

SHANDS AT LIVE OAK

MEDICAL STAFF BYLAWS

Adopted by Shands Teaching Hospital And Clinics, Inc.
Board of Directors, April 3, 2000

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TABLE OF CONTENTS

DEFINITIONS.....	1
ARTICLE I. MEDICAL STAFF MEMBERSHIP.....	2
SECTION 1. PURPOSE.....	2
SECTION 2. NATURE OF MEDICAL STAFF MEMBERSHIP.....	2
SECTION 3. QUALIFICATIONS FOR MEMBERSHIP.....	2
SECTION 4. NONDISCRIMINATION.....	3
SECTION 5. CONDITIONS AND DURATION OF APPOINTMENT..	3
SECTION 6. RESPONSIBILITIES OF EACH MEMBER.....	3
SECTION 7. MEDICAL STAFF MEMBER RIGHTS.....	4
ARTICLES II CATEGORIES OF THE MEDICAL STAFF.....	4
SECTION 1. THE ACTIVE CATEGORY.....	4
SECTION 2. THE CONSULTING CATEGORY.....	5
SECTION 3. THE COURTESY CATEGORY.....	5
SECTION 4. THE HONORARY CATEGORY.....	6
SECTION 5. THE HOSPITAL-BASED PHYSICIAN CATEGORY.....	6
ARTICLE III. OFFICERS.....	7
SECTION 1. OFFICERS OF THE MEDICAL STAFF.....	7
SECTION 2. QUALIFICATIONS OF OFFICERS.....	7
SECTION 3. ELECTION OF OFFICERS.....	7
SECTION 4. TERM OF OFFICE.....	8
SECTION 5. VACANCIES OF OFFICE.....	8
SECTION 6. DUTIES OF OFFICERS.....	8
SECTION 7. REMOVAL FROM OFFICE.....	9
ARTICLE IV. MEDICAL STAFF ORGANIZATION AND FUNCTIONS.....	9
SECTION 1. UTILIZATION MANAGEMENT.....	9
SECTION 2. PHARMACY AND THERAPEUTICS.....	10
SECTION 3. INFECTION CONTROL.....	11
ARTICLE V. COMMITTEES.....	11
SECTION 1. DESIGNATION AND SUBSTITUTION.....	11
SECTION 2. MEMBERSHIP.....	11
SECTION 3. EXECUTIVE COMMITTEE.....	11
SECTION 4. ADDITIONAL COMMITTEES.....	13

ARTICLE VI. MEETINGS.....	12
SECTION 1. MEDICAL STAFF MEETINGS.....	13
SECTION 2. COMMITTEE MEETINGS.....	14
SECTION 3. QUORUM.....	14
SECTION 4. ATTENDANCE REQUIREMENTS.....	14
SECTION 5. PARTICIPATION BY CHIEF EXECUTIVE OFFICER....	14
SECTION 6. NOTICE OF MEETINGS.....	14
SECTION 7. ACTION OF MEETINGS.....	15
SECTION 8. MINUTES.....	15
ARTICLE VII. REVIEW, REVISION, ADOPTION AND AMENDMENT.....	15
SECTION 1. MEDICAL STAFF RESPONSIBILITY.....	15
SECTION 2. METHODS OF ADOPTION AND AMENDMENT.....	15
SECTION 3. RELATED PROTOCOLS AND MANUALS.....	16

DEFINITIONS

1. “Administrator”: the Administrator of Shands at Live Oak.
2. “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 and/or other Medical Staff or Hospital policies.
3. “Board”: the Board of Directors of Shands HealthCare.
4. “Chief Executive Officer”: the CEO of Shands HealthCare.
5. “Ex-officio”: a non-voting member of a committee.
6. “Executive Committee”: a committee of the Medical Staff consisting of the officers of the Medical Staff and other members as described in Article V, Section 2.
7. “Medical Staff”: medical and osteopathic physicians, and podiatrists who have met the requirements of these bylaws and who have received an appointment by the Board.

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 Live Oak 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 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 and podiatrists who can document:

- Current, valid, unrestricted, Florida license or medical faculty certificate;
- 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;
- Professional liability insurance 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). Practitioners appointed to the Medical Staff prior to the date of adoption of these Bylaws are exempt from this requirement.
- 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.

