peer) bodies.
   f. Changes in personnel.
   g. Recommendations to the Medical and Dental Staff concerning transfusion policies and procedures.

2. The committee’s function shall include performing Blood Usage Review inclusive of a review for the appropriateness/justification of transfusions, transfusion reactions, blood ordering practices, adequacy of transfusion services, as well as policy and procedure review (relating to the distribution, handling, dispensing, administering and monitoring of blood and blood components).

3. Concurrent review shall be done using objective, pre-established criteria.

4. The committee shall incorporate the 4 review processes, noted in The Joint Commission standards:
   a. ordering;
(b) distributing, handling, and dispensing;
(c) administering; and
(d) monitoring blood and blood component effects on patients.

Section 8. Medical Records Committee

A. Composition – The Medical Records Committee shall consist of (2) members of the Medical Staff in addition to the Chairman, and as many additional members as, in the judgment of the chairperson are needed to assist in the committee’s functions, together with the Director of Medical Records, who shall be a non-voting member. The chairperson shall be designated by the President of the Medical and Dental Staff. When deemed appropriate by the Committee, representatives from the Nursing Department, Administration, and other disciplines which substantially contribute to the medical records may be invited to attend meetings. Invitees shall not be deemed members of this Committee, and shall have no power to vote. The Director of Medical Records shall act as secretary to this Committee.

B. Functions

(1) The Committee function shall include the review of timeliness and clinical pertinence of medical records, the review of timeliness of medical record completion includes history and physical exams, operative notes, pre and post anesthetic notes, discharge summary and final narrative summary, the review of clinical pertinence shall be a concurrent review of records for required administrative elements as well as a review of all charts falling out of all screens for clinical pertinence by the medical staff.

(2) The Committee shall, in concert with the Director of Medical Records and other relevant disciplines, supervise the medical records maintained by the Hospital to insure that an adequate medical record is maintained for every patient. For the purposes of these bylaws, an adequate medical record shall be deemed as one which serves as a means of communications between the physician and other professionals contributing to the patient’s care, furnishes documentary evidence of the course of the patient’s illness and treatment during each hospital admission, serves as a basis of review, study and evaluation of the care rendered to the patient by the hospital and its Medical and Dental Staff, and provides data for use in research and education.

(3) In fulfillment of these goals, this Committee shall analyze on an ongoing basis the medical records of the hospital and shall make recommendations, whenever necessary, relative to any changes in format of indexing, storage, retention and availability.

(4) The Committee shall recommend Rules and Regulations to the Medical and Dental Staff, through the PICG, regarding medical records and shall interview members of the Medical and Dental Staff who are chronically delinquent or deficient in attending to their records and may recommend to the Medical and Dental Staff, through the PICG, disciplinary action.
against members of the Staff who fail to meet their responsibilities in this regard.

C. Meetings – The Medical Records Committee shall meet monthly with the exclusion of the summer months. The Medical Records Committee shall also forward a formal report on a monthly basis to the Executive Committee.

Section 9. The Pharmacy and Therapeutics Committee.

A. Composition - The Pharmacy and Therapeutics Committee shall consist of at least three (3) members of the Active Staff as well as representatives from Nursing and Pharmacy Services and Administration. Preferred areas of representation shall include Medicine, Surgery, Infectious Disease, Cardiology, Ob/Gyn, Psychiatry, Critical Care, Anesthesia, Radiology, Nutrition, Pediatrics and E.D. The Chairperson shall be designated by the President of the Medical and Dental Staff. Pharmacy Services shall play an active role in the agenda preparation, implementation and monitoring of issues related to the medication use process.

B. Functions

(1) The Committee shall serve in an advisory capacity to the medical and hospital staff in all matters pertaining to the use of medications.

(2) The Committee shall develop a formulary of drugs accepted for use in the hospital and provide for its constant revision. The selection of the items to be included in the formulary will be based on objective evaluation of their relative therapeutic merits, safety and cost. The committee will minimize duplication of the same basic drug type, drug entity, or drug product.

(3) It shall review policies and procedures related to medication use and establish programs or protocols that help ensure cost-effective drug therapy.

(4) It shall participate in performance improvement activities, incorporating the 5 processes:

   (a) procurement/storage/distribution;
   (b) prescribing and ordering;
   (c) preparing and dispensing;
   (d) administration
   (e) monitoring the effects of medication on patients.

(5) The Committee shall review adverse drug reactions both within the institution and the ambulatory sites.

(6) The Committee shall initiate and/or direct medication use evaluation programs and studies and review the results of such activities.
C. Meetings - The Committee shall meet quarterly and maintain documentation of its activities. Reports must be presented to the Executive Committee each quarter for review and action.

Section 10. Case Management Committee (CMC).

A. Composition

(1) The Physician Chairperson of the CMC is appointed by the Executive Director with the concurrence of the Executive Committee. The physician members of the Case Management Committee will be at least three in number, and will include the Chairperson of CMC, the chairperson of the Performance Improvement Coordinating Group, and one (1) or more physicians appointed from among Department Chairmen (Medicine, Surgery, OB/GYN, Pediatrics, Dental Medicine). It is recommended that a resident physician from Medicine and Surgery be invited as a non-voting member of the CMC.

