

**SHANDS AT AGH/UF  
MEDICAL STAFF BYLAWS**

**Adopted by Shands Teaching Hospital And Clinics, Inc.  
Board of Directors, July 1, 1998**

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# **SHANDS AT AGH/UF MEDICAL STAFF BYLAWS**

## **ARTICLE I. MEDICAL STAFF MEMBERSHIP**

### **SECTION 1. PURPOSE**

The purpose of these Medical Staff Bylaws is to bring the physicians, dentists and podiatrists who practice at the Shands at AGH and Shands at UF campuses together into a cohesive body to promote quality patient care. This Medical Staff will be responsible for the quality and appropriateness of the professional performance and ethical conduct of the Medical Staff of both campuses and accountable for such to the Shands HealthCare Board of Directors.

### **SECTION 2. NATURE OF MEDICAL STAFF MEMBERSHIP**

Membership on the Medical Staff is a privilege which shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth in these bylaws and associated policies of the Medical Staff, the Hospital and Shands HealthCare.

### **SECTION 3. QUALIFICATIONS FOR MEMBERSHIP**

- A. Minimum Required Qualifications: Only physicians, dentists, and podiatrists who can document:
- Current, valid, unrestricted, Florida license or medical faculty certificate/dental faculty teaching permit;
  - Current, valid Florida and federal drug enforcement registration(s) (if required);
  - Experience, education, training and judgment;
  - Demonstrated clinical performance and current competence;
  - Adherence to professional ethics and demonstrate conduct in accordance with the mission and philosophy of Shands HealthCare;
  - Ability to care for patients safely and effectively;
  - Reasonable communication skills;
  - Satisfaction of financial responsibility to pay claims and associated ancillary costs through professional liability insurance, maintenance of a letter of credit, or escrow arrangement, of a type and in an amount established by the Board of Directors;
  - Completion of an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), Council on Podiatric Medical Education (CPME), or American Dental Association (ADA) approved residency.
  - At initial appointment, Board certification by the appropriate specialty board of the American Board of Medical Specialties, American Osteopathic Association, American Board of Podiatric Orthopedics and Primary Podiatric Medicine, American Board of Podiatric Surgery, or the American Dental Association or, for those having recently completed residency or fellowship programs, admissibility to take the appropriate

certification examination and subsequent certification within five (5) years of appointment; unless such requirement is waived by the Board in consideration of the extraordinary competence and experience of a particular practitioner, or an identified critical hospital patient care need. Practitioners appointed to the medical staff prior to July 1, 1998 who were not at that time Board Certified are exempt from the above requirement, except for those practitioners who were appointed subject to the requirement that they pass the certification examination within 5 years of their appointment.

- Ability to work harmoniously with others so that all patients treated by them will receive quality care and the Hospital and its Medical Staff will be able to operate in an orderly manner.
  - Are located in sufficient proximity to the Hospital to be able to provide continuity of quality care to their patients at the Hospital.
  - Current eligibility to participate in Medicare and/or Medicaid.
  - Continuously meet the requirements of a Medical Staff Category
- B. Waivers to the above may be granted only by the Board.
- C. No practitioner shall be entitled to membership on the Medical Staff or to exercise particular clinical privileges merely by virtue of licensure, certification by or membership in any professional organization, or privileges at any other healthcare organization.

#### **SECTION 4. NONDISCRIMINATION**

Shands HealthCare will not discriminate in granting staff appointment and/or clinical privileges on the basis of ancestry, race, gender, national origin, faith or handicap unrelated to the provision of patient care.

#### **SECTION 5. CONDITIONS AND DURATION OF APPOINTMENT**

- A. Initial appointments and reappointments to the Medical Staff shall be made by the Shands HealthCare Board of Directors. The Board shall act on appointments and reappointments only after there has been a recommendation from the Medical Executive Committee.
- B. Appointments to the medical staff will be for no more than twenty-four calendar months and may be shorter.