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 Executive Committee of the Medical Staff (“the 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 her/his patients, shall be responsible for the actions of other physicians, dentists, podiatrists, and allied health professionals under her/his 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, and the Medical Staff.
- 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 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 Executive Committee upon presentation of a written request.
- B. Any practitioner may initiate a petition for a general staff meeting. Upon presentation of a petition signed by thirty-five percent (35%) of the Active Staff, the 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 Executive Committee by submitting a petition signed by thirty-five percent (35%) of the Active Staff. When such petition has been received by the 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: The Active category shall consist of Medical Staff members who have been advanced from provisional status and who are involved in the treatment of at least twenty-five (25) patients in the Hospital per year. Appointees to the Active category must demonstrate a commitment to participation in the Hospital community by assuming all the responsibilities of appointment to the Active staff.

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.
- C. A physician who has provided Emergency Department on-call coverage at Shands Live Oak for twenty (20) years is not required to participate in the on-call schedule.

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/departmental committees as a member and/or chairperson, and 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; except that radiologists on staff are not required to participate in the on-call schedule.
- D. Fulfill any meeting attendance requirements as established by the Medical Staff.

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 patients admitted to the hospital. Courtesy Staff may not provide services to more than 24 patients per year.

Prerogatives: Appointees to this category may:

- A. Exercise such clinical privileges, including 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 Courtesy category shall:

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

SECTION 4. THE HONORARY CATEGORY

The Honorary category is restricted to those physicians 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.

SECTION 5. THE HOSPITAL-BASED PHYSICIAN CATEGORY

The Hospital-Based Physician category consists of those Medical Staff appointees who only provide Emergency Services at the Hospital.

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. The Hospital appointed Director of each such specialty (or her/his designee) shall attend Medical Staff meetings and have voting privileges.

Responsibilities: Appointees to the Hospital-Based Physician category shall:

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

ARTICLE III. OFFICERS

SECTION 1. OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be:

- A. President
- B. Vice-President

SECTION 2. QUALIFICATIONS OF OFFICERS

Officers must be members in good standing of the Active Staff, have previously actively served on a Medical Staff committee, indicate a willingness and ability to serve, and have excellent administrative and communication skills.

SECTION 3. ELECTION OF OFFICERS

- A. Officers shall be elected sometime during the first quarter of the calendar year. Nominations will be made from the floor.
- B. Officers shall be elected by ballot vote of all members of the Active Staff. To be elected, the candidate must receive a majority of the returned votes.
- B. All officers must be confirmed by the Board.

SECTION 4. TERM OF OFFICE

All officers serve a term of two (2) years.

SECTION 5. VACANCIES OF OFFICE

If there is a vacancy in the office of the President prior to the expiration of the term, the Vice President shall assume the duties and authority of the President for the remainder of the unexpired term.

SECTION 6. DUTIES OF OFFICERS

- A. President - The President shall:
 - (1) serve as the chief medico-administrative officer of the Hospital and work in coordination with Hospital management in matters of mutual concern involving the Hospital;

- (2) call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;
- (3) make recommendations to the Board for appointment of committee chairpersons and members, in accordance with the provisions of these bylaws, to all Medical Staff committees;
- (4) serve as Chairperson of the Executive Committee;
- (5) take administrative actions for the Executive Committee, when necessary, in between meetings;
- (6) serve as ex-officio member of all Medical Staff committees other than the Medical Executive Committee;
- (7) represent the views, needs, and grievances of the Medical Staff and report on the medical activities of the staff to the Board and the Administrator;
- (8) be responsible for the application and enforcement of the bylaws, policies, and rules and regulations of the Hospital and its Medical Staff;
- (9) be responsible for compliance by the Medical Staff with all requirements of applicable licensure, accreditation, and regulatory agencies dealing with the Hospital; and
- (10) be responsible to the Board, through the Administrator, for the quality of medical care provided to patients in the Hospital, and for the professional practices of Medical Staff members.

B. Vice President – The Vice President shall:

- (1) assume all the duties and have the authority of the President in the absence of the President;
- (2) serve on the Executive Committee;
- (3) automatically succeed the President, should the office of President become vacant for any reason during the President's term of office; and
- (4) perform such further duties to assist the President as the President may from time to time request.

SECTION 7. REMOVAL FROM OFFICE

The Executive Committee may remove any officer from office by unanimous vote (except for the officer involved) , and approval by the 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 for the above noted conduct by its own motion, but only after consultation with a majority of the Executive Committee.