(2) The hospital administration with the concurrence of the Chairperson of the CMC, will annually appoint non-physician members of the CMC to represent the Administration, Social Service, Medical Records, and others as indicated. The Department manager will also be a member.

(3) The Hospital is non-proprietary and no members of the CMC shall have a financial interest in any hospital. In addition, no physician member of the CMC may participate in the review of any case in which he/she has or have been professionally involved.

(4) Administration with the concurrence of the Chairperson of the CMC, will designate a non-physician to serve as a Case Management Director/Manager. The Chairperson of the CMC will serve as a physician consultant to the Director/Manager. In addition, each specialty and sub-specialty director, or his designee will also serve as physician consultants with respect to Case Management as outlined in the “Methods and Procedures of Review” section of the Plan.

(5) Case Management/Quality Improvement and Patient Care Coordinators (CM, QI, PCC) Nurses will review records concurrently for admission and continued stay appropriateness. In addition, records may be reviewed retrospectively.

B. Functions of the CMC

(1) To evaluate admissions to the hospital as to the necessity for hospitalization according to written criteria.

(2) To perform concurrent review of length of stay according to written criteria.

(3) To determine, conduct and implement medical care evaluation studies.
(4) To monitor Quality usingGeneric Screen/Specified criteria.

(5) Pre-procedure and pre-admission review.

(6) To promote early discharge planning.

C. Meetings, Minutes and Reports of the CMC

(1) The Case Management Committee will meet monthly. More frequent meetings may be called by the Chairperson or, if requested, by the hospital administration. Two (2) physician members shall constitute a quorum.

(2) Written minutes of each meeting will be maintained and will be distributed to the members of the CMC, Service Directors, the President of the Medical and Dental Staff, the Board of Trustees, the Executive Director and, when and where appropriate, to each member of the Medical and Dental Staff. City, state and federal regulatory agencies will receive copies on request.

(3) The CMC will assure confidentiality with respect to patients and physicians in its minutes and reports. Patients will be identified by medical chart number and physicians by code number.

(4) The CMC will be responsible for maintaining individual and aggregate patient data with respect to admission reviews and continued stay review.

(5) The CMC abstract will be used. Its use is further outlined in the "Methods and Review Procedures" section of the Plan.

(6) The Case Management Committee will keep monthly records reflecting the activities of the Department/Committee.

(a) Admission Review:

All admissions will be reviewed within one (1) working day using Severity of Illness and Intensity of Service criteria.

(b) Continued Stay Review:

All continued stays will be reviewed within three (3) days using Severity of Illness and Intensity of Service criteria.

(c) Documentation

Reviews and documentation of all studies and reports will be maintained. Reports of such studies with findings of deficiency and recommendations of corrections will be forwarded to the President of the Medical and Dental Staff, and to the Executive Director.
Director, and to the Board of Trustees. On request, such reports will be forwarded to federal, state and city regulatory agencies. Subsequently, repeat medical care evaluation studies will be performed to determine if corrections of the deficiencies have been adopted.

Section 11. Continuing Medical Education Committee.

A. Composition - This committee shall consist of: a chairperson appointed by the President of the Medical and Dental Staff; a representative from each of the clinical services as appointed by the respective Department Chairman; such additional representatives from Allied Health Professional services, support services, nursing and administration as the chairperson shall from time to time, require.

B. Staff Participation - There shall be participation and documentation of all staff members and all individuals with delineated clinical privileges in continuing education designed to keep them informed of pertinent new developments in the diagnostic and therapeutic aspects of their basic medical education. The scope and complexity of the program shall be determined by the size and diversity of the Medical and Dental Staff, the types of patient care delivered and the documented results of the quality assessment activities. The program should include hospital sponsored elements on a regular recurring basis. Weekly to monthly program elements are considered reasonable and may be held on departmental, service or section levels.

C. Function - It shall be the duty of the Continuing Medical Education Committee to:

(1) Devise and maintain a system for: recording records of Continuing Medical Education for the Medical and Dental Staff.

(2) Study and insure care programs arising out of the recommendations from various audits. Insure documentation of this activity.

(3) Coordinate in-house official approval for in-house programs from the various specialty colleges, AMA and MSSNY.

D. Meetings - This committee shall meet quarterly or more often as necessary.

Section 12. The Infection Control Committee.

A. Composition - The Infection Control Committee shall consist of at least three (3) members of the Active Staff appointed by the President of the Medical and Dental Staff for a one (1) year term. The President shall appoint its chairperson.

B. Functions

(1) The Committee shall meet with representatives from the Nursing service, Housekeeping, Food Services, Pharmacy and Administration who may be called upon, when needed.
The Committee will be responsible for the investigation, control and prevention of all infections within the Hospital. This committee will be in charge with supervision of all infection control in all phases of the hospital operation including, but not limited to:

(a) Operating Room, Delivery Rooms, Recovery Rooms and Special Care Units.
(b) Sterilization procedures.
(c) Isolation procedures.
(d) Prevention of cross infections.
(e) Methods of disposal of infectious materials and any other situation requested by the Executive Committee of the Medical and Dental Staff.

C. Meetings - The Committee shall meet at least bimonthly (every other month). Minutes must be recorded and submitted to the Executive Committee of the Medical and Dental Staff. An annual report will also be submitted to the Executive Committee of the Medical and Dental Staff.

Section 13. Cancer Committee.