#### **SECTION 6. RESPONSIBILITIES OF EACH MEMBER**

- A. Each staff member must provide appropriate, timely and continuous care of his/her patients, shall be responsible for the actions of other physicians, dentists, podiatrists, and allied health professionals under his/her supervision, and shall discharge in a responsible and cooperative manner the responsibilities and assignments associated with Medical Staff membership.
- B. Each staff member must participate, if assigned, in quality/performance improvement activities and in discharging other staff functions as may be required from time to time.

- C. Each staff member must abide by and comply with the bylaws, policies, procedures, and rules and regulations of Shands HealthCare, the Hospital, the Medical Staff, and the campus in which (s)he is treating a patient.
- D. Each staff member must comply with relevant provisions concerning appointment and clinical privileges contained in the policy on appointment and clinical privileges approved by the Medical Executive Committee and the Board. Such policy, when approved, is hereby incorporated by reference and made part of this document.
- E. Each staff member must, upon request of the Hospital or its Medical Staff, and in accordance with federal and state law and the Hospital's call schedules, provide appropriate and necessary emergency medical treatment, within the scope of such practitioner's privileges, to a patient seeking such treatment, regardless of such patient's ability to pay.

## **SECTION 7. MEDICAL STAFF MEMBER RIGHTS**

- A. Each practitioner on the Medical Staff has the right to an audience with the Medical Executive Committee. In the event a practitioner is unable to resolve a difficulty working with his/her Operations Committee or clinical service, that physician may, upon presentation of a written notice, meet with the Medical Executive Committee to discuss the issue.
- B. Any practitioner may initiate a petition for a general staff meeting. Upon presentation of a petition signed by 100 members of the Active Staff, the Medical Executive Committee will schedule a general staff meeting for the specific purpose addressed by the petitioners. No business other than that in the petition may be transacted. (See Article VI, Section 1.)
- C. Any practitioner may propose a change of any rule or policy established by the Medical Executive Committee by submitting a petition signed by 100 members of the Active Staff. When such petition has been received by the Medical Executive Committee, it will notify the Board and either (1) provide the petitioners with information clarifying the intent of such rule, regulation or policy and/or (2) schedule a meeting with the petitioners to discuss the issues.
- D. This Article does not pertain to issues involving disciplinary action, denial of requests for appointment or clinical privileges or any other matter relating to individual membership or privileging actions. The fair hearing procedures of the policy on appointment provide detailed recourse in these matters.

## ARTICLE II. CATEGORIES OF THE MEDICAL STAFF

### SECTION 1. THE ACTIVE CATEGORY

Qualifications: Appointees to the Active category must be involved in the treatment of at least 25 patients at one of the two campuses per year, or have a regular full-time or part-time clinical appointment in the University of Florida College of Medicine or College of Dentistry and be actively engaged in treating patients in the hospital. Waiver of the above may be granted only by the Board.

Prerogatives: Appointees to the Active Category may:

- A. Exercise such clinical privileges, including admitting privileges, as are granted by the Board of Directors.
- B. Vote on all matters presented by the Medical Staff and by the appropriate committee of which (s)he is a member.

Responsibilities: Appointees to the Active Category shall:

- A. Actively participate in the organizational and administrative affairs of the Medical Staff, including, but not limited to: quality/performance improvement; risk management and monitoring activities; voting; committee/departmental meetings.
- B. Serve on Medical Staff/service committees as a member and/or chairperson; hold office, as assigned, appointed or elected in accordance with these Bylaws or other Medical Staff rules and regulations; and discharge other staff functions as may be required from time to time.
- C. Care for unassigned patients and participate in the on-call coverage of the emergency service and other coverage programs as specified in the rules and regulations of each campus.
- D. Fulfill any meeting attendance requirements as established by the Medical Staff.
- E. Assist Shands HealthCare in the fulfillment of its mission.

### SECTION 2. THE CONSULTING CATEGORY

Qualifications: The Consulting Category is reserved for practitioners who are in specialties of recognized professional ability and expertise not otherwise available on the Active staff and do not meet the eligibility requirements for the Active Category. They shall be appointed for the specific purpose of providing consultation in the diagnosis and treatment of patients.