ARTICLE IV. MEDICAL STAFF ORGANIZATION AND FUNCTIONS

The Medical Staff of Shands at Live Oak may have optional clinical departments or sections. Optional clinical departments/sections may perform any of the following activities:

- A. Continuing education
- B. Grand rounds
 - Discussion of policies
 - Discussion of equipment needs
 - Development of recommendations for the Executive Committee
 - Participation in the development of criteria for clinical privileges

C. Quality Assurance and Performance Improvement activities.

The following functions shall be performed by the Medical Staff either as a committee of the whole or through individual standing or ad hoc committees appointed pursuant to Article V. 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 Medical Staff as a committee of the whole.

SECTION 1. UTILIZATION MANAGEMENT

The Medical Staff is responsible for reviewing hospital admissions with respect to need for admission, length of stay, discharge practices and evaluation of the services ordered and provided. The Administrator will also assign, when necessary, representatives from the Hospital medical records department, nursing service, social service, home care and other appropriate services to the Medical Staff in its functions.

In particular the Medical Staff shall:

- A. Monitor utilization to evaluate over-utilization, under-utilization and the efficient use of the hospital's resources;

- B. Formulate a written utilization review plan for the Hospital, to be approved by the Executive Committee, the Administrator, and the Board. Such plan shall be in accordance with all applicable accreditation, regulatory and third party payor requirements; and

- C. Evaluate the medical necessity for continued hospital services for particular patients, where appropriate, and make recommendations on the same to the attending physician, the Medical Staff, and the Administrator. No physician shall have review responsibility for any extended stay cases in which the physician was professionally involved.

- D. Assure that medical records currently maintained describe the condition, treatment, and progress of a patient in sufficient completeness to assure transferable comprehension of the case at any time;

- E. Conduct periodic reviews of summary information regarding the timely completion of all medical records.

- F. Conduct a comprehensive review to examine justification of surgery performed, whether tissue was removed or not, and to evaluate the acceptability of the procedure chosen. Specific consideration shall be given to the agreement or disagreement of the pre-operative and post-operative (including pathological) diagnoses. Written reports shall be maintained reflecting the results of all evaluations performed and actions taken.
- G. Review blood transfusions for proper utilization, particular attention being given to the use of whole blood versus component blood elements. Each actual or suspected transmission reaction shall be evaluated and a report completed. The evaluation of blood use should include a review of the amount of blood requested, the amount used, and the amount of wastage.

SECTION 2. PHARMACY AND THERAPEUTICS

The Medical Staff is responsible for surveillance of pharmacy and therapeutic policies and practices within the Hospital. The Hospital pharmacist shall assist the Medical Staff.

The Medical Staff shall:

- A. Review the appropriateness of empiric and therapeutic use of drugs through the analysis of individual or aggregate patterns of drug practice.
- B. Develop and recommend to the Board procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic testing materials;
- C. Review all significant untoward drug reactions;
- D. Maintain a formulary or drug list; and
- E. Review the appropriateness, safety, and effectiveness of the prophylactic, empiric and therapeutic use of antibiotics in the Hospital.

SECTION 3. INFECTION CONTROL

The Medical Staff is responsible for surveillance of Hospital infection potentials, review and analysis of actual cases, 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.

ARTICLE V. COMMITTEES

SECTION 1. DESIGNATION AND SUBSTITUTION

There shall be an Executive Committee and such other standing and ad hoc committees as established by the 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. MEMBERSHIP

- A. Unless otherwise provided for in these bylaws, all committee chairpersons will be appointed by the Board, from the Active Staff, after considering recommendations from the President. Chairpersons shall be appointed for an initial term of one year, at the beginning of a calendar year. A chairperson may be reappointed for a maximum of three additional yearly terms.
- B. Except as otherwise provided for in these bylaws, committee members shall be appointed by the President, in consultation with the Administrator, for one year terms, at the beginning of a calendar year. Committee members may be reappointed for consecutive terms without limit.

SECTION 3. EXECUTIVE COMMITTEE

The Executive Committee shall consist of all members of the Active Staff. Ex-officio members will be the CEO of Shands HealthCare or her/his designee and the Chief Nursing Officer or her/his designee. The President will be the chairperson of the Executive Committee.

