MEDICAL AND DENTAL STAFF BYLAWS

(Revised 10/2008, 01/2009, 3/26/09, 05/28/09, 07/30/09, 09/24/09, 10/29/09, 1/28/10, 7/29/10, 9/30/10, 2/28/11, 10/8/13, 02/10/2016, 09/08/2016, 02/14/18 , 9/19/2018, 12/11/2018, 4/9/2019

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SAINT PETER'S UNIVERSITY HOSPITAL

ADOPTION

These Medical and Dental Staff Bylaws have been adopted by the Medical and Dental Staff and have been approved by the Board of Trustees of Saint Peter's University Hospital (the "Hospital'), suspending and replacing any and all previous Medical and Dental Staff Bylaws, and henceforth all activities and actions of the Medical and Dental Staff and of each individual exercising clinical privileges at the Hospital shall be taken under and in compliance with the requirements of these Bylaws. These Medical and Dental Staff Bylaws are adopted in order to organize the Medical and Dental Staff, provide a framework for its self-governance, and establish the mechanisms through which the Medical and Dental Staff will discharge its responsibilities. The Medical and Dental Staff and each Member of the Medical and Dental Staff shall comply with these Bylaws, and the Rules and Regulations of the Medical and Dental Staff.

These Medical and Dental Staff Bylaws provide the professional structure for Medical and Dental Staff operations, organized Medical and Dental Staff relations with the Board, and Medical and Dental Staff relations with Members, other Practitioners, and applicants for Medical and Dental Staff Membership and privileges. The Board shall act in accordance with these Bylaws and the Rules and Regulations of the Medical and Dental Staff, and all policies that are adopted by the Medical and Dental Staff, or as delegated by the Medical and Dental Staff to the Executive Committee, and approved by the Board.

The present Rules and Regulations of the Medical and Dental Staff are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws.

In the event of a conflict between these Medical and Dental Staff Bylaws and the Rules and Regulations of the Medical and Dental Staff, or any other Medical and Dental Staff or Department policies, these Bylaws shall prevail.

Adopted by the Medical and Dental Staff on: 10/08/2013

Approved by the Board on: 10/17/2013

PREAMBLE

WHEREAS, Saint Peter's Hospital (the "Hospital") is a non-profit institution organized under the laws of the State of New Jersey.

The Physicians, Dentists, and Podiatrists practicing in the Hospital hereby organize themselves into a Medical and Dental Staff in conformity with these Bylaws.

ARTICLE I

DEFINITIONS AND PURPOSES

ARTICLE I. **PART A. DEFINITIONS**. The following definitions shall apply to terms used in these Bylaws:

1. **"Board"** means the Board of Trustees of the Hospital, who has the overall responsibility for the conduct of the Hospital.
2. "**Chief Executive Officer"** means the President of the Hospital or the President's designee.
3. **"President"** means the President of the Medical and Dental Staff unless otherwise specified.
4. **"Executive Committee"** means the Executive Committee of the Medical and Dental Staff.
5. **"Medical and Dental Staff"** means all individuals listed in the categories of Article II.
6. **"Physician"** shall be interpreted to include both doctors of medicine (MD's. and doctors of osteopathy (DO's).
7. **"Dentist"** shall be interpreted to include a doctor of dental surgery(DDS) and a doctor of dental medicine(DMD).
8. **"Podiatrist"** means a Podiatric Physician licensed by the State of New Jersey.
9. **"Practitioner"** means a Physician, Dentist, or Podiatrist as defined above.
10. **"Ethical and Religious Directives for Catholic Health Care Services"** shall refer to those directives as promulgated by the National Conference of Catholic Bishops and adopted by the Board of Trustees.
11. **"Member"** means those Physicians, Dentists, and Podiatrists who are Members of the Medical and Dental Staff.
12. **"Resident"** refers to a Physician or Dentist enrolled in an educational program aiming at specialty certification.
13. **"Fellow"** refers to a Physician or Dentist enrolled in an ACGME accredited program of advanced or subspecialty training of which at least a portion is spent at this institution.
14. **"House Physician or House Dentist"** refers to an individual licensed to practice Medicine and Surgery or Dentistry in the State of New Jersey and employed by the Hospital to provide clinical services but who is not a Member of the Medical and Dental Staff and not enrolled in an educational program at this institution.
15. Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural as the context requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

16. **"Allied Health Professional"** refers to licensed professionals other than Physicians, Dentists, and Podiatrists including but not limited to Independent Qualified Health Professionals, Advanced Practice Nurses, Certified Registered Nurse Anesthetists, Nurse Midwives and Physician Assistants. "Independent" here refers to only those individuals who do not need a collaborative agreement with a Member of the Medical and Dental Staff to practice at the Hospital.

17. Qualified Medical Personnel" refers to those individuals who have been approved by the hospital to perform Medical Screening Examinations i.e. physicians, residents, (PA)physician assistants and (APN)advance practice nurses.

ARTICLE I. **PART B. PURPOSES**. The purposes of the Medical and Dental Staff are:

1. To initiate and maintain a formal organizational structure for self-government of the Medical and Dental Staff, as an integral part of the Hospital, subject to the ultimate authority and approval of the Board.

2. To serve as the primary means for accountability to the Board for the quality of medical care, treatment and services provided to patients.

3. To provide a mechanism to create a uniform standard of quality patient care, treatment and services.

4. To provide oversight of the quality of care, treatment and services provided by the Medical and Dental Staff and to provide for a uniform quality of patient care, treatment and services.

5. To establish and enforce criteria and standards for Medical and Dental Staff Membership.

6. To establish and enforce criteria for delegating oversight responsibilities to Practitioners with clinical privileges.

7. To establish and maintain patient care standards and credentialing and delineation of clinical privileges.

8. To prioritize hospital-sponsored educational activities.

9. To formulate, implement and monitor the performance improvement activities of the Hospital and report thereon to the Board.

10. To initiate, develop and approve the Bylaws, Rules and Regulations of the Medical and Dental Staff stating the policies of the Medical and Dental Staff, and to approve or disapprove amendments thereto, subject to the approval of the Board.

11. To work with clinical leaders in providing advice about the sources of clinical services to be provided through contracted agreements.

ARTICLE I. **PART C. PARTICIPATION IN PERFORMANCE IMPROVEMENT ACTIVITIES**. The Medical and Dental Staff shall participate in the following performance improvement activities:

1. Education of patients and their families.

2. Coordination of care, treatment and services with other Practitioners and Hospital personnel as relevant to the care, treatment and services of individual patients.

3. Determining the use of findings of the assessment process that are relevant to a Practitioner's performance in the ongoing evaluation of the Practitioner's competence.

4. Communication of findings, conclusions, recommendations and actions to improve performance to appropriate Medical and Dental Staff Members, the Performance Improvement Committee and the Board.

ARTICLE II

CATEGORIES OF THE MEDICAL AND DENTAL STAFF

ARTICLE II. **PART A. CATEGORIES**

The Medical-Dental staff shall include Active, Consultant and Faculty Categories. At the time of appointment and at the time of each reappointment, the Medical Staff Member's staff category shall be recommended by the Medical Executive Committee and approved by the Board. Members in the Active and Consultant staff categories shall compose the group defined as the Organized Medical Staff.

ARTICLE II. **PART B. LIMITATIONS ON PREROGATIVES**

The prerogatives of Medical Staff Membership in these Bylaws are general in nature and may be limited or restricted by special conditions attached to a Practitioner's appointment or reappointment, by state or federal law or regulation or other provisions of these Bylaws, the Rules and Regulations or other policies, commitments, contracts or agreements of the Hospital.

ARTICLE II. **PART C. THE ACTIVE CATEGORY**

1. The Active Category shall consist of Physicians, Dentists, and Podiatrists who have indicated and demonstrated a strong personal interest in the Hospital and who assume all the responsibilities and benefits of Medical and Dental Staff Membership including, where appropriate, service on committees, care for unassigned patients, emergency service care, consultation and teaching assignments and participation in quality assessment and monitoring activities.

2. Members of the Active Category shall be entitled to any prerogatives that may be designated for this category. Appointees to the Active Category, except those with provisional appointments, shall be entitled to vote, hold office and serve as chairpersons of committees. They shall be required to meet the attendance standards for departmental meetings and pay dues.

ARTICLE II. **PART D. THE CONSULTANT AND CONSULTANT SPECIFIC CATEGORY**

1. The Consultant Category shall consist of Physicians, Dentists, and Podiatrists with a special area of expertise who conduct a specialty practice at the Hospital, and who are not assigned to the Consultant-Privilege Specific Category. Members of the Consultant Category assist in the care of the patient and may write orders and document in the chart but do not admit patients or act as the attending. Members may serve on committees, care for unassigned patients, provide emergency service care, consultation and teaching assignments and participate in quality assessment and monitoring activities.

2. Members of the Consultant Category shall be entitled to any prerogatives that may be designated for this category. Appointees to the Consultant Category, except those with provisional appointments, shall be entitled to vote, hold office and serve as chairpersons of committees. Members may be exempted from paying dues and from attending departmental meetings by the Executive Committee upon recommendation of the Department Chairman.

3. The Consultant-Privilege Specific Category shall consist of Physicians who are granted specific privileges to provide services for the sole purpose of diagnosis and treatment of patients utilizing a limited number of procedures. This category is to accommodate requests from non-Hospital affiliated Practitioners for "Cyberknife Only Privileges". Members of the Consultant Privilege Specific Category

shall not admit patients, vote, hold office or act as the attending. Members are exempted from paying dues, attending departmental and other meetings and participating on the on-call schedule. Members assigned to the Consultant-Privilege Specific Category shall satisfy the specific Departmental requirements for such privileges in accordance with Department procedure .

4. In addition to the requirement set forth in Article VI, Part A, Section 2.d., Physicians must provide evidence that their medical malpractice insurance coverage will provide coverage in the State of New Jersey. Members of this Consultant-Privilege Specific Category must consent to personal jurisdiction in any Federal or State court, or any administrative court or agency, in the United States for resolution of any claims brought against them arising out of the provision of services to patients of Hospital. All Members of this Consultant-Privilege Specific Category must agree to the appointment of any person or entity designated by the Hospital to accept service of process on their behalf.

ARTICLE II. **PART E. THE FACULTY CATEGORY**

1. The Faculty Category shall consist of Physicians, Dentists, and Podiatrists participating in a hospital medical education program and who do not qualify for assignment to other categories. Members do not have clinical privileges and are exempt from service and other patient care obligations.

2. The application for appointment and reappointment shall be processed in the same manner as other applicants. Members who belong to the Faculty Category may be exempt from attendance at departmental meetings, and the payment of dues at the recommendation of the Department Chairman upon approval of the Executive Committee. They may serve as Members of Medical and Dental Staff Committees and as chairpersons of such committees. They shall not be eligible to hold office or vote except as Members of Committees.

ARTICLE II. **PART F. HOUSE PHYSICIAN OR HOUSE DENTIST**

The category shall consist of individuals licensed to practice Medicine and Surgery or Dentistry in the State of New Jersey and employed by the Hospital to provide clinical services and not enrolled in an educational program at this institution. The Chairman of the respective department shall create the job description. Board Certification is not required. The application for appointment and reappointment shall be processed in the same manner as other applicants. House Physician or House Dentist shall not be entitled to the appeal and hearing rights of these Bylaws. They shall be included in the quality assurance monitoring process. House Physicians may not admit patients, shall not be required to pay dues, shall not be entitled to vote, and shall not serve on Committees.

ARTICLE II. **PART G. THE EMERITUS CATEGORY**

A Physician, Dentist or Podiatrist who has provided long and faithful service on the Medical and Dental Staff may be eligible for assignment to the Emeritus Category. Membership in the Emeritus Category shall require nomination by the individual's Department Chairman. Due to being retired, Members do not have clinical privileges and are exempt from service and other patient care obligations. They may not vote, hold office or be required to serve on standing Medical and Dental Staff Committees. All Members of the Emeritus Category are exempt from payment of dues.

ARTICLE II. **PART H. THE HONORARY CATEGORY**

The Medical and Dental Staff may honor outstanding individuals, not necessarily Physicians, Dentists, or Podiatrists, for their contribution to society in general or this Hospital in particular by appointing them as Honorary Members of the Medical and Dental Staff without clinical privileges.

ARTICLE II. PART I **THE AFFILIATE CATEGORY**

The Affiliate Category shall consist of those Physicians, Dentists, or Podiatrists in clinical practice who desire an affiliation with the Hospital and its medical staff for the purpose of referring patients and attending educational activities. They do not have to meet the Board Certification requirement.

Members of the Affiliate Category are appointed by the Board on recommendation of the Executive Committee; do not have clinical privileges and shall not be eligible to vote or hold office. They are not required to pay medical staff dues. An Affiliate Member may serve on committees; may attend medical staff, department meetings and educational conferences. Members are permitted to review their own patient charts however, they may not write in the patient charts. Members are required to carry liability insurance. They are not afforded any hearing or appeal rights under these Bylaws even if initial appointment is denied.

ARTICLE II. **PART J. THE TELEMEDICINE CATEGORY**

The Telemedicine Category shall consist of Physicians, Dentists and Podiatrists who are granted specific privileges to provide services via a telemedicine link from a remote primary office location for the specific purpose of providing diagnosis and treatment of patients. They shall not be eligible to admit patients, vote or hold office. They are not required to attend meetings or participate in an on-call schedule. They shall pay Medical Staff dues and must comply with the Bylaws and the Rules and Regulations. They must satisfy the specific departmental requirements for telemedicine privileges in accordance with the individual department procedure.

In addition to the requirement set forth in Article VI, Part A, Section 2. cd., Physicians, Dentists or Podiatrists must provide evidence that their medical malpractice insurance coverage will provide coverage in the State of New Jersey. Members of this Telemedicine Category must consent to personal jurisdiction in any Federal or State court, or any administrative court or agency, in the United States for resolution of any claims brought against them arising out of the provision of services to patients of Hospital. All Members of this Telemedicine Category must agree to the appointment of any person or entity designated by the Hospital to accept service of process on their behalf.

ARTICLE III

STRUCTURE OF THE MEDICAL AND DENTAL STAFF

ARTICLE III. **PART A. GENERAL**

ARTICLE III. PART A. **Section 1. Medical and Dental Staff Year**

For the purpose of these Bylaws, the Medical and Dental Staff year shall commence on the 1st day of January and end on the 31st day of December of each year.

ARTICLE II I. PART A. **Section 2. Dues**

Dues shall be paid by January 31st by Members of the Medical and Dental Staff in accordance with Article II. The amount of dues shall be determined by the Executive Committee. The Medical and Dental Staff shall maintain treasury accounts. The signatories to this account shall be the President, Vice President, and the Secretary-Treasurer of the Medical and Dental Staff.

ARTICLE III. PART A. **Section 3. Conflict of Interest**

a. In any instance where an officer, or Department Chairman or Committee Chairperson, or a Member of any Medical and Dental Staff Committee has a conflict of interest or is biased in any matter involving another Medical or Dental Staff Member, appointee or applicant that comes before such individual or Committee, or in any instance where any such individual or Committee Member brought the complaint against the Member, such individual or Member shall not participate in that discussion or voting on the matter, and shall be excused from any meeting during that time, although that individual or Committee Member may be asked and may answer any questions concerning the matter before leaving. As a matter of procedure, the Chairperson of that Committee designated to

make such a review shall inquire, prior to any discussion of the matter, whether any Member has any conflict of interest or bias. The existence of a potential conflict of the Chairperson noted by any Committee Member may be called to the attention of the officer, or Department Chairman or Committee Chairperson. A Member of any Medical and Dental Staff Committee practicing in the same field involving another Medical and Dental Staff appointee shall not in itself be construed to constitute a conflict of interest.

b. A Department Chairman shall have a duty to delegate review of applications for appointment, reappointment or clinical privileges, or questions that may arise to a vice chairman or other Members of the Department, if the chairman has a conflict of interest with the individual under review.

c. The fact that a Department Chairman or Medical and Dental Staff Member is in the same specialty as a Member whose performance is being reviewed does not automatically create a conflict. The evaluation of whether a conflict of interest exists shall be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness.

d. The fact that a Committee Member or Medical and Dental Staff leader chooses to refrain from participation, or is excused from participation, shall not be interpreted as a finding of actual conflict.

ARTICLE III. **PART B. OFFICERS**

The officers of the Medical and Dental Staff shall be the President, Vice President, immediate Past President and Secretary-Treasurer.

ARTICLE III. PART B. **Section 1. Qualifications of Officers**

Only those Medical and Dental Staff Members who satisfy the following criteria may serve as Medical and Dental Staff officers:

a. be Members in good standing of the Active Category to the Medical and Dental Staff of the Hospital and continue so during their term of office;

b. be Members of the Executive Committee;

c. have demonstrated interest in maintaining quality medical care at the Hospital;

d. have constructively participated in Medical and Dental Staff affairs, including peer review activities;

e. be willing to discharge faithfully the duties and responsibilities of the position to which the individual is elected or appointed; and

f. possess and have demonstrated an ability for harmonious interpersonal relationships.

g. must perform a majority of their hospital clinical work at this hospital

ARTICLE III. PART B. **Section 2. President of the Medical and Dental Staff**

The President shall:

a. serve as the Chief Administrative Officer of the Medical and Dental Staff in coordination and cooperation with the Chief Executive Officer in matters of mutual concern involving the Hospital;

b. serve as ex-officio Member with vote on the Hospital Board of Trustees;

c. call, preside at and be responsible for the agenda of all general meetings of the Medical and Dental Staff and the Executive Committee;

d. appoint and remove chairpersons and Members of all standing and special Medical and Dental Staff Committees except as otherwise provided;

e. serve as Chairperson of the Executive Committee;

f. serve as ex officio Member, with vote, on all Medical and Dental Staff Committees without attendance requirements;

g. represent the views, policies, needs and grievances of the Medical and Dental Staff;

h. report on the activities of the Medical and Dental Staff to the Board and to the Chief Executive Officer; and

i. provide day-to-day liaison on medical matters with the Chief Executive Officer.

ARTICLE III. PART B. **Section 3. Vice President of the Medical and Dental Staff**

The Vice President shall:

a. assume all the duties and have the authority of the President of the Medical and Dental Staff in the event of the President's temporary inability to perform due to illness, absence from the community or unavailability for any other reason;

b. serve on the Executive Committee;

c. automatically succeed the President, should the office of President become vacated for any reason during the President's term of office; and

d. perform such duties as are assigned by the President.

ARTICLE III. PART B. **Section 4. Immediate Past President**

The Immediate Past President shall:

a. serve on the Executive Committee;

b. serve as an ex-officio Member with vote on the Hospital Board of Trustees; and

c. perform such additional or special duties as shall be assigned by the President of the Medical and Dental Staff or the Executive Committee.

ARTICLE III. PART B. **Section 5. Secretary-Treasurer**

The Secretary-Treasurer shall:

a. cause to be kept accurate and complete minutes of all Executive Committee and Medical and Dental Staff meetings;

b. cause staff dues and funds to be collected and make disbursements authorized by the Executive Committee;

c. attend to all correspondence and perform such other duties as pertain to the office of Secretary-Treasurer; and

d. make an annual financial report to the Medical and Dental Staff.

ARTICLE III. PART B. **Section 6. Election of Officers and Term of Office**

Each of the President, Vice President and the Secretary-Treasurer shall be a Member of the Medical and Dental Staff, elected at the initial meeting of each new Executive Committee and shall serve a two (2) year term from the date of his election or until a successor is elected.

ARTICLE III. PART B. **Section 7. Removal of Officers**

The Executive Committee, by a two-thirds (⅔) vote of the entire Executive Committee may remove any Medical and Dental Staff officer for conduct detrimental to the interests of the Hospital, or if the officer is suffering from a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office, provided that notice of the meeting at which such action shall be decided is given in writing to such officer at least ten (10) days prior to the date of the meeting. The officer shall be afforded the opportunity to speak prior to the taking of any vote on such removal. Removal of an officer shall not automatically remove the individual from the Executive Committee unless Article V. Part B., Section 1.e. is invoked at the same time.

ARTICLE III. PART B. **Section 8. Vacancies in Office**

If there is a vacancy in the office of the President of the Medical and Dental Staff prior to the expiration of the President's term, the Vice President shall assume the duties and authority of the President for the remainder of the unexpired term. If there is a vacancy in any other office, the Executive Committee shall elect another person possessing the qualifications set forth in Section 1. of this Part to serve out the remainder of the unexpired term.

ARTICLE III. **PART C. MEETINGS OF THE MEDICAL AND DENTAL STAFF.**

ARTICLE III. PART C. **Section 1. Special Staff Meetings**

a. The President may call a meeting of the Medical and Dental Staff at any time. The President shall call a special meeting within fifteen (15) days after receipt by him of a written request for same signed by not less than one-fourth (¼) of the Active Staff and stating the purpose for such meeting. The President shall designate the time and place of any special meeting.

b. Written or printed notice stating the place, day and hour of any special meeting of the Medical and Dental Staff shall be delivered, either personally or by mail, to each Member of the Active Staff not less than ten (10) or more than thirty (30) days before the date of such meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each Medical and Dental Staff Member at his address as it appears on the records of the Hospital. Notice may also be sent to Members of the other medical staff groups who have so requested. The attendance of a Member of the Medical and Dental Staff at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice of the meeting.

ARTICLE III. PART C. **Section 2. Quorum**

The presence of one-fourth (¼) of the Members eligible to vote shall constitute a quorum for any regular or special meeting of the Medical and Dental Staff.

ARTICLE III. PART C. **Section 3. Agenda**

The agenda at any regular or special Medical and Dental Staff meeting and its conduct shall be set by the President of the Medical and Dental Staff.

ARTICLE III. **PART D. DEPARTMENT/SECTION AND COMMITTEE MEETINGS**

ARTICLE III. PART D. **Section 1. Departmental/Section Meetings**

Members of each department/section shall meet to conduct the business of the department as often as required in order to comply with regulatory requirements at a time set by the Chairman of the department/section. At the meeting, the department/section shall review and evaluate the

clinical work of the department, consider the findings of ongoing quality assessment, monitoring and evaluation activities, and discuss any other matters concerning the department. The agenda of the meeting and its general conduct shall be set by the Department Chairman. Each department shall maintain a permanent record of its findings, proceedings and actions, and shall regularly report to the Executive Committee.

ARTICLE III. PART D. **Section 2. Committee Meetings**

All Committees should meet at least quarterly at a time set by the Chairman of the Committee, unless otherwise specified in these Bylaws. The agenda for the meeting and its general conduct shall be set by the chairman. Each Committee shall maintain a permanent record of its findings, proceedings and actions, and shall regularly report to the Executive Committee.

ARTICLE III. PART D. **Section 3. Special Departmental and Committee Meetings**

a. A special meeting of any department or committee may be called by or at the request of the appropriate chairman, the President of the Medical and Dental Staff, or by a petition signed by not less than one-third (⅓) (but not less than two (2)) of the Members of the department or committee.

b. In the event that it is necessary for a department or committee to act on a question without being able to meet, the voting Members may be presented with the question, in person or by other means, and their vote recorded by the chairman. Such a vote shall be binding so long as the question is voted on by a majority of the department or committee eligible to vote.

ARTICLE III. PART D. **Section 4. Quorum**

The presence of ten (10%), percent (but no fewer than three (3) Members) of the total Membership of the department or committee eligible to vote at any regular or special meeting shall constitute a quorum. This provision shall not apply to the Executive Committee or other Committees as specified in these Bylaws.