The structure of the Cancer Committee shall be in accordance with the guidelines of the Commission on Cancer. The purpose of this Committee is to promote the best possible standard of care for cancer patients treated in this hospital. (Reference: Policy entitled “Physician AJCC Staging”)

A. Chairmanship - The President of the Medical and Dental Staff shall appoint the chairman of this committee for a one year term. The chairman may be a medical staff member of any department, but he must be qualified by having special training or interest in the delivery of cancer care.

B. Membership - The membership must be multidisciplinary and include the following but not limited to as a minimum:

(1) Medical Oncologist
(2) Radiation Oncologist
(3) Diagnostic Radiologist
(4) Pathologist
(5) General Surgeon
(6) Representative of Administration
(7) Social Worker
(8) Certified Tumor Registrar
(9) Performance Improvement Professional
(10) Hospice Representative
(11) Pain/Palliative Care Physician
(12) Clinical Research Data Manager
(13) Rehabilitation Representative
(14) American Cancer Society Representative
(15) Additional Members To Be Invited As Required By The Needs Of The Institution And Goals Of The Committee
C. **Schedule of Meetings** - The Committee must meet at least quarterly. Minutes must be recorded. An annual report is to be submitted to the Executive Committee.

D. Annual overall attendance for both physician and non-physician members if a minimum of 75%.

E. **Duties**

   (1) To organize, publicize, and implement regular consultation cancer conferences that are multidisciplinary, hospital wide and case oriented.
   (2) To promote educational conferences and programs on cancer topics for the medical staff, ancillary services, and the lay community.
   (3) To assure that all the expertise in cancer management within the hospital is made available to the cancer patient.
   (4) To enhance and encourage the use of rehabilitative services for the cancer patient.
   (5) To promote supportive care for the terminally ill.
   (6) To supervise the Tumor Registry and its Registrar with regard to quality control of abstracting, staging and reporting.
   (7) To conduct at least one in-depth audit each year utilizing the Tumor Registry data base for evaluation of patient survival at one primary cancer site by stage of disease and treatment in comparison to national data.
   (8) To encourage and promote the use of the Tumor Registry data base members of the Medical and Dental Staff as well as the administrative staff for the purpose of internal audit; to effect patient care, to assess the need to produce equipment and specialized services for cancer care.
   (9) To ensure compliance with the standards of the Commission on Cancer relating to the Cancer Program accreditation (using the standards as guidelines).
   (10) To plan, supervise and evaluate performance improvement projects.

**Section 14. The Disaster Committee.**

A. **Composition**

   (1) The Disaster Committee shall consist of at least three (3) members of the Active Staff appointed by the President of the Medical and Dental Staff for a one (1) year term.

   (2) The Chairperson shall be designated by the President of the Medical and Dental Staff.

B. **Functions**

   (1) The Disaster Committee shall be responsible for the development of a Disaster Plan for the reception and care of mass casualties and evacuation in case of disaster.

   (2) The Disaster Plan shall:
(a) Name the person in charge and his alternate.
(b) Develop relationships with other hospitals in furnishing additional supplies, if needed.
(c) Name the person in charge of transportation and his alternate.
(d) Name the person in charge of communications and his alternate.
(e) Name the person in charge of identification of patients when they are received and his alternate.
(f) Develop a plan for securing additional blood.
(g) Describe available emergency lighting service and how it is to be activated.
(h) Identify areas to be assigned for receiving large numbers of patients and for centralizing therapy and plan for supervision.
(i) Name teams of physicians for receiving and triage of casualties and for care of special problems such as burns and fractures.
(j) Provide record forms to send with patients in the event of transfer to another hospital.

C. Meetings - This Committee shall meet at least three (3) times a year with a group representing Administration and shall keep a permanent record of its proceedings. It shall make recommendations in writing to the Executive Committee.

Section 15. Institutional Review Committee.

Recognizing the extreme importance of encouraging research procedures in a Hospital delivering excellent patient care, the following guidelines for medical research at the hospital are established.

A. This Committee, in accordance with Article 24-a of the Public Health Law, shall be composed of at least five (5) persons, including a Chairperson appointed by the President of the Medical and Dental Staff and approved by the State Commissioner of Health, none of whom shall be involved in the review of a research project in which he has a conflicting interest, except to provide information required by the committee.

B. The Committee shall not consist entirely of persons who are officers, employees or agents or who are otherwise associated with the Hospital, or who are members of a single professional group.

C. The Committee shall periodically review and update as necessary subject to any necessary approval of the Board of Trustees and then to the State commissioner of Health, a “Statement of Principle and Policy in Regard to the Rights and Welfare of Human Subjects in the Conduct of Human Research”, which shall govern all human research activities at this hospital except those which are subject to and in compliance with policies and procedures promulgated by any agency of the federal government for the protection of human subjects.

D. The Committee shall review each proposed human research project to determine (i) its necessity, (ii) that the rights and welfare of the subject are adequately protected, (see Nuremberg Rules and Helsinki Declaration appended (iii) that the risks to the subject are outweighed by the potential benefits to them or by the
importance of the knowledge to be gained, (iv) that a voluntary informed consent
(which shall contain the elements set forth in Article 24-a of the Public Health
Law and 21 C.F.R. Section 50.20-50.27) is to be obtained by methods that are
adequate and appropriate, and in the case of minors, incompetent persons and
mental disabled persons, accompanied by the consent of the Committee and the
State Commissioner of Health, (v) that the persons proposed to conduct the
particular medical research are appropriately competent and qualified and (vi)
that the project is consistent with the hospital’s statement of Principles and Policy
above.

