

**BYLAWS
OF
THE MEDICAL STAFF OF _____ Hospital,
_____, West Virginia**

PREAMBLE

WHEREAS, _____ Hospital., is a _____ corporation organized under the laws of the State of West Virginia; and

WHEREAS, its purpose is to serve as a general hospital providing patient care, education, and research; and

WHEREAS, it is recognized that the medical staff is responsible for the quality of medical care in the hospital and must accept and discharge this responsibility, subject to the ultimate authority of the hospital governing body, and that the cooperative efforts of the medical staff, the chief executive officer and the governing body are necessary to fulfill the hospital's obligations to its patients;

THEREFORE, the physicians and dentists practicing in this hospital hereby organize themselves into a medical staff in conformity with these bylaws.

DEFINITIONS

1. The term "medical staff" means all medical physicians and osteopathic physicians holding unlimited licenses, and duly licensed dentists, who are privileged to attend patients in the hospital.
2. The term "governing body" means the board of directors of the hospital.
3. The term "executive committee" means the executive committee of the medical staff unless specific reference is made to the executive committee of the governing body.
4. The term "chief executive officer", administrator means the individual appointed by the governing body to act in its behalf in the overall management of the hospital. His title shall be "CEO" "Administrator."
5. The term "practitioner" means an appropriately licensed medical physician, an osteopathic physician with an unlimited license or an appropriately licensed dentist.
6. The term "health professional affiliate or affiliate" means an individual, other than a licensed physician or dentist, whose patient care activities require that his or her authority to perform specified patient care services be approved through the usual medical credentialing process.
7. The term "service" means that group of practitioners who have clinical privileges in one of the general areas of medicine, surgery, obstetrics, and pediatrics.

2. To ensure a high level of professional performance of all practitioners and limited health practitioners authorized to practice in the hospital through the appropriate delineation of the clinical privileges that each practitioner may exercise in the hospital and through an ongoing review and evaluation of each practitioner's performance in the hospital.
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 self-government of the medical staff; and
5. To provide a means whereby issues concerning the medical staff and the hospital may be discussed by the medical staff with the governing body and the chief executive officer.
6. To be the formal organization structure through which:
 - A. The benefits of membership on the staff may be obtained by individual practitioners, and
 - B. The obligations of staff membership may be fulfilled.
7. To serve as the primary means for accountability to the board for the appropriateness of the professional performance and ethical conduct of its members and to strive toward assuring that the pattern of patient care in the hospital is consistently maintained at the level of quality and locally available.
8. To provide a means through which the staff may participate in the hospital's policy-making and planning process.

The responsibilities of this organization are:

The responsibilities of the staff, to be fulfilled through the actions of its officers, departments and committees, include:

1. To account for the quality and appropriateness of patient care rendered by all practitioners and limited health practitioners authorized to practice in the hospital through the following measures:
 - A. A credentials program, including mechanisms for appointment and reappointment, and the matching of clinical privileges to be exercised or of specified services to be performed, with the verified credentials and current demonstrated performance of the applicant, staff member or limited health practitioner:
 - B. A continuing education program.
 - C. A utilization review program to allocate inpatient and outpatient medical and health services based upon patient specific determinations of individual medical needs.

- D. Review and evaluation of the quality of patient care through a valid and reliable quality assessment procedure.
2. To recommend to the board action with respect to appointments, reappointments, staff category, clinical privileges, and corrective action.
3. To account to the board for the quality and efficiency of patient care rendered to patients in the hospital through regular reports and recommendations concerning the implementation, operation and results of the quality/utilization management activities.
4. To develop, administer and seek compliance with these bylaws, the rules and regulations of the staff, and other patient care related hospital policies.
5. To assist in identifying community health needs.
6. To exercise the authority granted by these bylaws as necessary to adequately fulfill the foregoing responsibilities.

ARTICLE III: MEDICAL STAFF MEMBERSHIP

Section 1. Nature of Medical Staff Membership

Membership on the medical staff of [REDACTED] is a privilege which shall be extended only to professionally competent physicians and dentists who continuously meet the qualifications, standards, and requirements set forth in these bylaws. No person shall be denied membership on the medical staff on the basis of sex, race, creed, color or national origin.

Section 2. Qualifications for Membership

- a. Only physicians and dentists licensed to practice in the State of West Virginia, who can document their background, experience, training, and demonstrate competence, their physical and/or mental health status, evidence of professional liability insurance coverage as required herein, their adherence to the ethics of their profession, their good reputation, and their ability to work with others, with sufficient adequacy to assure the medical staff and the governing body that any patient treated by them in the hospital will be given high quality medical care in an economically efficient manner, taking into account patient needs, the available hospital facilities and resources, and utilization standards in effect at the hospital, shall be qualified for membership on the medical staff. No physician or dentist shall be entitled to membership on the medical staff or to the exercise of particular clinical privileges in the hospital merely by virtue of the fact that he is duly licensed to practice medicine or dentistry in this or in any other state, or that he is a member of any professional organization, or that he had in the past, or presently has, such privileges at another hospital.

- b. Acceptance of membership on the medical staff shall constitute the staff member's agreement that he will strictly abide by the Principles of Medical Ethics of the American Medical Association or by the Code of Ethics of the American Dental Association, whichever is applicable, (as the same are appended to and made a part of these bylaws.)
- c. All members of the medical staff shall at all times be required to provide and maintain a current certificate of insurance from an insurance company licensed or approved to do business in West Virginia to verify malpractice liability coverage. The amount of coverage required shall be in accordance with the minimum requirements of the hospital's professional liability insurance carrier as it now exists and as it may hereinafter be amended. All members of the medical staff shall be required to report involvement in a professional liability action. At a minimum, final judgments or settlements.
- d. All members of the medical staff shall at all times be required to adhere to any and all information practices and procedures as required for HIPAA compliance involving protected health information (PHI).

Section 3. Conditions and Duration of Appointment

- a. Initial appointments and reappointments to the medical staff shall be made by the governing body. The governing body shall act on appointments, reappointments, or revocations of appointments only after there has been a recommendation from the medical staff as provided in these bylaws; provided that in the event of unwarranted delay on the part of the medical staff (1 20 days from the date the application, supporting materials and all other materials and information deemed pertinent have been received), the governing body may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualification obtained from reliable sources other than the medical staff.
- b. Initial appointments shall be for a period of six months. Reappointments shall be for a period of not more than every two years. For the purposes of these bylaws the medical staff commences on the 1st day 30th day of _____ of each year, which coincides with the fiscal year of the hospital.
- c. Appointment to the medical staff shall confer on the appointee only such clinical privileges as have been granted by the governing body, in accordance with these bylaws, and rules and regulations of the medical staff.
- d. Every application for the staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every medical staff member's obligations to provide continuous care and supervision of his patients, to abide by the medical staff bylaws, rules and regulations, to accept committee assignments and to accept consultation assignments and to participate in staffing the emergency service area and other special care units of the hospital.

Section 4: Non-discrimination

The Hospital will not discriminate in granting medical staff appointments/clinical privileges on the basis of age, gender, creed, national origin, pregnancy, religion, disability, or any other status characteristic protected by law.

ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF

Section 1. The Medical Staff

The medical staff shall be divided into active, honorary, associate, courtesy, and consulting categories.

Section 2. The Honorary Medical Staff

The honorary medical staff shall consist of physicians and dentists who are not active in the hospital or who are honored by emeritus positions. These may be physicians and dentists who have retired from active hospital practice or who are of outstanding reputation, not necessarily residing in the community. Honorary staff members shall not be eligible to admit patients, to vote, hold office or to serve on standing medical staff committees.

Section 3. The Active Medical Staff

The active medical staff shall consist of physicians and dentists who regularly admit patients to the hospital, who are located closely enough to the hospital to provide continuous care to their patients, and who assume all the functions and responsibilities of membership on the active medical staff, including, where appropriate, emergency service care and consultation assignments. Members of the active medical staff shall be appointed to a specific service, shall be eligible to vote, to hold office and to serve on medical staff committees, and shall be required to attend medical staff meetings.

Section 4. The Associate Medical Staff

The associate medical staff shall consist of physicians and dentists who are being considered for advancement to membership on the active staff. They shall be appointed to a specific service and shall be eligible to serve on service committees and to vote on matters before such committees. They shall be ineligible to vote or hold office in this medical staff organization. They shall be required to attend medical staff meetings.

Section 5. The Courtesy Medical Staff

The courtesy medical staff shall consist of physicians and dentists qualified for staff membership but who only occasionally admit patients to the hospital or who act only as consultants. Courtesy medical staff members shall be appointed to a specific department but shall not be eligible to vote or hold office in this medical staff organization. They may be appointed to serve on service committees and to vote on

matters before such committees to which they are appointed. They may admit no more than four patients per year.

Section 6. The Consulting Medical Staff

The consulting medical staff shall consist of recognized specialists who are active in the hospital or who have signified a willingness to accept such appointment. Normally, members of this category are physicians or dentists who desire this rank and who come to the hospital only occasionally, either on schedule or by call and who serve only in a consulting capacity. Members of this class shall be ineligible to vote or hold office in this medical staff organization. They may be eligible to serve on medical staff committees and to vote on matters coming before the committees on which they do serve.