ARTICLE III. PART D. **Section 5. Minutes**

Minutes of each meeting of each department and each committee shall be prepared and shall include a record of the attendance of Members, of the recommendations made and of the votes taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly forwarded to the Executive Committee and, at the same time, to certain Committees as specified elsewhere in these Bylaws. A permanent file of the minutes of each department and each committee meeting shall be maintained by the Hospital.

ARTICLE III. **PART E. PROVISIONS COMMON TO ALL MEETINGS.**

ARTICLE III. PART E. **Section 1. Notice of Meetings**

Notice of all meetings of the Medical and Dental Staff and regular meetings of departments and committees shall be mailed to each Medical and Dental Staff appointee at least two (2) weeks in advance of such meetings. Such notice shall state the date, time and place of the meeting. Such mailing shall be deemed to constitute actual notice to the persons concerned. The attendance of any individual at any meeting shall constitute a waiver of that individual's notice of said meeting.

ARTICLE III. PART E. **Section 2. Special Appearance**

a. Members of the Medical Executive Committee, Credentials Committee, QA/PI Committee, Critical Care Committee and Pharmacy and Therapeutics Committee are expected to attend fifty percent (50%) of their regularly scheduled meetings.

b. Any Medical and Dental Staff appointee whose clinical work is scheduled for discussion at a regular department/section or committee meeting shall be so notified and shall be expected to attend such meeting. The Chairman shall give the individual advance written notice of the time and place of the meeting at which attendance is expected. Whenever apparent or questioned deviation from standard clinical practice is involved, the notice to the individual shall so state, shall be given by certified mail, return receipt requested, and the individual's attendance at the meeting at which the alleged deviation is to be discussed shall be mandatory. If the individual shall make a timely request for postponement, supported by adequate evidence showing that the absence will be unavoidable, the presentation may be postponed by the Chairman of the individual's department, or by the Executive Committee if the Department Chairman is the individual involved, until not later than the next regularly scheduled meeting. Otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

c. The chairman of the applicable department or committee shall notify the Executive Committee of the failure of an individual to attend any meeting with respect to which notice was given that attendance was mandatory. Unless excused by the Executive Committee upon showing good cause, such failure shall constitute voluntary relinquishment of all or such portion of the individual's privileges as the Executive Committee may direct. Such relinquishment shall remain in effect until the matter is resolved.

ARTICLE III. PART E. **Section 3. Rules of Order**

Whenever they do not conflict with these Bylaws, the current revised Robert's Rules of Order shall govern all meetings and elections. The latest edition of Robert's Rules of Order Revised may be used for reference to all meetings and elections, but shall not be binding. Specific provisions of these Bylaws and Medical and Dental Staff, department or committee custom shall prevail at all meetings. The Department or Committee Chair shall have the authority to rule definitively on all matters of procedure.

ARTICLE III. PART E. **Section 4. Voting**

Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.

ARTICLE III. PART E. **Section 5. Rights of Ex-Officio Members**

Members of the Medical and Dental Staff serving under these Bylaws as ex officio Members of a committee shall have all rights and privileges of regular Members including the right to vote, unless otherwise specified in these Bylaws.

ARTICLE III. PART E. **Section 6. No Right to Counsel; Confidentiality**

A Member of the Medical and Dental Staff shall not have the right to counsel at any meeting of the Medical and Dental Staff, meeting of a clinical department or meeting of a committee, except by the prior unanimous consent of all Members present at the meeting or except as otherwise specifically set forth in these Bylaws. All meetings of the Medical and Dental Staff, meetings of clinical departments and meetings of committees and all minutes relating to such meetings are confidential and not subject to disclosure unless otherwise required by applicable law, regulation or court order to be disclosed.

ARTICLE IV

CLINICAL DEPARTMENTS

ARTICLE IV. **PART A. CLINICAL DEPARTMENTS.**

ARTICLE IV. PART A. **Section 1. List of Departments**

The following clinical departments have been established. The department list may be changed by amendment of these Bylaws.

Department of Anesthesiology
Department of Dentistry
Department of Emergency Medicine
Department of Family Medicine
Department of Genetic and Genomic Medicine
Department of Medicine
Department of Obstetrics and Gynecology
Department of Orthopedics
Department of Pathology
Department of Pediatrics
Department of Radiology
Department of Radiation Oncology
Department of Surgery

ARTICLE IV. PART A. **Section 2. Functions of Departments**

a. Each clinical Department Chairman shall recommend to the Credentials Committee written criteria for the assignment of clinical privileges within the department. Such criteria shall be consistent with and subject to the Bylaws, policies, Rules and Regulations of the Medical and Dental Staff and the Hospital. These criteria shall be effective when approved by the Executive Committee and the Board. Clinical privileges shall be based upon current competency, training and experience within the specialties covered by the department.

b. Each department shall monitor and evaluate medical care on a retrospective, concurrent and prospective basis in all major clinical activities of the department. This monitoring and evaluation must at least include:

   1. the identification and collection of information about important aspects of patient care provided in the department;

   2. the identification of the indicators used to monitor the quality and appropriateness of the important aspects of care; and

   3. periodic assessment of patient care information to evaluate the quality and appropriateness of care; to identify opportunities to improve care; and to identify important problems in patient care.

   Each department shall recommend, subject to approval and adoption by the Executive Committee and Board, objective criteria that reflect current knowledge and clinical experience. These criteria shall be used by each department or by the Hospital's quality assessment program in the monitoring and evaluation of patient care. When important opportunities to improve care are identified, each department shall document the actions taken and evaluate the effectiveness of such actions.

c. Each relevant department shall also 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 for the surgery. Specific consideration shall be given to the agreement or disagreement of the preoperative and postoperative (including pathological) diagnoses. Written reports shall be maintained reflect the results of all evaluations performed and actions taken.

d. Each department shall report regularly to the Performance Improvement Committee detailing its analysis of patient care. Whenever further investigation is required of the quality of care rendered by a Member of the department, the department shall so notify the Credentials Committee. Copies of these reports shall be filed with the Executive Committee.

ARTICLE IV. PART A. **Section 3. Department Chairmen (approved by BOT 02/24/18)**

a. Qualifications for Chairman:

The Chairman of each department shall be an appointee to the Active Category who possesses the qualifications set forth in Article III, Part B., Section 1. of these Bylaws. Such individual must also be certified by the appropriate specialty board, unless waived by the Executive Committee and Board.

b. Search Committee for Chairman:

When a vacancy in a Department Chairman is noted to exist or is recognized for the future, a Search Committee will be formed. An interim or acting Chairman may be nominated by the Executive Committee after consultation with Members of the department and shall serve upon approval of the Board of Trustees.

Waiver of the search for a department chair may occur under the following circumstances:

When an individual within the department possesses the qualifications to be chair, and a simple majority of eligible voting members vote to approve this individual's nomination with 30 days of the announcement of the department chair vacancy, the nominee will enter into discussion/negotiations with the CEO in collaboration with the President of the Medical Staff. If mutual agreement is reached the search process can be waived if subsequently approved by both the Executive Committee and the Board of Governors.

1. The Search Committee shall consist of nine (9) members. Four (4) members shall be selected by and from the Active Staff Members of the department (one of which may be a representative from a medical school where there is an affiliation agreement by the elected Members of the department on MEC). If the department consists of fewer than five (5) Members, the additional Members shall be appointed from other departments by the Executive Committee. There shall also be two (2) Members chosen from other departments by the Executive Committe, prefearbly those who interact strongly with the affected department, two members selected by the Hospital administration (VP/CMO and a representative from Human resources) and a member selected by the Board of Trustees. The Search Committee shall act by majority with the vote of equal Members having equal weight. The Search Committee shall appoint its own chairman from among its membership. If a Member of the Search Committee agrees to be considered for the Department Chairman, he or she shall resign from the Committee and be replaced by another Member of the department selected by the same mechanism. The Search Committee shall report to the Executive Committee monthly and shall submit its final recommendation within nine (9) months of the date that the Search Committee has been formed. In an unusual circumstance, the Executive Committee shall grant an extension from the

aforementioned time. The individual nominated by the Search Committee must apply for and be granted privileges on the Medical and Dental Staff. The appointment as Chairman will require approval of the Executive Committee and Board of Trustees.

2. When in the opinion of the Executive Committee, the Search Committee has failed to fulfill its responsibilities, the Executive Committee is empowered to dissolve the Search Committee and appoint a new one. The composition of the new Search Committee shall consist of four (4) members of the Active Staff Members of the department (appointed by the Executive Committee, not selected by the department) and otherwise shall be as defined above in Section 3.b.1.

3. A waiver of the Search Committee process may be initiated by vote of the Active Staff Members of the department concerned, the Executive Committee, or the Board of Trustees but must be approved by each of the aforementioned groups.

4. If the new Chairman is not already a Member of the Executive Committee, he shall become so automatically.

5. Any Search Committee currently in process shall operate under the Bylaws as constituted at the time of its inception.

c. Removal of Chairman:

Removal of a Chairman during his term of office may be initiated by a two thirds (⅔) majority of all Members of his department who are eligible to vote but no such removal shall be effected unless ratified by the Executive Committee of the Medical and Dental Staff and the Board of Trustees of the Hospital. A Chairman may also be removed by abrogation of the contract between the Chairman and the Hospital, if such a provision exists in the contract.

ARTICLE IV. PART A. **Section 4. Functions of Department Chairmen**

Each Chairman shall:

a. Be responsible for clinical and administrative activities within the department including personnel, space requirements and type and scope of services of that department.

b. Monitor the professional performance of all individuals who have delineated clinical privileges in the department, and be actively involved in the reappointment process through use of defined criteria including that which are defined at a minimum by the Joint Commission.

c. Define and use objective criteria for the recommendation of clinical privileges in the department.

d. Be responsible for enforcement within the department of the Hospital policies and Bylaws and the Medical and Dental Staff Bylaws, policies, Rules and Regulations.

e. Be responsible for implementation within the department of actions taken by the Board and the Executive Committee.

f. Make a report to the Credentials Committee concerning the appointment, reappointment, and delineation of clinical privileges for all applicants seeking privileges in the department.

g. Be responsible for the establishment and implementation of the teaching, education and research programs in the department.

h. Participate in every phase of the department through cooperation with Nursing Service and Hospital management in matters affecting patient care, including personnel, supplies, special regulations, standing orders and techniques.

i. Assist the Hospital management in the preparation of annual reports and such budget planning pertaining to the department as may be required by the Chief Executive Officer or the Board.

j. Have the authority to appoint a vice chairman, subject to the approval of the Executive Committee and the Board of Trustees, and delegate such duties as appropriate.

k. Establish divisions, services or sections as may be appropriate within the department and appoint chiefs thereof, subject to the approval of the Executive Committee and the Board.

l. Monitor and evaluate the quality and appropriateness of patient care provided within the department including the analysis of aggregate and Performance Improvement Data.

m. Appoint Chairman and Committees for all departmental functions including patient care review.

n. Recommend to the Executive Committee the assignment of all Members of the department to appropriate categories.

o. The integration of the department or service into the primary functions of the organization.

p. Assess and recommend to the relevant hospital authority off-site sources for needed patient care services not provided by the department or the organization.

q. Be responsible for the development and implementation of policies and procedures that guide and support the provision of care, treatment and services.

r. Be responsible to ensure that Practitioners practice only within the scope of their privileges through their Quality Assessment Processes.

s. Recommend to the Executive Committee a sufficient number of qualified and competent persons to provide care, treatment and services within the department.

t. Determine the qualifications and competence of department personnel who are licensed independent Practitioners and service personnel who are not licensed Independent Practitioners_ who provide care, treatment and services within the department.

u. Assure participation of Members in department orientation, education programs and required meetings.

v. Maintain quality control programs, as appropriate.

w. Provide continuous assessment and improvement of the quality of care, treatment and services in the department.

x. Recommend to the Executive Committee space and other resources needed by the department.

ARTICLE V

COMMITTEES OF THE MEDICAL AND DENTAL STAFF

ARTICLE V. **PART A. APPOINTMENT.**

ARTICLE V. PART A. **Section 1. Chairmen**

a. All Committee Chairmen, unless otherwise provided for in these Bylaws, will be appointed by the President of the Medical and Dental Staff. All chairmen shall be selected based on the criteria set forth in Article II, Part C, Active, Category of these Bylaws. Such appointments will be made for an initial term of two (2) years.

b. After serving an initial term, a chairman may be re-appointed from term to term.

ARTICLE V. PART A. **Section 2. Members**

a. Except as otherwise provided for in these Bylaws, Members of each Committee shall be appointed every two (2) years by the President of the Medical and Dental Staff, not more than sixty (60) days after the end of the Medical and Dental Staff year, and there shall be no limitation in the number of terms they may serve. All appointed Members may be removed and vacancies filled at the discretion of the President of the Medical and Dental Staff.

b. The Chief Executive Officer or his designee shall be a Member of all Committees, ex officio, without vote, unless otherwise specified.

c. Unless otherwise provided for in these Bylaws, the Secretary of each Committee shall be appointed by the Chairman of the Committee.

ARTICLE V. PART B. STANDING COMMITTEES

THE STANDING COMMITTEES OF THE MEDICAL STAFF SHALL BE:

a. MEDICAL EXECUTIVE COMMITTEE

b. CREDENTIALS COMMITTEE

c. JOINT CONFERENCE COMMITTEE

ARTICLE V. **PART C. MEDICAL EXECUTIVE COMMITTEE.**

ARTICLE V. PART **C**. **Section 1. Composition**

The majority of voting medical staff executive committee members are fully licensed doctors of medicine or osteopathy and dentists actively practicing in the hospital.

a. Every Member of the Medical Executive Committee shall be a Member of the Active Category and may include other Licensed Independent Practitioners. The Medical Executive Committee shall consist of the following voting Members: the Chairmen of the following twelve (13) departments: Department of Anesthesiology, Department of Dentistry, Department of Emergency Medicine, Department of Family Medicine, Department of Genetic and Genomic Medicine, Department of Medicine, Department of Obstetrics and Gynecology, Department of Orthopedics, Department of Pathology, Department of Pediatrics, Department of Radiation Oncology, Department of Radiology and Department of Surgery; Three (3) Members each to be elected by and from the Departments of Family Practice, Medicine, Obstetrics, and Gynecology, Pediatrics, and Surgery, one (1) Member to be elected by and from the Departments of Anesthesiology and Emergency_Medicine and one (1) Member to be elected by and from the combined Departments of Radiology and Radiation Oncology. The immediate past President shall

be a Member of the Executive Committee. If he is not a Department Chairman, he shall serve as a Member in addition to the thirty (31) Members stated above. In addition, the CEO of the Hospital or his representative shall serve as a Member without vote; The CEO shall however, be entitled to participate in all discussions of the Committee excluding closed sessions. In the event that a Department Chairmanship is changed, the new Chairman shall immediately become a Member of the Executive Committee. If the outgoing Chairman is an officer of the Medical and Dental Staff, he may be authorized by the Executive Committee to serve as a Member and an officer until the end of his term. If the outgoing Chairman is an officer and not so authorized, or if he is not an officer, he may continue as a Member of the Executive Committee without vote for three (3) months provided that he continues as a Member of the Medical and Dental Staff.

b. All elections shall be accomplished under the direction and supervision of an Election Committee to be appointed by the President of the Medical and Dental Staff. The appointments shall be made in April during the year of the elections. The Election Committee shall be authorized to conduct the nomination and election process, conduct departmental elections before the at-large elections, conduct run-off elections in case of tie, and declare the results of all elections.

c. If an elected position on the Executive Committee becomes vacant, the eligible individual who received the next highest number of votes in the pertinent election shall be requested to fill the vacancy in accordance with Article V, Part B. Section 1.a. The Department Chair can make an appointment to MEC when department members did not make sufficient numbers of recommendations to fill MEC slots.

d. The election process shall occur every two (2) years during the month of October. Write in names may be included on the nomination ballot.

e. In order to ensure the best participation in the election process, ballots will be accepted via email. Also if needed a survey tool maybe utilized such as survey monkey to process the elections.

f. An Executive Committee Member who is not a Department Chairman may be removed in the same manner as specified for removal of officers in Article III Part B. Section 7.

ARTICLE V. PART C**. Section 2. Duties**

The duties of the Executive Committee shall be:

a. To represent and to act on behalf of the Medical and Dental Staff between Medical and Dental Staff meetings under such limitations as may be imposed by the Medical and Dental Staff in all matters, without requirement or subsequent approval by the staff, subject only to any limitations imposed by these Bylaws.

b. To coordinate the activities and general policies to the various departments.

c. To review and to act upon reports of medical staff committees, departments and other assigned activity groups.

d. To implement policies of the Hospital that affect the Medical and Dental Staff.

e. To provide liaison among the Medical and Dental Staff, the Chief Executive Officer and the Board.

f. To keep the Medical and Dental Staff abreast of applicable accreditation and regulatory requirements affecting the Hospital.

g. To enforce Hospital and Medical and Dental Staff Rules and Regulations in the best interests of patient care and of the Hospital, with regard to all persons who hold appointment to the Medical and Dental Staff.

h. To refer situations involving questions of clinical competence and ability to perform the privileges requested, patient care and treatment, case management, or inappropriate behavior of any Medical and Dental Staff appointee to the Credentials Committee for appropriate action.

i. To be responsible to the Board for the implementation of the Hospital's quality assessment plan as it effects the Medical and Dental Staff.

j. To review and amend the Bylaws in accordance with Article XIII.

k. To review the policies, Rules and Regulations, and associated documents of the Medical and Dental Staff at least once a year and recommend such changes as may be necessary or desirable.

l. To determine minimum continuing education requirements for appointments to the Medical and Dental Staff.

m. To recommend action to the Hospital CEO on matters of a medico-administrative nature.

n. To make recommendations concerning Hospital management matters (for example, long range planning) to the Board of Trustees through the Hospital CEO.

o. To levy dues and assessments on Members of the Medical and Dental Staff, where authorized by the Bylaws, and to direct the disbursements of such funds.

p. To perform any other function required by these Bylaws.

q. To review and act upon recommendations of the Credentials Committee.

r. To make recommendations to the Board regarding Medical and Dental Staff Membership and termination.

s. To make recommendations to the Board regarding:

    i. the structure of the Medical and Dental Staff;

    ii. the process used to review credentials and delineate individual privileges; and

    iii. the delineation of privileges for each individual privileged through the Medical and Dental Staff Membership process.

ARTICLE V. PART C.. **Section 3. Meetings, Reports and Recommendations**

a. The Executive Committee shall meet at least nine (9) times per year or more if necessary. The Secretary-Treasurer or designee will maintain reports of all meetings, which reports shall include the minutes of the various committees and departments of the Medical and Dental Staff. Copies of all minutes and reports of the Executive Committee shall be transmitted to the Chief Executive Officer and reported to the Board of Trustees routinely as prepared. Recommendations of the Executive Committee shall be transmitted to the Board with a copy to the Chief Executive Officer. The President of the Medical and Dental Staff shall be available to meet with the Board or its applicable Committee on all recommendations that the Executive Committee may make.

b. Between meetings of the Executive Committee, an ad hoc committee composed of the officers of the Medical and Dental Staff, the Chairperson of the Credentials Committee and the CEO of the Hospital shall be empowered to act in situations of urgent or confidential concern where not prohibited by these Bylaws.

c. For meetings of the Executive Committee a quorum shall consist of a majority of the Members eligible to vote notwithstanding the provisions of Article III, Part D. Section 4.

ARTICLE V. PART D. **CREDENTIALS COMMITTEE.**

ARTICLE V. PART D. **Section 1. Composition**

The Credentials Committee shall include at least six (6) Members of the Active and/or Emeritus Categories who have been on the Medical and Dental Staff for at least five (5) years. The President of the Medical and Dental Staff may appoint up to five (5) other Physicians, Dentists, and Podiatrists not necessarily Members of the Medical and Dental Staff, as additional Members of the Committee for terms of one (1) year each. Service on this Committee shall be considered as the primary Medical and Dental Staff obligation of each Member of the Committee and other Medical and Dental Staff duties shall not interfere.

ARTICLE V. PART D. **Section 2. Duties**

The duties of the Credentials Committee shall be:

a. To review the credentials of all applicants for Medical and Dental Staff appointment, reappointment, and clinical privileges, to make investigations of and interview such applicants as may be necessary, and to make a written report of findings and recommendations.

b. To review the credentials of all applicants who request to practice as Allied Health Professional Staff, to make investigations of and interview such applicants as may be necessary, and to make a written report of its findings and recommendations.

c. To review the criteria used for initial focused professional practice evaluation; for indicated focused professional practice evaluation and for ongoing professional practice evaluation and to make a written report of its recommendation(s) to the Medical Executive Committee.

d. To review, as questions arise, all information available regarding the clinical competence and behavior of persons currently appointed to the Medical and Dental Staff and of those practicing as Allied Health Professional Staff and, as a result of such review, to make a written report of its findings and recommendations.

e. In the performance of a, b, c and d above, to receive and review reports from Department Chairmen and all other relevant sources.

ARTICLE V. PART D Section 3**.** **Meetings, Reports and Recommendations**

The Credentials Committee shall meet at least nine(9) times per year or more often if necessary to accomplish its duties and shall maintain a permanent record of its proceedings and actions. More than fifty percent (50%) of the Membership of the Committee must be present in order to conduct business.

All recommendations of the Credentials Committee shall be forwarded to the Executive Committee. The Executive Committee shall append to these recommendations its own comments and recommendations. The Chairperson or designee of the Credentials Committee shall be available to meet with the Executive Committee and the Board or its applicable committee on all recommendations that the Credentials Committee may take.

ARTICLE V. PART E **JOINT CONFERENCE COMMITTEE.**

ARTICLE V. PART E **Section 1. Composition**

a. Membership: The Joint Conference Committee shall consist of equal representation from the Board of Trustees and the Medical and Dental Staff. The representation of the Board of Trustees on this Committee shall consist of the Chairman of the Board of Trustees, the Executive Director of the University Hospital, and four (4) other trustees. The representation of the Medical and Dental Staff shall be the President of the Medical and Dental Staff and five (5) other members. Two members shall be elected by and from the

Medical Executive Committee (MEC) of the Medical and Dental Staff, one of whom shall be the immediate Past President, if available, and three (3) members-at-large to be elected by and from the voting members of the Medical and Dental Staff.

Joint Conference shall also invite members of the Hospital Administration to the Committee on an as needed basis to address specific issue(s) being considered. In order to facilitate the discussion on an as needed basis , the Vice President, Human Resources will mediate and/or enlist the services of a qualified mediator from the Hospital's Employee Assistance Program or appointed pursuant to Section XV shall be selected to assist the Joint Conference Committee..

b. Officers: The Officers of the Joint Conference Committee are a Chairman of Vice Chairman. These positions shall alternate yearly between the Chairman of the Board of Trustees and the President of the Medical and Dental Staff.

ARTICLE V. PART E. **Section 2. Duties.**

The duties of the Joint Conference Committee shall:

a. Be a forum for discussion of matters of University Hospital policy and practice, especially those pertaining to patient care, and shall provide medico-administrative liaison with the Board of Trustees and the Senior Leadership and The Medical and Dental Staff;
b. Monitor the correction of any cited deficiencies resulting from inspection by Federal, New Jersey State, and other regulatory bodies such as The Joint Commission (TJC), and compliance with their directives;
c. Assist in conflict resolution as described in Section XV of these Bylaws; and
d. Perform such other duties as shall be delegated to it by the Board of Trustees, Administration and the Medical Executive Committee (MEC) of the Medical and Dental Staff.

