

SHANDS LAKE SHORE
MEDICAL STAFF BYLAWS

Adopted by Shands At Lake Shore, Inc.
Board of Directors, April, 2008

Jodi J. Mansfield, Chair

DEFINITIONS

1. “Administrator”: the Administrator of Shands at Lake Shore Hospital.

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.

3. “Board”: the Shands at Lake Shore, Inc. Board of Directors.

4. “Ex-officio”: a non-voting member of a committee.

5. “Medical Executive Committee” or “MEC”: a committee of the Medical Staff consisting of the elected officers of the Medical Staff and other members as described in Article V, Section 1.

6. “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.

7. “Practitioner”: someone who is a member of the Medical Staff.

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 Lake Shore 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 at Lake Shore, Inc. 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 at Lake Shore, Inc.

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);
- Education, training and judgment;
- Demonstrated clinical performance and current competence;
- Adherence to professional ethics.
- 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, after consultation with the Medical Executive Committee;

- Completion of an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), American Podiatric Medical Association (APMA), or American Dental Association (ADA) approved residency.
- 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.
- Location of primary practice and primary residence within 30 miles of the Hospital, in order to ensure the ability to provide continuity of quality care to their patients at the Hospital.

A. Waiver of any of the above qualifications for membership may be granted only by the Board, after consultation with the Medical Executive Committee.

B. 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

A. Shands at Lake Shore, Inc. 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 at Lake Shore, Inc. 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 at Lake Shore, Inc., 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 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 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 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 thirty-five percent (35%) 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 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.

Responsibilities: Appointees to the Active Category must:

- 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. Serving on Medical Staff/departmental committees as a member and/or chairperson, and holding office, as assigned, appointed or elected in accordance with these Bylaws or other medical staff rules and regulations and discharging 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.
- 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 must participate in quality/performance improvement; risk management and monitoring activities.

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 who request clinical privileges, except for dentists, must hold an Active staff appointment at another hospital. Courtesy staff may not provide services to more than 25 patients per year.

Prerogatives: Appointees to this category may:

- A. Exercise such clinical privileges as are granted by the Board of Directors. Except for Courtesy Staff appointees who provide emergency call coverage for appointees of the Active Medical Staff, Courtesy Staff appointees shall not have admitting privileges. Courtesy Staff appointees who provide emergency call coverage may 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 participate in quality/performance improvement; risk management and monitoring activities.

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.

SECTION 5. THE PART-TIME EMERGENCY PHYSICIAN CATEGORY

The Part-time Emergency Physician Category consists of those Medical Staff appointees who only provide part-time 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.

Responsibilities: Appointees to the Part-time Emergency Physician category must participate in quality/performance improvement; risk management and monitoring activities.

SECTION 6. THE HOSPITALIST STAFF CATEGORY

The Hospitalist Staff is reserved for providers who have contracted with the hospital to provide adult inpatient primary care services (internal medicine or family medicine). A Hospitalist Staff member is not required to live within 30 miles of the hospital and shall not have a primary practice. The Hospitalist staff shall provide or arrange for continuous care of his/her inpatients.

Prerogatives: Appointees to this category may:

- A. Exercise such clinical privileges, including admitting privileges, as are granted by the Board of Directors.
- B. Admit or consult on an unlimited number of patients in any year.
- C. Attend meetings of the Medical Staff and medical staff committees, and any Medical Staff or Hospital education programs, but, with the exception of one Hospitalist Staff member who is also a Medical Director, a Hospitalist Staff member does not have voting privileges.
- D. Hospitalists cannot be elected as officers of the Medical Staff or Chief of Service.

Responsibilities: Appointees to the Hospitalist Staff must:

- A. Arrange for continuity of care and/or call coverage that is satisfactory to the Medical Executive Committee for patients for whom s/he is responsible, according to the bylaws.
- B. Care for unassigned patients and participate in the coverage of the emergency service and/or other service coverage as specified in the rules and regulations.
- C. Participate in quality/performance improvement, risk management and monitoring activities.

ARTICLE III. OFFICERS

SECTION 1. OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be:

- A. President

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- B. Vice President
- C. Secretary-Treasurer

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. Medical staff members employed by the Hospital are not eligible to be officers of the Medical Staff.

SECTION 3. ELECTION OF OFFICERS

- A. Officers shall be elected sometime during the last quarter of the appropriate calendar year. At least three months before the election date scheduled by the MEC, the President shall appoint a Nominating Committee consisting of four Active Staff members. The Nominating Committee shall prepare a slate of nominees for the President, the Vice President and Secretary-Treasurer positions.
- B. Nominations 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. Nominations may also be made from the floor.
- C. Officers shall be elected by ballot vote of all Medical Staff members with voting rights. To be elected, the candidate must receive a majority of the votes.
- D. All officers will be confirmed by the Board.