Prerogatives: Appointees to this category may:

- A. Exercise such clinical privileges, except admitting privileges, as are granted by the Board of Directors.
- B. Attend meetings of the Medical Staff and medical staff committees, and any Medical Staff or Hospital education programs.

Responsibilities: Appointees to the Consulting category shall:

- A. Participate in quality/performance improvement; risk management and monitoring activities.
- B. Assist Shands HealthCare in the fulfillment of its mission.

### **SECTION 3. THE COURTESY CATEGORY**

Qualifications: The Courtesy Category is reserved for practitioners who do not meet the eligibility requirements for either the Active or Consulting Category, but who occasionally provide services to hospitalized patients . Courtesy staff, except for dentists, must hold an Active staff appointment at another hospital.

Prerogatives: Appointees to this category may:

- A. Exercise such clinical privileges as are granted by the Board of Directors. Courtesy Staff may electively admit to inpatient or outpatient services up to 10 patients a year. Courtesy Staff appointees who provide emergency call coverage may, without limitation, admit patients who are seen in the Emergency Department to the service of the Active Staff appointee for whom they are taking call.
- B. Attend meetings of the Medical Staff and medical staff committees, and any Medical Staff or Hospital education programs.

Responsibilities: Appointees to the Courtesy category must:

- A. Participate in quality/performance improvement; risk management and monitoring activities.
- B. Assist Shands HealthCare in the fulfillment of its mission.

### **SECTION 4. THE HONORARY CATEGORY**

The Honorary Category is restricted to those individuals the Board and Medical Staff wish to honor. Such staff appointees are not eligible for clinical privileges. They may attend Medical Staff meetings, be involved in teaching, and continuing medical education activities, and may be appointed to committees. They shall not hold office.

## **ARTICLE III. OFFICERS**

## **SECTION 1. OFFICERS OF THE MEDICAL STAFF**

The officers of the Medical Staff shall be:

- A. Chairs of the Medical Staff Operations Committees, one of whom shall also be the Chief of Staff, in accordance with Section 3.
- B. Past Chief of Staff

## **SECTION 2. QUALIFICATIONS OF OFFICERS**

Officers must be members in good standing of the Active Category, have previously actively served on a Medical Staff committee, indicate a willingness and ability to serve, and have excellent administrative and communication skills. Officers may not simultaneously hold leadership positions on another hospital Medical Staff.

## **SECTION 3. SELECTION OF OFFICERS**

- A. The Chief of Staff of Shands at UF as of June 30, 1998 shall serve as the Chair of the Shands at UF Medical Staff Operations Committee until such time as a reappointment is made to coincide with the election of the Chair of the Shands at AGH Medical Staff Operations Committee as described below. At that time, and thereafter, the Chair of the UF campus Operations Committee shall be appointed jointly by the Chief Executive Officer of Shands HealthCare and the Dean of the University of Florida College of Medicine/Associate Vice President for Clinical Affairs.
- B. The Chief of Staff of Shands at AGH as of June 30, 1998, shall serve as the Chair of his/her Medical Staff Operations Committee from July 1, 1998 until such time as the Operations Committee nominates candidates for election under these Bylaws. Such election shall take place as soon as is practicable. Thereafter, the Chair of the AGH campus Operations Committee shall be elected as set forth below.
- C. Nominations for Chair of the AGH campus Operations Committee must be announced, and the name of each nominee distributed, at least 30 days prior to the election, to all members of the Active Medical Staff who have designated that campus as their primary site of practice.
- D. The chair of the AGH campus Operations Committee shall be elected by ballot vote of all members of the Active Staff primarily practicing at that campus. To be elected, the candidate must receive sixty-five (65) percent of the returned votes.
- E. All officers will be confirmed by the Board.
- F. A chair of one of the Operations Committees shall simultaneously act as Chief of Staff. The position of the Chief of Staff shall rotate every two years between the Chairs of the campus Operations Committees.

#### **SECTION 4. TERM OF OFFICE**

All officers serve a term of 2 years. Officers shall take office on the first day of the calendar year.