ARTICLE V. PART E. **Section 3. Procedures**

The Joint Conference Committee shall meet on an as needed basis at the request of any two (2) members of the Committee. When there is a conflict between leadership groups, the Joint Conference Commiteee shall meet to facilitate resolution and will work to resolve the conflict by: (a) meeting with the involved parties as early as possible to identify the conflict (b) gather information regarding the conflict (c) working with the parties to manage the conflict (d) protecting patient safety and quality of care. The Committee will document its findings regarding conflicts and the decisions of the Committee are final. The Committee shall maintain a permanent record of its findings, proceedings and actions and shall transmit a written report thereof after each meeting of the Board of Tristees, the Medical Executive Committee and the Executive Director.

ARTICLE V. PART F. **Other Committees**

The duties and composition and other duties and other information relating to the Committees listed below is set forth in the Rules and Regulations as amended by the Medical Executive Committee from time to time:

a. Bylaws
b. Pharmacy
c. Continuing Medical Education
d. Medical Records
e. Cancer Committee
f. Transfusion Committee

ARTICLE V. PART G. **Special Committees**

Special committees shall be created, and their members and chairpersons shall be appointed by the President of the Medical and Dental Staff with the approval of the Board as required. Such committees shall confine their activities to the purpose for which they were appointed, shall report to the Executive Committee, and shall be dissolved when their purpose has been achieved.

ARTICLE V. PART H. Section 6. **Hospital-Wide Committees.**

The President shall appoint representatives from the Medical and Dental Staff to hospital-wide committees which shall include but not be limited to the:

a. Utilization Review Committee
b. Infection Control Committee
c. Ethics Committee
d. Critical Care Committee
e. Environment of Care Committee
f. Radiation Safety Committee
g. Nutrition Committee

The duties of such hospital-wide committees shall be set forth in their charters as amended from time to time.

ARTICLE VI

APPOINTMENT TO THE MEDICAL AND DENTAL STAFF

ARTICLE VI. **PART A. QUALIFICATIONS FOR MEMBERSHIP**

ARTICLE VI. PART A. **Section 1. General**

The Medical and Dental Staff shall provide oversight for the quality of care, treatment and services provided at the Hospital by recommending Members for appointment to the Medical and Dental Staff in accordance with this Article VI. Membership in the Medical and Dental Staff is a privilege which shall be extended only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws and in such policies as are adopted from time to time by the Board, including the Medical and Dental Staff Development Plan. All individuals practicing Medicine and Dentistry in this Hospital, unless exempted by specific provisions of these Bylaws, must first have been appointed to the Medical and Dental Staff.

ARTICLE VI. PART A. **Section 2. Specific Qualifications**

Only Physicians, Dentists and Podiatrists who satisfy the following criteria, which have been designed to assure that patients will receive quality care, treatment and services, shall be qualified for Membership in the Medical and Dental Staff. This Section shall not apply to individuals who do not have patient care privileges at the Hospital.

a. They must be currently licensed to practice in the State of New Jersey.

b. All Members of the Medical and Dental Staff shall provide for continuous care of their patients as defined in departmental Rules and Regulations.

c. They must possess current, valid professional liability insurance coverage in an amount not less than one (1) million/three (3) million dollars ($1,000,000/$3,000,000) per Practitioner or such higher minimum as may be jointly determined by the Executive Committee of the Medical and Dental Staff and the Hospital.

d. Each new applicant shall either be currently certified by the appropriate specialty or sub-specialty board at the time of application or become certified within a time period specified by departmental rules and regulations, but no longer than six (6) years (unless their particular Board has other time restrictions) after having completed the training described above. (For the purposes of this Section, the word, "Board" shall refer to a body officially recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association or the American Dental Association or, in the case of Allied Health Professionals, the generally recognized Board or its equivalent in those fields where one exists). If an individual fails to achieve Board Certification within the time limits stated above, in any field in which a generally recognized Board exists, the applicant will not be eligible for appointment or reappointment in that specialty. If the individual subsequently obtains Board Certification, he/she will be eligible for appointment or reappointment in that specialty. This regulation shall not be interpreted to require re-certification for the purposes of reappointment and shall not apply to Members of the Medical and Dental Staff or Allied Health Professionals who were appointed prior to April 26, 1989, the date on which this standard was approved by the Board of Trustees.

e. ~~f.~~ For anyone wishing to become a Member of the Medical and Dental Staff after July 1, 2006, the following additional requirements shall apply:

1. the Member must maintain Board Certification for re-appointment;
2. the Member must maintain Board Certification in a given specialty to continue to have privileges in that specialty; and
3. if a Member's Board Certification lapses, such Member may be given one reappointment cycle to establish Board Certification. At that time, non-Board Certification will cause lack of privileges and may cause loss of appointment.

f. They can document their:

1. background, experience, training and current competency;
2. adherence to the ethics of their profession;
3. good reputation and character, including the applicant's ability to perform the requested privileges; and
4. capacity to work harmoniously with others so as not to be disruptive to the delivery of quality patient care or the operation of the Hospital or the Medical and Dental Staff.

g. Waiver of Criteria:

1. Any individual who does not satisfy one or more of the criteria outlined above may request that it be waived. The individual requesting the waiver bears the burden of demonstrating exceptional circumstances, or, if applicable, that his or her qualifications are equivalent to, or exceed, the criterion in question.
2. A request for a waiver shall be submitted in writing to the Credentials Committee for consideration. In reviewing the request for a waiver, the Credentials Committee may consider the specific qualifications of the individual in question, input from the relevant Department Chairman, and the best interests of the Hospital and the communities it serves. Additionally, the Credentials Committee may, in its discretion, consider the application form and other information supplied by the applicant. The Credentials Committee's recommendations will be forwarded in writing to the Executive Committee. Any recommendation to grant a waiver must include the basis for such waiver.
3. The Executive Committee will review the recommendation of the Credentials Committee and submit a written recommendation to the Board regarding whether

to grant or deny the request for a waiver. Any recommendation to grant a waiver must include the basis for such waiver.

4. No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of appointment or clinical privileges.

5. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.

6. An application for appointment that does not satisfy an eligibility criterion will not be processed until the Board has determined that a waiver should be granted.

ARTICLE VI. PART A. **Section 3. No Entitlement to Appointment**

No individual shall be entitled to appointment to the Medical and Dental Staff or to the exercise of particular clinical privileges in the Hospital merely by virtue of the fact that such individual:

a. is licensed to practice a profession in the State of New Jersey;

b. is a Member of any particular professional organization;

c. has had in the past, or currently has, medical staff appointment or privileges at the Hospital or at any other hospital; or

d. resides in the geographical service area of the Hospital.

ARTICLE VI. PART A. **Section 4. Non-Discrimination Policy**

No individual shall be denied appointment on the basis of sex, race, creed, religion, color, national origin, sexual orientation or age. Appointments and privileges are in accordance with the provisions of the American Disability Act.

ARTICLE VI. PART A. **Section 5. Ethical and Religious Directives**

All Hospital Medical and Dental Staff appointees, as well as students, residents, faculty and others exercising clinical privileges in the Hospital (a) when at the facilities of the Hospital or (b) when elsewhere, but then solely of either (1) as an employee of the Hospital or (ii) as an Official Representative of the Hospital, shall abide by the 1983 code of Canon Law of the Catholic Church, as amended from time to time, together with any relevant and binding ethical directives issued by the Catholic Church's recognized teaching authority and the Ethical and Religious Directives for Catholic Health Care Services, as amended by the United States Conference of Catholic Bishops, all as interpreted by the Bishop of the Diocese of Metuchen.

ARTICLE VI. PART A. **Section 6. Duties of Appointees**

Membership in the Medical and Dental Staff shall require that each Member assume such reasonable duties and responsibilities as the Board or the Medical and Dental Staff shall require.

ARTICLE VI. **PART B. INITIAL APPOINTMENT.**

ARTICLE VI. PART B. **Section 1. Duration of Initial Provisional Appointment**

a. Initial provisional appointment to the Active, Consultant, Faculty, House Physician or House Dentist or Affiliate Categories shall be for a minimum period of twelve (12) months and may be extended for six (6) month periods to a maximum period of twenty-four (24) months as set forth herein. The same shall apply to transfers to these categories except for those individuals who have previously had a provisional appointment. The appointee shall pay for dues and may be assigned to a committee. The appointee may be assigned to a Service or emergency roster and may be given clinical assignments. Individuals with provisional appointments shall not be entitled to vote except as Members of committees.

b. Throughout this period, each appointee shall be evaluated by the Chairman of the Department. The appointee will be expected to maintain sufficient presence that the Chairman will be able to arrive at a judgment of the appointee's clinical competence, professionalism, and interpersonal skills. During the provisional period, on the discovery of any information or the occurrence of any event which raises questions about the Practitioner's competence to exercise any or all the privileges granted, the Department Chairman may recommend that the Practitioner's privileges may be restricted or the appointment be terminated.

c. At the end of the twelve (12) month provisional period the appointee shall be considered for a regular appointment to the Medical and Dental Staff. The Chairman of the Department shall report to the Credentials Committee and shall recommend:

1. that the individual's appointment continues without provisional status;

2. that the appointment be terminated;

3. that the provisional appointment may be extended for another six (6) months not to exceed a twenty-four (24) month period including the initial twelve (12) month provisional period. At the end of the additional provisional period, the appointee shall request, in writing, the removal of provisional status from his or her appointment. The request shall be typewritten and shall summarize the appointee's clinical and non-clinical activity at the Hospital. In the absence of such a request, the appointment shall lapse. The Chairman shall report to the Credentials Committee and recommend either option 1. or 2. or 3. above. At the end of twenty-four (24) months, the Chairman shall recommend only 1. or 2.; or

4. Regular appointment, if granted by the Board, shall be for a period not more than two (2) years to coincide with the reappointment cycle of each Member's respective department.

ARTICLE VI. PART B. **Section 2. Application for Initial Appointment and Clinical Privileges.**

ARTICLE VI. PART B. Section 2. **Sub-Section a. Information**

Applications for appointment to the Medical and Dental Staff shall be submitted on forms which have been approved by the Board after obtaining the opinion of the Executive Committee. These forms shall be obtained from the Office of Medical Staff Affairs. The application shall contain a request for the specific clinical privileges and the category of Staff Membership desired by the applicant and shall require detailed information concerning the applicant's professional qualifications including but not limited to:

1. the names and complete addresses of at least one (1) Physician, Dentist, Podiatrist or other Practitioners, as appropriate, (i.e.; Residency/Fellowship Program Director, Recent Chairman, Division Director) who has had recent extensive

experience in observing and working with the applicant, and who can provide adequate information pertaining to the applicant's current professional performance, clinical judgment, competence and character including interpersonal and communication skills and professionalism. Additional references may be obtained from individuals who have been associated in professional practice with the applicant;

2. the names and complete addresses of the chiefs or chairpersons of each department of any and all hospitals or other institutions or entities at which the applicant has worked or trained (i.e., the individuals who served as chief or chairpersons at the time the applicant worked in the particular department.) If the number of hospitals the applicant has worked in is great or if a number of years have passed since the applicant worked at a particular hospital, the Credentials Committee and Board may take into consideration such factors;

3. information as to whether the applicant's medical staff appointment or clinical privileges have ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, reduced or not renewed at any other hospital or health care facility, or whether any such action is currently pending;

4. information as to whether the applicant has ever withdrawn his/her application for appointment, reappointment and clinical privileges, or resigned from any medical staff voluntarily or involuntarily, before final decision by a hospital's or health care facility's governing board, or whether any such action is currently pending;

5. information as to whether the applicant's Membership in local, State, or national professional societies, or license to practice any profession in any State, or Drug Enforcement Administration or similar State controlled substances registration is or has ever been voluntarily or involuntarily suspended, modified, terminated, restricted or is currently being challenged. The submitted application shall include a copy of the applicant's license and current registration to practice Medicine or Dentistry in the State of New Jersey, as well as copies of Federal and New Jersey State narcotic registrations, medical, dental or osteopathic school diploma, and certificates from all internship, residency and Fellowship training programs completed;

6. proof that the applicant will have in force professional liability insurance coverage as of the date of his or her appointment, the name of the insurance company and the amount and classification of such coverage, and whether said insurance coverage covers the clinical privileges the applicant or appointee seeks to exercise at the Hospital;

7. information concerning the applicant's current insurance status;

8. professional liability litigation experience, specifically information concerning final judgments or settlements;

9. Information concerning any professional misconduct proceedings and/or any malpractice actions involving the applicant in the State of New Jersey or any other state, whether such proceedings are closed or still pending, including the substance of the allegations of such proceedings or actions, the substance of the findings of such proceedings or actions, the ultimate disposition of any such proceedings or actions that have been closed, and any additional information concerning such proceedings or actions as the applicant may deem appropriate;

10. Information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid or any other government sponsored program or any private or public medical insurance program;

11. A consent to the release of information from the applicant's present and past professional liability insurance carriers;

12. Information on the applicant's physical and mental health, including a statement by the applicant that no health problems exist that could affect his or her ability to perform the privileges requested, which statement shall be maintained in the applicant's credentials file at all times;

13. Information as to whether the applicant has ever been named as a defendant in a criminal action and/or convicted of a crime with details about any such instance;

14. Information on the citizenship and/or visa status of the applicant;

15. The applicant's signature;

16. A current picture hospital ID card or a valid picture ID issued by a State or federal agency (e.g. driver's license or passport);

17. The applicant's contact and practice information including an email address.

18. Such other information as the Board may require.

ARTICLE VI. PART B. Section 2. **Sub-Section b. Obligations and Requirements**

1. Obligations:

Each applicant for Medical and Dental Staff appointment and reappointment shall specifically agree to and be subject to the following obligations and requirements:

a. an obligation upon appointment to the Medical and Dental Staff to provide continuous care, supervision and service to all patients within the Hospital for whom the individual has responsibility;

b. an agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned;

c. an agreement to provide, with or without request, new or updated information that is pertinent to any question on the application and /or reappointment application form to the Hospital as it occurs; provide and maintain the Medical Staff Office with both a current email address and cell phone number and notify the Mediccal Staff Office when there is a change.

d. a statement that the applicant has received and had an opportunity to read a copy of the Bylaws, Rules and Regulations and the Professionalism Standards of the Medical and Dental Staff and that the applicant has agreed to be bound by the terms thereof;

e. a statement of the applicant's willingness to appear for personal interviews in regard to the application;

f. a statement that any misrepresentation or misstatement in, or omission from the application whether intentional or not, may constitute cause for automatic and immediate rejection of the application resulting in denial of appointment and clinical privileges. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in summary dismissal from the Medical and Dental Staff;

g. an obligation to use the Hospital and its facilities sufficiently to allow the Hospital, through assessment by appropriate Medical and Dental Staff committees and Department Chairmen, to evaluate the current competence of the appointee;

h. an agreement that the hearing and appeal procedures set forth in these Bylaws shall be the sole and exclusive remedy within this Hospital with respect to any professional review action;

i. an agreement to abide by the terms of the Ethical and Religious Directives for Catholic Health Care Services and to perform no activity prohibited by said directives within these facilities;

j. an agreement to undergo any type of health evaluation including random or "for cause" substance testing, as requested by the Executive Committee when, in their reasonable judgment, it appears necessary to protect the well-being or patients and/or staff or the Hospital or as part of an evaluation of the Practitioner and/or Allied Health Professionals's ability to exercise Clinical Privileges or duties safely and competently or as part of a post-treatment monitoring plan;

k. an agreement to participate in any type of competency evaluation when determined necessary by the Executive Committee and/or Board to properly delineate the Practitioners or Allied Health Professional's requested or current Clinical Privileges or duties;

l. to cooperate with the Hospital in complying with technical and substantive requirements of third-party payers, pursuing appeals_or reconsideration of denials or reimbursement and in all dealings with third-party payers; and

m. to participate in and collaborate with the peer review, risk management, performance improvement, quality and utilization management activities of the Hosptial and Medical Staff.

2. Requirements:

The following requirements shall be applicable to every Medical and Dental Staff Member as a condition of initial appointment and as a condition of continued Medical and Dental Staff Membership, if granted:

a. To refrain from fee splitting or other illegal inducements relating to patient referral;

b. To refrain from delegating responsibility for diagnosis or care of hospitalized patients to any individual who is not qualified to undertake this responsibility or who is not adequately supervised;

c. To refrain from deceiving patients as to the identity of an operating surgeon or any other individual providing treatment or services;

d. To seek consultation whenever necessary; and

e. To abide by generally recognized ethical principles applicable to the applicant's profession.

ARTICLE VI. PART B. Section 2. **Sub-Section c. Burden of Providing Information**

1. The applicant shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of competence, character, ethics and other qualifications, and of resolving any doubts about such qualifications.

2. The applicant shall have the burden of proving evidence that all the statements made and information given on the application are true and correct.

3. Until the applicant has provided all information requested by the Hospital and the information is verified, the application for appointment or reappointment will be deemed incomplete and will not be further processed.

4. Should information provided in the initial application for appointment or reappointment change during the course of an appointment year, the appointee has the burden to provide information about such change to the Credentials Committee's as it occurs for its review and assessment.

5. The failure of any applicant to complete an application after notice, or to timely supply requested information, shall be deemed a voluntary withdrawal of such application.

ARTICLE VI. PART B. Section 2. **Sub-Section d. Authorization to Obtain Information**

The following statements, which shall be included on the application form and which form a part of these Bylaws, are express conditions applicable to any Medical and Dental Staff applicant, any appointee to the Medical and Dental Staff, and to all others having or seeking clinical privileges at the Hospital. By applying for appointment and clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of the application, whether or not appointment or clinical privileges are granted. This acceptance also applies during the time of any appointment or reappointment.

1. Immunity:

To the fullest extent permitted by the law, the applicant or appointee releases from any and all liability, and extends absolute immunity to the Hospital, its authorized representatives and any third parties as defined in Section 4. below, with respect to any acts, communications or documents, recommendations or disclosures involving the applicant or appointee, concerning the following:

a. applications for appointment and reappointment or clinical privileges, including temporary privileges;

b. evaluations concerning reappointment or changes in clinical privileges;

c. proceedings for suspension or reduction of clinical privileges or for revocation of Medical and Dental Staff appointment, or any other disciplinary sanction;

d. summary suspension;

e. hearings and appellate reviews;

f. medical care evaluations;

g. utilization reviews;

h. other activities relating to the quality of patient care or professional conduct;

i. matters or inquiries concerning the applicant's or appointee's professional qualifications, credentials, clinical competence, character

mental or emotional health and/or stability, physical condition, ethics or behavior; or

j. any other matter that might directly or indirectly relate to the applicant's or appointee's competence, to patient care, or to the orderly operation of this or any other hospital or health care facility.

2. Authorization to Obtain Information:

The applicant or appointee specifically authorizes the Hospital and its authorized representatives to consult with any third party who may have relevant information bearing on the individual's professional qualifications, credentials, clinical competence, character, mental or emotional health and/or stability, physical condition, ethics, behavior, or any other matter reasonably having a bearing on the applicant's or appointee's satisfaction of the criteria for initial and continued appointment to the Medical and Dental Staff. This authorization also covers the right to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties that may be relevant to such questions. The individual also specifically authorizes said third parties to release said information to the Hospital and its authorized representatives upon request.

3. Authorization to Release Information:

The applicant or appointee specifically authorizes the Hospital and its authorized representatives to release such information to other hospitals, health care facilities and their agents, organizations of health care professionals or other health related organizations concerning a Practitioner who is or has been an applicant to or Member of the Medical Staff or who did or does exercise Clinical Privileges at the Hospital which solicit such information for the purpose of evaluating the applicant's or appointee's professional qualifications. Each Practitioner shall, upon the request of the Medical Staff or Hospital, execute general and specific releases in accordance with the tenor and import of this provision. The applicant or appointee specifically authorizes the Hospital to consult with and query the New Jersey Division of Consumer Affairs Health Care Professional Information Clearing House for the purpose of evaluating the Practitioner for hiring, continued employment or new or continued privileges and otherwise in connection with any application, reappointment application and exercise of Clinical Privileges.

4. Definitions:

a. As used in this Sub-Section, the term “Hospital and its authorized representatives” means the Hospital corporation and individuals who are responsible for obtaining or evaluating the applicant's or appointee's credentials, or for acting upon that individual's application or conduct at the Hospital; the Board and its appointed representatives; the Chief Executive Officer or his/her designees; credentialing verification organizations; and all Members of the Medical and Dental Staff who are responsible for obtaining or evaluating the individual's credentials, or for acting upon that individual's application or conduct at the Hospital.

b. As used in this Sub-Section, the term “third parties” means all individuals, including Members of the Hospital's Medical and Dental Staff and Members of the medical staffs of other hospitals, health care faciltiies and/or other entities, or other Physicians or Health Practitioners, nurses or other organizations, associations, credentialing verification organizations; insurers; partnerships, and corporations or government agencies whether hospitals, health care facilities or not, from whom information has been requested by the Hospital or its authorized representatives.

ARTICLE VI. PART B. **Section 3. Procedure for Initial Appointment.**

ARTICLE VI. PART B. Section 3. **Sub-Section a. Application Process**

1. An application for appointment to the Medical and Dental Staff shall only be sent upon request to those individuals who, according to the Medical and Dental Staff Bylaws and the Hospital's Medical and Dental Staff Development Plan, are eligible for appointment; who meet the threshold criteria for privileges as stated in these Bylaws to provide care and treatment to patients for conditions and diseases for which the Hospital has facilities and personnel; and who indicate an intention to utilize the Hospital as required by the staff category to which they desire appointment.

2. An individual requesting an application for appointment shall be initially be sent (1) a letter that outlines the basic qualifications for appointment consideration and explains the review process and (2) an application form that requests proof that the basic qualifications for appointment consideration can be met by the individual. A completed application form with copies of all required documents must be returned to the Office of Medical Staff Affairs within fifteen (15) days after receipt of same if the individual desires further consideration.

3. No application for appointment shall be accepted, from a proposed applicant, if it is determined based on information from the application questionnaire, or any other source that:

a. The Hospital does not have the ability to provide adequate facilities or services for the applicant or the patients to be treated by the prospective applicant;

b. The prospective applicant has been excluded from participation in Medicare or Medicaid;

c. The prospective applicant does not meet the requirements relating to licensure and registration, professional liability insurance, board certification, or reapplication after adverse decision;

d. The prospective applicant is not a type of Practitioner approved by the Board of Trustees to provide patient care services in the Hospital;

e. The Practitioner has been convicted of a felony or convicted of a misdemeanor related to the Practitioner's fitness to practice medicine; and

f. The prospective applicant has provided materially false or misleading information on any pre-application questionnaire or in connection with any pre-application review process.

4. The applicant or prospective applicant shall be advised of the information relied on as grounds for not accepting an application and the applicant or prospective applicant shall have a reasonable opportunity to submit information or evidence that the information relied on is not accurate.

ARTICLE VI. PART B. Section 3. **Sub-Section b. Submission of Application**

1. The application for Medical and Dental Staff appointment shall be submitted by the applicant to the Office of Medical Staff Affairs. It must be accompanied by payment of such processing fees as determined by the Chief Executive Officer. After reviewing the application to determine that all questions have been answered, and after reviewing all references and other information or materials deemed pertinent, and after verifying the information provided in the application with the primary sources, the Office of Medical Staff Affairs shall transmit the

completed application and all supporting materials to the appropriate Department Chairman and section chief when applicable. The Office of Medical Staff Affairs shall verify that the applicant requesting approval is the same Practitioner identified in the application by viewing either a current picture hospital identification card or a valid picture identification issued by a State or Federal agency (e.g., driver's license or passport). The Office of Medical Staff Affairs shall also verify from the primary source, where feasible, or from a credentials verification organization the following information: the applicant's current licensure, relevant training and current competence. The Office of Medical Staff Affairs shall query the National Practitioner Data Bank when clinical privileges are initially granted, at the time of renewal of privileges and when a new privilege(s) is requested.