Section 7. Appointments Provisional

- a. All initial appointments to any category of the medical staff shall be for a period of six months. Reappointments to provisional membership may not exceed one full medical staff year, at which time the failure to advance an appointee from provisional to regular staff status shall be deemed a termination of his staff appointment. A provisional appointee whose membership is so terminated shall have the rights accorded to these bylaws to a member of the medical staff who has failed to be reappointed.
- b. Provisional staff members shall be assigned to a department where their performance shall be observed by the chairman of the department or his representative to determine the eligibility of such provisional members for regular staff membership and for exercising the clinical privileges provisionally granted to them.
- c. Provisional medical staff members are ineligible to hold office in this medical staff organization. They shall be eligible to serve on medical staff committees and to vote on matters before such committees. They shall be required to attend medical staff meetings but shall not be allowed to vote at such meetings.

Section 8. Affiliate Staff Membership

It is recognized that other healthcare professionals may provide definitive and beneficial care to the hospitalized patient and these healthcare professionals merit a position in the healthcare organization. For these circumstances, the status of Affiliate is developed.

These healthcare professionals might include podiatrists, psychologists, physician assistants, nurse practitioners, audiologists, speech pathologists, prosthetics and orthotics, and other affiliates.

All affiliate, accorded hospital privileges, must comply with all applicable bylaws, rules and regulations governing the medical staff. Applications for affiliate status shall be submitted and processed in the same manner as applications for medical staff

membership. Members of the affiliate staff who have been accorded the privilege of admission shall exercise this privilege with the concept of dual responsibility; that is the affiliate staff member is responsible for rendering the care of the patient within his province while a member of the active or associate medical staff, with appropriate privileges is responsible for the overall care of the patient of the hospital stay. Dismissal of affiliate staff patients is a dual responsibility for the affiliate staff member and the member of the medical staff assuming overall medical responsibility for the patient.

8.1 **Podiatrist affiliates**

The podiatrist accorded hospital privileges must comply with all applicable by laws, rules, and regulations governing the medical staff.

8.1-1 Provisions for keeping accurate and complete clinical records, both podiatric and medical, must be made for all patients treated in the hospital and should be completed at the time of discharge. The podiatrist is responsible for his or her field and will write the podiatric history and physical; the physician, the medical history and the physical.

8.1-2 In this regard, under the concept of dual responsibility, the podiatrist is responsible for the podiatric care of the patient while a member of the active medical staff, with appropriate privileges, is responsible for the overall care of the patient during the hospital stay.

8.1-3 Dismissal of podiatric patients is a dual responsibility for the attending podiatrist and the member of the active medical staff assuming overall medical responsibility for the patient. When the case is primarily podiatric and no other medical complications are present, the member of the active medical staff may indicate on the patient's record that the patient is eligible for dismissal at the discretion of the attending podiatrist. This would be conversely applicable if the case were primarily medical. Each is responsible for his or her section of the patient's record, including final diagnosis and proper signature entered in the record.

8.1-4 Applicants for the podiatric staff of the hospital must meet the following minimum requirements:

- (a) Be graduate of Schools of Podiatry approved by the Council of Education of the American Podiatric Association and be legally licensed to practice podiatry in the state of West Virginia.
- (b) Must successfully complete a minimum of one (1) year postgraduate training approved by the Council on Education of the American Podiatric Association.
- (c) If requesting surgical privileges must successfully complete a minimum of one (1) year postgraduate training in surgery at an institution approved by the Council on Podiatric Medical Education and/or the American Podiatric Medical Association, with a minimum of five (5) years of current surgical practice experience in an accredited hospital with the United States.

8.1-5 Scope of privileges will be determined by review of application by the **Credentialing and Ethics** Committee and those privileges may not exceed the West Virginia law governing podiatrists.

8.2 Clinical psychologists

All psychologists shall possess the appropriate West Virginia state licensure. In cooperation with the attending physician, the psychologist may perform psychological evaluations; group, individual, and family psychotherapy; and other functions within the province of their licensure.

8.3 Physician's Assistants

8.3-1 In order to be classified as a physician's assistant a person must have successfully completed an accredited course in the specific field of endeavor; he or she must be eligible to take the certifying examination of the appropriate accrediting agencies and must meet the requirements for such field of endeavor as established by the West Virginia State Board of Medicine or other agency of proper jurisdiction in West Virginia.

8.3-2 A qualified physician's assistant may:

- (a) Make entries in the progress notes of medical records
- (b) Write on the physician's order sheet, orders dictated by a member of the active medical staff in the same manner as does a registered nurse with the orders to be countersigned by the physician so ordering.
- (c) Carry out the orders of the employing physician.

8.3-3 The **employing physician** will assume full responsibility for the Assistant.

8.3-4 All duties to be performed by a physician's assistant must be submitted in writing and approved by the **Credentialing and Ethics Committee**. These privileges shall be renewed annually by the **Credentialing and Ethics Committee**.

8.4 Nurse Practitioners

8.4-1 In order to be classified as a registered nurse practitioner, a person must have successfully completed an accredited course in the specific field of endeavor; must be eligible to take the Certifying Examination of the appropriate accrediting agencies established in the specific field; and must meet the requirements for such field of endeavor as established by the West Virginia State Board of Medicine or other agency of the proper jurisdiction in West Virginia.

8.4-2 A qualified registered nurse practitioner may:

- (a) Make entries in the progress notes of medical records of patients.
- (b) Write on the physician's order sheet, orders dictated by members of the active medical staff in the same manner as does the staff nurse with the orders to be countersigned by the physician so ordering.
- (c) Carry out orders as designated by the physician in charge

8.4-3 The **employing physician** will assume full responsibility for the registered nurse practitioners.

8.4-4 All duties to be performed by the registered nurse practitioner must be submitted in writing to and approved by the **Credentialing and Ethics Committee**. These privileges shall be renewed annually by the **Credentialing and Ethics Committee**.

8.5 Audiologists

8.5-1 All audiologists shall be graduates of recognized speech and hearing programs as defined by the American Speech, Language and Hearing Association or their equivalent. Audiologists shall possess a state license in audiology and hold the Certificate of Clinical Competence from the American Speech, Language, and Hearing Association.

8.5-2 When requested by an attending physician, the audiologist may perform hearing evaluations, special diagnostic testing and other functions within the province of their licensure.

8.6 Speech Pathologists

8.6-1 In order to be classified as a speech/language pathologist, a person must have successfully completed a Master's degree program in the specific field of endeavor; must have passed the certifying examination of the appropriate accrediting agencies established in the specific field; and must be licensed as a speech/language pathologists by the West Virginia Board of Examiners for Speech/Language Pathology and Audiology.

8.6-2 A qualified Speech/Language pathologist may:

- (a) Provide evaluation and therapy services for communication disorders
- (b) May carry out the orders of the attending physician
- (c) Make entries in the progress notes of the medical record.

8.7 Prosthetics and Orthotics

8.7-1 In order to be classified as a certified Prosthetist/Orthotist , an individual must be certified by the American Board for Certification in Orthotics and Prosthetics, Inc. Currently, the minimum qualifications require a candidate to possess a Bachelors degree in any field and also to have successfully completed an ABC accredited long-term (certificate) educational program in Prosthetics and/or Orthotics and have acquired a minimum of one (1) year acceptable experience in each discipline, (i.e. prosthetics or orthotics) after successful completion of the certificate program.

8.7-2 A certified Prosthetist/Orthotist may

- (a) Consult with a licensed medical physician on the need for a new prosthesis and/or orthosis for the patient
- (b) Design, construct, and fit a new prosthesis and/or orthosis for a patient.
- (c) Modify and repair existing prostheses and/or orthoses.
- (d) Consult with physician and/or occupational therapists on the training for a patient wearing a prosthesis and/or orthosis.

8.8 Other Affiliates

8.8-1 Other affiliate positions of the medical staff for non-physician professionals associated with the surgical or nonsurgical departments, as their special skills warrant, may be created by the medical staff and the composition, function, and limitations of such positions defined in writing and appendaged to these Medical Staff Bylaws.

8.8-2 Application for these positions must be supported by appropriate and specific training and licensure by state certification where applicable. Work of these applicants must be directed toward inpatient diagnostic or therapeutic procedures.

ARTICLE V: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1. Application for Appointment

- a. All applications for appointment to the medical staff shall be in writing, shall be signed by the applicant, and shall be submitted on a form prescribed by the governing body after consultation with the executive committee. The applications shall require detailed information concerning the applicant's professional qualifications and physical and/or mental health status, shall include the name of at least two persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's professional competence and ethical character, and shall include information as to whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced, or not renewed at any other hospital or institution, and as to whether his membership in local, state or national medical societies, or his license to practice any profession in any jurisdiction, has ever been suspended or terminated. The applicant shall also state whether the applicant's narcotic license has ever been suspended or revoked and information concerning an applicant's malpractice experience, including a consent to the release of information from his present and past malpractice insurance carriers; and require information confirming the applicant's compliance relating to malpractice liability coverage.

- b. The applicant shall have the burden of producing adequate information for a proper evaluation of his competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.
- c. The completed application shall be submitted to the chief executive officer/ administrator. After collecting the reference and other materials deemed pertinent, he or she shall transmit the application and all supporting materials to the executive committee for evaluation.
- d. By applying for appointment to the medical staff, each applicant thereby signifies his or her willingness to appear for interviews in regard to his or her application, authorizes the hospital to consult with members of the medical staffs or other hospitals with which the applicant has been associated and with others who may have information bearing on his or her competence, character, and ethical qualifications, consents to the hospital's inspection of all records and documents that may be material to an evaluation of his or her professional qualifications and competence to carry out the clinical privileges he or she requests as well as of his or her moral and ethical qualifications for staff membership, releases from any liability all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his credentials, and release from any liability all individuals and organizations who provide information to the hospital in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- e. The application form shall include a statement that the applicant has received and read the bylaws of the hospital governing body and the bylaws, rules and regulations of the medical staff and that he or she agrees to be bound by the terms thereof if he is granted membership and/or clinical privileges and to be bound by the terms thereof without regard to whether or not he or she is granted membership and/or clinical privileges in all matters relating to consideration of this application.