#### **SECTION 5. VACANCIES OF OFFICE**

Vacancies in any office, except the Past Chief of Staff, shall be filled by the Operations Committee of the campus which selected the officer. A vacancy in the Past Chief of Staff shall remain vacant.

#### **SECTION 6. DUTIES OF OFFICERS**

A. Chief of Staff - The Chief of Staff shall:

- (1) serve as the chief medico-administrative officer of the Hospital
- (2) call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;
- (3) serve as Chairperson of the Medical Executive Committee;
- (4) take administrative actions for the Medical Executive Committee, when necessary, in between meetings;
- (5) be responsible for the application and enforcement of the bylaws, policies, and rules and regulations of the Hospital and its Medical Staff;
- (6) be responsible for compliance by the Medical Staff with all requirements of applicable licensure, accreditation, and regulatory agencies dealing with the Hospital; and
- (7) fulfill such other duties as may be specified in the Organization and Functions Manual and/or Rules and Regulations.

B. Chair of the Operations Committee - In the absence of the Chief of Staff, the Chair of the Operations Committee who is not currently serving as Chief of Staff, shall assume all the duties and have the authority of the Chief of Staff. The Chair of the other Operations Committee shall perform such further duties to assist the Chief of Staff as s/he may from time to time request.

C. Past Chief of Staff - The Past Chief of Staff will be a non-voting member of the MEC and will serve as consultant to the medical staff officers.

#### **SECTION 7. REMOVAL FROM OFFICE**

The Medical Staff may remove any officer from office by petition of 100 members of the Active Staff and a subsequent two-thirds (2/3) affirmative vote by ballot of the Active Staff, approval by the MEC and Board. Removal shall be for failure to conduct those responsibilities assigned within these Bylaws or other policies and procedures of the Medical Staff; an automatic or summary suspension; or for conduct that is damaging to Shands HealthCare, its goals, or programs. The Board may remove any officer from office by its own motion, but only after consultation with a majority of the MEC.

## **ARTICLE IV. MEDICAL STAFF ORGANIZATION**

The Medical Staff of Shands at AGH/UF may have optional clinical sections or committees as are deemed necessary to assist the Operations Committees (See Article V).

Optional clinical sections may perform any of the following activities:

- A. Continuing education
- B. Grand rounds
- C. Discussion of policies
- D. Discussion of equipment needs
- E. Development of recommendations for the MEC
- F. Participation in the development of criteria for clinical privileges ( when requested by the Credentials Committee or MEC)
- G. Quality Assurance and Performance Improvement activities

## **ARTICLE V. COMMITTEES**

### **SECTION 1. DESIGNATION AND SUBSTITUTION**

There shall be a Medical Executive Committee and such other standing and special committees as established by the Medical Executive Committee. Those functions requiring participation of, rather than direct oversight by, the staff may be discharged by Medical Staff representation on such Hospital committees as are established to perform such functions.

### **SECTION 2. MEDICAL EXECUTIVE COMMITTEE**

**COMPOSITION:** The MEC shall consist of the Chairs of each Medical Staff Operations Committees, one of whom shall be the Chief of Staff, in accordance with Article III, and two (2) members at large from each campus. Ex-officio members will be the CEO and designees, Chief Nursing Officer from each campus, and chair of the Credentials Committee. The Chief of Staff will be the chairperson of the MEC.

**MEMBERS AT LARGE:** Each Operations Committee shall appoint two Active Staff members from its campus as its representative members at large to the MEC. For the initial MEC, each Operations Committee shall appoint one member for one (1) year and one member for two (2) years. Each and every year thereafter, each Operations Committee shall appoint one member for a term of two (2) years. The members of the Medical Executive Committee shall be eligible for reappointment for successive terms.