2. An application shall be deemed to be complete when all questions on the application form have been answered, all supporting documentation has been supplied , all information verified and all fees submitted. Altered applications shall not be considered complete. An application shall become incomplete if the need arises for new, additional or clarifying information anytime during the evaluation. Any application that continues to be incomplete ninety (90) days after the applicant has been notified of the additional information required may be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

ARTICLE VI. PART B. Section 3. **Sub-Section c. Department Chairman Procedure**

1. The Chairman of each department in which the applicant seeks clinical privileges shall provide the Credentials Committee with a written report within 30 days concerning the applicant's qualifications for appointment and specific written findings supporting the proposed delineation of the applicant's clinical privileges. This report shall be appended to the Credentials Committee's report. As part of the process of making this report, the Department Chairman has the right to meet with the applicant to discuss any aspect of the application, qualifications and requested clinical privileges.

2. The Department Chairman, or the individual(s) or committee within the department to which the Chairman has assigned this responsibility, shall evaluate the applicant's education, training and experience and make inquiries with respect to the same of the applicant's past or current department chief(s), and/or the residency training director, and others who may have knowledge about the applicant's education, training, experience, and ability to work with others.

3. The Department Chairman shall be available to the Credentials Committee to answer any questions that may be raised with respect to that Chairman's report and findings.

ARTICLE VI. PART B. Section 3. **Sub-Section d. Credentials Committee Procedure**

1. The Credentials Committee shall examine evidence of the applicant's clinical competence, professionalism and interpersonal skills and shall determine, through information contained in references given by the applicant and from other sources available to the Committee, including the report and findings from the Chairman of each clinical department in which privileges are sought, whether the applicant has established and satisfied all of the necessary qualifications for appointment and for the clinical privileges requested. Deliberations by the Credentials Committee in developing recommendations for appointment to or termination from the Medical and Dental Staff and for the initial granting, revision or revocation of clinical privileges shall include an evaluation of information provided by peer(s) of the applicant. Peer recommendations shall include written information regarding the applicant's current: (a) medical/clinical

knowledge, (b) technical and clinical skills, (c) clinical judgment, (d) interpersonal skills, (e) communication skills, and (f) professionalism. Peer recommendations shall be obtained from a Practitioner in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice.

2. As part of the process of making its recommendation, the Credentials Committee may require a physical and/or mental examination of the applicant by a Physician or Physicians satisfactory to the Credentials Committee and shall require that the results be made available for the Committee's consideration. Failure of an applicant to procure such an examination within a reasonable time after being requested to do so in writing by the Credentials Committee shall constitute a voluntary withdrawal of the application for appointment and clinical privileges, and all processing of the application shall cease.

3. The Credentials Committee shall have the right to require the applicant to meet with the Committee to discuss any aspect of the applicant's application, qualifications, or clinical privileges requested.

4. The Credentials Committee may use the expertise of the Department Chairman, or any Member of the department, or an outside consultant, if additional research is required into the applicant's qualifications.

5. If, after considering the report of the Clinical Department Chairman concerned, the Credentials Committee's recommendation for appointment is favorable, the Credentials Committee shall recommend departmental assignment and clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions.

6. If the recommendation of the Credentials Committee is delayed longer than ninety (90) days, the Chairperson of the Credentials Committee shall send a letter to the applicant, with a copy to the Executive Committee and Chief Executive Officer, explaining the reasons for the delay.

ARTICLE VI. PART B. Section 3. **Sub-Section e. Credentials Committee Recommendations**

a. Credentials Committee recommendations shall be forwarded to the Executive Committee. The Executive Committee shall review the recommendation and forward them to the Board of Trustees together with its own recommendations. The credentialing and privileging decision process shall be completed in a timely fashion, i.e. At its next regular meeting (which shall occur no later than sixty (60) days after receipt of the application and the reports and recommendations of the Credentials Committee) the Medical Executive Committee and the Board of Trustees shall determine whether to approve the applicant for appointment to the Medical Staff, that s/he be rejected for medical staff membership/privileges, or that his/her application be deferred for further consideration. All recommendations to appoint must also specifically recommend the clinical privileges to be granted.

b. Written notice of the Board of Trustees' final decision shall be given to the applicant and shall be made available to all appropriate internal and/or external persons or entities as determined in the discretion of the Executive Committee and/or the Board of Trustees. A decision which includes a notice to appoint shall state the staff category to which the applicant is appointed, the department to which he is assigned, the clinical privileges he may exercise, and any special conditions attached to the appointment. If the Board of Trustees reaches an unfavorable conclusion, the applicant shall be notified in writing, by certified mail, return receipt requested. In the case of privilege denial, the applicant shall be informed of the reason for denial. An applicant who has received a final adverse decision regarding appointment or the granting or renewal of privileges

shall have the right to a hearing and appeal in accordance with these Bylaws (Article VIII).

ARTICLE VI. **PART C. REAPPOINTMENT**

ARTICLE VI. PART C. **Section 1. Application**

a. Each current Member who is eligible to be reappointed to the Medical and Dental Staff shall be responsible for completing the reappointment application form approved by the Board. The completed reappointment application shall be submitted to the Office of Medical Staff Affairs at least four (4) months prior to the expiration of the Member's current appointment period. Failure to submit an application by that time may result in automatic expiration of the Member's appointment and clinical privileges at the end of the then current Medical and Dental Staff year.

b. Reappointment, if granted by the Board, shall be for a period of not more than two (2) years. This period shall begin from the date the Physician is granted a regular appointment. Approximately one-half of the departments shall be appointed in even numbered years and the other half in odd numbered years.

c. In the event the application for reappointment is the subject of an investigation or hearing at the time reappointment is being considered, a conditional reappointment for a period of less than two (2) years may be granted pending the completion of that process.

ARTICLE VI. PART C. **Section 2. Factors to be Considered**

Each recommendation concerning reappointment of an individual currently appointed to the Medical and Dental Staff and each recommendation concerning the granting or renewal of privileges shall be based upon such Member's:

a. ethical behavior, clinical competence and clinical judgment in the treatment of patients;

b. attendance at Medical and Dental Staff, departmental and committee meetings, and participation in staff duties such as but not limited to acting as a proctor;

c. compliance with the Hospital Bylaws and policies and with the Medical and Dental Staff Bylaws and Rules and Regulations;

d. behavior at the Hospital, including cooperation with Medical and Dental Staff and Hospital personnel as related to patient care, the orderly operation of the Hospital, and general attitude toward patients, the Hospital and its personnel;

e. use of the Hospital's facilities for patients, taking into consideration the individual's comparative utilization patterns and taking into consideration Practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (where available); provided that other Practitioners shall not be identified;

f. ability to physically perform the privileges requested;

g. capacity to satisfactorily treat patients as indicated by the results of the Hospital's quality assessment activities as other reasonable indicators of continuing qualifications;

h. satisfactory completion of such continuing education requirements as may be imposed by law, the Hospital or applicable accreditation agencies;

i. current professional liability insurance status including claims, lawsuits, final judgments and settlements and pending malpractice challenges;

j. current licensure, including currently pending challenges to any license or registration, and any voluntary or involuntary relinquishments of any such license or registration;

k. voluntary or involuntary termination of Medical and Dental Staff appointment or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital or health care entity including, without limitation, ambulatory care centers;

l. suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid or any other government sponsored program or any private or public insurance program;

m. unusual pattern or excessive number of professional liability actions resulting in a final judgment against the Member;

n. morbidity and mortality data, when available;

o. whether his CDS or DEA registration is or has ever been (or such action is currently pending) voluntarily or involuntarily relinquished or surrendered, suspended, terminated or otherwise limited;

p. felony convictions or current or pending indictments;

q. current physical and mental health status which may affect such Member's ability to practice his specialty or to perform the Clinical Privileges requeste**d;** and

r. other reasonable indicators of continuing qualifications and relevant findings.

ARTICLE VI. PART C. **Section 3. Obligations and Requirements**

The applicant for reappointment shall meet the same obligations, requirements and information as detailed in Article VI. Part B., Sub-Section 2., Sub-Section b. The Office of Medical Staff Affairs shall verify the information contained in the applicant's application for reappointment in accordance with Article VI. Part B., Sub-Section 3., Sub-Section b.

ARTICLE VI. PART C. **Section 4. Department Chairman Procedure**

a. No later than three (3) months prior to the end of the current appointment period, the Medical Staff Office shall send to the Chairman of each department a current list of all Members who have clinical privileges in that department, together with a description of the clinical privileges each holds, accompanied by copies of their applications.

b. The Department Chairman shall provide the Credentials Committee with a written report concerning each individual seeking reappointment. The chairman shall include in each written report, when applicable, the reasons for any changes recommended in staff category, in clinical privileges, or for non-reappointment for those who applied for changes and for those who did not. The Chairman of the department concerned shall be available to the Credentials Committee to answer any questions that may be raised with respect to any such report.

ARTICLE VI. PART C. **Section 5. Credentials Committee Procedure**

a. The Credentials Committee, after receiving the reports from each Department Chairman, shall review within ninety (90) days all pertinent information available, including all information provided from other committees of the Medical and Dental Staff and from Hospital management, for the purpose of determining its recommendations for staff reappointment, for change in staff category, and for the granting of clinical privileges for the ensuing appointment period.

b. May require that an individual currently seeking reappointment procure a physical and/or mental examination by a Physician or Physicians satisfactory to the Credentials Committee either as part of the re-application process or during the reappointment period to aid in determining whether clinical privileges should be granted or continued.

The results of such examination shall be available for the Credentials Committee's

consideration. Failure of an individual seeking reappointment to procure such an examination within a reasonable time after being requested to do so in writing by the Credentials Committee shall constitute a voluntary relinquishment of all clinical privileges until such time as the Credentials Committee has received the examination results and has had a reasonable opportunity to evaluate them and make a recommendation thereon.

c. The Credentials Committee shall have the right to require the appointee to meet with the Committee to discuss any aspect of the individual's reappointment application, qualifications, or clinical privileges requested. This interview shall not constitute a hearing and none of the procedural rules provided in these Bylaws with respect to hearings shall apply. The Committee shall indicate as part of its report to the Board whether or not such a meeting occurred.

d. The Credentials Committee may use the expertise of the Department Chairman, or any Member of the department, or an outside consultant, if additional research is required into the Member's qualifications for reappointment. The Credentials Committee may also obtain and evaluate peer recommendations when insufficient Member-specific data is available.

e. If, after considering the report of the Clinical Department Chairman concerned, the Credentials Committee's recommendation is favorable, it shall be recommend reappointment and the specific clinical privileges to be granted, which may be qualified by any probationary or other conditions or restrictions, as appropriate.

ARTICLE VI. PART C. **Section 6. Credentials Committee Recommendations**

a. Credentials Committee recommendations shall be forwarded to the Executive Committee. The Executive Committee shall review the recommendations and forward them to the Board of Trustees together with its own recommendations. The credentialing and privileging decision process shall be completed in a timely manner.

b. Written notice of the Board of Trustees' final decision shall be given to the applicant and shall be made available to all appropriate internal and/or external persons or entities as determined in the discretion of the Executive Committee and/or the Board of Trustees. A decision which includes a notice to appoint shall state the staff category to which the applicant is appointed, the department to which he is assigned, the clinical privileges he may exercise, and any special conditions attached to the appointment. If the Board of Trustees reaches an unfavorable conclusion, the applicant shall be notified in writing, by certified mail, return receipt requested. In the case of privilege denial, the applicant shall be informed of the reason for denial. An applicant who has received a final adverse decision regarding appointment or the granting or renewal of privileges shall have the right to a hearing and appeal in accordance with these Bylaws (Article VIII).

ARTICLE VI. PART C. Section 7. Ongoing Professional Practice Evaluation

Each member of the Medical Staff shall be subject to an ongoing professional practice evaluation (OPPE) in accordance with the requirements and criteria set forth in this Section and in the Medical Staff policy and/or Rules and Regulations incorporated by reference herein. The ongoing professional practice evaluation shall not be considered corrective action as described in these Bylaws and does not entitle the member to a hearing and appellate review in accordance with these Bylaws.

ARTICLE VI. PART C. Section 8. Focused Professional Practice Evaluation

A period of focused professional practice evaluation (FPPE) shall be implemented for all initially requested clinical privileges during a member's provisional appointment period and when a Practitioner has requested a new clinical privilege where there is no documented evidence of the Practitioner having performed competently the clinical privilege at the Hospital. The Executive Committee may

also prescribe a time-limited period of FPPE to monitor a member's performance when issues affecting the provision of safe, high quality patient care are identified or upon a member's return from a leave of absence depending upon the circumstances. The FPPE shall not be considered corrective action as described in these Bylaws and does not entitle the member to a hearing and appellate review in accordance with these Bylaws. FPPE and the measures employed to resolve performance issues identified during FPPE shall be consistently implemented for all members of the Medical Staff in accordance with the requirements and criteria set forth in this Section and in the Medical Staff Policy, and/or Rules and Regulations which are incorporated by reference herein.

ARTICLE VI. **PART D. CLINICAL PRIVILEGES.**

ARTICLE VI. PART D. **Section 1. General Provisions.**

ARTICLE VI. PART D. Section 1. **Sub-Section a. General**

1. Medical and Dental Staff appointment or reappointment as such shall not confer any clinical privileges or right to practice at the Hospital. Each individual who has been appointed to the Medical and Dental Staff shall be entitled to exercise only those clinical privileges specifically granted by the Board.

2. The granting of clinical privileges shall carry with it acceptance of the obligations of such privileges including care of indigent, Emergency Department and other rotational obligations. Clinical privileges shall be voluntarily relinquished only in the manner that provides for the orderly transfer of such obligations.

3. Admitting privileges shall be granted to the Active Category of the Medical and Dental Staff.

4. In determining whether to grant, limit or deny a requested privilege, the clinical privileges recommended to the Board shall be based upon consideration and evaluation of the following criteria:

    a. the applicant's licensure and/or certification, as appropriate, verified with the primary source;

    b. the applicant's education, specific relevant training, verified with the primary source, experience, demonstrated current competence and judgment, references, utilization patterns, and health status;

    c. evidence of the applicant's physical ability to perform the requested privilege;

    d. if available, data from professional practice review by an organization(s) that currently privileges the applicant;

    e. peer and/or faculty recommendations;

    f. upon renewal of privileges, review of the applicant's performance within the Hospital;

    g. availability of qualified Physicians or other appropriate appointees to provide medial coverage for the applicant in case of the applicant's illness or unavailability;

    h. adequate levels of professional liability insurance coverage with respect to the clinical privileges requested;

i. any previously successful or currently pending challenges to any licensure or registration, or the voluntary relinquishment of such licensure or registration, information concerning any voluntary or involuntary termination of Medical and Dental Staff appointment or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital; and

j. other relevant information or criteria that are related to the quality of health care, treatment and services, including a written report and findings by the Chairman of each of the Clinical Departments in which such privileges are sought.

Each of the criteria set forth in this Article VI, Part D. Section 1.4. shall be consistently evaluated and applied for each Practitioner holding the requested privileges.

5. The applicant shall have the burden of establishing qualifications for and competence to exercise the clinical privileges requested. The reports of the Chairman and Clinical Department in which privileges are sought shall be forwarded to the Credentials Committee and processed as part of the application for staff appointment or reappointment. The Executive Committee shall determine whether there is sufficient clinical performance information prior to making a recommendation to the Board regarding the granting, limiting or denial of the requested privilege(s).

6. Prior to recommending the granting or renewal of clinical privileges, the Executive Committee shall determine, after consideration of recommendations of the respective Clinical Departments, whether sufficient space, equipment, staffing and financial resources are currently in place or available within a specified time frame to support the requested privileges. Documentation that this evaluation has been performed shall be maintained by the Executive Committee. The Executive Committee shall consistently determine the resources needed for each requested privilege.

7. Clinical privileges, if granted by the Board, shall be for a period of not more than two (2) years to coincide with the reappointment cycle of each Member's respective department.

ARTICLE VI. PART D. Section 1. **Sub-Section b. Clinical Privileges for Dentists**

1. The scope and extent of surgical procedures that a Dentist may perform in the Hospital shall be delineated and recommended in the same manner as other clinical privileges.

2. Surgical procedures performed by Dentists shall be under the overall supervision of the Chairman of the Department of Dentistry. A medical history and physical examination of the patient shall be made and recorded by a Physician who holds an appointment to the Medical and Dental Staff with appropriate clinical privileges before dental or oral surgery is performed, and a designated Physician shall be responsible for the medical care of the patient throughout the period of hospitalization.

3. The Dentist shall be responsible for the dental care of the patient, including the dental history and dental physical examination as well as appropriate elements of the patient's record. Dentists may write orders within the scope of their license

and consistent with the Medical and Dental Staff Rules and Regulations, and in compliance with the Hospital and Medical and Dental Staff Bylaws.

ARTICLE VI. PART D. Section 1. **Sub-Section c. Clinical Privileges for Podiatrists**

1. The scope and extent of surgical procedures that a Podiatrist may perform in the Hospital shall be delineated and recommended in the same manner as other clinical privileges.

2. Surgical procedures performed by Podiatrists shall be under the overall supervision of the Chairman of the Department of Surgery. A medical history and physical examination of the patient shall be made and recorded by a Physician who holds an appointment to the Medical and Dental Staff before podiatric surgery is performed, and a designated Physician shall be responsible for the medical care of the patient throughout the period of hospitalization.

3. The Podiatrist shall be responsible for podiatric care of the patient, including the podiatric history and podiatric physical examination as well as appropriate elements of the patient's record. Podiatrists may write orders within the scope of their license and consistent with the Medical and Dental Staff Rules and Regulations, and in compliance with the Hospital and Medical and Dental Staff Bylaws.

ARTICLE VI. PART D. Section 1. **Sub-Section d. Clinical Privileges for Medical Students and Residents**

Medical Students and Residents in training at the Hospital shall not hold appointment to the Medical and Dental Staff and shall not be granted specific clinical privileges. They shall be supervised as per the policy on supervision of medical students and Residents as delineated in the Rules and Regulations of these Bylaws.

ARTICLE VI. PART D. Section 1. Sub-Section e. **Clinical Privileges for Physicians, Dentist, and Podiatrist, Providing Clinical Services by Telemedicine**

1. The Executive Committee, will recommend the clinical services to be provided by telemedicine at the request of Department Chairmen. The clinical services to be provided by telemedicine shall be consistent with commonly accepted quality standards.

2. Physicians, Dentist and Podiatrists requesting privileges to provide telemedicine services for the treatment and diagnosis of patients will be subject to the credentialing and privileging processes of these Bylaws, and will be assigned to a specific Department/Division. Telemedicine privileges shall only be granted to those specialized Practitioners who are under contract to provide telemedicine services to Hospital.

3. The Physician, Dentist and Podiatrists will be required to complete the standard Medical Staff application form and will be required to have a valid New Jersey license and New Jersey malpractice insurance, and, if applicable, CDS & DEA registration. The verification process may utilize credentialing information from a Joint Commission accredited institution so long as the Practitioner is privileged at the distant site for those Clinical Services to be provided at the Hospital and the distant site provides the Hospital with a current list of the Practitioner's privileges.

4. The Hospital shall provide to a distant site information that is useful to assess the Practitioner's quality of care, treatment, and services for use in privileging and performance improvement which includes, at a minimum, all adverse outcomes related to sentinel events considered reviewable by the Joint Commission that results from the telemedicine services provided and complaints about the distant site licensed telemedicine Practitioner from patients, licensed independent practitioners or staff at the Hospital.

ARTICLE VI. PART D. Section 1. **Sub-Section f. Clinical Privileges: Limitations on Authority**

1. The granting of clinical privileges to or employment of any individual, including Physicians, Dentists, Podiatrists, Psychologists, or Allied Health Professionals and Independent Qualified Health Professionals as defined in these Bylaws, does not authorize the privileged or employed individual to permit, grant, extern, or allow any individual, whether designated as an intern, extern, preceptee, observer, research associate, student, or otherwise, access to Hospital facilities, including but not limited to in-patient hospital floors, outpatient clinics, and medical office space, or to patients and/or patient-related information.

2. If a privileged or employed individual wishes to assist another individual in gaining access to Hospital facilities, as defined herein, or to patient-related information, he or she must submit such individual to the Credentials Committee for written approval which shall designate the scope of such individual's activities at and access to Hospital facilities, as defined herein, and/or patients or patient-related information.

3. No such submitted individual shall be granted access to Hospital facilities, as defined herein, and/or patients or patient-related information unless and until the Credentials Committee has received, on a form provided by the Hospital, sufficient information about the submitted individual to permit the Credentials Committee to recommend the scope of activities and access that individual will be permitted to undertake at the Hospital. The form shall be prepared by the privileged or employed individual, if appropriate, and signed by both the privileged or employed individual and the submitted individual.

4. The Credentials Committee, on the recommendation of the Chairman the applicable department, shall recommend to the Board a written delineation of the scope of activities such submitted individual is permitted to undertake at the Hospital and access that individual shall have to Hospital facilities, as defined herein, and/or to patients or patient-related information.

   The privileged or employed individual shall have the opportunity to appear before the Credentials Committee and discuss the proposed delineation before any final action is taken on it by the Executive Committee and the Board. The submitted individual may access Hospital facilities, as defined herein, and/or patients or patient-related information only so long as he or she remains supervised and sponsored by the privileged or employed individual.

5. Any permission granted to a submitted individual by the Hospital may be revoked without prior notice by the Hospital at any time, with or without cause, and the submitted individual and/or the privileged or employed individual sponsoring such individual shall have no right to appeal the revocation.

6. The individual shall be clearly identified by special identification badge conspicuously displayed.

ARTICLE VI. PART D. **Section 2. Procedure for Temporary Clinical Privileges.**

ARTICLE VI. PART D. Section 2. **Sub-Section a. Granting of Temporary Privileges**

1. Temporary privileges shall not be granted routinely. There are two (2) circumstances in which temporary privileges may be granted: (a) to fulfill an important patient care, treatment and service need, and (b) when a new applicant with a complete application that raises no concerns is awaiting review and approval of the Executive Committee and the Board. All temporary privileges are granted by the Chief Executive Officer , Chief Medical Officer or designee in

consultation with the Chair of the Credentials Committee and upon the recommendation of the Medical and Dental Staff President or authorized designee.

2. Temporary privileges for new applicants are not to exceed one hundred twenty (120) days. The temporary privileges shall lapse when the Board takes final action on the application. Temporary privileges for new applicants may be granted by the Chief Executive Officer, Chief Medical Officer or designee as designated by the Board of Trustees, upon review and approval by the Credentials Committee of verification of the following with respect to the applicant: current licensure, relevant training or experience, competence, ability to perform the privileges requested, a query and evaluation of the National Practitioner Data Bank, a complete application, no current or previously successful challenge to licensure or registration, no subjection to involuntary termination of medical staff Membership at another organization, no subjection to involuntary limitation, reduction, denial or loss of clinical privileges, and the individual's signed acknowledgment to be bound by the Medical Center Bylaws and the Medical and Dental Staff Bylaws and Rules and Regulations then in force in all matters relating to temporary clinical privileges.