DUTIES: The duties of the Executive Committee shall be to:

- A. Receive and act upon reports and recommendations concerning patient care quality and appropriateness of 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. Reviews and/or recommends off-site sources needed for patient care.
- C. Coordinate the activities of and implement the policies adopted by clinical sections and/or the Medical Staff;
- D. Review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges; investigate and interview such applicants as may be necessary; and submit recommendations to the Board concerning all matters relating to appointments, reappointments, staff category, clinical privileges and corrective action;
- E. Review the credentials of all applicants for scope of practice/clinical privileges as allied health professionals; investigate and interview such applicants as may be necessary; and make report of its findings and recommendations to the Board concerning such applications.
- F. 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 Board.

- G. 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;
- H. 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;
- I. Make recommendations to the Board on medico-administrative and Hospital management matters;
- J. Keep the Medical Staff up-to-date concerning the licensure and accreditation status of the Hospital;
- K. 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;
- L. Represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;
- M. Formulate and/or recommend to the Board Medical Staff Rules, Policies and Procedures; and
- N. 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;
- O. 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.
- P. Perform any function required to be performed by these bylaws, which is not assigned to a standing or ad hoc committee.

MEETINGS: The Executive Committee shall meet as necessary to fulfill its duties, but at least quarterly.

SECTION 4. ADDITIONAL COMMITTEES

Additional standing or ad hoc committees may be established by the Executive Committee as are necessary for the Medical Staff to carry out its various functions effectively.

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. The Medical Staff shall hold regular monthly meetings, for the purpose of reviewing and evaluating reports and recommendations, and to act on any other matters placed on the agenda by the President. One of these meetings shall be the Annual Meeting. The meeting dates will be set at the beginning of the calendar year by the President.
- B. The President may call a Special Meeting of the Medical Staff at any time. The President shall call a special meeting within 20 days after receipt of a written request therefore signed by at least one-fourth of the Medical Staff, or upon a resolution by the Executive Committee. Such request or resolution shall state the purpose of the meeting. The President shall designate the time and place of any Special Meeting.
- B. 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 President.

SECTION 3. QUORUM

Medical Staff/Executive Committee: Three members of the Active Staff category shall constitute a quorum.

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

SECTION 4. ATTENDANCE REQUIREMENTS

Each Active Staff appointee is required to attend the Annual Meeting and at least 1 of the regular Medical Staff meeting each quarter of the calendar year. Attendance at Medical Staff meetings will be used in evaluating practitioners at the time of reappointment. Consulting and Courtesy staff appointees are expected to attend and participate in Medical Staff meetings unless unavoidably prevented from doing so; such attendance is not however required as a condition of continued staff appointment.

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, or posted conspicuously at least five (5) days in advance of the meeting. Notice regarding the Annual Meeting shall be delivered or sent to each staff member at least two (2) weeks before the time of such meeting.

If an emergency special meeting is deemed necessary by the President 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 her/his 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 voting members present at a meeting at which a quorum is present shall be the action of a committee/the Medical Staff. Such recommendation will then be forwarded to the Executive Committee for final action.

SECTION 8. MINUTES

Minutes of each regular and special meeting of a committee or the Medical Staff 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 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 its Executive Committee, 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.

SECTION 2. METHODS OF ADOPTION AND AMENDMENT

- A. All proposed amendments, whether originated by the Executive Committee, another standing committee, or by a member of the Active Staff, must be reviewed and voted upon by the Executive Committee. Except as provided in D, favorable recommendations by the Executive Committee will be presented for a vote to the Medical Staff.
- B. The proposed amendment shall be conspicuously posted and/or distributed to all Active Staff at least 14 days prior to the vote.
- C. Each member of the Active Staff will be eligible to vote on the proposed amendment in a meeting or, when there is not a meeting, via printed ballot. An amendment will be deemed approved by a majority affirmative vote.
- D. The Executive Committee may, without vote by the Medical Staff, adopt such amendments to the Bylaws as are, in the committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering or due to punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately upon approval by the Board.
- E. Any amendment recommended by the Executive Committee shall become effective only after approval by the Board.

SECTION 3. RELATED PROTOCOLS AND MANUALS

The Executive Committee may recommend to the Board, a Policy on Appointment and Clinical Privileges, 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 the time of adoption of these Bylaws are hereby readopted and shall remain in effect until such time as changes consistent with these Bylaws are recommended and adopted by the Board.