Section 2. Appointment Process

- a. Within 60 days after receipt of the completed applications for membership, the executive committee shall make a written report of its investigation to the governing body, including its recommendation that the practitioner be provisionally appointed to the medical staff, or that he or she be rejected for medical staff membership, or that his or her application be deferred for further consideration. All recommendations to appoint must also specifically recommend the clinical privileges to be granted, which may, where appropriate, be qualified by probationary conditions.
- b. Prior to making this report and recommendation, the executive committee shall examine the evidence of the character, professional competence, qualifications and ethical standing of the practitioner and shall determine through information

contained in references given by the practitioner and from other sources available to the committee, including an appraisal from the clinical service in which privileges are sought, whether the practitioner has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges requested by him. Every service in which the practitioner seeks clinical privileges shall provide the executive committee with specific, written recommendations for delineating such clinical privileges, and these recommendations shall be made a part of the report. Together with its report, the executive committee shall transmit to the governing body the completed application and all other documentation considered in arriving at its recommendation.

- c. When the recommendation of the executive committee is to defer the application for further consideration, it must be followed up within 30 days with a subsequent recommendation for provisional appointment with specified clinical privileges, or for rejection for staff membership.
- d. When the recommendation of the executive committee is favorable to the practitioner, the chief executive officer shall promptly forward it, together with all supporting documentation, to the governing body.
- e. When the recommendation of the executive committee is adverse to the practitioner either in respect to the appointment or clinical privileges, the **chief executive officer/administrator** shall promptly so notify the practitioner by certified mail, return receipt requested. No such adverse recommendation need be forwarded to the governing body until after the practitioner has exercised or has been deemed to have waived his or her right to a hearing as provided in Article VIII of these bylaws.
- f. If, after the executive committee has considered the report and recommendations of the hearing committee and the hearing record, the executive committee's reconsidered recommendation is favorable to the practitioner, it shall be processed in accordance with subparagraph d. of this Section 2. If such recommendation continues to be adverse, the chief executive officer shall promptly so notify the practitioner, by certified mail, return receipt requested. The **chief executive officer/administrator** shall also forward such recommendation and documentation to the governing body, but the governing body shall not take any action thereon until after the practitioner has exercised or has been deemed to have waived his right to an appellate review as provided in Article VIII of these bylaws.
- g. At its next regular meeting after receipt of a favorable recommendation, the governing body or its executive committee shall act in the matter. If the governing body's decision is adverse to the practitioner in respect to either appointment or clinical privileges, the **chief executive officer/administrator** shall promptly notify him or her of such adverse decision by certified mail, return receipt requested, and such adverse decision shall be held in abeyance until the practitioner has exercised or has been deemed to have waived his right under Article VIII of these

bylaws and until there has been compliance with subparagraph 1 of this Section 2. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

- h. At its next regular meeting after all the practitioner's rights under Article VIII have been exhausted or waived, the governing body or its duly authorized committee shall act in the matter. The governing body's decision shall be conclusive, except that the governing body may defer final determination by referring the matter back for further recommendation. Any such referral back shall state the reasons therefore, shall set a time limit within which a subsequent recommendation to the governing body shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. At its next regular meeting after receipt of such subsequent recommendation, and new evidence in the matter, if any, the governing body shall make a decision either to provisionally appoint the practitioner to the staff or to reject him for staff membership. All decisions to appoint shall include a delineation of the clinical privileges which the practitioner may exercise.
- i. Whenever the governing body's decision will be contrary to the recommendation of the medical staff executive committee, the governing body shall submit the matter to the joint conference committee for review and recommendation and shall consider such recommendation before making its decision final.
- j. When the governing body's decision is final, it shall send notice of such decision through the chief executive officer/administrator to the president of the medical staff, to the chairman of the executive committee, and to the chief of service concerned, and by certified mail, return receipt requested, to the practitioner.

Section 3. Reappointment Process

- a. At least 30 days prior to the final scheduled governing body meeting in the medical staff year, the executive committee shall review all pertinent information available on each practitioner scheduled for periodic appraisal, for the purpose of determining its recommendations for reappointments to the medical staff and for the granting of clinical privileges for the ensuing period, and shall transmit its recommendations, in writing, to the governing body. Where non-reappointment or a change in clinical privileges is recommended, the reason for such recommendation shall be stated and documented.
- b. Each recommendation concerning the reappointment of a medical staff member, current licensure, and the clinical privileges to be granted upon reappointment shall be based upon such member's professional competence and clinical judgment in the treatment of patients, his or her ethics and conduct, his or her health status, his or her attendance at medical staff meetings and participation in staff affairs, his or her compliance with the hospital bylaws and the medical staff bylaws, rules and regulations, his or her cooperation with the hospital personnel, his or her use of the hospital's facilities for his or her patients, his or her relations

with other practitioners, and his or her general attitude towards patients, the hospital, and the public.

- c. Thereafter, the procedure provided in Section 2 of this Article V relating to recommendations on applications for initial appointment shall be followed.

ARTICLE VI: CLINICAL PRIVILEGES

Section 1. Clinical Privileges Restricted

- a. Every practitioner practicing at this hospital by virtue of medical staff membership or otherwise, shall, in connection with such practice, be entitled to exercise only those clinical privileges specifically granted to him or her by the governing body, except as provided in Sections 2 and 3 of this Article VI.
- b. Every initial application for staff appointment must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon the applicant's education, training, experience, demonstrated competence, references and other relevant information, including an appraisal by the service in which such privileges are sought. The applicant shall have the burden of establishing his qualifications and competency in the clinical privileges he requests. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of care provided, review of the records of the patients treated in this or other hospitals and review of the records of the medical staff which document the evaluation of the member's participation in the delivery of medical care.
- c. Privileges granted to dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by dentists shall be under the overall supervision of the **chief of surgery**. All dental patients shall receive the same basic medical appraisal as patients admitted to other - surgical services. A physician member of the medical staff shall be responsible for the care of any medical problems that may be present at the time of admission or that may arise during the hospitalization.
- d. Applications for additional clinical privileges must be in writing. Such applications shall be processed in the same manner as applications for initial appointment.

Section 2. Temporary Privileges

- a. Upon receipt of an application for medical staff membership from an appropriately, licensed practitioner, the **chief executive officer/administrator** may, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the written concurrence of the service chief and of the chairman of the executive

committee, grant temporary admitting and clinical privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the chief of the service to which he or she is assigned.

- b. Temporary clinical privileges may be granted by the **chief executive officer/administrator** with concurrence of chief of staff for the care of a specific patient to a practitioner who is not an applicant for membership in the same manner and upon the same conditions as set forth in subparagraph a. of this Section 2., provided that there shall first be obtained such practitioner's application for temporary clinical privileges, certification of current West Virginia licensure, appropriate malpractice coverage, signed acknowledgment that he or she has received and read copies of the medical staffs bylaws, rules and regulations and that he or she agrees to be bound by the terms thereof in all matters relating to his or her temporary clinical privileges. Such temporary privileges shall be restricted to the treatment of **not more than 4 patients in any one year by** any practitioner, after which such practitioner shall be required to apply for membership on the medical staff before being allowed to attend additional patients.
- c. The **chief executive officer/administrator** may permit a physician serving as a locum tenens for a member of the medical staff to attend patients without applying for membership on the medical staff for a period not to exceed 60 days, providing all his or her credentials have first been approved by the chief of service concerned and by the chairman of the executive committee, and that he or she signs an application for temporary privileges, provides verification of current West Virginia licensure, appropriate malpractice coverage, and signs an acknowledgment that he or she has received and read copies of the medical staff bylaws, rules and regulations and agrees to be bound by the terms thereof while attending patients in the hospital.
- d. Special requirements of supervision and reporting may be imposed by the chief of service concerned on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the **chief executive officer/administrator**, after consultation with the chief of staff, upon notice of any failure by the practitioner to comply with such special conditions.
- e. The **chief executive officer/administrator** may at any time, upon the recommendation of the chairman of the executive committee or the chief of service concerned, terminate a practitioner's temporary privileges effective as of the discharge from the hospital of the practitioner's patient(s) then under his or her care in the hospital. However, where it is determined that the life or health of such patient(s) would be endangered by continued treatment by the practitioner, the termination may be imposed by any person entitled to impose a summary suspension pursuant to Section 2a of Article VII of these bylaws, and the same shall be immediately effective. The appropriate chief of service or, in his or her absence, the chairman of the executive committee, shall assign a member of the medical staff to assume responsibility for the care of such terminated

practitioner's patient(s) until they are discharged from the hospital. The wishes of the patient(s) shall be considered where feasible.

- f. A practitioner shall not be entitled to the procedural rights offered by Article III because of his or her inability to obtain temporary privileges or because of any termination or suspension of temporary privileges.