3. Temporary privileges for the fulfillment of important patient care, treatment, and service needs are time limited as determined in these Bylaws or other documents. The Medical Staff Office shall first obtain verifying information as to the current licensure, CDS and Drug Enforcement Administration certification, competence, qualifications, character, ethical standing, professional liability and the individual's signed acknowledgment to be bound by the Hospital's Bylaws and the Medical and Dental Staff Bylaws and Rules and Regulations then in force in all matters relating to temporary clinical privileges and present this information to the Chief Executive Officer , Chief Medical Officer or designee. The CDS and DEA certification may be waived per urgent patient care needs.

4. In exercising such privileges, the Practitioner shall act under the supervision of the Chairman or appropriate designee of the department in which the Practitioner has requested privileges.

ARTICLE VI. PART D. Section 2. **Sub-Section b. Termination of Temporary Clinical Privileges**

1. On the discovery of any information or the occurrence of any event of a nature which raises questions about a Practitioner's professional qualifications or competence to exercise any or all of the temporary privileges granted, the Chief Executive Officer, Chief Medical Officer or designee , after consultation with the Chair of the Credentials Committee or the President of the Medical and Dental Staff or his designee may terminate any or all of such Practitioner's temporary privileges.

2. The appropriate Department Chairman, or the President of the Medical and Dental Staff shall assign to a Medical and Dental Staff Member responsibility for the care of such terminated individual's patients until they are discharged from the Hospital, giving consideration wherever possible to the wishes of the patient in the selection of the substitute.

3. The granting of any temporary admitting and clinical privileges is a courtesy on the part of the Hospital. Neither the granting, denial or termination of such privileges shall entitle the individual concerned to any of the procedural rights provided in these Bylaws with respect to hearings or appeals.

ARTICLE VI. PART D. Section 2. **Sub-Section c. Special Requirements**

Special requirements of supervision and reporting may be imposed by the Department Chairman concerned on any individual granted temporary clinical privileges. Temporary privileges shall be immediately terminated by the Chief Executive Officer or a designee upon notice of any failure by the individual to comply with such special conditions.

ARTICLE VI. PART D. Section 2. **Sub-Section d. Locum Tenens**

The Chief Executive Officer or his designee may grant Clinical Privileges for Locum Tenens who are not applying for Medical Staff Privileges. Clinical Privileges shall be granted to cover another Practitioner or assume responsibility for another Practitioner's practice during times of vacation, illness, leave of absence, etc., for a period not to exceed one hundred and twenty (120) days, after which application to the Medical Staff shall be made. Privileges can be granted upon the recommendation of the applicable Department Chair or his designee. An ad hoc meeting of the Credentials Committee may be necessary to assure compliance. In such cases, the applicable Department Chair and the President of the Medical Staff**,** or their designees, and a minimum of two (2) other Committee members shall be present at the ad hoc Credentials Committee meeting. Prior to granting such Privileges, the applicant shall complete a Delineation of Privileges Form and provide adequate information relative to education, training, competency, licensure, malpractice insurance, DEA and current health status (including Rubella, PPD and Rubeola, if applicable). Any Practitioner granted Privileges hereunder shall sign an agreement to be bound by these Bylaws and Rules and Regulations, as well as all applicable Hospital policies and procedures. Clinical Privileges for this category shall include Privileges to admit patients. Clinical Privileges shall automatically terminate at the end of the designated time frame or may be terminated earlier by the Chief Executive Officer, upon recommendation of the Department Chair or the President of the Medical Staff. Such termination shall not be grounds for a Fair Hearing.

ARTICLE VI. PART D. **Section 3. Disaster Clinical Privileges**

1. Qualifications:
   Practitioners allowed to perform clinical services at the Hospital during a disaster shall consist of Physicians, Dentists, Podiatrists and Allied Health Professionals who are not Members of the Hospital Medical and Dental Staff but who volunteer and request and obtain disaster privileges at the Hospital to meet immediate patient needs.

2. Circumstances to Grant Disaster Privileges:
   Disaster privileges may be granted only when the following two conditions are present; the Hospital's emergency management plan has been activated and the organization is unable to meet immediate patient needs.

3. Procedure to Grant Disaster Privileges:
   Disaster privileges are granted only when the following two (2) conditions are present: the Hospital's emergency management plan has been activated and organization is unable to meet immediate patient needs.

   a. During disaster(s) in which the disaster management plan has been activated, the Chief Executive Officer or President of the Medical and Dental Staff or their designees has the option to grant disaster privileges. The hospital will communicate in writing with each of the its licensed independent practitoners regarding his and or role in emergency reponse and to whom they report during the emergency.

   b. The responsible individual(s) (the Chief Executive Officer or President of the Medical and Dental Staff or their designees) is not required to grant privileges to any individual and is expected to make such decisions on a case by case basis at

his or her discretion in accordance with the needs of the Hospital and its patients and on the qualifications of its Volunteer Practitioners. Those Volunteer Practitioners granted or not granted disaster privileges shall not be afforded due process and/or hearing rights arising under law or these Bylaws.

c. The Chief Executive Officer or President of the Medical and Dental Staff or their designee(s) may grant disaster privileges upon presentation of a valid picture ID issued by a State, Federal or regulatory agency and at least one of the following:

i. A current picture hospital ID card that clearly identifies professional designation;

ii. A current license to practice;

iii. Identification indicating that the individual is a Member of a Disaster Medical Assistance Team (DMAT), the Medical Reserve Corps (MRC), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other similar recognized State or Federal organization or group;

iv. Identification indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances. Such authority having been granted by a Federal, State or municipal entity;

v. Presentation by current hospital or Medical and Dental Staff Members with personal knowledge regarding Practitioner's identity and ability to act as a licensed independent Practitioner during a disaster; and

vi. Primary Source Verification of their license.

d. Individuals granted disaster privileges shall be identified with a Hospital identification tag in accordance with the Hospital Security Department's procedures.

e. The professional performance of those volunteer Practitioners who have been granted emergency disaster privileges shall be supervised by a Member of the Medical and Dental Staff or Allied Health Professional Staff by direct observation, chart review or mentoring.

f. As soon as the disaster situation is under control, the Medical Staff Office shall verify the credentials of those Volunteer Practitioners who are not Members of the Hospital and have been granted disaster privileges. Such verification shall be completed within seventy-two (72) hours from when the volunteer Practitioner presents to the organization. The responsible individual(s) (the Chief Executive Officer or President of the Medical and Dental Staff or their designees) shall make a decision, based on the information obtained regarding the professional practice of the volunteer Practitioner, within seventy-two (72) hours from when the volunteer Practitioner presents to the organization, related to the continuation of the disaster privileges initially granted. If due to extraordinary circumstances, primary source verification of licensure of the volunteer practititonercannot be completed within 72 hours of the practiitoner's arrival it is performed as soon as possible.

4. Termination of Disaster Clinical Privileges:

Disaster Clinical Privileges shall cease at the end of the disaster.

5. Management of Individuals Who Have Been Granted Disaster Privileges:

Those individuals granted disaster privileges shall be managed in accordance with the hospital's Environment of Care Manual.

ARTICLE VI. PART D. Section 4. **Procedures for Requesting Augmentation of Clinical Privileges.**

ARTICLE VI. PART D. Section 4. Sub-Section a. Request for Augmented Clinical Privileges

Whenever, during the term of appointment to the Medical and Dental Staff, increased clinical privileges are desired, the Member requesting increased privileges shall submit a request in writing to the Department Chairman. The request shall state in detail the specific additional clinical privileges desired and the Member's relevant recent training and experience, which justify increased privileges.

ARTICLE VI. PART D. Section 4. **Sub-Section b. Factors to be Considered**

Recommendations for an increase in clinical privileges made to the Board shall be based upon:

1. verification of relevant training;
2. verification of licensure;
3. a query of the National Practitioner Data Bank;
4. observation of patient care provided;
5. review of the records of patients treated in the Hospital or other hospitals;
6. results of the Hospital's quality review activities; and
7. other reasonable indicators of the individual's continuing qualifications for the privileges in question.

The recommendation for such increased privileges shall carry with it such requirements for focused professional practice evaluation for such periods of time as are thought necessary as determined by the Chairman of the Department and Credentials Committee. Information regarding an individual's scope of privileges shall be updated as changes in clinical privileges are made for that individual.

ARTICLE VI. PART D. **Section 5. Voluntary Relinquishment of Privileges.**

ARTICLE VI. PART D. Section 5. **Sub-Section a. Request to Relinquish Clinical Privileges**

1. A Medical and Dental Staff Member who desires to voluntarily relinquish any one (1) or more of the clinical privileges granted, may at a time during the appointment period, submit a written request to the Chairman of the Department specifying the clinical privilege(s) to be relinquished. The Chairman shall forward the request with recommendation to the Credentials Committee. Said relinquishment of privileges shall not be effective until acknowledged in writing by the Board.

2. Voluntary relinquishment of clinical privileges while under an investigation or in exchange for not conducting an investigation shall be considered a "surrender" of such privileges, and shall be so reported when so required.

ARTICLE VI. PART D. Section 5. Sub-Section b. Procedure for Relinquishment of Clinical Privileges

1. Upon the receipt of a request to relinquish one (1) or more clinical privileges, the Credentials Committee shall review the request and forward a recommendation to the Executive Committee. The Executive Committee shall review and forward its recommendations to the Board for final action. The Chairman of the Department and/or the Credentials Committee may request a meeting with the Member involved if the decrease of the clinical privileges could create a deficiency in available Hospital services. A report of such meeting shall be submitted with the Credentials Committee's recommendation to the Board. Clinical Privileges may not be relinquished solely for the purpose of removal from on call responsibility.

2. The Board shall act on the request and its decision shall be reported in writing by the Chief Executive Officer, to the Member, the Credentials Committee, the Executive Committee and the Chairman of the applicable department. The decision of the Board shall specify a specific date by which relinquishment of clinical privilege(s) shall become effective.

3. Failure to relinquish any clinical privileges pursuant to Section 1. and 2. of this Part or to adhere to the effective date specified by the Board for the relinquishment of the clinical privileges in question may constitute grounds for professional review action pursuant to these Bylaws.

ARTICLE VI. PART D. **Section 6. Resignations**

A Member of the Medical and Dental Staff who chooses to resign from the staff is expected to provide at least two (2) weeks notice in writing so that the individual's service obligations and patient obligations may be assigned to others. The Credentials Committee, the Chairman of the Department, the President of the Medical and Dental Staff, Administration and the Board of Trustees shall be informed of the resignation. Resignation of an individual while under investigation or in exchange for not conducting and investigation shall not be considered voluntary.

ARTICLE VII

PEER REVIEW PROCEDURES FOR QUESTIONS INVOLVING MEDICAL STAFF MEMBERS

ARTICLE VII. **PART A. COLLEGIAL INTERVENTION**

1. These Bylaws encourage the use of progressive steps by Medical and Dental Staff leaders and Hospital administration, beginning with collegial and educational efforts, to address questions relating to an individual's clinical practice, professional conduct, or provision of safe, high quality patient care. The goal of these efforts is to arrive at voluntary, responsive actions by the individual to resolve questions that have been raised.

2. Collegial efforts may include, but are not limited to, counseling, sharing of comparative data, monitoring, and additional training or education.

3. All collegial intervention efforts by Medical and Dental Staff leaders and Hospital administration are part of the Hospital's performance improvement and professional and peer review activities.

4. Documentation of collegial intervention efforts shall be included in the physician's credential file. The individual will have an opportunity to review it and respond in writing. The response shall be maintained in that individual's file along with the original documentation.

5. Collegial intervention efforts are encouraged, but are not mandatory, and shall be within the discretion of the appropriate Medical and Dental Staff leaders.

6. The Chairman of the Department or the Professional Review Committee shall determine whether to direct that a matter be handled in accordance with the Disruptive Behavior Policy, Policy on Physician Health or the Code of Conduct Policy.

ARTICLE VII. **PART B. INVESTIGATIONS.**

ARTICLE VII. PART B. **Section 1. Reporting and Initial Review**

a. Whenever a serious question has been raised, or where collegial efforts have not resolved an issue, regarding:

   i. the clinical competence of any Medical and Dental Staff Member or an Allied Health Professional;

   ii. the care or treatment of a patient or patients or management of a case by any Medical and Dental Staff Member or Allied Health Professional;

   iii. the known or suspected violation by any Medical and Dental Staff Member or Allied Health Professional of applicable ethical standards or the Bylaws, policies, Rules or Regulations of the Hospital or its Board or Medical and Dental Staff, including, but not limited to the Hospital's quality assessment, risk management, and utilization review programs; or

   iv. behavior or conduct on the part of any Medical and Dental Staff Member or Allied Health Professional that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical and Dental Staff, including the inability of the Member to work harmoniously with others; the matter may be referred to the President of the Medical and Dental Staff, the Chairman of the Department, the Chair of a Standing Committee, the Chief Executive Officer or the Chair of the Board.

b. The person to whom the matter is referred shall make sufficient inquiry to satisfy himself or herself that the question raised is credible and, if so, shall forward it in writing to the Chairman of the Department.

c. Any written or oral report of alleged disruptive Practitioner behavior shall be made directly to or forwarded to the Department Chair within 30 days of the alleged behavior, or for good cause shown to Chairman not to exceed 60 days. However, if the Complainant has reason to believe that appropriate action may not be taken by the Department Chair, the report shall be made directly to the PRC with notification to the Department Chairman. The Chair of the PRC, in consultation with at least 3 other members of the PRC, may decide to refer the matter to the Department Chair. So long as there is no conflict, whether real or perceived, the Department Chair shall conduct the initial

investigation. If the Department Chair's behavior is at issue, the Complainant shall notify the PRC directly through the Medical Staff President or his designee and the PRC shall conduct the initial investigation.

ARTICLE VII. PART B. **Section 2. Initial Investigation**

a. Disruptive Behavior

i. The complainant shall document the alleged Disruptive Behavior in writing.

The documentation should include:

a. names of all parties involved;
b. date and time of the incident/ questionable behavior;
c. a factual and objective description of the questionable behavior;
d. a statement of whether the behavior affected or involved a patient in anyway, and if so, the name of the patient or the patient's family member who may have been involved in the incident;
e. the circumstances which precipitated the incident;
f. names of witnesses to the incident; including any patient, family member or visitor who may have witnessed the incident;
g. consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations;
h. a record of any action taken to intervene in, or remedy the situation, including the date, time and place, action and names of those intervening; and
i. *the name and signature of the complainant. (*This policy requires that the identity of all Complainants will be known to the Practitioner being investigated. However, in the case of a Level One – Collegial Intervention, and only in a Level One – Collegial Intervention, if the Complainant refuses to be identified, the investigation may proceed with the Complainant remaining anonymous.)

ii. The Department Chair or the Chair of the PRC (as the case may be) will advise the Complainant that the matter will be reviewed. The Complainant will also be informed that in order to maintain the confidentiality of the process no further information will be provided regarding the investigation.

iii. The matter which will then be investigated by, as the case may be, (1) the Department Chair or (2) the chair of the PRC along with at least 3 other members of the PRC. The investigation will include an interview with the Complainant and an interview with the accused Practitioner.

iv. Based on the initial investigation, a determination will be made whether to close the investigation or proceed with either Level One, Level Two or Level Three Review and Discipline of the alleged Disruptive Behavior as further specified herein.

a. Medical Staff Leadership and Administration encourage, as the first intervention, proceeding with Level One collegial intervention.

b. Notwithstanding the foregoing, if additional or multiple reports of alleged disruptive Behavior are made concerning the same Practitioner or if the alleged Disruptive behavior is so egregious, such as, but not limited to physical or sexual harassment, assault, a fraudulent act, damaging hospital property, inappropriate physical behavior or interference with the orderly operation of the Hospital, then either Level Two or Level Three Review and Discipline shall commence.

v. When the Department Chair or the PRC determines that the Practitioner has not engaged in Disruptive Behavior, he/she will be advised of such determination. A summary of the report with a note indication that the case has been concluded will be placed in the file**.**

vi. The complainant shall be notified at the conclusion of the investigation as to whether or not the investigation confirmed the Practitioner engaged in Disruptive Behavior.

b. Health and Clinical Competence:

When a question involving clinical competence or professional conduct is referred to, or raised by, the Credentials Committee, the Committee with the department Chair, shall review the matter and determine whether (1) to make a recommendation, (2) to conduct an investigation, or (3) to direct the matter to be handled pursuant to the Policy on Physician Health Issues or the Code of Conduct Policy. In making this determination, the Credentials Committee may discuss the matter with the individual. An investigation shall begin only after a formal determination by the Credentials Committee to do so. Reported concerns regarding a privileged Practitioner's professional practice shall be uniformly investigated and addressed.

i. The Credentials Committee shall inform the individual that an investigation has begun. Notification may be delayed if, in the Credentials Committee's judgment, informing the individual immediately would compromise the investigation or disrupt the operation of the Hospital or Medical and Dental Staff.

ii. The Chairperson of the Credentials Committee shall keep the President of the Medical and Dental Staff and the Department Chair fully informed of all actions taken in connection with an investigation.

iii The Credentials Committee may require the individual to supply office or other medical records of a patient that such individual may have access to with respect to a review of a particular case involving such patient.

iv. The Credentials Committee may obtain an external peer or other review of the alleged deficiency.

ARTICLE VII. PART B. **Section 3. Progressive Review and Discipline**

ARTICLE VII. PART B. Section 3. **Sub-Section a. Level One – Collegial Intervention**:

The goal of collegial intervention is to arrive at voluntary, responsive actions by the Practitioner to resolve the issues raised regarding his/her conduct. Collegial efforts may

include, but are not limited to, counseling, monitoring, focused review, and an additional training or education.

1. Upon determination by the Department Chair that the Practitioner engaged in Disruptive Behavior, the Department Chair will hold a collegial meeting with the Practitioner. Alternatively, if the PRC has conducted the initial investigation and determined that the practitioner engaged in Disruptive Behavior, the PRC will designate three (3) members of the committee to hold a collegial meeting with the Practitioner. Every effort will be made for the meeting with the Practitioner to take place within ten (10) business days of the report of the alleged Disruptive Behavior.

    a. If the Practitioner is a physician-in-training, the Department Chair will conduct the meeting with the Residency Program Director in attendance. In cases where Saint Peter's University Hospital is not the sponsoring institution, the Department Chair will advise the sponsoring institution of the concern and outcome of the investigation.

2. When scheduling and conducting the meeting the Professional Review Committee or the Department Chairperson, as the case may be, will (a) stress to the Practitioner that the purpose of the meeting is to counsel and educate as opposed to being punitive and (b) advise the Practitioner that attempts to confront, intimidate or otherwise retaliate against the Complainant is a violation of this policy and grounds for summary suspension.

3. Confidentiality surrounding this process will be maintained.

4. Meeting specifics of collegial intervention.

    a. Identify the behavior that prompted the meeting:

        i. Review the professionalism standards.

        ii. Give the practitioner copies of the Professionalism Standards and the Disruptive Behavior Policy and inform him/her that the Board requires compliance with this policy.

    b. Discussion to be held to identify methods for re-structuring professional and working relationships, resolving existing conflicts, ending problematic behavior and improvement in interpersonal relations.

    c. The Department Chair or the PRC representatives are afforded latitude to develop an individualized plan for resolution with the goal to achieve effective modification of the Practitioner's Behavior. The foremost resolution should be an apology by the Practitioner to the injured party in the presence of the Department Chairman, PRC Chairperson or other designee.

        i. The Department Chair or the PRC representatives may also do one or more of the following:

            - issue a letter of warning or reprimand to the Practitioner;
            - require counseling;
            - require the Practitioner to develop a written plan of correction;

- refer the Practitioner to the Professional Assistance Program of New Jersey (see SPUH Medical Staff policy [insert #1] Practitioner Wellness);
- initiate corrective action pursuant to Medical-Dental Staff Bylaws;
- determine that no further action is warranted.

In keeping with the spirit of the collegial intervention and in the hope that the matter can be resolved quickly, legal counsel will not be allowed for this meeting. [If however, the Practitioner feels the need for legal counsel to be present, the matter will be escalated to Level 2 and the process defined therewith will be followed.]

d. A written summary of Disruptive Behavior with the meeting discussion and the resolution plan to document violation of the Disruptive Behavior Policy will be prepared. The summary will be held by the Medical Staff Office. A copy will given to the Practitioner. If the practitioner is an employee, Human Resources will have access to this information.

e. The Department Chair or PRC will also develop an individual plan for monitoring future compliance with or violation of this Policy and will document findings of these reviews in writing to the Practitioner's credentials file and maintain a copy in his/her own file.

f. The involved Practitioner may submit a rebuttal to the conclusion of the investigation. The rebuttal will become a permanent part of the record.

ARTICLE VII. PART B. Section 3. **Sub-Section b. Level Two – Professional Review Committee:**

1. The PRC Chair will convene the PRC to conduct an investigation. During the investigation, the PRC shall separately meet with the accused Practitioner and Complainant to review the allegations and possible rebuttal. The Practitioner, at his/her option and expense, may have legal counsel. The PRC may also have legal counsel present. Under no circumstances shall an investigation by the PRC pursuant to this policy be deemed part of the fair hearing process specified by the Medical-Dental Staff Bylaws.

   a. If the practitioner is a physician-in-training, the Residency Program Director will attend the meeting with the Practitioner. In cases where Saint Peter's University Hospital is not the sponsoring institution, the Department Chair will advise the sponsoring institution of the concern and outcome of the investigation.

2. The PRC may consider the past behavior of the accused Practitioner not to prove the Complainant's allegations are true, but to establish that the Practitioner intended or was motivated to engage in the Disruptive Behavior.

3. During the Investigation, the Professional Review Committee will advise the Practitioner that attempts to confront, intimidate or otherwise retaliate against the Complainant is a violation of this policy and grounds for summary suspension.

4. At the conclusion of the investigation, the PRC shall recommend to the Medical Executive Committee one or more of the following:

   i. issue a letter of warning or reprimand to the practitioner;

ii. require counseling;
iii. require the Practitioner to develop a written plan of correction;
iv. refer member to the Professional Assistance Program of New Jersey (see SPUH Medical Staff policy [insert #] Practitioner Wellness);
v. issue a final warning;
vi. require the individual to obtain additional education and/or training;
vii recommend that such indviidual's next reappointment be for less than two (2) years;
viii fail to place the individual on any on-call or interpretation roster or remove the individual from such roster;
ix. initiate corrective action pursuant to Medical-Dental Staff Bylaws; and/or
x. determine no further action is warranted.

5. On behalf of the PRC, the Chairperson of the PRC or designee will prepare a written summary of the reported Disruptive Behavior, the investigation and the recommendation for the Medical Executive Committee. The summary will be filed in the practitioner's file in the Medical Staff Office files and the Practitioner's quality file in the Performance Improvement Department. A copy will be given to the Practitioner. If the Practitioner is an employee, Human Resources will have access to this information.

6. The PRC shall report its recommendations and actions to the Medical Executive Committee.
7. The Medical Executive Committee may accept, reject or modify the PRC's recommendations and take action or implement final action.

ARTICLE VII. PART B. Section 3. **Sub-Section c. Level Three–Revocation of Privileges:**

If, (1) after determination by the Department Chair or the PRC, as the cause may be, after conclusion of the initial investigation that the Practitioner has engaged in egregious conduct or (2) after the final meeting held in accordance with Level Two – Professional Review Committee, the PRC determines that the Practitioner has engaged in additional Disruptive Behavior, the matter will be referred to the Medical Executive Committee with a recommendation for a suspension of some or all of the Practitioner's privileges in accordance with the provisions of the Medical-Dental Staff Bylaws. The Practitioner shall be afforded all rights to a fair hearing as specified in the Medical-Dental Staff Bylaws.