**DUTIES:** The duties of the MEC shall be to:

- A. Receive and act upon reports and recommendations concerning patient care quality and appropriateness reviews, evaluation and monitoring functions, and the discharge of delegated administrative responsibilities, and recommend to the Board specific programs and systems to fulfill these functions;
- B. Coordinate the activities of and implement the policies adopted by clinical sections, and/or Medical Staff;
- C. Submit recommendations to the Board concerning all matters relating to appointments, reappointments, staff category, clinical privileges and corrective action;
- D. Account to the Board and to the staff for the overall quality and efficiency of patient care in the Hospital and the participation of the medical staff in organization performance improvement activities;
- E. Take reasonable steps to encourage professionally ethical conduct and competent clinical performance on the part of staff appointees, including initiating investigations and initiating and pursuing correction action, when warranted;
- F. Make recommendations to the Board on medico-administrative and Hospital management matters;
- G. Keep the Medical Staff up-to-date concerning the licensure and accreditation status of the Hospital;
- H. Consistent with the mission and philosophy of the Hospital, participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs;
- I. Represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;
- J. Formulate and/or recommend to the Board Medical Staff Rules, Policies and Procedures; and
- K. Review the Medical Staff bylaws, policy on appointment, rules and regulations and associated documents at least biennially and recommend such changes thereto as may be necessary or desirable;
- L. Make recommendations concerning the structure of the Medical Staff, the mechanism by which Medical Staff membership may be terminated and the mechanisms for fair hearing procedures.

**MEETINGS:** The Medical Executive Committee shall meet as required to perform its assigned functions, but at least quarterly. Permanent records of its proceedings and actions shall be maintained.

### **SECTION 3. AGH AND UF MEDICAL STAFF OPERATIONS COMMITTEES**

There will be two Medical Staff Operations Committees created to assist the MEC with the performance of those functions specified herein and within the Organizations and Functions Manual.

**COMPOSITION:** The composition of each Medical Staff Operations Committee will be determined by each campus. The Chair of each Operations Committee will be selected as described in Article III, Section 3.

**DUTIES:** The duties of the Medical Staff Operations Committee shall be to monitor compliance with and enforce the Medical Staff Rules and Regulations of its campus, to make recommendations to the MEC on campus specific Rules and Regulations, and to assist the MEC in the performance of its assigned responsibilities. In addition, the Operations Committee of each campus shall

- A. Ensure that when the performance of a process is dependent primarily on the activities of one or more individuals with clinical privileges, the medical staff provides leadership for the process measurement, assessment, and improvement. These processes include, though are not limited to, those within the:
  - 1. Medical assessment and treatment of patients;
  - 2. Use of medications;
  - 3. Use of blood and blood components;
  - 4. Use of operative and other procedure(s);
  - 5. Efficiency of clinical practice patterns; and
  - 6. Significant departures from established patterns of clinical practice.
- B. Ensure that the medical staff participates in the measurement, assessment, and improvement of other patient care processes. The processes include, though are not limited to, those related to:
  - 1. Education of patients and families;
  - 2. Coordination of care with other practitioners and hospital personnel, as relevant to the care of an individual patient; and
  - 3. Accurate, timely, and legible completion of patients' medical records.
- C. Ensure that when the findings of the assessment process are relevant to an individual's performance, the medical staff is responsible for determining their use in peer review or the ongoing evaluations of a licensed independent practitioner's

competence, in accordance with the standards on renewing or revising clinical privileges.

- D. Ensure that the findings, conclusions, recommendations, and actions taken to improve organization performance are communicated to appropriate medical staff members.
- E. Ensure that the medical staff, with other appropriate hospital staff, develops and uses criteria that identify deaths in which an autopsy should be performed.

#### **SECTION 4. CREDENTIALS COMMITTEE**

**COMPOSITION:** The Credentials Committee shall consist of eight (8) members of the Active Medical Staff, four (4) from each campus, appointed by the Chief of Staff upon the recommendation of each Operations Committee. The initial Credentials Committee shall consist of four members appointed for one (1) year and four members appointed for two (2) years. Each and every year thereafter, four members shall be appointed for a term of two (2) years. The Credentials Committee shall elect one of its members to serve as Chair for a one year term. The Chair shall alternate between campuses at each election. The members of the Credentials Committee shall be eligible for reappointment for successive terms.