Section 3. Emergency Privileges

In the case of an emergency, any physician or dentist member of the medical staff, to the degree permitted by his or her license and regardless of service or staff status or lack of it, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the hospital necessary, including the calling for any consultation necessary or desirable. When an emergency situation no longer exists, such physician or dentist must request the privileges necessary to continue to treat the patient. In the event such privileges are denied or he or she does not desire to request privileges, the patient shall be assigned to an appropriate member of the medical staff. For the purpose of this section, an "emergency" is defined as a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and delay in administering treatment would add to that danger.

Section 4. Special Conditions for House Staff

Trainees in postgraduate training programs (i.e. residencies, fellowships) shall be permitted to perform those services set out in training protocols developed by the applicable program directors. They shall, in the performance of those services, be subject to all applicable rules and policies of the staff and hospital and of the department.

ARTICLE VII: CORRECTIVE ACTION

Section 1. Procedure

- a. Whenever the activities of professional conduct of any practitioner with clinical privileges are considered to be lower than the standards or aims of the medical staff or to be disruptive to the operations of the hospital, corrective action against such practitioner may be requested by any officer of the medical staff, by the chief of any service, by the chairman of any standing committee of the medical staff, by the chief executive officer/administrator, or by the governing body. All requests for corrective action shall be in writing, shall be made to the executive committee, and shall be supported by reference to the specific activities or conduct which constitute the grounds for the request.
- b. Whenever the corrective action could be a reduction or suspension of clinical privileges, the executive committee shall forward such request to the chief of the service wherein the practitioner has such privileges. Upon receipt of such

request, the chief of the service shall immediately appoint an ad hoc committee to investigate the matter.

- c. Within 30 days, and sooner if possible, after the service's receipt of the request for corrective action, the service shall make a report of its investigation to the executive committee. Prior to the making of such report, the practitioner against whom corrective action has been requested shall have an opportunity for an interview with the service ad hoc investigating committee. At such an interview, he or she shall be informed of the general nature of the charges against him or her, and shall be invited to discuss, explain, or 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 service and included with its report to the executive committee.
- d. Within 30 days, and sooner if possible, following the receipt of a request for corrective action, or following receipt of a report from a service following the service's investigation of a request for corrective action involving reduction or suspension of clinical privileges, the executive committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges, or a suspension or expulsion from the medical staff, the affected practitioner shall be permitted to make an appearance before the executive committee prior to its taking action 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 hearings shall apply thereto. A record of such appearance shall be made by the executive committee.
- e. The action of the executive committee 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, to recommend reduction, suspension or revocation of clinical privileges, to recommend that an already imposed summary suspension of clinical privileges be terminated, modified or sustained, or to recommend that the practitioner's staff membership be suspended or revoked.
- f. Any recommendation by the executive committee for reduction, suspension or revocation of clinical privileges, or for suspension or expulsion from the medical staff shall entitle the affected practitioner to the procedural rights provided in Article VIII of these bylaws.
- g. The chairman of the executive committee shall promptly notify the **chief executive officer/administrator** in writing of all requests for corrective action received by the executive committee and shall continue to keep the **chief executive officer/administrator** fully informed of all action taken in connection therewith. After the executive committee has made its recommendation in the matter, the procedure to be followed shall be as provided in Article V, Section 2, and in Article VIII if applicable, of these bylaws.

Section 2. Summary Suspension

- a. Any one of the following - the chairman of the executive committee, the president of the medical staff, a chief of service, the **chief executive officer/administrator**, and the executive committee of either the medical staff or the governing body shall each have authority, whenever action must be taken immediately in the best interest of patient care in the hospital, to summarily suspend all or any portion of the clinical privileges of a practitioner, and such summary suspension shall become effective immediately upon the imposition.
- b. A practitioner whose clinical privileges have been summarily suspended shall be entitled to request that the executive committee of the medical staff hold a hearing on the matter within such reasonable time period thereafter as the executive committee may be convened in the accordance with Article VIII of these bylaws.
- c. The executive committee may recommend modification, continuance or termination of the terms of the 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 governing body, but the terms of the summary suspension as sustained or as modified by the executive committee shall remain in effect pending a final decision thereon by the governing body.
- d. Immediately upon the imposition of a summary suspension, the chairman of the executive committee or responsible chief of service shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the hospital at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner.

Section 3. Automatic Suspension

- a. A temporary suspension in the form of withdrawal of a practitioner's admitting privileges, effective until medical records are completed, shall be imposed automatically after warning of delinquency for failure to complete medical records within thirty (30) calendar days of a patient's discharge.

In the case of adverse events or the death of a medical practitioner, all said medical records will revert to the Chief of Staff for completion.

- b. Action by the State Board of Medical Examiners revoking or suspending a practitioner's license, or placing him upon probation, shall automatically suspend all of his hospital privileges.
- c. It shall be the duty of the president of the medical staff to cooperate with the chief executive officer in enforcing all automatic suspensions.

Section 4. License

- a. Revocation: Whenever a practitioner's license to practice in this State is revoked, his or her staff appointment and clinical privileges are immediately and automatically revoked.
- b. Restriction: Whenever a practitioner's license is limited or restricted in any way, those clinical privileges which he or she has been granted that are within the scope of the limitation or restriction are similarly limited or restricted, automatically.
- c. Suspension: Whenever a practitioner's license is suspended, his or her staff appointment and clinical privileges are automatically suspended effective upon and for at least the term of the suspension.
- d. Probation: Whenever a practitioner is placed on probation by his or her licensing authority, his or her voting and office-holding prerogative are automatically suspended effective upon and for at least the term of the probation.

Section 5. Controlled Substances Number

- a. Revocation: Whenever a practitioner's Drug Enforcement Administration (DEA) or other controlled substances number is revoked, he or she is immediately and automatically divested at least of this right to prescribe medications covered by the number.
- b. Restriction: Whenever a practitioner's use of his or her DEA or other controlled substance number is restricted or limited in any way, his or her right to prescribe medications covered by the number is similarly restricted or limited effective upon, for at least the term of, and consistent with any other conditions of the restriction or limitation.
- c. Suspension: Whenever a practitioner's DEA or other controlled substance number is suspended, he or she is divested at least of his or her right to prescribe medications covered by the number effective upon and for at least the term of the suspension..
- e. Probation: Whenever a practitioner is placed on probation in so far as the use of his or her DEA or other controlled substance number is concerned, the terms of probation will be pre-outlined by the medical executive committee.

Section 6. Medical Records

Timely Completion: At any time a practitioner has incomplete medical records over 30 days from the date of discharge, the practitioner's clinical privileges (except with respect to his or her patient already in the hospital) his or her rights to admit patients and to consult with respect to new patients, and his or her voting and office-holding prerogatives are automatically suspended effective immediately and will not be reinstated until the delinquent medical records are complete.

Section 7. Professional Liability Insurance

For failure to maintain the minimum amount of professional liability insurance, required by these bylaws, a practitioner's medical staff appointment and clinical privileges are immediately suspended.

ARTICLE VIII: HEARING AND APPELLATE REVIEW PROCEDURE

Section 1. Right to Hearing and to Appellate Review

- a. When any practitioner receives notice of a recommendation of the executive committee that, if ratified by decision of the governing body, will adversely affect his or her appointment to or status as a member of the medical staff or his or her exercise of clinical privileges, he or she shall be entitled to a hearing before an ad hoc committee of the medical staff. If the recommendation of the executive committee following such hearing is still adverse to the affected practitioner, he or she shall then be entitled to an appellate review by the governing body before the governing body makes a final decision on the matter.
- b. When any practitioner receives notice of a decision by the governing body that will affect his or her appointment to or status as a member of the medical staff or his or her exercise of clinical privileges, and such decision is not based on a prior adverse recommendation by the executive committee of the medical staff with respect to which he was entitled to a hearing and appellate review, he shall be entitled to a hearing by a committee appointed by the governing body, and if such hearing does not result in a favorable recommendation, to an appellate review by the governing body, before the governing body makes a final decision in the matter.
- c. All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this Article VIII to assure that the affected practitioner is accorded all rights to which he is entitled.

Section 2. Request for Hearing

- a. The chief executive officer/administrator shall be responsible for giving prompt written notice of an adverse recommendation or decision to any affected practitioner who is entitled to a hearing or to an appellate review, by certified mail, return receipt requested.
- b. The failure of a practitioner to request a hearing to which he or she is entitled by these bylaws within the time and in the manner herein provided shall be deemed a waiver of his or her right to such hearing and to any appellate review to which he or she might otherwise have been entitled on the matter, the failure of a practitioner to request an appellate review to which he or she is entitled by these

bylaws within the time and in the manner herein provided shall be deemed a waiver of his or her right 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 staff or of a hearing committee appointed by the governing body, the same shall thereupon become and remain effective against the practitioner pending the governing body's decision on the matter. When the waived hearing or appellate review relates to an adverse decision by the governing body, the same shall thereupon become and remain effective against the practitioner in the same manner as a final decision of the governing body provided for in Section 7 of this Article VIII. In either of such events, the chief executive officer shall promptly notify the affected practitioner of his status by certified mail, return receipt requested.

Section 3. Notice of Hearing

- a. Within 45 days after receipt of a request for hearing from a practitioner entitled to the same, the executive committee or the governing body, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the chief executive officer/administrator, notify the practitioner of the time, place and date so scheduled, by certified mail, return receipt requested. The hearing date shall be not less than 7 days, nor more than 40 days from the date of receipt of the request for 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 20 days from the date of receipt of such practitioner's request for a hearing.
- b. The notice of hearing shall state in concise language the acts or omissions with which the practitioner is charged, a list of specific or representative charts being questioned, and/or the other reasons or subject matter that was considered in making the adverse recommendation or decision.