In the event the Executive Committee or the Board determines to consider modification of the recommended action of the PRC and such modification would entitle the individual to a hearing in accordance with these Bylaws, it shall so notify the affected individual through the Chief Executive Officer and shall take no final action thereon until the individual has had an opportunity to exercise the right to a hearing and appeal as provided in these Bylaws.

ARTICLE VII. **PART C. PRECAUTIONARY SUSPENSION OR RESTRICTION OF CLINICAL PRIVILEGES.**

ARTICLE VII. PART C. **Section 1. Grounds For Precautionary Suspension or Restriction**

a. The President of the Medical and Dental Staff, the Chairman of a Clinical Department or the Chief Executive Officer and their designee shall each have the authority to suspend or restrict all or any portion of the an individual's clinical privileges whenever, in their sole discretion, failure to take such action may result in an imminent danger to the health and/or safety of any individual or may interfere with the orderly operation of the Hospital. This includes the refusal to submit to any testing relating to drug or alcohol use or physical or mental health issues. The individual may be given an opportunity to refrain voluntarily from exercising privileges pending an investigation.

b. Precautionary suspension or restriction is an interim step in the professional review activity, but it is not a complete professional review action in and of itself. It shall not imply any final finding of responsibility for the situation that caused the suspension or restriction.

c. A precautionary suspension or restriction shall become effective immediately upon imposition, shall immediately be reported in writing to the Chief Executive Officer and or designee, the President of the Medical and Dental Staff and the Department Chairman and shall remain in effect unless it is modified by the Chief Executive Officer or the Medical Executive -Committee.

d. The Chief Executive Officer, President of the Medical Staff or their designee shall provide immediate notice to the affected practitioner (direct verbal notification is appropriate in the interests of time) and shall subsequently provide Written Notice which states the scope of the suspension.

Process

The President of the Medical and Dental Staff, Chief Medical Officer, Chairman of

Clinical Department, Chief Executive Officer will identify area of concern representing imminent

danger to patients. The practitioner will be notified (verbal) and in writing of suspension of

privileges. Suspension will be activated immediately for no more than 14 days. The Credentials

Committee will be notified to schedule review.

ARTICLE VII. PART C. **Section 2. Credentials Committee Procedure**

a. The Credentials Committee shall review the matter resulting in a precautionary suspension or restriction within a reasonable time under the circumstances, not to exceed fourteen (14) days. Prior to, or as part of, this review, the individual may be given an opportunity to meet with the Credentials Committee. The individual may propose ways other than precautionary suspension or restriction to protect patients, employees and/or the smooth operation of the Hospital, depending on the circumstances.

b. After considering the matters resulting in the suspension or restriction and the individual's response, if any, the Credentials Committee shall determine whether there is sufficient information to warrant a final recommendation, or whether it is necessary to commence an investigation. The Credentials Committee shall also determine whether the precautionary suspension or restriction should be continued, modified, or terminated pending the completion of the investigation (and hearing, if applicable).

c. There is no right to a hearing based on the imposition or continuation of a precautionary suspension or restriction, if the suspension does not exceed fourteen (14) days.

ARTICLE VII. PART C. **Section 3. Care of Suspended Individual's Patients**

Immediately upon the imposition of a precautionary suspension, the appropriate Department Chairman or designee , if unavailable, the President of the Medical and Dental Staff, shall assign to another individual with appropriate clinical privileges responsibility for care of the suspended individual's patients still in the Hospital at the time of such suspension until such time as they are discharged. The wishes of the patient shall be considered in the selection of the assigned appointee.

ARTICLE VII. **PART D. SUMMARY SUSPENSION OF CLINICAL PRIVILEGES. (9/19/18)**

Grounds for Summary Suspension

The Medical Executive Committee, President of the Medical and Dental Staff, the Chief Medical Officer or the Chief Executive Officer and or designee, shall each have the authority to summarily suspend or restrict all or any portion of the an individual's clinical privileges under the following administrative circumstances for a time period not to exceed twenty –eight (28) days:

a) Repeated failure to fulfill on-call obligations;
b) Fraudulent completion of or material omission from an application for reappointment or initial
c) Conduct in violation of Medical Staff/Hospital policies on behavioral expectations and business conduct

Process

The Medical Executive Committee, President of the Medical and Dental Staff, the Chief Medical Officer or the Chief Executive Officer and or designee will identify the cause for summary suspension and immediately notify the practitioner of summary suspension with a certified letter sent to the practitioner of suspended privileges. The department Chair and the Emergency Room will also be notified of summary suspension to ensure that patients are care for appropriately.

ARTICLE VII. **PART E. AUTOMATIC SUSPENSIONS**

ARTICLE VII. PART E. **Section 1. Failure to Complete Medical Records**

Automatic suspension of a practitioner's privileges shall be imposed for failure to complete medical records as required. The suspension shall continue until such records are completed.

a. Medical records shall be completed within thirty (30) days of a patient's discharge. A Practitioner who fails to comply will be sent an official notice of delinquency. Automatic suspension will begin fourteen (14) days after notice has been sent.

b. A suspended Practitioner may not participate in the care of any patient except those patients already in the Hospital under his or her own name prior to the date of suspension. (For all other patients, the suspension shall include but not be limited to admitting and consultation privileges, operating room privileges - both minor and main suite, and privileges permitting invasive contrast radiographic procedures). In addition, the suspended Practitioner may not cover for other Members of the Medical and Dental Staff.

c. Under extraordinary circumstances, the Chairman of the Department may permit a Practitioner to care for a patient while the Practitioner is suspended. Such an exception must be documented in writing and be limited to that patient. A Practitioner under such automatic suspension may also care for patients as authorized by Article VI., Part D., Section 3. Emergency Privileges.

1. Practitioners on the suspension list, if they complete their charts within thirty (30) days, will automatically have their suspension ended. If a Practitioner's privileges have been suspended for longer than one (1) month, the Practitioner must complete his or her charts and may be required to appear before an Ad Hoc Sub-Committee. This Sub-Committee shall be appointed by the President of the Medical and Dental Staff and consist of the individual's Department Chairman, the Chief Executive Officer and the President of the Medical and Dental Staff or their designates. If the Ad Hoc Sub-Committee so recommends, the Executive Committee may then consider ending the suspension. Between the date of the

completion of charts and the date of the meeting of the Executive Committee, the Department Chair may temporarily lift the Practitioner's suspension.

2. Unexcused failure of the Practitioner to appear before the Ad Hoc Sub - Committee shall result in continued suspension of privileges. The Practitioner must then appear before a regularly scheduled meeting of the Executive Committee.

3. If the failure to appear before an Ad Hoc Sub-Committee is due to an acceptable reason, the suspension may again be lifted until the next scheduled meeting of the Executive Committee upon recommendation of the President of the Medical and Dental Staff to the Chief Executive Officer or designee of the Hospital. The Ad Hoc Sub-Committee mechanism shall pertain.

4. When dealing with Practitioners who have previously appeared before the sub-committee, various options shall be left within the purview of the sub-committee. These options shall include the recommendation for restoration of privileges, non-restoration of privileges or to require that the individual appear for interview before the entire Executive Committee.

5. Failure to complete the medical records that caused suspension of clinical privileges, after two(2) months from the date of suspension, shall constitute a voluntary relinquishment of all clinical privileges and resignation from the Medical and Dental Staff.

ARTICLE VII. PART E. **Section 2. Action by State and/or Federal Licensing Board or Agency**

A Staff Member or Allied Health Professional whose license, certification or other Legal credential authorizing him/her to practice in New Jersey is revoked , relinguished , suspended, lapsed , expired or restricted shall immediately and automatically be suspended until such time as the license is reinstated.

Action by the appropriate State and Federal licensing board or agency revoking or suspending an individual's professional license, or loss of lapse of State license to practice for any reason, shall result in relinquishment of all Hospital clinical privileges as of that date, until the matter is resolved. In the event the individual's license is only partially restricted, the clinical privileges that would be affected by the license restriction shall be similarly restricted. Probationary action by the New Jersey State Board of Medical Examiners or State Board of Dental Examiners shall result in appropriate actions up to and including suspension as outlined in Part B., Section 3. of this Article or summary suspension as outlined in Part C. of this Article.

Process

The medical staff office will verify current status. The President of the Medical Staff and respective Department Chair will be notified if a lapse has occurred. The practitioner will have 60 days to provide current documents . If current documents are not received, it is assumed that the member has voluntarily resigned. Once the required documents are received the President of the Medical Staff and the Department Chair will notified and the suspension will be lifted.

ARTICLE VII. PART E. **Section 3. Failure to be Adequately Insured**

Any practitioner or Allied Health professional unable to provide proof of current malpractice insurance in the amounts prescribed in these Bylaws shall be automatic suspended until such time proof of such coverage is provided to the President of the Medical Staff or designee .

Process

The medical staff office will verify current status. The President of the Medical Staff and respective Department Chair will be notified if a lapse has occurred. The practitioner will have 60 days to provide current documents . If current documents are not received, it is assumed that the member has voluntarily resigned. Once the required documents are received the President of the Medical Staff and the Department Chair will notified and the suspension will be lifted.

ARTICLE VII. PART E. **Section 4. Failure to Attend Meetings or Continuing Medical Education Requirements**

a. Current documentation of continuing medical education shall be a requirement for appointment and reappointment to the Medical and Dental Staff. This requirement shall not apply to Physicians, Dentists, or Podiatrists who do not have privileges in patient care. The continuing medical education requirements for appointment and reappointment for members are required to be current to meet the minimum standards for licensure.

ARTICLE VII. PART E **Section 5. Drug Enforcement Administration (DEA and or Controlled Dangerous Substance (CDS)**

Any practitioner whose DEA and CDS registration number/ New Jersey controlled substances certificate or equivalent is revoked , relinquished , suspended , expired or restricted shall immediately and automatically be suspended until such time as the registration is reinstated.

Process

The medical staff office will verify current status. The President of the Medical Staff and respective Department Chair will be notified if a lapse has occurred. The practitioner will have 60 days to provide current documents . If current documents are not received, it is assumed that the member has voluntarily resigned. Once the required documents are received the President of the Medical Staff and the Department Chair will notified and the suspension will be lifted.

ARTICLE VII. PART E. **Section 6. Dues and Assessments**

All practitioners are required to pay dues unless a waiver is approved by the Medical Executive Committee.

Failure to pay dues and assessments levied by the Executive Committee within thirty (30) days, or such longer periods as may be subject to -suspension of privileges

ARTICLE VII. PART E. **SECTION 7 Exclusion /Suspension From Medicare /Medicaid**

Any practitioner or allied health professional whose participates in the Medicare or Medicaid Program is suspended, terminated, excluded or voluntarily relinquishes shall be automatically suspended.

ARTICLE VII. PART E ~~D.~~ SECTION 8 FAIR HEARING NOT APPLICABLE

No Member of the Medical Staff , whose privileges are automatically suspended under ARTICLE VII , shall have the right of hearing or appeal as provided for in these Bylaws.

ARTICLE VII. PART E. **Section 8. Procedure for Leave of Absence**

a. Individuals appointed to the Medical Staff may, for good cause, be granted a leave of absence for a minimum of sixty (60) days and for a definitely stated period of time not to exceed one (1) year. During that time, the Practitioner will have no vote, will not be eligible to hold office, nor exercise any privileges at the Hospital. Absence for longer than one (1) year shall constitute voluntary resignation of medical staff appointment and clinical privileges unless an exception is made by the Executive Committee and approved Board of Trustees

b. members are required to be current to meet the minimum standards for licensure.

c. Requests for leaves of absences shall be made to the Chairman of the department in which the individual applying for leave holds clinical privileges and shall state the beginning and ending dates of the requested leave and the reason for the requested leave.

d. If so approved, the Medical Staff Office will be notified by the Department Chairman. The Physician , dentist, or Podiatrist shall be excused from all service and obligations to the Hospital. Medical and Dental Staff due will still be payable and a reappointment application must be submitted in conjunction with his/her department cycle.

e. At the conclusion of the leave of absence, the individual may be reinstated by the Department Chairman, upon filing a written statement with the appropriate Department Chairman. The individual also shall provide such other information as may be requested by the Hospital at that time. The Department Chairman shall notify the Medical Staff Office of the reinstatement

e. An individual on a leave of absence whose membership expires during the leave must complete the reappointment process prior to reinstatement.

f. Practitioners granted leaves of absence may be subject to Focused Professional Practice Evaluation upon their return depending upon the circumstances

ARTICLE VII. **PART E. Section 9 Fair Hearing Not Applicable**

No Member of the Medical Staff , whose privileges are automatically suspended under ARTICLE VII , shall have the right of hearing or appeal as provided for in these Bylaws.

ARTICLE VII. **PART F. CONFIDENTIALITY AND REPORTING**

Actions taken and recommendations made pursuant to this Article shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Board. In addition, reports of actions taken pursuant to this policy shall be made by the Chief Executive Officer or his designee to such governmental agencies as may be required by law.

ARTICLE VII. **PART G. PEER REVIEW PROTECTION**

All minutes, reports, recommendations, communications, and actions made or taken pursuant to these Bylaws are deemed to be covered by the provisions of NJ statutes § 2A:84A-22.8 through § 2A:84A-22.10 or the corresponding provisions of any subsequent Federal or State statute providing protection to peer review or related activities. Furthermore, the committees and/or panels charged with making reports, findings, recommendations or investigations pursuant to these Bylaws shall be considered to be acting on behalf of the Hospital and its Board when engaged in such professional review activities and thus shall be deemed to be "professional review bodies" as that term is defined in the Health Care Quality Improvement Act of 1986.

ARTICLE VIII

HEARING AND APPEAL PROCEDURES

ARTICLE VIII. **PART A. INITIATION OF HEARING.**

ARTICLE VIII. PART A. **Section 1. Grounds for Hearing**

a. An applicant or an individual holding a Medical and Dental Staff appointment shall be entitled to request a hearing whenever an unfavorable recommendation has been made by the Executive Committee or the Board regarding the following:

1. denial of initial Medical and Dental Staff appointment,
2. denial of Medical and Dental Staff reappointment;

3. revocation of Medical and Dental Staff appointment;

4. denial of requested initial clinical privileges except if such clinical privileges are granted exclusively to those in Departments or Sections with an exclusive contract with the Hospital and such applciant or individual is a not a member of the Department, Section or group with the exclusive contract;

5. denial of requested augmented clinical privileges except if such clinical privileges are granted exclusively to those in Departments or Sections with an exclusive contract with the Hospital and such applicant or individual is a not a member of the Department or , Section or group with the exclusive contract;

6. decrease or revocation of clinical privileges;

7. suspension of clinical privileges in excess of fourteen (14) days, except where such suspension is taken under Article VII, Part C., Section 1 and does not exceed fourteen (14) days or Part D. or

8. imposition of mandatory concurring consultation or supervision requirement.

b. No other recommendations except those enumerated in a. of this Section shall entitle the individual to request a hearing.

c. The affected individual's right to request a hearing before the Board enters a final decision, shall be applicable only in the event the Board should determine, without a similar recommendation from the Credentials Committee and the Executive Committee, to take any action set forth in a above.

d. The hearing shall be conducted in as informal a manner as possible, subject to the rules and procedures set forth in this Article.

e. Voluntary relinquishment of clinical privileges, as provided for elsewhere in these Bylaws, shall not constitute grounds for a hearing, but shall take effect without hearing or appeal.

f. The imposition upon all Members of the Medical and Dental Staff, or any definable segment of such Membership, of a consultation requirement, or a requirement for retraining, additional training or continuing medical education or any other which is not set forth in a, above_shall not constitute grounds for a hearing, but shall take_effect without hearing or appeal immediately without action of the Board and without the right of appeal to the Board. A report of the action taken and reasons therefore shall be made to the Board through the President of the Medical Staff and the action shall stand unless modified by the Board. The Board may, not need to take any action upon such request..

ARTICLE VIII. **PART B. THE HEARING.**

ARTICLE VIII. PART B. **Section 1. Notice of Recommendation**

When a recommendation is made which, according to these Bylaws entitles an individual to a hearing prior to a final decision of the Board, the affected individual shall promptly be given notice by the Chief Executive Officer or designee, in writing, by certified mail, return receipt requested. This notice shall contain:

a. a statement of the recommendation made and the general reasons for it; and

b. notice that the individual has the right to request a hearing on the recommendation within thirty (30) days of receipt of this notice; and a copy of this Article outlining the rights in the hearing as provided for in these Bylaws.

ARTICLE VIII. PART B. **Section 2. Request for Hearing**

a. Such individual shall have thirty (30) days following the date of the receipt of such notice within which to request the hearing. Said request shall be made by written notice to the Chief Executive Officer and shall be accompanied by the name and address of any attorney or other representative of the individual, if then known.

b. The affected individual, by requesting a hearing, authorizes any and all professional societies or associations, licensure, certifying and examining boards of any states or foreign countries, credentialing verification organizations, insurers, hospitals, other health care providers and their employees and Medical Staffs to furnish any and all information in their possession (including copies of documents) concerning the affected individual, and to render an opinion which might have a bearing upon the adverse recommendation or decision, for use in the proceedings conducted pursuant to these Bylaws.

c. In the event the affected individual does not request a hearing within the time and in the manner herein above set forth, that individual shall be deemed to have waived the right to such hearing and to have accepted the action involved, and such action shall thereupon become effective immediately upon final Board action.

ARTICLE VIII. PART B. **Section 3. Notice of Hearing and Statement of Reasons**

a. The Chief Executive Officer shall schedule the hearing and shall give written notice, by certified mail, return receipt requested, to the person who requested the hearing. The notice shall include:

1. the time, place and date of the hearing;

2. the proposed list of witnesses who will give testimony or evidence in support of the Credentials Committee or the Board at the hearing;

3. the names of the Hearing Panel Members/Hearing Officer, if known; and

4. a statement of the specific reasons for the recommendation as well as the list of patient records and information supporting the recommendation. This statement,

and the list of supporting patient record numbers and other information it contains, may be amended or added to at any time, even during the hearing so long as the additional material is relevant to the continued appointment or clinical privileges of the individual requesting the hearing, and that individual and the individual's counsel have sufficient time to study this additional information and rebut it.

b. The hearing shall begin as soon as practicable, but no sooner than thirty (30) days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the parties.

ARTICLE VIII. PART B. **Section 4. Witness List**

The individual requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on the affected individual's behalf within ten (10) days after receiving notice of the hearing. Each witness list shall include a brief summary of the nature of the anticipated testimony. The witness list of either party may, in the discretion of the Presiding Officer, be supplemented or amended at any time prior to or during the course of the hearing, provided that notice of the change is given to the other party. The Presiding Officer shall have the authority to limit the number of witnesses as set forth in Section 5. of this Part.

ARTICLE VIII. PART B. **Section 5. Hearing Panel and Presiding Officer or Hearing Officer**

a. Hearing Panel:

1. When a hearing is requested, the President of the Medical and Dental Staff in consultation with Chief Executive Officer or his designee, acting for the Board and after considering the recommendations of the (and that of the Chairpersons of the Board, if the hearing is occasioned by a Board determination) shall appoint a Hearing Panel which shall be composed of not less than three (3) Members. The majority of the Hearing Panel shall be composed of Medical and Dental Staff appointees who shall not have actively participated in the consideration of the matter involved at any previous level or of Physicians or laypersons not connected with the Hospital or a combination of such persons.

2. The Hearing Panel shall not include any individual who is in direct economic competition with the affected person or any such individual who is professionally associated with or related to the affected individual. Such appointment shall include designation of the Chairperson or Presiding Officer. Knowledge of the matter involved shall not preclude any individual from serving as a Member of the Hearing Panel.

3. Knowledge of the underlying matter, in and of itself, and/or employment by, or other contractual arrangement with, the Hospital or an affiliate will not preclude an individual from serving on the Hearing Panel. If three (3) Members of the Staff who meet these requirements cannot be identified, then one or more members of the Hearing Panel may be appointed from New Jersey licensed physicians or retired New Jersey physicians not currently having Medical Staff privileges or membership at this Hospital, but qualified to serve by training, experience, and similar considerations. Notwithstanding the foregoing, nothing in these Bylaws shall prohibit the Hearing Panel from being comprised of one or more persons who previously served as a panelist in a hearing on the same underlying facts. Solely as means of example, a panelist who served on a Hearing Panel to consider a member's appeal of a precautionary suspension shall not be prohibited from serving as a member of a Hearing Panel with respect to a member's subsequent appeal of an adverse recommendation to terminate or permanently suspend privileges arising from the action that was the basis of the precautionary suspension.

4. There shall be at least a majority of the members of the Hearing Panel present when the Hearing takes place. Any member of the Hearing Panel who participates in the entire hearing and reviews the transcript of any portion of the Hearing for which the panelist is not in personal attendance, may be permited in the deliberations and to vote on the recommendations of the Hearing Panel.

b. Chairperson or Presiding Officer:

1. In lieu of a Hearing Panel Chairperson, the Chief Executive Officer may appoint an attorney at law as Presiding Officer. Such Presiding Officer may be legal counsel to the Hospital, but must not act as a prosecuting officer, or as an advocate for either side at the hearing. The Presiding Officer may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but shall not be entitled to vote on its recommendations. Legal counsel may thereafter continue to advise the Board on the matter.

2. If no Presiding Officer has been appointed, a Chairperson of the Hearing Panel shall be appointed by the Chief Executive Officer, shall serve as the Presiding Officer, and shall be entitled to one (1) vote.

3. The Presiding Officer or (Hearing Panel Chairperson) shall:

i. act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;

ii. maintain decorum throughout the hearing;

iii. determine the order of procedure throughout the hearing;

iv. have the authority and discretion, in accordance with these Bylaws, to make rulings on all questions which pertain to matters of procedure and to the admissibility of evidence;

v. act in such a way that all information reasonably relevant to the continued appointment or clinical privileges of the individual requesting the hearing is considered by the Hearing Panel in formulating its recommendations; and

vi. conduct argument by counsel on procedural points outside the presence of the hearing panel unless the panel wishes to be present.

ARTICLE VIII. **PART C. HEARING PROCEDURE.**

ARTICLE VIII. PART C. **Section 1. Pre-Hearing Discovery**

a. There is no right to pre-hearing discovery. The individual requesting the hearing shall be entitled, upon specific request, to the following, subject to a stipulation signed by both parties that such documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing:

1. copies of or reasonable access to all patient medical records referred to in the Statement of Reasons, at his or her expense;

2. reports of experts relied upon by the Credentials or the Executive Committee;

3. copies of redacted relevant committee or department minutes (such provision does not constitute a waiver of any applicable New Jersey peer review protection statute); and

4. copies of any other documents relied upon by the Credentials or the Executive Committee.

5. The individual requesting the hearing shall also supply relevant material and medical records and/or other data, including expert reports which such indivdual intends to rely upon during the Hearing and the Executive Committee or the Board shall have the opportunity to review and challenge the material, medical records and/or other data.

b. Prior to the hearing, on dates set by the Presiding Officer or agreed upon by counsel for both sides, each party shall provide the other party with a list of proposed exhibits. All objections to documents or witnesses to the extent then reasonably known shall be submitted in writing in advance of the hearing. The Presiding Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.

c. There shall be no contact by or on behalf of the physician or to the Hospital employees and other persons appearing on the witness lists concerning the subject matter of the hearing, unless specifically agreed upon by counsel for both sides. Any attempt to lobby, intimidate, or otherwise unduly influence the Hearing Committee, potential witnesses and/or other committees including the PRC in a manner under review or which is the subject of a Hearing shall itself be an independent ground for corrective action.

d. The individual shall have no right to discovery beyond the above information. No information shall be provided regarding other Practitioners.

e. Evidence unrelated to the reasons for the recommendation or to the individual's qualifications for appointment or the relevant clinical privileges shall be excluded.