SECTION 4. TERM OF OFFICE

All officers serve a term of 1 year. Officers shall take office on the first day of the calendar year.

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. A vacancy in the office of Vice-President or Secretary-Treasurer shall be filled for the remainder of the unexpired term by election of the Active Staff within two months of the vacancy.

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 Medical Executive Committee;
- (5) take administrative actions for the Medical 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 Medical 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.

A. Secretary-Treasurer – The Secretary-Treasurer shall:

- (1) keep accurate and complete minutes of all staff and Medical Executive Committee meetings;
- (2) collect staff dues and funds, and make disbursements authorized by the Medical Executive Committee or its designees; and
- (3) call meetings on order of the President, attend to all correspondence and perform such other duties as pertain to the office of the Secretary-Treasurer. Where there are funds to be accounted for, s/he shall make the accounting.

SECTION 7. REMOVAL FROM OFFICE

The Medical Staff may remove any officer from office by petition of thirty-five percent (35%) of the members of the Active Staff, a subsequent two-thirds (2/3) affirmative vote by ballot of the Medical Staff members with voting rights, and 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 at Lake Shore, Inc.

ARTICLE IV. MEDICAL STAFF ORGANIZATION

The Medical Staff will be organized into at least two services, Medicine and Surgery. Additional optional clinical services or divisions as are deemed necessary may be established by the Board upon recommendation of the Medical Executive Committee.

SECTION 1. FUNCTIONS OF SERVICES

- A. Each clinical service shall recommend to the Credentials Committee criteria for clinical privileges within the service.

- B. Each service shall monitor and evaluate medical care on a retrospective, concurrent and prospective basis and shall select cases for presentation at its meetings that will contribute to the continuing education of its members.

- C. In discharging these functions, each service shall report to the Continuous Quality Improvement Committee after each meeting, detailing its analysis of patient care, and to the Credentials Committee whenever further investigation and appropriate action involving any individual member of the service is indicated. Copies of these reports shall be provided to the Medical Executive Committee and the Administrator.

- D. In addition, a service may perform any of the following activities:
 - (1) discussion of policies
 - (2) discussion of equipment needs
 - (3) development of recommendations for the MEC

SECTION 2. SERVICE CHIEFS

- A. The chief of each service shall be an appointee to the Active Staff who is qualified by training, experience and administrative ability for the position. S/he must be certified by an appropriate specialty board or demonstrate that s/he possesses competence comparable to that of a practitioner with such board certification.

- B. The chief of each service shall be elected by each service and approved by the MEC and appointed by the Board. Appointment of a chief shall be made for a term of one (1) year. A vice-chief of each service shall be appointed by the Board, if desired by the chief, after receiving the recommendation of the chief. Her/his tenure shall coincide with that of the chief.

- C. Removal of a chief during her/his term of office may be initiated by a two-thirds vote of all Active Staff members in the service. A removal shall be effective when approved by the Board.

SECTION 3. FUNCTIONS OF SERVICE CHIEFS

Each chief shall:

- A. be responsible for administrative activities within the service;

- B. be a member of the Medical Executive Committee;

- C. maintain continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the service, and report thereon to the Credentials Committee as part of the reappointment process and at such other times as may be indicated;

- D. recommend criteria for clinical privileges in the service;

- E. be responsible for enforcement within the service of Hospital and Medical Staff bylaws, policies and rules and regulations;
- F. be responsible for implementation within the service of actions taken by the Board and the Medical Executive Committee;
- G. make a report to the Credentials Committee concerning the appointment, reappointment, and delineation of clinical privileges for all applicants seeking privileges in the service;
- H. be responsible for the establishment, implementation and effectiveness of any teaching, education and research programs in the service;
- I. report and recommend to Hospital management when necessary with respect to matters affecting patient care in the service, including personnel, supplies, special regulations, standing orders and techniques;
- J. assist Hospital management in the preparation of annual reports and such budget planning pertaining to the service as may be required by the Administrator or the Board;
- K. delegate to a vice-chief of the service or an appointee of a sub-service such duties as appropriate.

ARTICLE V. COMMITTEES

SECTION 1. MEDICAL EXECUTIVE COMMITTEE

COMPOSITION: The MEC shall consist of the officers of the Medical Staff, the chiefs of clinical services, and one member-at-large. Ex-officio members will be the President

of Shands at Lake Shore, Inc. or her/his designee and the Chief Nursing Officer or her/his designee. The President of the Medical Staff will be the chairperson of the MEC.

MEMBERS AT LARGE: The member-at-large shall be a member of the Active Staff and appointed by the President.