Section 4. Composition of Hearing Committee

- a. When a hearing relates to an adverse recommendation of the executive committee, such hearing shall be conducted by an ad hoc hearing committee of not less than 2 members of the medical staff appointed by the president of the medical staff in consultation with the executive committee, 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 shall be appointed a member of this hearing committee unless it is otherwise impossible to select a representative group due to the size of the medical staff.
- b. When a hearing relates to an adverse decision of the governing body that is contrary to the recommendation of the executive committee, the governing body shall appoint a hearing committee to conduct such hearing and shall designate one of the members of this committee as chairman. At least one representative from the medical staff shall be included on this committee when feasible.

Section 5. Conduct of Hearing

- a. There shall be at least a majority of the members of the hearing committee present when the hearing takes place, and no member may 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.
- 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 or her rights in the same manner as provided in Section 2 of this Article VIII, and to have accepted the adverse recommendation or decision involved, and the same shall thereupon become and remain in effect as provided in said Section 2.
- d. Postponement of hearings beyond the time set forth in these bylaws shall be made only with the approval of the ad hoc hearing committee. Granting of such postponements 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 staff in good standing or by a member of his local professional society.
- f. Either a hearing officer, if one is appointed, or the chairman of the hearing committee or his designee, shall preside over the hearing to determine the order of the 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 strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible 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 evidence inadmissible over objective 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 part of the hearing record.
- h. The executive committee, whom its action has prompted the hearing, shall appoint one of its members or some other medical staff member to represent it at the hearing, to present the facts in support of its adverse recommendations, and to examine the witnesses. The governing body, when its action has prompted the hearing, shall appoint one of its members to represent it at the hearing, to present the facts in support of its adverse decision and to examine witnesses. It

shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendation or decision, but the affected practitioner shall thereafter be responsible for supporting his or her challenge to the adverse recommendation or decision 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 any witness on any matter relevant to the issue of the hearing, to challenge any witness and to rebut any evidence. If the practitioner does not testify in his own behalf, he may be called and examined as if under cross-examination.
- j. The hearings provided for in these bylaws are for the purpose of resolving on an intraprofessional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected practitioner, nor the executive committee of the medical staff or the governing body, shall be represented at any phase of the hearing procedure by an attorney at law unless the hearing committee, in its discretion, permits both sides to be represented by counsel. The foregoing shall not be deemed to deprive the practitioner, the executive committee of the medical staff, or the governing body of the right to legal counsel in connection with preparation for the hearing or for a possible appeal; and, if a hearing officer is utilized, he or she may be an attorney at law.
- k. The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the practitioner for whom the hearing was convened.
- l. Within 10 days after final adjournment of the hearing, the hearing committee shall make a written report and recommendation and shall forward the same together with the hearing record and all other documentation to the executive committee or to the governing body, whichever appointed it. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the executive committee or decision of the governing body. Thereafter, the procedure to be followed shall be as provided in Section 2 of Article V of these bylaws.

Section 6. Appeal to the Governing Body

- a. Within 10 days after receipt of a notice by an affected practitioner of an adverse recommendation or decision made or adhered to after a hearing as above provided, he or she may, by written notice to the governing body delivered through the **chief executive officer/administrator** by certified mail, return receipt requested, request an appellate review by the governing body. Such notice may

request that the appellate review be held only on the record on which 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 10 days, the affected practitioner shall be deemed to have waived his or her right to the same, and to have accepted such adverse recommendation or decision, and the same shall become effective immediately as provided in Section 2 of this Article VIII.
- c. Within 45 days after receipt of such notice of request for appellate review, the governing body shall schedule a date for such review, including a time and place for oral argument if such has been requested, and shall, through the chief executive office, 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 be less than 10 days, nor more than 40 days, from the date of the 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 reasonable be made, but not more than 20 days from the date of the receipt of such notice.
- d. The appellate review shall be conducted by the governing body or by a duly appointed appellate review committee of the governing body of not less than 3 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 other material favorable or unfavorable, that was considered in making the adverse recommendation against him. He or she shall have, at least, 5 days to submit a written statement in his or her own behalf, in which those factual and procedural matters with which he or she disagrees, and his or her 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 governing body through the **chief executive officer/administrator** by certified mail, return receipt requested, at least 5 days prior to the scheduled date for the appellate review. A similar statement may be submitted by the executive committee of the medical staff or by the chairman of the hearing committee appointed by the governing body, and if submitted, the **chief executive officer/administrator** shall provide a copy thereof to the practitioner at least 3 days prior to the date of such appellate review by certified mail, return receipt requested.
- f. The governing body 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 statements submitted pursuant to the subparagraph e. of this Section 6, for the purpose of determining whether the adverse recommendation or decision against the affected practitioner was justified and was not arbitrary or capricious.

If oral argument is requested as part of the review procedure, the affected practitioner shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision and shall answer questions put to him or her by any member of the appellate review body. The executive committee or the governing body, whichever is appropriate, shall, also be represented by an individual who shall be permitted to speak in favor of the adverse recommendation or decision and who shall answer questions put to him or her by any member of the appellate review body.

- 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 governing body or the committee thereof appointed to conduct the appellate review shall in its sole discretion determine whether such new matters shall be accepted.
- h. If the appellate review is conducted by the governing body, it may affirm, modify, or reverse its prior decision, or, at its discretion, refer the matter back to the executive committee of the medical staff for further review and recommendation within 30 days. Such referral may include a request that the executive committee of the medical staff arrange for a further hearing to resolve specified disputed issues.
- i. If the appellate review is conducted by a committee of the governing body, such committee shall, within 30 days after the scheduled or adjourned date of the appellate review, either make a written report recommending that the governing body affirm, modify, or reverse its prior decision, or refer the matter back to the executive committee for further review and recommendation within 30 days. Such referral may include a request that the executive committee of the medical staff arrange for a further hearing to resolve disputed issues. Within 30 days after receipt of such recommendation after referral, the committee shall make its recommendation to the governing body as above provided.
- j. The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Section 6 have been completed or waived. Where permitted by the hospital bylaws, all action required of the governing body may be taken by a committee of the governing body duly authorized to act.

Section 7. Final Decision by Governing Body

- a. Within 30 days after the conclusion of the appellate review, the governing body shall make its final decision in the matter and shall send notice thereof to the executive committee and, through the **chief executive officer/administrator**, to the affected practitioner, by certified mail, return receipt requested. If this decision is in accordance with the executive committee's last recommendation in the matter, 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 such recommendation, the governing body shall refer the matter to the joint conference committee for further review and recommendation within

30 days, and shall include in such notice of its decision a statement that a final decision will not be made until the joint conference committee's recommendation has been received. At its next meeting after receipt of the joint conference committee's recommendation, the governing body 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 shall have been the subject of action by the executive committee of the medical staff or by the governing body, or by a duly authorized committee of the governing body, or by both.

ARTICLE IX: OFFICERS

Section 1. Officers of the Medical Staff

- a. The officers of the medical staff shall be:

- (1) President
- (2) Vice-President
- (3) Secretary-Treasurer

Section 2. Qualifications of Officers

Officers must be members of the active medical staff at the time of nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

Section 3. Election of Officers

- a. Officers shall be elected at the annual meeting of the medical staff. Only members of the active medical staff shall be eligible to vote.
- b. Nominations shall be made from the floor at the time of the annual meeting.

Section 4. Term of Office

All officers shall serve a one year term from their election date or until a successor is elected. Officers shall take office on the first day of the medical staff year.

Section 5. Vacancies in Office

Vacancies in office during the medical staff year, except for the presidency, shall be filled by the executive committee of the medical staff. If there is a vacancy in the office of the president, the president-elect (or vice-president) shall serve out the remaining term.

Section 6. Duties of Officers

- a. President: The president shall serve as the chief administrative officer of the medical staff to:
1. act in coordination and cooperation with the **chief executive officer/administrator** in all matters of mutual concern within the hospital;
 2. call, preside at, and be responsible for the agenda of all general meetings of the medical staff;
 3. serve on the medical staff executive committee;
 4. serve as ex officio member of all other medical staff committees without vote;
 5. be responsible for the enforcement of medical staff bylaws, rules and regulations, for implementation of sanctions where these are indicated, and for the medical staffs compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
 6. appoint committee members to all standing, special, and multi-disciplinary medical staff committees except the executive committee;
 7. represent the views, policies, needs and grievances of the medical staff to the governing body and to the **chief executive officer/administrator**;
 8. receive, and interpret the policies of the governing body to the medical staff and report to the governing body on the performance and maintenance of quality with respect to the medical staffs delegated responsibility to provide medical care;
 9. be responsible for the educational activities of the medical staff; and
 10. be the spokesman for the medical staff in its external professional and public relations.
- b. **Vice-President: In the absence of the president**, he or she shall assume all the duties and have the authority of the president. He or she shall be a member of the executive committee of the medical staff and of the joint conference committee. He or she shall automatically succeed the president when the latter fails to serve for any reason.
- c. **Secretary-Treasurer:** He or she shall be a member of the executive committee of the medical staff. The secretary shall keep accurate and complete minutes of all medical staff meetings, call medical staff meetings on order of the president, attend to all correspondence, and perform such other duties as ordinarily pertain to his or her office. He or she shall be the secretary of the ad hoc bylaws committee whenever it convenes, unless this becomes a standing committee.