ARTICLE VIII. PART C. **Section 2. Pre-Hearing Conference**

a. The Presiding Officer shall require a representative (who may be counsel) for the individual and for the Executive Committee to participate in a pre-hearing conference. At the pre-hearing conference the Presiding Officer shall resolve all procedural questions, including any objections to exhibits or witnesses, and the time to be allotted to each witness's testimony and cross-examination. It is expected that the hearing will last no more than fifteen (15) hours, with each side being afforded approximately seven and a half hours (7-½) to present its case, in terms of both direct and cross-examination of witnesses. Both parties are required to prepare their case so that a hearing shall be concluded after a maximum of fifteen (15) hours. The Presiding Officer may, after considering any objections, grant limited extensions upon a demonstration of a good cause and to the extent compelled by fundamental fairness.

b. The parties and counsel, if applicable, shall use their best efforts to develop and agree upon stipulations, so as to provide for a more orderly and efficient hearing by narrowing the issues on which live testimony is reasonably required.

ARTICLE VIII. PART C. **Section 3. Failure to Appear**

Failure, without good cause, of the individual requesting the hearing to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions pending, which shall then become final and effective immediately.

ARTICLE VIII. PART C. **Section 4. Record of Hearing**

The Hearing Panel shall maintain a record of the hearing by a reporter present to make a record of the hearing or a recording of the proceedings. The cost of such reporter shall be borne by the Hospital, but copies of the transcript shall be provided to the individual requesting the hearing at that individual's expense. The Hearing Panel may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of New Jersey.

ARTICLE VIII. PART C. **Section 5. Rights of Both Sides**

a. At a hearing both sides have the following rights, subject to reasonable limits determined by the Presiding Officer;

1. to call and examine witnesses to the extent available with notice given to the parties that no party has the legal power of subpoena;

2. to introduce exhibits;

3. to cross-examine any witness on any matter relevant to the issues and to rebut any evidence;

4. representation by counsel who may call, examine, and cross-examine witnesses and present the case. Both sides shall notify the other of the name of that counsel at least ten (10) days prior to the date of the hearing; and

5. to submit a written statement at the close of the hearing.

b. Any individuals requesting a hearing who do not testify in their own behalf may be called and examined as if under cross-examination.

ARTICLE VIII. PART C. **Section 6. Admissibility of Evidence**

The hearing shall not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Hearsay evidence shall not be excluded merely because it constitutes hearsay. Any relevant evidence shall be admitted if it is the sort of evidence in which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Hearing Panel may request such a memorandum to be filed, following the close of the hearing. The Hearing Panel may interrogate the witnesses, call additional witnesses or request documentary evidence if it deems it appropriate.

ARTICLE VIII. PART C. **Section 7. Official Notice**

The Presiding Officer shall have the discretion to take notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed by the courts of the State of New Jersey. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested, to present within rebuttal of any evidence admitted on official notice.

ARTICLE VIII. PART C. **Section 8. Postponements and Extensions**

Postponements and extensions of the time beyond any time limit set forth in this Article may be requested by anyone but shall be permitted only by the Hearing Panel, its chairperson or the entity which appointed the Hearing Panel on a showing of good cause.

ARTICLE VIII. **PART D. HEARING CONCLUSION, DELIBERATIONS AND RECOMMENDATIONS.**

ARTICLE VIII. PART D. **Section 1. Burden of Proof**

a. The Board or the Executive Committee, depending on whose recommendation prompted the hearing initially, shall first come forward with evidence in support of its recommendation. Thereafter, the burden shall shift to the individual who requested the hearing to come forward with evidence.

b. After all the evidence has been submitted by both sides, the Hearing Panel shall recommend in favor of the Executive Committee or the Board unless it finds that the individual who requested the hearing has proved by clear and convincing evidence that the recommendation that prompted the hearing was arbitrary, capricious, or not supported by substantial evidence.

ARTICLE VIII. PART D. **Section 2. Basis of Decision**

The decision of the Hearing Panel shall be based on the evidence produced at the hearing. The evidence may consist of the following:

a. oral testimony of witnesses;

b. memorandum of points and authorities presented in connection with the hearing;

c. any information regarding the individual who requested the hearing so long as that information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and, by other evidence, refute it;

d. any and all applications, references, and accompanying documents;

e. other documented evidence, including medical records; and

f. any other evidence that has been admitted.

ARTICLE VIII. PART D. **Section 3. Adjournment and Conclusions**

The Presiding Officer may adjourn the hearing and reconvene the same at the convenience and with the agreement of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

ARTICLE VIII. PART D. **Section 4. Deliberations and Recommendation of the Hearing Panel**

Within twenty (20) days after final adjournment of the hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person (except the Presiding Officer, if one is appointed) and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons justifying the recommendation made and shall deliver such report to the Chief Executive Officer.

ARTICLE VIII. PART D. **Section 5. Disposition of Hearing Panel Report**

Upon its receipt, the Chief Executive Officer shall forward the Hearing Panel's report and recommendation, along with all supporting documentation, to the Board for further action. The Chief Executive Officer shall also send a copy of the report and recommendation, by certified mail, return receipt requested, to the individual who requested the hearing, to the Executive Committee and to the Credentials Committee for information and comment.

The Hearing Panel's report will be sent back to the MEC to review the initial adverse recommendation and to affirm, modify or reverse the original adverse recommendation. Only if

the MEC still believes its original adverse recommendation is appropriate by its affirmation of the initial adverse recommendation, will the Practitioner have the right to appeal as set forth herein.

ARTICLE VIII. **PART E. APPEAL PROCEDURE.**

ARTICLE VIII. PART E. **Section 1. Time for Appeal**

Within ten (10) days after notice of the Hearing Panel's recommendation, either party may request an appellate review. The request shall be in writing, and shall be delivered to the Chief Executive Officer either in person or by certified mail, and shall include a brief statement of the reasons for appeal. If such appellate review is not requested within ten (10) days as provided herein, both parties shall be deemed to have accepted the recommendation involved and it shall thereupon become final and immediately effective.

ARTICLE VIII. PART E. **Section 2. Grounds for Appeal**

The grounds for appeal shall be that:

a. there was substantial failure to comply with the Hospital or Medical and Dental Staff Bylaws in the matter which was the subject of the hearing so as to deny due process or a fair hearing; or

b. the recommendations were made arbitrarily, capriciously or with prejudice; or

c. the recommendations were not supported by substantial evidence.

ARTICLE VIII. PART E. **Section 3. Notice**

Whenever an appeal is requested as set forth in the preceding Sections, the Chairperson of the Board shall, within ten (10) days after receipt of such request, notify all relevant parties. The appeal shall be held as soon as the arrangements can reasonably be made.

ARTICLE VIII. PART E. **Section 4. Appeal Procedure**

a. The Chairperson of the Board shall appoint a Review Panel composed of not less than three (3) persons, either Members of the Board or others, which may include reputable persons outside the Hospital (and which are not required to be Physicians), to consider the record upon which the recommendation was made.

b. The Review Panel may accept additional oral or written evidence subject to the same rights of cross-examination and confrontation provided at the Hearing Panel proceedings.

   Such additional evidence shall be accepted only at the discretion of the Review Panel and only if the party seeking to admit it can demonstrate that is relevant and that an opportunity to admit it at the hearing was denied, and then only at the discretion of the Review Panel.

c. Each party shall have the right to present a written statement in support of its position on appeal, and its sole discretion, the Review Panel may allow each party or its representative to appear personally and make oral argument. The Review Panel shall recommend final action to the Board.

d. The Board may affirm, modify or reverse the original adverse recommendation which formed the basis for the Hearing taking into account the report and recommendation_ of the Review Panel or, in its discretion, refer the matter back to the part that made the adverse recommendation for further review and recommendation.

ARTICLE VIII. PART E. **Section 5. Final Decision of the Board**

Within thirty (30) days after receipt of the Review Panel's recommendation, the Board shall render a final decision in writing and shall deliver copies thereof to the affected individual and to the Chairpersons of the Credentials and Executive Committees, in person or by certified mail, return receipt requested.

ARTICLE VIII. PART E. **Section 6. Further Review**

Except where the matter is referred for further action and recommendation in accordance with Section 4.d. of this Part, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. Provided, however, if the matter is referred for further action and recommendation, such recommendation shall be promptly made to the Board in accordance with the instructions given by the Board. This further review process and the report back to the Board shall in no event exceed thirty (30) days in duration except as the parties may otherwise stipulate.

ARTICLE VIII. PART E. **Section 7. Right to One Appeal Only**

a. No applicant or Medical and Dental Staff appointee shall be entitled as a matter of right to more than one (1) appeal review on any single matter which may be the subject of an appeal. For purposes of this provision, the matter shall be defined as the underlying action of the applicant or the Medical Staff member which was the basis of the adverse action recommended. Solely as means of example, the termination of a member's clinical privileges after a precautionary suspension which has been appealed and ultimately approved by the Board shall entitle the individual to an appeal as to the propriety of the termination only and not the underlying facts that gave rise to the adverse recommendation to precautionarily suspend.
b. In the event that the Board ultimately determines to deny initial Medical and Dental Staff appointment or reappointment to an applicant, or to revoke or terminate the Medical and Dental Staff appointment and/or clinical privileges of a current appointee, that individual may not apply within five (5) years for Medical and Dental Staff appointment or for those clinical privileges at this Hospital unless the decision of the Board provides otherwise.

ARTICLE VIII. PART E. **Section 8. Diagram of Appeal Procedure**

Credentials Committee	Executive Committee	Board of Trustees
	Favorable	
Favorable	Transmitted	Favorable
	Unfavorable	
	Favorable	
Unfavorable	Transmitted	Unfavorable H*
	Unfavorable	

H* means a hearing may be called by the individual. Only one hearing may be held; one appeal may be held after the hearing.

This diagram is for illustrative purposes only. In the event of a discrepancy between this diagram and the text of the Bylaws, the text of the Bylaws shall apply.

ARTICLE VIII. PART E. **Section 9. Appeal to the Courts**

Nothing in these Bylaws shall be interpreted to impair the right of any party or parties to appeal an adverse decision to the courts.

ARTICLE IX

ALLIED HEALTH PROFESSIONALS

ARTICLE IX. **PART A. Allied Health Professionals.**

ARTICLE IX. PART A. **Section 1. Privileges**

1. It is recognized that the patients of the Hospital may from time to time benefit from the expertise of Health Professionals other than Physicians, Dentists, and Podiatrists. The Board will determine the need for such Allied Health Professionals, including, Advanced Practice Nurses, Certified Registered Nurse Anesthetists, Nurse Midwives, Physician Assistants, Registered Nurse First Assist & Psychologists, etc.

2. All other health professionals shall document their background, experience, training, demonstrated competence and compliance with governmental licensing requirements, including current active DEA and CDS Licenses, when applicable. They shall provide professional references which attest to their competence and skill, their adherence to the ethics of their profession, their good reputation, and their ability to work with others. This will be done with sufficient adequacy to assure the Credentials Committee, the Executive Committee, and the Board that any patient treated by them in the Hospital will be given a high quality of care.

3. The applications of all such Allied Health Professionals shall be considered by the Credentials Committee, Executive Committee and Board and assignment made to an appropriate department for supervision and delineation of specific privileges.

4. A listing of these individuals shall be kept by the Chairman of the Departments of the Medical and Dental Staff and shall be made available to the individual Practitioners seeking their services. Where such a health professional will be involved in direct patient care, the individual shall be called in only at the request of the Physician or Dentist attending the patient and the individual's services shall be limited to those requested by the attending Physician. Every patient in the Hospital shall be under the primary care of a Physician or Dentist with admitting privileges who shall be responsible for managing and coordinating the patient's general medical condition.

5. As a condition to the granting and continuation of privileges, every Allied Health Professional shall be required to carry professional liability insurance. The amount of insurance coverage shall equal or exceed a level to be determined by the Board. This amount shall be reviewed at least annually and may be revised periodically as required in the judgment of the Board.

6. Allied Health Professionals shall be required to pay an annual fee which shall be determined by the Executive Committee of the Medical and Dental Staff.

7. Each Department Chairman shall review annually the ongoing current competency and performance of all Allied Health Professionals assigned to that department. Allied Health Professionals shall apply for reappointment concurrent with the Department of the Medical and Dental Staff to which they are assigned. A re-application form shall be provided by the Hospital for that purpose.

8. Conditions of Practice:

   a. Allied Health Professionals shall practice at the discretion of the Board, and thus may be terminated at will by the Board and shall not be covered by the due process

provisions of these Bylaws or the Hospital Bylaws. However, an Allied Health Professional may have the right to appear personally before the Credentials Committee to discuss any adverse recommendation before that recommendation is transmitted to the Executive Committee and the Board.

b. Allied Health Professionals shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical and Dental Staff and may only engage in acts within the scope of practice or clinical privileges specifically granted by the Board. They shall be located close enough to fulfill their responsibilities, and to provide timely care for their patients in the Hospital.

c. Individuals who are employees of the Hospital shall not be permitted to practice at the Hospital as Allied Health Professionals, but shall be governed by such Hospital policies, manuals and descriptions as may be established from time to time by the Chief Executive Officer or other appropriate Medical and Dental Staff appointees and/or committees regarding the qualifications of those Hospital employees whose responsibilities require the delineation of clinical privileges and/or duties.

d. Advanced Practice Nurses (APN's), Certified Registered Nurse Anesthetists (CRNA's), and Physician Assistants (PA's) must maintain current active CDS and DEA Licenses.

9. Procedure for Temporary Clinical Privileges for Applicants & Termination of Clinical Privileges: Temporary privileges and termination of those privileges shall be as in Article VI, Part D. Section 2., Sub-Section a. & b.

ARTICLE IX. **PART B. ADVANCED PRACTICE NURSES/CERTIFIED NURSE MIDWIVES WHO DESIRE DIAGNOSTIC AND PRESCRIPTIVE PRIVILEGES AT SAINT PETER'S HOSPITAL.**

ARTICLE IX. PART B. **Section 1. Qualifications**

This Section applies to all Advanced Practice Nurses/Certified Nurse Mid-Wives who are employees of the Hospital and/or whose collaborating/supervising Physicians have appointments to the Medical and Dental Staff at the Hospital. An individual who meets either requirement may apply for and receive privileges at the Hospital to manage health maintenance and specific common deviations from wellness and stabilized long term illnesses, appropriate to their education, training, and expertise, by initiating diagnostic testing and evaluation and/or prescribing or ordering medications and devices.

A licensed Nurse Practitioner/Clinical Specialist/Certified Nurse Midwife may initiate laboratory and diagnostic tests and/or prescribe or order medications and devices at the Hospital only (1) if and to the extent granted privileges to do so pursuant to this Article, and (2) consistent with and to the extent permitted by law and this Article. Eligibility to apply for privileges, the granting of privileges, the delineation of privileges, termination of and corrective action with respect to privileges, and the Advanced Practice Nurses/ Certified Nurse Midwife's patient care conduct shall be as set forth in this Section and as required by law.

ARTICLE IX. PART B. **Section 2. Credentialing Procedure**

a. Only those Advanced Practice Nurses/ Certified Nurse Midwives who have applied for and have been granted privileges by the Board of Trustees may initiate laboratory, other diagnostic tests, and/or prescribe or order medications and devices at the Hospital. Such practices must comply with the other requirements of this Article.

b. In order to be eligible to apply for laboratory and prescriptive privileges at the Hospital, an Advanced Practice Nurse/ Certified Nurse Midwife must (i) be licensed as a registered

professional nurse by the State of New Jersey; (ii) be certified as an Advanced Practice Nurse/ Certified Nurse Midwife under the act; (~~iii) have an affirmative recommendation by the Nurse Credentialing Committee at the Hospital~~ (iv) have professional liability insurance as stipulated by this article in the amount required by Medical and Dental Staff Rules and Regulations; and (v) have a collaborative agreement with a Physician who agrees to act as the Advanced Practice Nurse's/clinical nurse's specialist/ Certified Nurse Midwife's collaborating/supervising Physician of record in accordance with applicable law, this Article and the Medical and Dental Staff Bylaws, Rules and Regulations.

c. An Advanced Practice Nurse/ Certified Nurse Midwife (hereinafter referred to as "applicant") who desires to apply for laboratory and prescriptive privileges at the Hospital shall submit a completed application, on an approved form.~~, to the Allied Health Professional Credentialing Sub-committee.~~ Application for Certified Nurse Midwife privileges shall be submitted to the Medical Staff Office.

d. In order to be considered, each application shall be completed in its entirety, and shall include the following information and documentation as well as such other information as the Credentials Committee may require:

1. the applicant's name, home and business address, telephone numbers, social security number and other information pertinent to the identification of the applicant

2. the names of two professional references who shall be contacted regarding their opinions of the applicant's current clinical skills, ethical and moral character, and ability to work with others.

3. names, addresses, and telephone numbers of all present and former employers, and persons or entities for which the applicant has been engaged since applicant has been practicing in the health care field, and the name of a specific contact person for each such employer, person or entity. Additionally, the reason for terminating employment with each former employer must be provided.

4. Information as to whether the applicant's appointment or clinical privileges have ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, reduced or not renewed at any other hospital or health care facility, or whether any such action is currently pending.

5. Information as to whether the applicant has ever voluntarily or involuntarily withdrawn his/her application for appointment, reappointment and clinical privileges, or resigned from any medical staff before final decision by a hospital's or health care facility's governing board, or whether any such action is currently pending.

6. Information as to whether the applicant's Membership in local, State or national professional societies, or license to practice any profession in any State or Drug Enforcement Administration or similar State controlled substance registration is or has ever been voluntarily or involuntarily suspended, modified, terminated, restricted or is currently being challenged.

7. Evidence of current nursing license and certification as a Nurse Practitioner/Clinical Nurse Specialist/ Certified Nurse Midwife by the State of New Jersey. Additionally evidence of current NJ CDS and Federal DEA Licenses.

8. Detailed information concerning the applicant's education, training, and post-training experience. A chronological listing of all educational and practice activities.

9. Evidence that the applicant has current professional liability insurance coverage in the amounts as required by the Medical and Dental Staff Bylaws.

10. Information concerning any professional misconduct proceedings and any malpractice actions involving the applicant in the State of New Jersey or any other State, whether such proceedings are closed or still pending, including the substance of the allegations of such proceedings or actions, the ultimate disposition of any such proceedings or actions as the applicant may deem appropriate.

11. Information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid or any other government sponsored program or any private or public medical insurance program.

12. A consent to the release of information from the applicant's present and past professional liability insurance carriers.

13. Information on the applicant's physical and mental health and ability to perform the privileges requested.

14. Information as to whether the applicant has ever been named as a defendant in a criminal action and/or convicted of a crime with details about any such instance.

15. Information on the citizenship and/or visa status of the applicant.

16. A copy of an executed collaborative agreement with a Physician who is an attending Member of the Medical and Dental Staff of the Hospital.

17. A specific list of patient care activities for which the applicant seeks to be granted privileges. A list of standing orders and the collaborative protocols for which the applicant seeks approval will be submitted on forms prepared for this use.

18. A signed pledge regarding ethical conduct of patient care approved by the Executive Committee.

Upon receiving an affirmative recommendation by the Allied Health Professional Credentialing Sub-committee. , the completed application of the Advanced Practice Nurse and the Certified Nurse Midwife with requested privileges and protocols shall be forwarded to the Chairmen of the Department(s) in which the collaborating/supervising Physician(s) have privileges.

e. No Entitlement to Appointment: No individual shall be entitled to appointment to the Allied Health Professional category or to the exercise of particular clinical privileges in the Hospital merely by virtue of the fact that such individual:

i. is licensed to practice a profession in the State of New Jersey or any other State;

ii. is a Member of any particular professional organization;

iii. has had in the past, or currently has, appointment or privileges at any other hospital; or

iv. resides in the geographic service area of the hospital.

A recommendation regarding appointment, specific privileges, standing orders and protocols will be made in writing by the Chairman to the Medical Staff Credentials

Committee for consideration and action consistent with the law, the Medical and Dental Staff Bylaws and relevant Rules and Regulations and policies.

In considering the application, the Medical and Dental Staff Credentials Committee shall evaluate the following:

1. the applicant shall satisfy the prerequisites for eligibility set forth (1.B.);

2. the applicant shall practice collaboratively pursuant to approved practice protocols with a Physician of record who has a regular appointment to the Active Category of the Medical and Dental Staff at the Hospital, and who is in good standing;

3. The applicant shall demonstrate an appropriate level of education, training, experience, skill, ethical and moral character, and ability to work with others, sufficient to be granted the privileges for which he/she has applied; and

4. The collaborating/supervising Physician of record has the appropriate privileges at the Hospital to monitor and review the scope of practice privileges for which the applicant has applied.

   If an adverse decision is to be made by the Medical and Dental Staff Credentials Committee, the Advanced Practice Nurse/ Certified Nurse Midwife shall have the opportunity to appear before the Credentials Committee before any final recommendation is made to the Executive Committee of the Medical and Dental Staff. Only the Advanced Practice Nurse shall have the right to a hearing or appeal as defined in Article VIII.

   The recommendations of the Medical and Dental Staff Credentials Committee shall be forwarded to the Medical and Dental Staff Executive Committee for action and recommendation to the Board of Trustees. The initial appointment shall be provisional as per Article VI. Part B. Section 1. Duration of Initial Provisional Appointment. The decision of the Board of Trustees shall be final with no right of hearing or appeal for a Certified Nurse Midwife.

ARTICLE IX. PART B. **Section 3. Conditions of Practice**

a. Certified Nurse Midwife shall practice at the Hospital at the discretion of the Board of Trustees and may be terminated at will by the Board. An Advanced Practice Nurse shall be entitled to a hearing or appeal upon such termination.

b. Advanced Practice Nurses/ Certified Nurse Midwives shall not be entitled to rights, privileges, and responsibilities of appointment to the Medical and Dental Staff.

c. Advanced Practice Nurses/ Certified Nurse Midwives may only engage in acts within the scope of activities specifically granted by the Board of Trustees.

d. Any activities permitted by the Board of Trustees to be done at the Hospital by Advanced Practice Nurse/ Certified Nurse Midwives shall be done only under supervision of that individual's collaborating/supervising Physician(s) according to the law, this policy and the Medical and Dental Staff Bylaws and Departmental Rules and Regulations.

e. Collaborative protocols shall not supersede responsibilities of Physicians with medical staff privileges as outlined in the Medical and Dental Staff Bylaws and Rules and Regulations.

f. Advanced Practice Nurses/ Certified Nurse Midwives shall apply for reappointment at the same time as the collaborative Physician. A reappointment application shall be provided by the Hospital for that purpose.

g. An Advanced Practice Nurse/ Certified Nurse Midwife shall be required to pay an annual fee to the Medical and Dental Staff determined by the Executive Committee of the Medical and Mental Staff.

h. Temporary privileges and termination of those privileges shall be as in Article VI, Part D. Section 2., Sub-Section a. & b.

In the event that the Advanced Practice Nurse/ Certified Nurse Midwife is supervised by a Member of a group, each Member of that group must sign the collaborating/supervising agreement. If the collaborating/supervising Physician(s) and the Advanced Practice Nurse/ Certified Nurse Midwife dissolve their agreement, the privileges of the Advanced Practice Nurse/ Certified Nurse Midwife shall immediately become terminated, and he/she must reapply for privileges with a new collaborating/supervising Physician (see vi. A., p. 11).