**DUTIES:** The duties of the Credentials Committee shall be to:

- A. Review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges, and to investigate and interview such applicants as may be necessary.
- B. Make report of its findings and recommendations to the MEC concerning applications for appointment, reappointment and clinical privileges.
- C. Review the credentials of all applicants for scope of practice/clinical privileges as allied health professionals, and to investigate and interview such applicants as may be necessary, and make report of its findings and recommendations to the MEC concerning such applications.
- D. Review the Hospital's criteria for granting privileges and the application forms relating to Medical Staff appointment, reappointment and other credentialing matters, and make recommendations regarding same to the MEC.

**MEETINGS:** The Credentials Committee shall meet as required to perform its assigned functions, but at least quarterly. Permanent records of its proceedings and actions shall be maintained.

#### **SECTION 5. ADDITIONAL COMMITTEES**

Additional standing or ad hoc committees may be established by the MEC as are necessary for the Medical Staff to carry out its various functions effectively. Campus-specific committees may be established by the Operations Committees. The Medical Staff committees in existence at each campus as of July 1, 1998 shall remain operational until such time as recommendations for change are made and approved by the Board. Any function required to be performed by these bylaws which is not assigned to a standing or ad hoc committee shall be performed by the MEC.

## **ARTICLE VI. MEETINGS**

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present is the action of the group. Action may be taken without a meeting by the Staff or Committee by presentation of the question to each member eligible to vote, in person or by mail, and their vote recorded. Such vote shall be binding so long as the question is voted on by at least the number of voting members of the group that could constitute a quorum. Written proxies will be allowed.

### **SECTION 1. MEDICAL STAFF MEETINGS**

- A. An Annual meeting of the Medical Staff shall be held. Written notice of the meeting shall be sent to all Medical Staff members and conspicuously posted.
- B. The Chief of Staff may call a Special Meeting of the Medical Staff at any time. The Chief of Staff shall call a special meeting within 20 days after receipt of a written request therefore signed by not less than 100 of the Medical Staff, or upon a resolution by the Medical Executive Committee. Such request or resolution shall state the purpose of the meeting. The Chief of Staff shall designate the time and place of any Special Meeting.
- C. Written or printed notice stating the time, place and purposes of any Special Meeting of the Medical Staff shall be conspicuously posted and shall be sent to each member of the Medical Staff at least 7 days before the date of such meeting, except as provided in Section 6 for emergency special meetings. No business shall be transacted at any Special Meeting except that stated in the notice of such meeting.

### **SECTION 2. COMMITTEE MEETINGS**

- A. Committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution. Section chairs shall hold meetings as needed to carry out section business.
- B. A special meeting of any committee may be called by or at the request of the chairperson or by the Chief of Staff.

### **SECTION 3. QUORUM**

Medical Staff Meetings: Those present and voting shall constitute a quorum.

Medical Executive Committee and Credentials Committee Meetings: Fifty percent (50%) of the voting members of the committee.

Committee Meetings: Those present and voting shall constitute a quorum.

### **SECTION 4. ATTENDANCE REQUIREMENTS**

Medical Executive and Credentials Committee Meetings: Members of the Medical Executive Committee and Credentials Committee are expected to attend at least fifty percent (50%) of the meetings held.

Other Committee/Departmental Meetings: Attendance requirements of other standing or ad hoc committees and/or departments shall be determined by each campus.

### **SECTION 5. PARTICIPATION BY CHIEF EXECUTIVE OFFICER**

The Chief Executive Officer or any representative assigned by the Chief Executive Officer may attend any committee meeting of the Medical Staff.

### **SECTION 6. NOTICE OF MEETINGS**

Written notice stating the date, time and place of any Special Meeting or of any regular meeting not held pursuant to resolution shall be delivered or sent to each member of the committee not less than seven (7) days before the time of such meeting by the person or persons calling the meeting. If an emergency special meeting is deemed necessary by the Chief of Staff or other appropriate chair, such emergency special meeting may be held upon 2 days written or verbal notice and conspicuous posting.