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 implementation of policies adopted by, the various services and/or the 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;
- K. Monitor compliance with and enforce the Hospital and Medical Staff rules and regulations;
- L. 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;
- M. Determine minimum continuing education requirements for appointees to the staff;
and
- N. 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 not less than quarterly. Permanent records of its proceedings and actions shall be maintained.

SECTION 2. CREDENTIALS COMMITTEE

COMPOSITION: The Credentials Committee shall consist of five members, three recommended by the President, one appointed by the Department of Medicine and one appointed by the Department of Surgery, and approved by the Board. Qualifications shall include the physician's willingness to attend education and training programs relating to credentialing responsibilities and willingness to devote adequate time to these duties. The President shall appoint one of the Committee's members to serve as Chair for a one (1) year term. The Chair and members of the Credentials Committee shall be eligible for reappointment for successive terms. Service on this committee shall be considered as the primary medical staff obligation of each member of the committee and other medical staff duties shall not interfere.

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.
- E. Review as questions arise all information available regarding the behavior and clinical competence of persons currently appointed to the Medical Staff, and as a result of such review to make recommendations on the same to the Medical Executive Committee.

MEETINGS: The Credentials Committee shall meet as required to perform its assigned functions, but not less than quarterly. Permanent records of its proceedings and actions shall be maintained.

SECTION 3. CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

COMPOSITION: The Continuous Quality Improvement Committee shall consist of Active Staff members representative of each service, appointed by the President, and the Administrator or her/his designee. The Administrator will assign representatives from the Hospital staff. Only Medical Staff committee members shall have voting privileges. Committee members shall serve for one (1) year. The Chair of the Continuous Quality Improvement Committee shall be a Medical Staff member appointed by the President, in consultation with the Administrator, and shall serve for a one year term. The Chair and members of the Committee shall be eligible for reappointment for successive terms.

DUTIES: The duties of the Continuous Quality Improvement Committee shall be to:

- A. Review and monitor the quality assessment activities performed by Medical Staff committees, clinical departments, quality councils, quality work teams, and other

multidisciplinary committees which perform the functions of safety and disaster planning, infection control review, and pharmacy and therapeutics.

- B. Conduct a comprehensive review of surgery performed whether tissue was removed or not in order to determine justification and to evaluate the acceptability of the procedure chosen. Written reports shall be maintained reflecting the results of all evaluations performed and actions taken.
- C. Review blood transfusions for proper utilization and transfusion reactions.
- D. Monitor and evaluate utilization of the Hospital's resources; formulate a written utilization review plan which meets all applicable accreditation, regulatory and third-party payor requirements for the Hospital, to be approved by the Medical Staff, the Administrator, and the Board; review Hospital admissions with respect to need for admission, length of stay, and discharge practices, evaluate the services ordered and provided, and make recommendations on the same to the attending physicians, the Medical Staff and/or the Administrator.
- E. Assure medical records currently maintained describe the condition, treatment, and progress of patient in sufficient completeness to assure transferable comprehension of the case at any time; review medical records for completeness, accuracy, timeliness and authentication; review and update the acceptable Hospital medical abbreviations.
- F. Report (with or without recommendation) to the Credentials Committee for its consideration and appropriate action any situation involving questions of the clinical competence, patient care and treatment, or case management of any individual appointed to the Medical Staff.
- G. Report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation involving questions of professional

ethics, infraction of Hospital or Medical Staff bylaws or rules or unacceptable conduct on the part of any Medical Staff member.

MEETINGS: The Continuous Quality Committee shall meet at least quarterly. Permanent record of its proceedings, recommendations, and actions shall be maintained and reports thereof shall be made to the Medical Executive Committee and the Administrator.

SECTION 4. PHARMACY AND THERAPEUTICS COMMITTEE

COMPOSITION: The Pharmacy and Therapeutics Committee shall consist of at least three Medical Staff members, appointed by the President, the Hospital pharmacist, and one representative each from pathology, nursing service and hospital management, appointed by the Administrator. Only Medical Staff committee members shall have voting privileges.

DUTIES: The duties of the Pharmacy and Therapeutics Committee shall be to review pharmacy and therapeutic policies and practices within the Hospital and specifically to:

- A. Review the appropriateness of the therapeutic use of drugs through the analysis of individual or aggregate patterns of drug practice.
- B. Develop and recommend to the Continuous Quality Improvement Committee 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.