Section 16. The Nominating Committee.

A. Composition

(1) The Nominating Committee shall have thirteen (13) members. It shall
consist of the Immediate Past President, who shall act as chairman and
will vote only when there is a tie; a member of Attending Rank from each
of the seven (7) major departments, namely, Medicine, Surgery, Obstet-
rics and Gynecology, Pediatrics, Dental Medicine, Radiology and
Emergency Medicine; and five (5) others whom shall be the five (5) most
recent past presidents available.

(2) If any of the five (5) most recent past presidents who automatically are
members of this committee becomes deceased or otherwise ineligible, he
shall be replaced by the next most recent past president. If several of
these vacancies occur the corresponding order of replacement shall take
place.

(3) In the absence of or the disability of the immediate past president the next
most recent immediate past president shall assume the duties of the past
president as outlined in this section.

(4) No member of this committee shall be nominated for President, Vice-
President, Secretary or Treasurer.

(5) Each of the members from the seven (7) above-specified departments
shall be elected annually by his/her respective department. No elected
member shall serve for more than two (2) consecutive years.

(6) The Immediate Past President of the Medical and Dental Staff shall call a
meeting to order before the January meeting of the Executive Committee.
The Committee shall report to the Executive Committee in January.

B. Functions - At the March meeting of the Medical and Dental Staff, the Nominating
Committee shall submit nominations for President, Vice President, Secretary and
Treasurer, and the five (5) At-Large Members of the Executive Committee, as
provided in these Bylaws. Nominations of qualified members from the floor also
shall be permitted. The Nominating Committee shall place at least one nominee
on the slate of elected representatives for each department with an approved
residency program.
Section 17. Medical Library Committee.

A. **Composition** - The Medical Library Committee shall consist of at least five (5) members of the medical and Dental Staff and representatives of the Nursing Service and other representatives will be called upon, when needed.

B. **Functions** - the functions of the Medical Library Committee shall include:

   1. The formation of Rules and Regulations governing the use of the Library.
   2. To act on requests of members of the Medical and Dental Staff and the Hospital's departments for the inclusion of new books and periodicals.
   3. To seek funds from grants, donations and other sources for the continued upgrading of the Library, both as an educational and resource mechanism of the Hospital.

C. **Meetings** - The Medical Library Committee shall meet quarterly and upon the call of the Chairman of the Committee.

Section 18. The Constitution and Bylaws Committee.

A. **Membership** - The Constitution and Bylaws Committee shall consist of six (6) members of the Active Staff of Attending and/or Associate Attending rank. The Chairperson shall be designated by the President of the Medical and Dental Staff.

B. **Functions** - The Committee shall review the Bylaws and the Rules and Regulations of the Hospital Medical and Dental Staff annually. The committee shall keep abreast and evaluate the regulations as promulgated by the New York State Hospital Code, The Joint Commission standards, and all federal, state and local statutory and administrative law pertaining to hospitals and the practice of medicine, dentistry, podiatry and allied health professions.

C. **Meetings** - The Committee shall meet at least annually and the Chairperson shall report to the President of the Medical and Dental Staff.

Section 19. Institutional Graduate Medical Education Committee.

A. **Composition** - The Institutional Graduate Medical Education Committee shall consist of the Director of Medical Education, Department Chairmen involved in graduate medical education, Medical Director and House Staff representatives.

B. **Function** - The purpose of this committee is to develop institutional responsibility for graduate medical education. The two most important aspects are (1) allocation of resources, and (2) monitoring of educational quality. Other important factors could include adherence to State Code 405, salary and benefits, availability of ancillary personnel, program development as well as evaluation of teaching faculty, necessary equipment, library facilities, environmental factors, etc. which may be referred to the committee for evaluation.
The purpose of this committee shall also include the provision of a grievance mechanism for residents.

This committee shall consider and report to the Executive Committee of the Medical and Dental Staff matters of House Staff discipline and grievances.

Section 20. **Ethics Committee.**

The role of the committee is to be advisory to the Medical Executive Committee, to members of the medical staff, and to hospital administration. Its function should be primarily as a safeguard against treatment decisions being made that are not consistent with generally accepted values. The committee’s role is to make clear to physicians, patients, and families, the relationship between specific options and cultural values as well as the range of options that are ethically acceptable.

A. **Membership** - The Chairman will be appointed by the President of the Medical and Dental Staff. The Committee shall consist of at least three physicians from different clinical services, appointed by the respective Directors of Service; at least two nurses from different nursing units, selected by the Vice President for Nursing; at least two members of Administration, Clergy, selected by the Chairman of the Ethics Committee; at least two members of the public, selected by the Chairman of the Ethics Committee; an Ethicist (if available), selected by the Chairman of the Ethics Committee; Legal Counsel as well as representatives from Quality Management, Hospice, Compliance and Social Services. Members of the Ethics Committee shall serve three year terms unless abbreviated by resignation or replacement. The number of terms is not limited. Members may resign by written notification to the Chairperson. Replacements will be appointed from the same representative department. Three unexcused absences will be considered evidence of resignation. Replacements will be appointed in the same manner as for voluntary resignations.