Section 7. Removal of Officers

An officer shall be removed from office if a majority of the active staff vote in favor of removal, and provided that the medical executive committee and the board concur. Grounds for removal shall include, but not limited to, mental and/or physical impairment or inability and/or unwillingness to perform the duties and responsibilities of the office.

Action directed towards removing an officer from office may be initiated by submission to the medical executive committee of a petition seeking removal of an officer, signed by not less than majority members of the active staff with voting rights.

ARTICLE X: SERVICES

Section 1. Organization of Services

There shall be services of medicine, surgery, and obstetrics. Each service shall be headed by a chief of service and shall function under the executive committee. One person may serve as chief of service of more than one service.

Section 2. Qualifications Selection and Tenure of Service Chiefs

- a. Each chief shall be the member of the active staff best qualified by training, experience and demonstrated ability for the position.
- b. Each chief shall be appointed for a one year term, subject to approval of the governing body.
- c. Removal of a chief during his or her term of office may be initiated by a two-thirds majority vote of all active staff members of the service, but no such removal shall be effective unless and until it has been ratified by the executive committee and by the governing body.
- d. Appoint at least 2 members from his or her service, one of whom may be himself or herself, to conduct the initial phase of patient care review required by these bylaws, or at least one person, who may be himself or herself to serve on the multi-service medical care evaluation committee established for this purpose;
- e. Be responsible for enforcement of the hospital bylaws and of the medical staff bylaws, rules and regulations within his or her service;
- f. Be responsible for implementation within his or her service of actions taken by the executive committee of the medical staff.
- g. Transmit to the executive committee his or her service's recommendations concerning the staff classification, the re-appointment and the delineation of clinical privileges for all practitioners in his or her service
- h. Be responsible for the teaching, education and research program in his or her service
- i. Participate in every phase of administration of his or her service through cooperation with the nursing service and the hospital administration in matters affecting patient care, including personnel supplies, special regulations, standing orders, and techniques; and
- j. Assist in the preparation of such annual reports, including budgetary planning, pertaining to his or her service as may be required by the executive committee, the chief executive officer/administrator or the governing body.

Section 3. Functions of Service

- a. Each clinical service shall establish its own criteria, consistent with the policies of the medical staff and of the governing body, for the granting of clinical privileges in the service.

- b. Each service shall conduct a primary retrospective review of completed records of discharged patients and other pertinent sources of medical information relating to patient care for the purpose of selecting cases for representation at the monthly staff meetings that will contribute to the continuing education of every practitioner and to the process of developing criteria to assure optimal patient care.
- c. Such review shall include a consideration of all deaths, of patients with infections, complications, errors in diagnosis and treatment, of patients currently in the hospital with unsolved clinical problems, or proper utilization of hospital facilities and services, and of other significant patient care matters. The review of surgical matters shall also include a comprehensive tissue review for justification of all surgery performed, whether tissue was removed or not for acceptability of the procedure chosen, and for agreement or disagreement between the pre-operative and pathological diagnosis.
- d. The service representatives (the multi-service medical care evaluation committee) shall submit a report at each monthly staff meeting detailing such primary analysis of selected case material for group evaluation.

Section 4. Assignment to Services

The executive committee shall, after consideration of the recommendations of the clinical services, recommend initial service assignments for all medical staff members and for all other approved practitioners with clinical privileges.

Section 5. General Practice and Family Practice

- a. General practitioners shall have clinical privileges in one or more services in accordance with their education, training, experience, and demonstrated competence. They shall be subject to all of the rules of such services and to the jurisdiction of each service chief involved.
- b. Each general practitioner shall be assigned to one clinical service for purposes of participating in the required functions of the medical staff, for holding office and for fulfilling all of the other obligations which go with medical staff membership. This should be the service in which the general practitioner's practice tends to be concentrated.

ARTICLE XI: COMMITTEES

Section 1. Executive Committee

- a. Composition: The executive committee shall be a standing committee and shall consist of the active staff of the medical staff. The **chief executive officer/administrator** of the hospital shall be ex-officio member of this committee without the right to vote. The president of the medical staff shall be the chairman of the committee.
- b. Duties: The duties of the executive committee shall be:

- 1) to represent and to act on behalf of the medical staff, subject to such limitations as may be imposed by these bylaws;
 - 2) to coordinate the activities and general policies of the various services;
 - 3) to receive and act upon committee reports;
 - 4) to implement policies of the medical staff not otherwise the responsibility of the service;
 - 5) to provide liaison between medical staff and the chief executive officer/administrator and the governing body;
 - 6) to recommend action to the chief executive officer/administrator on matters of a medico-administrative nature;
 - 7) to make recommendations on hospital management matters (for example, long range planning) to the governing body through the chief executive officer/administrator;
 - 8) to fulfill the medical staff's accountability to the governing body for the medical care rendered to patients in the hospital;
 - 9) to ensure that the medical staff is kept abreast of the accreditation program and informed of the accreditation status of the hospital;
 - 10) to provide for the preparation of all meeting programs, either directly or through delegation to a program committee or other suitable agent;
 - 11) to review the credentials of all applicants and to make recommendations for staff membership, assignments to services and delineation of clinical privileges;
 - 12) to review periodically all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges and as a result of such reviews to make recommendations for reappointments and renewal or changes in clinical privileges;
 - 13) to take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the medical staff corrective or review measures when warranted; and
 - 14) to report at each general staff meeting.
- c. Meetings: The executive committee shall meet at least once a month and maintain a permanent record of its proceedings and actions.

Section 2. Professional Activities Committee

- a. Composition: The professional activities committee shall consist of at least two representatives from the medical staff, one each from the hospital management, the nursing service, and, where applicable, from the pharmacy, the laboratory, and the medical record services. The president of the medical staff shall be one of the medical staff representatives and shall be chairman of the committee.
- b. Function: It shall be responsible for staff functions relating to medical records, utilization review, pharmacy and therapeutics, infection control, medical staff bylaws, professional library, tissue review, review of blood utilization, review of the clinical use of antibiotics, and such other functions as the executive committee shall assign to it from time to time. Meetings of the professional

activities committee shall be considered meetings of a "utilization review committee" as that term is used in Nebraska Revised Statutes §71-2046 et seq., whenever the committee reviews care provided in the hospital to determine whether hospital facilities and resources are being used efficiently. All committee discussions and documentation related to utilization review and peer review shall be conducted confidentially, pursuant to hospital policy as adopted and amended from time to time.

1) **MEDICAL RECORDS.** The committee shall be responsible for assuring that all medical records meet the highest standards of patient care usefulness and of historical validity. The medical staff representatives shall be specifically responsible for assuring that the medical records reflect realistic documentation of medical events. The committee shall conduct a review not less often than quarterly of currently maintained medical records to assure that they properly describe the condition and progress of the patient; the therapy provided, the results thereof, and the identification of responsibility for all actions taken, and that they are sufficiently complete at all times so as to meet the criterion of medical comprehension of the case in the event of transfer of physician responsibility for patient care. It shall also conduct a review of records of discharged patients to determine the promptness, pertinence, adequacy, and completeness thereof.

2) **UTILIZATION REVIEW.** The committee shall conduct utilization review studies designed to evaluate the appropriateness of admissions to the hospital, lengths of stay, discharge practices, use of medical and hospital services, and all related factors which may contribute to the effective utilization of hospital and physician services. Specifically, it shall analyze how under-utilization and overutilization of each of the hospital's services affect the quality of patient care provided at the hospital, shall study patterns of care and obtain criteria relating to average or normal lengths of stay by specific disease categories, and shall evaluate systems of utilization review employing such criteria. It shall also work toward the assurance or proper continuity of care upon discharge through, among other things, the accumulation of appropriate data on the availability of other suitable health care facilities and services outside the hospital. The committee shall communicate the results of its studies and other pertinent data to the entire medical staff and shall make recommendations for the optimum utilization of hospital resources and facilities commensurate with quality of patient care and safety.

It shall also formulate a written utilization review plan for the hospital. Such plan, as approved by the medical staff and governing body, must be in effect at all times and must include all of the following elements:

- the organization and composition of committees (s) which will be responsible for the utilization review function;
- frequency of meetings;
- the types of records to be kept;

- the method to be used in selecting cases on a sample or other basis;
- the definition of what constitutes the period of extended duration;
- the relationship of the utilization review plan to claims administration by a third party;
- arrangements for committee reports and their dissemination; and
- responsibilities of the hospital's administrative staff in support of utilization review.

The committee shall also evaluate the medical necessity for continued hospital services for particular patients, where appropriate. In making such evaluations, the committee shall be guided by the following criteria:

- No physician shall have review responsibility for any extended stay cases in which he was professionally involved.
- All decisions that further inpatient stay is not medically necessary shall be made by physician members of the committee and only after opportunity for consultation has been given the attending physician by the committee and full consideration has been given to the availability of out-of-hospital facilities and services.
- Where there is a significant divergence in opinion following such consultation regarding the medical necessity for continued in-hospital services for the patient, the judgment of the attending physician shall be given great weight.
- All decisions that further inpatient stay is not medically necessary shall be given by written notice to the executive committee, to the chief of the appropriate service, to the chief executive officer and to the attending physician, for such action, if any, as may be warranted.