- E. Review the appropriateness, safety, and effectiveness of the prophylactic and therapeutic use of all types of antibiotics for all areas of patient care services in the Hospital.
- F. The committee shall report (with or without recommendation) to the Credentials Committee for its consideration and appropriate action any situation involving questions of the clinical competency, patient care and treatment or case management of any Medical Staff member.
- G. The committee shall report (with or without recommendation) to the Medical Executive Committee for its consideration and appropriate action any situation within the jurisdiction of the committee involving questions of professional ethics, infraction of Hospital or Medical Staff bylaws, policies or rules or unacceptable conduct on the part of any Medical Staff member.

MEETINGS: The Pharmacy and Therapeutics Committee shall meet as required to perform its assigned functions, but at least quarterly. Permanent records of its proceedings and actions shall be maintained and a report thereof shall be made to the Medical Executive Committee and the Administrator.

SECTION 5. INFECTION CONTROL COMMITTEE

COMPOSITION: The Infection Control Committee shall consist of the Infection Control Officer, one Medical Staff member from each clinical service and at least one pathologist, appointed by the President, and representatives from nursing service and hospital management appointed by the Administrator. Only Medical Staff committee members shall have voting privileges.

DUTIES: The duties of the Infection Control Committee shall be to:

- A. Monitor Hospital infection potentials.
- B. Review and analyze actual infections.
- C. Promote a preventive and corrective program designed to minimize infection hazards,
- D. Supervise infection control in all phases of the Hospital's activities.

MEETINGS: The Infection Control Committee shall meet at least bimonthly, shall maintain a permanent record of its proceedings and actions, and shall make a report thereof after each meeting to the Medical Executive Committee, the Administrator and the Director of Nursing Services.

SECTION 6. 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. 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. 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. Regular meetings of the Medical Staff shall be held every three months, for the purpose of reviewing and evaluating service and committee 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.
- C. The President may call a Special Meeting of the Medical Staff at any time. S/he shall call a special meeting within 20 days after receipt of a written request therefore signed by not less than one-fourth 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 President shall designate the time and place of any Special Meeting.
- D. 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 AND SERVICE MEETINGS

- A. Committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution. Service chairs shall hold meetings as needed to carry out service business.

B. A special meeting of any committee or service may be called by or at the request of the chairperson or chief thereof, by the President, or by a petition signed by not less than one-fourth of the members of the service or committee.

SECTION 3. QUORUM

Medical Staff Meetings: Twenty-five percent (25%) of the Medical Staff members with voting rights.

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

Committee/Service Meetings: Twenty-five percent (25%) of the voting members.

SECTION 4. ATTENDANCE REQUIREMENTS

Members of the Medical Staff are encouraged to attend meetings of the Medical Staff and the appropriate service.

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.

Special Requirements:

Whenever a pattern of suspected deviation from standard clinical or professional practice is identified, the President, chair of the Credentials Committee, or other appropriate committee chair may require the practitioner to confer with him/her or with a standing or ad hoc committee that is considering the matter. The practitioner will be given at least fourteen (14) days notice of the conference including the date, time and place, and a statement of the issue involved and that practitioner's appearance is mandatory. The conference may occur in less than fourteen (14) days if mutually agreed upon by the practitioner and said President or Committee Chair. Failure of the practitioner to appear

at any such conference, unless excused by the Medical Executive Committee upon showing good cause, will result in an automatic termination of membership. Such termination will not give rise to a fair hearing, but will automatically be rescinded upon the practitioner's participation in the previously referenced conference, provided the practitioner requests rescheduling within 14 days of the original conference date.

SECTION 5. PARTICIPATION BY THE PRESIDENT OF THE HOSPITAL

The President of the Hospital or any representative assigned by the President of the Hospital 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. Alternatively, notice of any meeting of the Medical Staff and regular meetings of services and committees may be posted on the Medical Staff bulletin board at least five days in advance of such meetings. Such posting shall be deemed to constitute actual notice to the persons concerned. 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 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 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 submitted to the Medical Executive or other designated committee, and to the Administrator. 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 shall have the responsibility to formulate, review biennially, and recommend 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 Medical Executive Committee, another standing committee, or by a member of the Active Category of the staff, must be reviewed and discussed by the Medical Executive Committee prior to a Medical Staff vote.
- B. Such amendment may be recommended to the Board by the Medical Executive Committee after a majority vote, provided that the proposed amendment(s) was first distributed to all members of the Active Category at least 21 days prior to a Medical Executive Committee vote.
- C. Each member of the Active Category of the Medical Staff and the designated voting Hospitalist Staff Medical Director will be eligible to vote on the proposed amendment via printed ballot. An affirmative vote may be cast either by marking the ballot “yes” or by discarding the ballot. A negative vote may be cast by so marking the ballot and returning it to the Medical Staff Office. An amendment will be deemed approved providing that a majority of the voting staff members have voted affirmatively.

- 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, 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 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.