B. **Functions:**

(1) To organize, publicize and implement consultative services for health care providers, patients and families relating to the process of ethical decision making.

(2) To assure that expertise in ethical decision making is available within UH to assist in providing consultative services.

(3) To encourage and promote the use of consultative services within the sites.

(4) To promote supportive care through ethical decision making and implementation.

(5) To promote educational conferences and programs relating to ethical issues.
To create and recommend policy for approval by the President of the Medical and Dental Staff, medical staff and administration.

Section 21. Infant Bioethics Committee.

The structure of the Infant Bioethics Committee shall be in accordance with guidelines established by New York State DOH regulations. The purpose of this Committee is to assure appropriate ethical decision-making at Staten Island University Hospital relating to care provided pre-conception through the first year of life. (Reference: Policy entitled "Perinatal, Infant and Pediatric Bioethics Review Committee")

A. Chairmanship - The Chairman is appointed by the President of the Medical and Dental Staff and Administration of Staten Island University Hospital. The Chairman shall serve a term determined by the President of the Medical and Dental Staff. The Chairperson may be a hospital staff member of any department, but must be qualified by having special training, interest and expertise in delivery of care to women, fetuses and infants falling within the domain of responsibility of this Committee.

B. Membership - The membership shall be multidisciplinary and in conformity with New York State DOH Regulation. In addition to such members as defined by NYSDOH regulation, the following representatives will be a minimum:

1. A perinatologist
2. A neonatologist
3. Attending physician in the Department of Pediatrics
4. Attending physician in the Department of OB/GYN
5. Physician’s Assistant from Neonatal Services
6. Staff nurse from Labor and Delivery
7. Staff nurse from Neonatal Services
8. Representative of Administration
9. Assistant Director of Nursing for Parent/Child Health
10. A community representative with a disabled child
11. Director of Social Work Services or designee
12. Director of Patient Representation or designee
13. Director of Legal and Regulatory Affairs/Legal Counsel or designee
14. A member of the clergy
15. An ethicist (if available)
16. Other members as recommended by the Chairman in consultation with other members of the Committee

C. Scheduled Meetings - The Committee shall meet quarterly. Minutes will be recorded. Copies of minutes will be distributed to the President of Medical/Dental Staff.

D. Duties:

1. To organize, publicize and implement consultative services for health care providers, patients and families relating to the process of infant bioethical decision-making.
(2) To assure that all expertise in ethical decision-making is available within the hospital to assist in providing consultative services.

(3) To encourage and promote the use of consultative services, both on an emergency and a non-emergency basis.

(4) To promote supportive care through ethical decision-making and implementation.

(5) To promote individual case reviews and educational conferences relating to ethical issues from prior to conception through the first year of life.

(6) To create and recommend policy for approval by the Chief Executive Officer and the Board of Trustees.

Section 22. Operating Room Committee.

A. Composition - There shall be an Operating Room Committee composed of six (6) physicians including the Chairman, Department of Surgery, representatives from each of the Departments of Orthopedics and Medicine, the O.R. Supervisor.

B. Functions and Meetings - This committee shall meet at least quarterly to review the function within the surgical area and to recommend addition or changes in policy or rules to meet new medical, nursing and managerial concepts. Additional meetings may be called at the discretion of the Chairman who shall be the Chairman of the Department of Surgery. Invitation to the other Staff members may be extended if the need arises, (See Rules and Regulations regarding Surgical Care). A review of functions within the Recovery Room area and to recommend additions or changes in policy or rules when indicated. The Recovery Room Nurse shall be a member. (See Rules and Regulations for Policies of Recovery Room). Minutes of the meeting shall be presented to the Executive Committee and shall be preserved.

Section 23. Special Committees.

Special Committees shall be appointed by the President of the Medical and Dental Staff, as may be required to properly carry out the duties of the Medical and Dental Staff. Such committees shall confine their work to the purposes for which they are appointed and shall report and make recommendations to the Executive Committee. Such Special Committees include, but are not limited to the following:

A. Grievance Committee

   (1) Composition - The Grievance Committee shall consist of five (5) members of the Medical and Dental Staff and the Immediate Past President of the Medical and Dental Staff. Of the five members, one shall be the Medical Director of the hospital and the remaining four shall be appointed by the President of the Medical and Dental Staff. The Immediate Past President shall chair the committee.

   (2) Function - It shall investigate any actions, complaints, grievances, altercations, breaches of ethics or any other occurrence that may be detrimental to the Medical and Dental Staff, the hospital or any individual of the Medical and Dental Staff. All grievances shall be submitted first to the President and/or committee chairperson. If they fail to resolve the
grievance, they shall refer the grievance to the entire committee for resolution. Should the committee fail to resolve the grievance, they shall report the grievance, its findings and make its recommendations to the Executive Committee of the Medical and Dental Staff.

(3) Meetings - The committee shall meet upon the call of the chairperson.

B. Search Committee - Whereas there are many recognized subspecialties within departments that require leadership, there shall be an advisory search committee to aid the Chairman or Director in filling such, should they be deemed necessary. The need for an advisory search committee, because of the fore mentioned, shall be at the discretion of the Chairmen/Directors of Service meeting.