3) PHARMACY AND THERAPEUTICS. The committee shall be responsible for the development and surveillance of all drug utilization policies and practices within the hospital in order to assure optimum clinical results and a minimum potential for hazard. The committee shall assist in the formulation of broad professional policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to drugs in the hospital. It shall also perform the following specific functions:

- serve as an advisory group to the hospital medical staff and the pharmacist on matters pertaining to the choice of available drugs;
- make recommendations concerning drugs to be stocked on the nursing unit floors and by other services;
- develop and review periodically a formulary or drug list for use in the hospital;
- prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients;
- evaluate clinical data concerning new drugs or preparations requested for use in the hospital;

- establish standards concerning the use and control of investigational drugs and of research in the use of recognized drugs;
- define and review all significant adverse drug reactions; and
- drug usage evaluation.

This committee should meet at least quarterly and send reports to the executive committee regarding its activities.

- 4) **INFECTION CONTROL AND ANTIBIOTIC USAGE COMMITTEE.** The committee shall be responsible for the surveillance of inadvertent hospital, infection potentials, the review and analysis of actual infections, the promotion of a preventive and corrective program designed to minimize infection hazards, and the supervision of infection control in all phases of the hospital's activities, including:
- review of proper utilization of ABA;
 - operating rooms, delivery rooms, recovery rooms, special care units;
 - sterilization procedure by heat, chemicals or otherwise;
 - isolation procedures;
 - prevention of cross-infection by anesthesia apparatus or inhalation therapy equipment;
 - testing of hospital personnel for carrier status;
 - disposal of infectious material; and
 - other situations as requested by the executive committee.

Composition. The infection control and antibiotic usage committee and the chairman of such committee shall be appointed by the chief of staff. The physician member of the infection control and AB usage committee shall be a physician member of the medical staff. His or her role of the committee shall be to provide direction and control and strengthen the clinical aspects of the program. Policies and clinical decisions shall be made by the infection control and antibiotic usage committee only when an appropriate physician member is present. The committee shall be multi-disciplinary and hospital wide in scope.

Policies adopted by this committee in the discharge of its duties shall be binding on the medical staff unless countermanded by the executive committee.

Meetings. This committee shall meet on call but not less than every two months and shall maintain minutes of its proceedings.

- 5) **PROFESSIONAL LIBRARY SERVICES.** The committee shall be responsible for an analysis of the changing needs of the hospital's library service. These activities shall include deletion of outmoded material as well as the acquisition of new material.

Shall meet as necessary, but not less than once a year. Medical executive committee shall assume responsibility for professional library services.

- 6) MEDICAL STAFF BYLAWS. The committee shall be responsible for making recommendations relating to revisions to and updating of the bylaws, rules and regulations of the medical staff.

Shall be a standing committee appointed by the chief of staff. Shall meet as necessary, but no less than every three years.

- c. Meetings. The professional activities committee shall meet at least monthly, shall maintain a permanent record of its findings, proceedings and actions, and shall make a monthly report thereof to the executive committee.

Section 3. Accreditation / Disaster Planning / Quality Assurance

- 1) Accreditation: It shall be responsible for acquisition and maintenance of state accreditation for which purpose it shall form a subcommittee that includes key hospital personnel who are important in implementation the accreditation program. From time to time, it shall require that the Critical Access Hospital regulations be used as a review method to estimate the accreditation status of the hospital and it should supervise a trial survey during the interim year between regular state surveys for the proposes of constructive self-criticism. It shall identify areas of suspected non-compliance with state Standards and shall make recommendations to the executive committees of the governing body and of the medical staff for appropriate action.

- 2) Disaster Planning: It ' shall be responsible for the development and maintenance of methods for the protection and care of hospital patients and others at the time of internal and external disaster. **Specifically, it shall form subcommittees to:**

- **adopt and periodically review a written plan to safeguard patients at the time of an internal disaster, particularly fire, and shall assure that all key personnel rehearse fire drills at least 2 times a year; and**

- **adopt and periodically review a written plan for the care, reception, and evacuation of mass casualties, and shall assure that such plan is coordinated with the inpatient and outpatient services of the hospital, that it adequately reflects developments in the hospital community and the anticipated role of the hospital in the event of disasters in near-by communities, and that the plan is rehearsed by key personnel at least twice yearly.**

- a. Composition: The committee and chairman of such committee shall be appointed by the chief of staff. Committee membership: representative of administration, representative of nursing service, director of medical records and quality assurance coordinator.

- b. Duties: The quality assurance committee shall carry out the duties and responsibilities of the quality assurance program. Committee shall meet as necessary.

- 3) The medical staff participates in other review functions, including hospital safety and risk management.

ARTICLE XII; MEDICAL STAFF MEETINGS

Section 1. Regular Meetings

- a. Staff meetings shall be held at least monthly, during nine months of the year, to exclude months of June, July and August, to review and evaluate the medical performance of the staff, including the medical, surgical, and obstetrical audit activities of the respective services, and to consider and act upon committee reports.
- b. The monthly staff meeting occurring in the month preceding the end of each medical staff year shall be the annual staff meeting at which any elections of officers for the ensuing period shall be conducted.
- c. The executive committee shall, by standing resolution, designate the time and place for all regular staff meetings. Notice of the original resolution and any changes thereto shall be given to each member of the staff in the same manner as provided in Section 2, of this Article XII for notice of a special meeting.

Section 2. Special Meetings

- a. The president of the staff, the executive committee, or not less than one-fourth of the members of the active medical staff may at any time file a written request with the president that within 15 days of the filing of such request, a special meeting of the medical staff be called. The executive committee shall designate the time and place of any such special meeting.
- b. Written or printed notice stating the place day and hour of any special meeting of the medical staff shall be delivered either personally or by mail to each member of the active staff not less than three nor more than ten days before the date of such meeting by or at the direction of the president (or other persons authorized to call the meeting). If mailed the notice of the meeting shall be deemed delivered when deposited postage prepaid in the United States mail addressed to each staff member at his or her address as it appears on the records of the hospital. Notice may also be sent to members of the other medical staff groups who have so requested. The attendance of a member of the medical staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

Section 3. Committee of the Whole

- a. Medical staff meetings shall be considered meetings of a "medical staff committee" whenever the medical staff reviews medical and hospital care to

assist physicians, administrators, nurses and other health care professionals to maintain an appropriate standard of medical and hospital care provided in the hospital.

- b. All medical staff discussions and documentation related to quality assessment, quality improvement and peer review shall be conducted confidentially, pursuant to hospital policy as adopted and amended from time to time.

Section 4. Attendance Requirements

Each member of the active and associate medical staffs shall be required to attend the regular annual meeting of the medical staff and at least seventy-five percent of all other regular medical staff meetings in each year. A member who is compelled to be absent from any regular staff meeting shall notify the president of the medical staff of his or her reason for such absence. Unless excused for cause by the executive committee the failure to meet the foregoing annual attendance requirements shall be grounds for corrective action leading to revocation of medical staff membership. Reinstatement of staff members whose membership has been revoked because of absence from staff meeting shall be made only upon application and all such applications shall be processed in the same manner as applications for original appointment.

Section 5. Agenda

- a. The agenda at any regular medical staff meeting shall be:

Administrative

- 1) Call to order;
- 2) Acceptance of the minutes of the last regular and of all special meetings;
- 3) Unfinished business;
- 4) Communications;
- 5) Report from the chief executive officer/administrator of the hospital;
- 6) Reports of committees;
- 7) New business (including elections where appropriate);

Professional

- 8) Review and analysis of the clinical work of the hospital;
- 9) Reports of medical committees;
- 10) Discussion and recommendations for improvement of the professional work of the hospital;
- 11) Adjournment

- b. The agenda at special meetings shall be:

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

Section 6. Special Attendance Requirements

- a. A practitioner whose patient's clinical course is scheduled for discussion at a regular staff meeting shall be so notified and shall be expected to attend such meeting; If the practitioner is not otherwise required to attend the regular monthly staff meeting the president of the staff shall so inform the **chief executive officer/administrator** who shall give the practitioner advance written notice of the time and place of the meeting at which his attendance is expected. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the practitioner shall so state shall be given by certified mail, return receipt requested, and shall include a statement that his or her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.
- b. Failure by a practitioner to attend any meeting with respect to which he or she was given notice that attendance was mandatory, unless excused by the executive committee upon a showing of good cause shall result in an automatic suspension of all or such portion of the practitioner's clinical privileges. The executive committee may direct, and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action if necessary. In all other cases, if the practitioner shall make a timely request for postponement, supported by an adequate showing that his absence will be unavoidable, such presentation may be postponed by the president of the staff, or by the executive committee if the president is the practitioner involved, until not later than the next regular staff meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

ARTICLE XIII: COMMITTEE AND SERVICE MEETINGS

Section 1. Regular Meetings

Committees may by resolution provide the time for holding regular meetings without notice other than such resolution.

Section 2. Special Meetings

A special meeting of any committee or service may be called by or at the request of the chairman or chief thereof by the president of the medical staff or by one-third of the group's then members but not less than two.

Section 3 . Notice of Meetings

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

Section 4. Quorum

Fifty percent, but not less than two of the active medical staff members of a committee or service shall constitute a quorum at any meeting.

Section 5. Manner of Action

The action of a majority of the members present at a meeting at which a quorum is present shall be the action of a committee or service. Action may be taken without a meeting by unanimous consent in writing, setting forth the action so taken, signed by each member entitled to vote thereat.