If notice is sent by mail, it shall be deemed delivered when deposited, postage prepaid, in the US mail, addressed to the member at his/her address as it appears on the records of the Hospital. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

### **SECTION 7. ACTION AT MEETINGS**

The recommendation of a majority of its members present at a meeting at which a quorum is present shall be the action of a committee. Such recommendation will then be forwarded to the Medical Executive Committee for final action.

## **SECTION 8. MINUTES**

Minutes of each regular and special meeting of a committee 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 submitted to the Medical Executive or other designated committee. A permanent file of the minutes of each meeting shall be maintained.

## **ARTICLE VII. REVIEW, REVISION, ADOPTION AND AMENDMENT**

### **SECTION 1. MEDICAL STAFF RESPONSIBILITY**

The Medical Staff, through the MEC, shall be responsible for formulating, reviewing, and recommending to the Board Medical Staff bylaws, policies and amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible and timely manner. This applies as well to the review, adoption and amendment of the related rules, policies and protocols developed to implement the various sections of these bylaws. Neither the Board nor the Medical Staff may unilaterally change the Medical Staff bylaws or rules and regulations.

### **SECTION 2. METHODS OF ADOPTION AND AMENDMENT**

- A. All proposed amendments, whether originated by the Medical Executive Committee, another standing committee, or by a member of the Active Category of the staff, must be reviewed and voted upon by each Medical Staff Operations Committee and the Medical Executive Committee. Favorable recommendations by the MEC will be presented for a vote to the Active Medical Staff.
- B. The proposed amendment shall be posted and/or distributed to all members of the Active Category at least 14 calendar days prior to distribution of the ballot.
- C. Each member of the Active Category of the Medical Staff will be eligible to vote on the proposed amendment via printed ballot. An amendment will be deemed approved by a seventy-five (75) percent affirmative vote of the returned ballots.
- D. The Medical Executive Committee may, without vote by the Medical Staff, adopt such amendments to the Bylaws as are, in the committee's judgment:
  - 1. Technical or legal modifications or clarifications, including amendments that are required in order to comply with any federal, state, or local law or regulation, or with JCAHO or other accrediting agency standards; or,
  - 2. Merely for the purpose of reorganization, or renumbering, or to correct punctuation, spelling or other errors of grammar or expression.
- E. Any amendment recommended by the Medical Executive Committee shall become effective only after approval by the Board.

### **SECTION 3. RELATED PROTOCOLS AND MANUALS**

The MEC may recommend to the Board, a Policy on Appointment and Clinical Privileges, an Organization and Functions Manual, any other policies or rules/regulations necessary to further define the general policies contained in these bylaws, and any changes to such documents or these Bylaws. Upon adoption by the Board, such policies, manuals and rules/regulations will be incorporated by reference and become part of these Bylaws.

The Medical Staff Rules and Regulations in effect at each campus as of July 1, 1998 shall remain in effect until such time as changes consistent with these Bylaws are recommended and adopted by the Board.

## DEFINITIONS

1. “Allied Health Professional”: an individual, not a member of the Medical Staff, who is trained in some aspect of the evaluation or treatment of human illness and who is allowed to provide specified services to patients as defined in the Medical Staff Rules and Regulations.
2. “Chief Executive Officer”: the CEO of Shands HealthCare.
3. “Ex-officio”: a non-voting member of a committee.
4. “Medical Executive Committee” or “MEC”: a committee of the Medical Staff consisting of the Chief of Staff, chairs of each Medical Staff Operations Committee and other members as described in Article V, Section 2.
5. “Medical Staff”: medical and osteopathic physicians, dentists and podiatrists who have met the requirements of these bylaws and who have received an appointment by the Board.
6. “Operations Committee”: a committee of the Medical Staff established at each campus to support the MEC, as described in Article V, Section 3.
7. “Practitioner”: someone who is a member of the Medical Staff.
8. “Primary site of practice”: the campus at which a practitioner provides most of his/her patient care services.