(1) Composition – The committee shall consist of the Department Chairman or Director, the Chief Executive Officer and/or Executive Director, the Medical Director and/or the Associate Medical Director, a Chairman or Director of at least one other clinical department, at least two other members of that department, one of whom could be a member of the subspecialty in which there is the vacancy and any other members deemed appropriate by the Chairman.

The Chairman shall be the Department Chairman or Director.

(2) Function – They shall investigate, interview and evaluate the candidates. The Chairman or Director in consultation with this committee shall forward his recommendation to the Chief Executive Officer or Executive Director, as the case may be, who will present this finding to the Board of Trustees for final approval.
ARTICLE XII - MEETINGS

Section 1. Designation of Meetings.

Meetings of the Medical and Dental Staff shall be designated as Annual, Regular (quarterly), and Special Meetings.

Section 2. Annual Meetings.

A. The Annual Meeting of the Medical and Dental Staff shall be held in June of each year. At this meeting, the retiring officers and committees shall make final reports on the previous year.

B. Officers for the ensuing year shall be elected. The annual election process will be conducted by closed ballot. At the March quarterly meeting of the Medical and Dental Staff, the Nominating Committee will present its slate of officers and members at large. In addition, nominations from the floor and write-in nominations will be accepted.

C. Ballots will be mailed to members of the staff who are eligible to vote at their office address on the first Monday of May and will be accepted until midnight on the first Monday of June. Ballots received after that date will not be accepted. The returned ballots will be held in escrow by an ad hoc committee of the Executive Committee which will be appointed by the President and subject to the approval of the Executive Committee. The ad hoc committee will hold the ballots until the election period is closed, within one week the ballots will be counted and the report made at the Annual June Meeting of the Medical and Dental Staff.

D. Ballots from members of the Medical and Dental Staff who have not attended at least fifty (50) percent of the annual quarterly meetings will not be counted.

E. Annual Meetings - Order of Business - At the Annual Meeting, the Order of Business shall be as follows:

(1) Call to Order

(2) Review of minutes of last quarterly medical staff meeting

(3) Report from:

(a) President
(b) Executive Vice President
(c) Credentials
(d) Performance Improvement
(e) Case Management/Utilization Management
(f) Infection Control
(g) Continuing Medical Education
(h) Medical Director
(i) Departmental Reports:

Anesthesia
Dental Medicine  
Emergency Department  
House Staff  
Medicine  
OB/GYN  
Pathology  
Pediatrics  
Psychiatry & Behavioral Science  
Radiation Medicine  
Radiology  
Rehabilitation Medicine  
Surgery  

(4) Report from the Medical Society  
(5) Old Business  
(6) New Business  
(7) Adjournment  

Any business may be transacted at the Annual Meeting without special reference thereto in the notice of the meeting except voting on amendment to these Bylaws.

Section 3. Regular Meetings.  

A. The Regular Meetings of the Medical and Dental Staff shall be held quarterly.  

B. Regular Meetings - Order of Business  

At the Regular Meetings of the Medical and Dental Staff, the order of business shall be as follows:  

(1) President  
(2) Executive Vice President  
(3) Credentials  
(4) Performance Improvement  
(5) Case Management/Utilization Management  
(6) Infection Control  
(7) Continuing Medical Education  
(8) Medical Director  
(9) Departmental Reports:  

Anesthesia  
Dental Medicine  
Emergency Department  
House Staff  
Medicine  
OB/GYN  
Pathology
(a) Report from the Medical Society

(b) Old Business

(c) New Business

(d) Adjournment

Any business may be transacted at a regular meeting without special reference thereto in the notice of the meeting.

Section 4. **Special Meetings.**

A. Special Meetings of the Medical and Dental Staff may be called at any time by the President of the Medical and Dental Staff. At any special meeting, no business shall be transacted except that stated in the notice calling the meeting.

B. Special Meetings of the Executive Committee may be called by the Chief Executive Officer or the Executive Director at the request of the Board of Trustees or at the request of three (3) members of the Executive Committee.

C. Notice of Special Meetings, the Order of Business shall be:

1. Call the meeting to order;
2. Roll call;
3. Report on sending notice of meeting;
4. Special business referred to in the notice of meeting.

Section 5. **Quorum.**

Fifty percent of the total membership of the Active Medical and Dental Staff shall constitute a quorum for all action other than meetings for the purposes of amendments of these Bylaws, Rules and Regulations at which time the presence of over fifty percent of the total membership of the Active Medical and Dental Staff shall constitute a quorum.

Section 6. **Attendance at Meetings.**

A. Each member of the Active Medical and Dental Staff shall be encouraged to attend the Annual Meetings of the Medical and Dental Staff and at least fifty percent (50) or more of all regular Medical and Dental Staff meetings in each year. A member who is compelled to be absent from any regular staff meetings shall promptly submit to the President of the Medical and Dental Staff, in writing, his reason for such absence. Attendance at these meetings is an important part...
of the Medical Staff function and will therefore be taken into careful consideration at the time of reappointment to staff.