Section 6. Right to Ex Officio Members

Persons serving under these bylaws as ex officio members of a committee shall have all rights and privileges of regular members except they shall not be counted in determining the existence of a quorum and except as otherwise stated herein.

Section 7. Minutes

Minutes of each regular and special meeting of a committee or service shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly submitted to the attendees for approval, and after such approval is obtained, forwarded to the executive committee. Each committee and service shall maintain a permanent file of the minutes of each meeting.

Section 8. Clinico-Pathological Educational Sessions

At least four clinico-pathological educational sessions under the direction of the hospital pathologist must be held each year for the entire medical staff.

Section 9. Attendance Requirements

Each committee member shall be required to attend not less than fifty percent of all meetings of his committees in each year. The reasons provided for any absences and the action of the committee chairman thereon shall be shown in the minutes.

The failure to meet the foregoing annual attendance requirements unless excused by the committee chairman for good cause shown shall be grounds for corrective action leading to revocation of medical staff membership in the same manner and to the same effect as provided in Article XII, Section 4 of these bylaws. Committee chairmen shall report such failures to the executive committee for action.

ARTICLE XIV: IMMUNITY FROM LIABILITY and Confidentiality

Section 1. Immunity From Liability

The following shall be express conditions to any practitioner's application for or exercise of clinical privileges at this hospital:

First, that any act, communication, report, recommendation, or disclosure, with respect to any practitioner, performed or made in good faith and without malice and at the request of any authorized representative of this or any other health care facility, for the propose 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 the hospital's medical staff and of its governing body, its other practitioners, its **chief executive officer/administrator** and his or her 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 XIV, the term "third parties" means both individuals and organizations from whom information has been requested by an authorized representative of the governing body or of the medical 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) applications for appointment or clinical privileges, (2) periodic reappraisals for reappointment or clinical privileges, (3) corrective action, including summary suspension, (4) hearings and appellate reviews, (5) medical care evaluations, (6) utilization reviews and (7) other hospital, service or committee activities related to quality patient care and interprofessional conduct.

Fifth, that the acts, communications, reports, recommendations, and disclosures referred to in this Article XIV 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 the hospital execute releases in accordance with the tenor and import of this Article XIV in favor of the individuals and organizations specified in paragraph Second, subject to such requirements, including those of the good faith, absence of malice and 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 Section 1 and 2 of Article V of these bylaws for the protection of this hospital's practitioners, other appropriate hospital 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 XIV.

Section 2. Confidentiality of Information

Information submitted, collected or prepared by any representative of this or any other health care facility or organization or medical staff for the purpose of evaluating, monitoring or improving the quality and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, or determining that health care services are professionally indicated or were performed in compliance with the applicable standard or care shall, to the fullest extent permitted by law, be confidential. Said information shall not be disseminated to anyone other than a representative or other health care facility or organization of health professionals engaged in an official, authorized activity for which the information is needed, nor be used in any way except as provided herein or except as otherwise specifically required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's record. It is expressly acknowledged by each practitioner that violation of the confidentiality provided herein is grounds for immediate and permanent revocation of staff membership and clinical privileges or specified services.

Section 3. Releases

Each practitioner shall, upon request of the hospital, execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under relevant state and federal law. Execution of such releases is not a prerequisite to the effectiveness of this Article. Failure to execute such releases shall result in an application for appointment, reappointment, or clinical privileges being deemed incomplete and have been voluntary withdrawn, and it shall not be further processed. Failure to execute such releases in connection with conclusions of the provisional period shall be deemed a voluntary resignation of staff membership or particular clinical privileges as appropriate to the context. Failure to execute such releases in connection with a disciplinary or correction shall result in the facts or circumstances that are the most negative manner possible in relation to the practitioner involved.

Section 4. Cumulative Effect

Provisions in these bylaws and in application forms relating to authorization, confidentiality of information and immunities from liability are in addition to other protections provided by relevant state and federal law and not in limitations thereof. A finding by a court of law or administrative agency with proper jurisdiction that all or any provision is not enforceable shall not affect the legality or enforceability of the remainder of such provision or any other provision.

ARTICLE XV: RULES AND REGULATIONS

The medical staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these bylaws, subject to the approval of the governing body. These shall relate to the proper conduct of medical

staff organizations activities as well as embody the level of practice that is to be required of each practitioner in the hospital. Such rules and regulations shall be a part of these bylaws, except that they may be amended or repealed at any regular meeting at which a quorum is present and without previous notice or at any special meeting on notice, by a two-thirds vote of those present of the active medical staff. Such changes shall become effective when approved by the governing body.

ARTICLE XVI: AUTOPSIES

Every member of the medical staff shall demonstrate an appropriate level of interest in securing autopsies, particularly when the cause of death is unclear. The on-duty charge nurse or ward clerk has the responsibility to ensure the attending practitioner is notified when an autopsy is being performed. Permission for autopsy must be signed by the legally responsible party of the deceased as defined by the West Virginia State Health Code.

Where death occurs under circumstances listed below, the person or persons finding or having custody of the body shall immediately notify the nearest law enforcement agency. The law enforcement agency having jurisdiction over the case shall then proceed to the place where the body is and conduct an investigation concerning the cause and circumstances of death for the purpose of determining whether there exists any criminal responsibility for the death.

On a determination by the law enforcement agency that death may have occurred in any of the ways described below, the death shall be reported to the County Attorney of the jurisdiction and to the Medical Examiner by the law enforcement agency having jurisdiction over the investigation of the incident.

Upon notification the Medical Examiner shall assume lawful custody of the deceased body in all deaths that appear to be:

- a) deaths by violence, gunshot, suicide, or accident, except highway accidents.
- b) sudden death while in apparent health.
- c) unattended death (deceased person has not been seen by a physician with the scope of the physician's professional capacity within 30 days immediately prior to the date of death).
- d) deaths under suspicious or unusual circumstances.
- e) deaths resulting from poisoning or overdose of drugs.
- 1) deaths resulting from diseases that may constitute a threat to the public health.
- g) deaths resulting from disease, injury, toxic effect or unusual exertion incurred within the scope of the deceased's employment.
- h) deaths due to a sudden infant death syndrome.
- i) deaths resulting while the deceased was in prison, jail, or in police custody for any reason, or in the state hospital, or in a detention or medical facility operated for the treatment of the mentally ill or emotionally disturbed or

delinquent persons.

- j) deaths associated with diagnostic and therapeutic procedures.

Upon being notified of a death that fits into one of the above categories, the Pathologist on duty for the Office of the Medical Examiner will issue instructions for handling the case, i.e. order the body to the central office for examination or notify the Deputy Medical Examiner for the particular area to proceed with the medical investigation and examination of the body for the purpose of determining cause and manner of death and signing a death certificate.

MEDICAL EXAMINER 24-HOUR A DAY TELEPHONE

In addition, autopsies SHOULD be considered in the following cases:

- a) deaths in which autopsy may assist in explaining to the attending physician unknown and/or anticipated medical complications.
- b) deaths in which the cause of death is unknown, and in which an autopsy would provide reassurance regarding the death.
- c) cases in which an autopsy may help to allay concerns of the family and/or the public and to provide reassurance regarding the death.
- d) deaths occurring in subjects who are participating in clinical trials (protocols) approved by institutional review boards.
- e) sudden, unexpected or unexplained deaths which are apparently natural and not subject to, but waived by, a forensic medical jurisdiction.
- f) natural deaths which are subject to, but waived by, a forensic medical jurisdiction e.g. (1) persons DOA at hospitals, (2) deaths occurring in hospital within 24 hours of admission, (3) deaths in which the patient sustained or apparently sustained an injury while hospitalized.
- g) deaths resulting from high risk infections and contagious diseases.
- h) all obstetrical deaths.
- i) all neonatal deaths
- j) deaths at any age when it is believed that an autopsy would disclose a suspected illness that may have an impact on survivors or recipients of transplant organs.
- k) deaths known or suspected to have resulted from environmental or occupational hazards.
- 1) in such cases where the attending physician believes it would be appropriate to procure the autopsy, but the next of kin is not in agreement, the matter may and often SHOULD be referred to the Medical Examiner as a " death resulting under suspicious or unusual circumstances." The Medical Examiner may then proceed to perform the autopsy without the consent of the next of kin, if appropriate.

ARTICLE XVII: PATIENT HISTORY AND PHYSICAL

Each patient admitted to _____ Hospital will receive a history and physical examination by a physician, or other qualified individual in accordance with State law and hospital policy, completed no more than 30 days before or 24 hours after admission and documentation be placed in the patient's medical record within 24 hours of admission

ARTICLE XVIII: AMENDMENTS

These bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the medical staff. A proposed amendment shall be referred to a special committee which shall report on it at the next regular meeting of the medical staff or at a special meeting called for such purpose. To be adopted, an amendment shall require a two-thirds vote of the active medical staff present. Amendments so made shall be effective when approved by the governing body.

ARTICLE XIX: ADOPTION

These bylaws together with the appended rules and regulations, shall be adopted at any regular or special meeting of the active medical staff shall replace any previous bylaws, rules and regulations and shall become effective when approved by the governing body of the hospital.

ADOPTED by the _____ Hospital., the ____th day of _____, 2008

Chief of the Medical Staff

APPROVED by the governing body of _____ Hospital, on the ____rd day of _____, 2008

President of the Governing Body