B. Each member of the Active Medical and Dental Staff shall be required to attend an adequate number of all meetings of each department and committees of which he may be a member in each year. Any member of the Active Medical and Dental Staff who is compelled to be absent from a meeting of a department or committee of which he is a member shall submit to the regular Chairperson thereof, in writing, the reason for such absence. The failure to meet the foregoing annual attendance requirements, unless excused by such Chairperson for a good cause shown, shall be grounds for corrective action leading to removal from such department or committee and to revocation of Medical and Dental Staff membership. Committee Chairpersons and Departmental Chairpersons shall report all such failures to the Executive Committee of the Medical and Dental Staff for action. Evaluation of attendance records will be considered by the Department Chairman in conjunction with the Medical Director at the time of reappointment of each member of the Staff.

C. Reinstatement of staff members whose membership has been revoked because of absence from staff meetings shall be made only upon application and all such applications shall be processed in the same manner as applications for original appointment.

D. Members of the Honorary, Consulting, Teaching Associate, and Courtesy Staff categories of the Medical and Dental Staff shall not be required to attend meetings, but it is expected that they will attend and participate in these meetings unless unavoidably prevented from doing so.

E. A member of any category of the Staff who has attended a case that is to be presented for discussion at any meeting shall be notified and shall be required to be present. Should any member of the staff be absent from any meeting at which a case that he is to be discussed, it shall be presented unless the member is unavoidably absent and has requested that discussion be postponed. In no case shall postponement be granted for a period longer than until the next regular meeting.

Section 7. Chief Executive Officer; Executive Director.

The Chief Executive Officer and the Executive Director shall each have a standing invitation to attend all meetings of the Medical and Dental Staff and its committees. At any time, upon request of a member and without vote, an Executive session shall be in order, at which time the Chief Executive Officer and Executive Director, if either or both are in attendance, will leave the room and await call for return.
ARTICLE XIII - RULES AND REGULATIONS & POLICIES AND PROCEDURES

Section 1. Rules and Regulations.

The Executive Committee of the Medical and Dental Staff, subject to approval by the Board of Trustees, shall adopt such medical staff Rules and Regulations as may be necessary for the proper functioning of the medical affairs of the sites of UH. Such Rules and Regulations may be amended at any regular meeting of the Executive Committee of the Medical and Dental Staff without previous notice by a two-thirds vote of the total members of the Executive Committee. Such amendments shall become effective when approved by the Board of Trustees. When not in conflict or not specified herein within these Bylaws, parliamentary procedure shall be governed by current Robert’s Rules of Order.

Section 2. Policies and Procedures.

The mechanism for the approval of the Medical and Dental Staff policies and procedures, which act as supplementary documents (i.e. related medical staff governance documents) such as policies and procedures on Criteria for Appointment, Reappointment and Delineation of Privileges as well as policies and procedures which address the Criteria for Granting of Specific Privileges, shall be such that recommendations for amendment of such supplementary documents may be approved by:

A. request of the Executive Committee
B. request of the Department Chairmen and/or Directors of Service
C. request of active members of the Medical and Dental Staff

Amendments to the supplementary documents must be recommended for approval by the Executive Committee and shall be effective when approved by the Board of Trustees.

Section 3. Notice.

A. When the Executive Committee of the Medical and Dental Staff proposes to amend or adopt medical staff Rules and Regulations and associated policies and procedures, they shall notify the Medical and Dental Staff of such proposal and shall provide twenty-one (21) days for the Medical and Dental Staff to submit comments. When the Executive Committee adopts or amends a medical staff Rule or Regulation or associated policy or procedure, it shall communicate such fact to the members of the Medical and Dental Staff.

B. In the event it becomes necessary for the hospital to urgently amend a rule or regulation of the Medical and Dental Staff or an associated policy or procedure in order to comply with any law or regulation, the Executive Committee of the Medical and Dental Staff 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 and Dental Staff. In such circumstances, the Executive Committee shall immediately notify the members of the Medical and Dental Staff in writing of such amendment and the reason that it is necessary.
The Medical and Dental Staff shall have the opportunity to comment on the provisional amendment. If there is no conflict between the Medical and Dental Staff and the Executive Committee, the provisional amendment will remain in effect. If there is conflict over the provisional amendment, the conflict management process set forth in Article XV of these Bylaws shall be implemented.

C. Copies of the newly revised medical staff Rules and Regulations and medical staff policies and procedures, including but not limited to the Credentials Manual, shall be made available to members of the Medical and Dental Staff and other individuals who have delineated clinical privileges, in the Medical Staff Services Department, Administration, and at the Quarterly and Annual Medical and Dental Staff Meetings.

Section 4. Proposals by the Medical and Dental Staff.

The Medical and Dental Staff Shall have the ability to adopt Rules and Regulations and associated policies and procedures, and propose them directly to the Executive Committee of the Medical and Dental Staff and/or to the Board of Trustees, even if the subject matter had been delegated to the Executive Committee. Any such proposed Rule and Regulation or policy and procedure shall be first communicated to the Executive Committee.

Any member of the Medical and Dental Staff may, at any time, request a listing of those Rules and Regulations and policies and procedures that are scheduled for review and consideration by the Executive Committee so that they may extract and consider an action prior to the action becoming effective.

If, after having taken an issue to the Medical Executive Committee, members of the Medical and Dental Staff feel that they have not had their concerns or proposals addressed satisfactorily, the conflict management process set forth in Article XV of these Bylaws shall be implemented.
ARTICLE XIV – BYLAW AMENDMENTS

Recommendations for amendment of the Bylaws may be proposed by:

A. request of the Executive Committee
B. request of the Bylaws Committee
C. written request of active members of the Medical and Dental Staff

Any Member of the Medical and Dental Staff may recommend an amendment to the Bylaws to the Executive Committee. This recommendation will then be passed on to the Constitution and Bylaws Committee.

Following review and recommendation by the Constitution and Bylaws Committee the proposed amendment will be presented and voted upon at the next Quarterly meeting of the Medical and Dental Staff. Amendments so made shall be effective when approved by the Board of Trustees.

When the Executive Committee of the Medical and Dental Staff proposes to amend Bylaws, the proposed amendment will then be passed on to the Constitution and Bylaws Committee. Following review and recommendation by the Constitution and Bylaws Committee, the proposed amendment will be presented and voted upon at the next Quarterly meeting of the Medical and Dental Staff. Amendments approved by a two-thirds majority of the voting members present at such meeting shall be effective when approved by the Board of Trustees.

If twenty-five percent (25%) of the voting members present at a Quarterly meeting do not feel that proper consideration has been given to a recommended amendment, the matter may be raised from the floor at such meeting. In such event, the vote of any proposed amendment shall be tabled until the next regular meeting.

Copies of newly revised Bylaws shall be made available to members of the medical and dental staff and other individuals who have delineated clinical privileges, in the Medical Staff Services Department, Administration, and at Quarterly and Annual Medical and Dental Staff Meetings.
ARTICLE XV – CONFLICT MANAGEMENT

The following conflict management process shall be followed in the event of conflict between the Medical Executive Committee and the Medical Staff regarding a proposed or adopted medical staff Bylaw, medical staff Rule and Regulation, or associated medical staff policy, or other significant matter under the purview of the Medical Executive Committee. 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 Staff. The petition shall include (a) a clear statement of the reason for the conflict and the terms of any alternative Bylaws, Rule and Regulation or associated policy, and (b) the designation of 3 members of the Medical Staff as selected by the Petitioners to serve as the petitioner’s representatives.

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

The representatives of the Medical Executive Committee 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 Executive Committee 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 Executive Committee and a majority vote of the 3 petitioners’ representatives. If such a resolution proposes a medical staff Bylaw, medical staff Rule and Regulation, or associated medical staff policy that has not been previously submitted to the Medical Staff, such resolution shall follow the process outlined in Article XIII or Article XIV above, as applicable.

If the parties’ representatives are unable to reach a resolution, they may, by mutual agreement, utilize 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, medical staff Rule and Regulation, or associated medical staff policy, 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.
- 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 XVI - IMMUNITY FROM LIABILITY

The following shall be express conditions to any practitioner's application for, or exercise of, clinical privileges at UH.

First, that any act, communication, report, recommendation or disclosure, with respect to any such practitioner, performed or made in good faith and without malice and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

Second, that such privilege shall extend to members of UH Medical and Dental Staff, and the Board of Trustees, its other practitioners, its Chief Executive Officer and its Executive Director and their designees and representatives, and to third parties who supply information to any of the foregoing authorized to receive, release or act upon the same. For the purpose of this Article XV, the term “third parties” means both individuals and organizations from whom information has been requested by an authorized representative of the Board of Trustees of UH or the Medical and Dental Staff.

Third, that there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication report, recommendation or disclosure, even where the information involved would otherwise be deemed privileged.

Fourth, that such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited, to:

1. Application for appointment or clinical privileges;
2. Periodic reappraisals for reappointment or the renewing of clinical privileges;
3. Corrective action, including summary suspension;
4. Hearings and appellate review;
5. Medical care evaluations;
6. Utilization reviews;
7. Other hospital, departmental service or committee activities related to quality care and interprofessional conduct.

Fifth, that the acts, communication, reports, recommendations and disclosures referred to in this Article XV may relate to a practitioner’s professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

Sixth, that in furtherance of the foregoing, each practitioner shall upon request of UH execute releases in accordance with the tenor and import of this Article XV in favor of the individuals and organizations specified in paragraph second, subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State.

Seventh, that the consents, authorizations, releases, rights, privileges and immunities provided by the Bylaws for the protection of UH’s practitioners, other appropriate UH officials and personnel and third parties, in connection with applications for initial
appointment, shall also be fully applicable to the activities and procedures covered by this Article XV.
ARTICLE XVII - ADOPTION

These Bylaws, together with the Rules and Regulations of the Medical and Dental Staff, and the Credentials Manual shall replace any and all previous Bylaws, Rules and Regulations and Credentials Manual governing any part of all of the Medical and Dental Staff and shall be effective when adopted by the Medical and Dental Staff, as provided herein, and approved by the Board of Trustees. When so approved, the Rules and Regulations and the Credentials manual may thereafter be amended by the Medical Executive Committee in accordance with the provisions of Article XI, Section 2(b) and 3(b)(5) and Article XIII of these Bylaws.
ARTICLE XVIII – HISTORIES & PHYSICAL EXAMINATIONS

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.

The details concerning the foregoing requirements can be found in the Rules and Regulations of the Medical and Dental Staff under “Article IV – Medical Records.” In the event of any conflict between the provisions of this Article XVIII and any provision in Article IV of the Rules and Regulations, the former shall control.