ARTICLE IX. **PART C. PHYSICIAN ASSISTANTS.**

ARTICLE IX. PART C. **Section 1. Qualifications**

Health care professionals other than Physicians, Dentists, Podiatrists, and psychologists, who are licensed or certified by their respective licensing or certifying agencies and who provide service as employees or under the supervision of Physicians or Dentists who have appointment on the Medical and Dental Staff are eligible to practice as Physician Assistants.

ARTICLE IX. PART C. **Section 2. Selection Procedure**

a. To the extent the Board determines to permit such Physician Assistants to act at the Hospital, the Credentials Committee shall recommend to the Board the scope of each such individual's activities at the Hospital.

b. No such individual shall provide services at the Hospital as a Physician Assistant unless and until the Credentials Committee has received, on a form provided by the Hospital, sufficient information about the qualifications of the individual to permit the Credentials Committee to recommend the scope of activities the individual will be permitted to undertake at the Hospital. The form shall be prepared by the individual's employer, if appropriate, and signed by both the employer and the individual.

c. The Credentials Committee, on the recommendation of the Chairman of the applicable department, shall recommend to the Board a written delineation of the scope of activities each Physician Assistant is permitted to undertake at the Hospital. The Physician seeking to employ the Physician Assistant at the Hospital shall have the opportunity to appear before the Credentials Committee and discuss the proposed delineation before any final action is taken on it by the Executive Committee and the Board. The Physician Assistant may act at the Hospital pursuant to the approved delineation only so long as he remains an employee of or is supervised by a Dentist or Physician currently appointed to the Medical and Dental Staff with clinical privileges and in good standing.

d. The initial appointment shall be provisional as per Article VI. Part B. Section 1. Duration of Initial Provisional Appointment.

e. The Physician Assistant shall not have the right to a hearing or appeal as defined in Article VIII.

ARTICLE IX. PART C. **Section 3. Conditions of Practice**

a. Physician Assistants shall practice at the Hospital at the discretion of the Board and may be terminated at will by the Board. Neither the Physician Assistant nor the employer shall be entitled to any hearing or appeal upon such termination.

b. Physician Assistants shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical and Dental Staff and may only engage in acts within the scope of activities specifically granted by the Board.

c. Any activities permitted by the Board to be done at the Hospital by a Physician Assistant shall be done only under the direct and immediate supervision of that individual's employer. However, “direct and immediate supervision” shall not require the actual physical presence of the employer. Should any Physician or Hospital employee who is licensed or certified by the State have any question regarding the clinical competence or authority of the Physician Assistant either to act or to issue instructions outside the physical presence of the employer in a particular instance, such Physician or Hospital employee has the right to require that the Physician Assistant's employer or supervisor validate, either at the time or later, the instructions of the Physician Assistant. Any act or instruction of the Physician Assistant shall be delayed until such time as the Physician or Hospital employee can be certain that the act is clearly within the scope of the Physician Assistant's activities as permitted by the Board. At all times the employing or supervising Physician will remain responsible for all acts of the Physician Assistant while at the Hospital.

d. The number of Physician Assistants acting as employees of one (1) Physician, as well as the acts they may undertake, shall be consistent with applicable New Jersey statutes and regulations, including evidence of current NJ CDS and Federal DEA licenses, the Rules and Regulations of the Medical and Dental Staff and the policies of the Board.

e. It shall be the responsibility of the Physician employing the Physician Assistant to provide professional liability insurance for the Assistant in amounts required by the Board that covers any activities of the Physician Assistant at the Hospital, and to furnish evidence of such to the Hospital. The Physician Assistant shall act at the Hospital only while such coverage is in effect.

f. Individuals who are employed by the Hospital as Physician Assistants shall be governed by such Hospital policies, manuals and descriptions as may be established from time to time by the Chief Executive Officer or other appropriate designees. Where applicable, the Chief Executive Officer shall consult appropriate Medical and Dental Staff appointees and/or committees regarding the qualifications of those Hospital employees whose responsibilities require the delineation of clinical duties.

g. Each individual functioning as a Physician Assistant shall enjoy privileges only as long as he or she remains in the employ of the Hospital or his/her collaborating Physician and that Physician remains a Member of the Medical and Dental Staff with clinical privileges and in good standing.

h. Temporary privileges and termination of those privileges shall be as in Article VI, Part D. Section 2., Sub-Section a. & b.

i. The individual's supervising agreement with the physician must state scope of practice ; delegation of medical tasks appropriate for their level of competence and whether or not the physician will be reviewing and countersigning their charts

ARTICLE X

HEALTH OF PHYSICIANS, DENTISTS, PODIATRISTS AND ALLIED HEALTH PROFESSIONALS

ARTICLE X. PART A. INDEPENDENT QUALIFIED HEALTH PROFESSIONALS.

ARTICLE X. PART A. Section 1. Definition of Impairment

a. Any physical or mental condition or behavior problem, including but not limited to substance abuse, that detracts from the individual's skill or ability as a Physician, Dentist or Allied Health Professional shall be defined as an impairment.

b. The Executive Committee shall recommend educational materials that address Practitioner or Allied Health Professional health and illness and impairment recognition issues and emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness.

ARTICLE X. PART A. Section 2. Report and Investigation

If any individual associated with the Hospital has a reasonable suspicion that a Practitioner appointed to the Medical and Dental Staff, or an Allied Health Professional, is impaired, or if any individual associated with the Hospital is aware of instances in which such an individual has provided unsafe treatment, or following the self-referral of such an individual, the following steps shall be taken:

1. The individual shall submit a written statement to the Chief Operating Officer and or his designee and President of the Medical and Dental Staff. The statement shall include a description of the incident(s) that led to the belief that the Practitioner or Allied Health Professional may be impaired. The individual making the statement does not need to have proof of the impairment, but must state the facts leading to the suspicion.

2. If, after discussing the incident(s) with the individual who filed the statement and evaluating the credibility of the complaint, allegation or concern, the Chief Executive Officer and President of the Medical and Dental Staff believe there is enough information to warrant an investigation, the Practitioner or Allied Health Professional shall be so notified and the Chief Executive Officer shall direct that an investigation be instituted and a report thereof be rendered by an outside consultant or other individual.

3. If the investigation reveals that there is no merit to the allegation, no further action shall be taken.

4. If, after the investigation, it is found that sufficient evidence exists that the Practitioner or Allied Health Professional is impaired, the Chief Executive Officer and the President of the Medical and Dental Staff shall personally meet with the Practitioner or Allied Health Professional. The Practitioner or Allied Health Professional should be told that the results of an investigation indicate that he or she suffers from an impairment that affects his or her practice. The Practitioner or Allied Health Professional shall not be told who filed the report, but should be told the nature of the allegations that precipitated the report.

5. The Chief Executive Officer and or his designee has one or more of the following options:

   a. require a Practitioner or Allied Health Professional to undertake and successfully complete a rehabilitation program as a condition of continued appointment and clinical privileges;

   b. impose appropriate restrictions on the Practitioner's or Allied Health Professional's practice;

   c. ask the Practitioner or Allied Health Professional to discontinue practice voluntarily; and

   d. impose precautionary suspension of the Practitioner's or Allied Health Professional's privileges in the Hospital if the Practitioner or Allied Health Professional does not agree to discontinue practice voluntarily.

6. A Practitioner or Allied Health Professional subject to any adverse action shall be entitled to a hearing and an appeal in accordance with the due process procedure in the Medical and Dental Staff Bylaws.

7. The Chief Executive Officer and or his designee shall seek the advice of Hospital legal counsel to determine whether any conduct must be reported to law enforcement authorities or other governmental agencies and what further steps must be taken.

8. The original report and a description of the actions taken by the Chief Executive Officer and or his designee , the Department Chairman and the President of the Medical and Dental Staff shall be kept in a special confidential file.

9. The Chief Executive Office and or his designee or the President of the Medical and Dental Staff or the Department Chairman shall inform the individual who filed the report that follow-up action was taken.

10. Throughout this process, all records pertaining to the investigation and the Practitioner or Allied Health Professional seeking referral or referred for assistance are and shall remain confidential, except as limited by applicable law, ethical obligation or when the health and safety of a patient are threatened.

ARTICLE X. PART A. **Section 3. Rehabilitation**

Hospital and Medical and Dental Staff leadership should assist the Practitioner or Allied Health Professional in locating a suitable program to correct the impairment.

ARTICLE X. PART A. **Section 4. Reinstatement**

1. In considering an impaired Practitioner or Allied Health Professional for reinstatement, the Hospital and its Medical and Dental Staff leadership must consider patient care interests paramount.

2. The Chief Executive Officer and or his designee must first obtain a letter from the Physician Director of the rehabilitation program or other course of treatment. The Practitioner or Allied Health Professional must authorize the release of this specific information. That letter shall state, where applicable:

   a. whether the Practitioner or Allied Health Professional is participating in the program;

b. whether the Practitioner or Allied Health Professional is in compliance with all of the terms of this program;

c. to what extent the Practitioner's or Allied Health Professional's behavior and conduct are monitored;

d. whether the Practitioner's or Allied Health Professional's behavior is considered to be rehabilitated;

e. whether an after care program has been recommended to the Practitioner or Allied Health Professional and, if so, a description of the after care program; and

f. whether, in the opinion of the Physician Director, the Practitioner or Allied Health Professional is capable of resuming his or her practice and providing continuous, competent care to patients.

3. The Chief Executive Officer and or his designee shall monitor the Practitioner or Allied Health Professional and the safety of patients until the rehabilitation is complete and periodically thereafter, if required. The Practitioner or Allied Health Professional must keep the Chief Executive Officer informed of the name and address of the Physician currently responsible for his or her care and must authorize that Physician to provide the Chief Executive Officer with information regarding his or her condition and treatment. Periodic reports shall be obtained from this Physician for as long as necessary in the judgment of the Chief Executive Officer and President of the Medical and Dental Staff. The Hospital has the right to obtain, at its own expense, opinions from additional consultants of its choice.

4. Assuming all of the information received indicates that the Practitioner or Allied Health Professional is capable of resuming care of patients, the Hospital must take the following additional precaution when restoring clinical privileges. The Practitioner or Allied Health Professional must identify two (2) staff Members or Allied Health Professionals, as the case may be, who are willing to assume responsibility for the care of his or her patients should the need arise in the opinion of the Chief Executive Officer or the President of the Medical and Dental Staff.

5. Upon satisfactory compliance with all of the above steps, the Chief Executive Officer and the President of the Medical and Dental Staff may restore all or a portion of the Practitioner's or Allied Health Professional privileges. If compliance is not satisfactory, all privileges shall be suspended immediately.

6. The Practitioner's or Allied Health Professional's exercise of clinical privileges in the Hospital may be monitored by the Department Chairman or by one or more Physicians appointed by the Department Chairman.

7. All requests for information concerning the impaired Practitioner or Allied Health Professional shall be forwarded to the Chief Executive Officer.

ARTICLE XI

BOARD APPROVAL AND INDEMNIFICATION

All Medical and Dental Staff officers, Department Chairmen, committee chairpersons, committee Members, and individual staff appointees who act for and on behalf of he Hospital in discharging their Hospital responsibilities and professional review activities pursuant to these Bylaws shall be indemnified, to the fullest extent permitted by law, upon approval of the appointment and/or election of the individual by the Board.

ARTICLE XII

RULES AND REGULATIONS OF THE MEDICAL AND DENTAL STAFF

a. Medical and Dental Staff Rules and Regulations, as may be necessary to implement more specifically the general principles of conduct found in these Bylaws, shall be adopted in accordance with this Article. Rules and regulations shall set standards of practice that are to be required of each individual exercising clinical privileges in the Hospital, and shall act as an aid to evaluating performance under, and compliance with, these standards. Rules and regulations shall have the same force and effect as the Bylaws.

~~b.~~ Particular Rules and Regulations may be adopted, amended, repealed or added by vote of the Executive Committee at any regular or special meeting, provided that copies of the proposed amendments, additions or repeals are posted on the Medical and Dental Staff bulletin board and made available to all Members of the Executive Committee fourteen (14) days before voting thereon, and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical and Dental Staff are brought to the attention of the Executive Committee before the change is voted upon. Adoption of and changes to the Rules and Regulations shall become effective only when approved by the Board.

B Amendments to the Rules and Regulations may also be proposed directly to the Board of Trustees upon a petition of fifty (50) voting members of the Medical Staff. Any proposed amendments made by petition shall also be submitted to the Bylaws Committee and Executive Committee for review and comment. The Bylaws Committee shall consider each proposed amendment and make a report to the Executive Committee or if the Bylaws Committee fails to act in a timely manner, the Executive Committee may consider such proposed amendment without a recommendation from the Bylaws Committee. The Executive Committee shall consider the proposed amendment and Bylaws Committee report and shall make a recommendation which, if such recommendation results in a proposed change to the Rules and Regulations, shall be voted on as set forth in Article XII b, above.

c. The Rules and Regulations of the Medical Staff are intended to implement these Bylaws and shall have the same force and effect. In the event of any actual or apparent conflict between these Bylaws and the Rules and Regulations, these Bylaws shall control.

ARTICLE XIII

AMENDMENTS

a. All proposed amendments of these Bylaws may be initiated by the Bylaws Committee, the Executive Committee any Member of the Medical and Dental Staff or by the Board. Amendments to these Bylaws may also be proposed directly to the Board upon a petition of fifty (50) voting members of the Medical Staff. Any proposed Bylaws amendments made by petition shall also be submitted to the Executive Committee and Bylaws Committee for review and comment. Thereafter, the procedures contained in these Bylaws shall govern. All proposed amendments shall be submitted to the Bylaws Committee for consideration. The Bylaws Committee shall submit its conclusions at any meeting of the Executive Committee.

b. Passage of an amendment shall require approval at any two (2) meetings of the Executive Committee and shall require a majority vote of Members present and voting where a quorum exists. At least fourteen (14) days prior to the second meeting, the proposed amendment shall be

posted on the Medical and Dental Staff bulletin board for review, consideration and input from the Medical and Dental Staff. If significant changes are made in the Medical and Dental Staff Bylaws, Rules and Regulations, or policies, Medical Staff Members and other individuals who have delineated clinical privileges shall be provided with revised texts of the written materials. Amendments so adopted shall be effective when approved by the Board of Trustees.

The Medical Staff shall have the initial responsibility and delegated authority to formulate, adopt and recommend to the Board of Trustees, Bylaws and amendments thereto which shall be effective when approved by the Board. No amendments to the Medical and Dental Staff Bylaws and Rules and Regulations can be unilaterally amended by the Board of Trustees or the Medical and Dental Staff.

c..In the event there is a documented need for an urgent amendment to the Bylaws and/or Rules and Regulations or the adoption of a new rule, regulation, or policy to comply with a law or regulation, the Executive Committee may provisionally adopt at a single meeting, and the Board of Trustees may provisionally approve, an urgent amendment to the Bylaws and/or Rules and Regulations without prior notification to the Medical Staff. In such event, the Medical Staff shall be immediately notified of the amendment and its purpose and members of the Medical Staff may, within thirty (30) calendar days, submit to the Executive Committee any comments regarding the provisional amendment. Upon petition signed by fifty (50) voting Members of the Medical Staff entitled to vote, the provisional amendment may be submitted to the conflict management process set forth in Article XV of these Bylaws. The results of the conflict management process shall be communicated to the Executive Committee, the voting members of the Medical Staff and the Board. Any repeal or revision of a provisional amendment shall be subject to approval by the Board of Trustees.

d. The Executive Committee shall have the power to adopt such amendments to the Bylaws as are in the Committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective when approved by the Board of Trustees.

e. Following any affirmative vote of the Executive Committee, all voting members of the Medical Staff shall receive a description of the proposed amendment(s) by regular or electronic mail.

f. The text of each amendment to or repeal of these Bylaws shall be attached hereto with a notation of the date of such amendment or repeal.

Adopted by action of the Executive Committee of the Medical and Dental Staff on December 11, 2018

Gopal Desai,, M.D.
President
Medical and Dental Staff
Elliot Rubin , M.D. Secretary/Treasurer Medical and Dental Staff

Approved by the Board of Trustees on .

Vincent M. Dicks
Chairman, Board of Trustees

ARTICLE XIV

THE HOSPITAL MEDICAL AND DENTAL STAFF BYLAWS RULES AND REGULATIONS

ARTICLE XIV. **PART A. ADMISSIONS AND DISCHARGE OF PATIENTS**

1. The Hospital shall accept patients for care and treatment subject to the availability of adequate facilities consistent with the patient's problem.

2. A patient may be admitted to the Hospital only by a Member of the Medical and Dental Staff. All Practitioners shall be governed by the official admitting policy of the Hospital. Each patient shall have an individual Member of the Medical and Dental Staff who is responsible for managing and coordinating the patient's general medical condition and the care, treatment and services provided to the patient in the Hospital. Said Practitioner is the responsible Practitioner even if the patient is physically located in the Department of Emergency Medicine, the Department of Radiology or elsewhere in the Hospital. The geographic location of the patient does not determine responsibility.

3. A Member of the Medical and Dental Staff shall be responsible for the medical care and treatment of each patient in the Hospital, for the prompt completeness and accuracy of the medical record, for necessary special instructions, and for providing information to relatives of the patient. Whenever these responsibilities are transferred to another staff Member, an order covering the transfer of responsibility shall be entered on the order sheet of the medical record by the transferring Physician or his designate. The new Physician in charge must have agreed to accept this patient prior to transfer. When the care of a patient is transferred, the transferring Physician or Dentist shall make the patient's condition known in satisfactory detail to the accepting Physician or Dentist. The accepting Physician or Dentist shall indicate recognition of the state of the patient's health and previous hospital care by an appropriate note in the chart.

4. Except in an emergency, no patient shall be admitted to the Hospital until a provisional diagnosis or valid reason for admission has been stated. In the case of an emergency such statement shall be recorded as soon as possible.

5. In any emergency case in which it appears the patient will have to be admitted to the Hospital, the Practitioner shall, when possible, first contact the Admitting Department to ascertain whether there is an available bed.

6. Practitioners admitting emergency cases shall be prepared to justify the emergency nature of the admission. The history and physical examination must clearly justify the patient being admitted on an emergency basis and these findings must be recorded on the patient's chart as soon as possible after admission.

7. A patient to be admitted on an emergency basis who does not have a private Practitioner may request any Practitioner in the applicable department or service to attend to him. Where no such request is made, or the request is not filled, a Member of the department will be assigned to the patient, on a rotation basis. The Chairman of each Department shall provide a mechanism for such assignments.

8. Each Practitioner must assure timely, adequate professional care for his patients in the Hospital by being available or having available through his office an eligible alternative Practitioner with whom prior arrangements have been made and who has appropriate clinical privileges at the Hospital. Failure of a Practitioner to provide appropriate coverage may result in loss of clinical privileges. In case of failure to name such an alternative Practitioner, the President of the Hospital, President of the Medical and Dental Staff, or Chairman of the Department concerned, shall have authority to call upon an appropriate Member of the staff.

9. The Admitting Department will admit patients on the basis of the following order of priorities: Emergency, Urgent, Pre-operative and Routine. Evidence of a Practitioner's willful or continued misuse of the Emergency category of admission may result in corrective action.

10. In the event of a problem or conflict pertaining to any of the categories as detailed in number 9. above, the Admitting Officer shall consult with the Department Chairman who is authorized to make a decision.

11. The transfer of patients from one site to another shall be governed by Hospital policies and procedures. These policies and procedures shall be developed with input from the Medical and Dental Staff. When a patient is transferred into or out of an Intensive Care Unit, or when a patient is transferred from the care of the Practitioner from one department to another department, all orders are automatically canceled and new orders written.

12. The admitting Practitioner shall be responsible for ordering necessary precautions as may be necessary to assure the protection of the patient from self harm and to assure the protection of others whenever the patient might be a source of danger from any cause whatever.

13. Any patient known or suspected to be suicidal shall, if possible, be referred to another institution where suitable facilities are available. When transfer is not possible, the patient may be admitted to an area of the Hospital for appropriate care under surveillance by the nursing or security staff. Psychiatric consultation is required for any impatient known or suspected to be suicidal.

    The attending Physician shall be responsible for care and appropriate referral of patients with a history of emotional illness, patients who become emotionally ill while in the hospital, and patients who suffer from the results of alcoholism or drug abuse.

14. Upon request by the Utilization Review Committee, the attending Practitioner shall document the need for continued hospitalization. This documentation shall contain an adequate written record of the reason for continued hospitalization and plans for post hospital care.

15. Patients may be discharged only on order of the attending Practitioner. Should a patient leave the hospital against the advice of the attending Practitioner, or without proper discharge, a notation of the incident shall be made in the patient's record.

16. In the event of a patient's death in the hospital, the deceased shall be promptly pronounced dead by a Physician, an Advanced Practice Nurse or Physician Assistant, and an entry made and signed in the medical record. Completion of the electronic death certificate should also be done in a timely fashion.

17. It shall be the duty of all staff Members to attempt to secure autopsies in all cases of unusual deaths and of medical legal and educational interest. Except for Medical Examiner's cases, an autopsy may be performed only with a written consent, signed in accordance with New Jersey law and performed by a Hospital pathologist.

ARTICLE XIV. **PART B. MEDICAL RECORDS**

1. A comprehensive medical record shall be prepared for each patient. Its contents shall be pertinent and current. This record shall include identification data; pertinent consent forms; documentation regarding the presence or absence of an Advance Directive; complaint; personal history; family history; history of present illness; physical examination; special reports such as consultations, clinical laboratory and radiological services, and others; provisional diagnosis, medical or surgical treatment; operative report; pathological findings; progress notes; final diagnosis; condition on discharge; summary or discharge note; clinical resume; and autopsy report when performed.

2. A complete, multi-system history and physical examination of every in-patient shall be recorded within twenty-four (24) hours of admission. The history and physical examination shall include: (i) chief complaint, history of present illness, review of systems; medications; physical examination;allergies; impressions and treatment plan; and (iii) if a pediatric patient,

developmental age, length or height and weight, head circumference if age appropriate, and immunization status. If a complete history has been recorded and a physical examination performed not over thirty (30) days prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the patient's hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a Member of the Medical and Dental Staff or by a Resident at the Hospital and cosigned by a Member of the Medical and Dental Staff. In such instances, there must be an update within twenty-four (24) hours of the inpatient admission or at the time of the outpatient procedure whenever using a history and physical examination that was performed prior to admission or the outpatient procedure. Only a Practitioner who has been granted privileges to do so may perform a patient's medical history and physical examination and required updates.
Oversight – The quality of completeness of histories and physicals are reviewed by a sub-committee of medical records committee.

Prior to an ambulatory procedure, every patient must have recorded a history and physical appropriate to the procedure and the patient. The individual departments and sections of these departments shall define the scope of the medical history and physical examination when required for non-inpatient services.

As permitted by state and federal law regulations, the Medical and Dental Staff may allow an individual other than a licensed Physician to perform all or part of a patient's history and physical examination under the supervision of, or through appropriate delegation by, a specific qualified Physician who is accountable for the patient's history and physical examination. The attending Physician shall countersign if required by state and federal regulations for Physician Assistants the history, physical examination and preoperative note when they have been recorded by an individual other than a licensed Physician.

3. Pertinent progress notes shall be written, dated and timed at least daily, on all patients by an attending or by his credentialed designee. When possible, each of the patient's clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment.

4. Operative reports shall include a detailed account of the findings at surgery as well as details of the surgical technique. Operative reports shall be written or dictated immediately following surgery for out-patients as well as inpatients, not to exceed twenty-four (24) hours post procedure and the reports promptly signed by the surgeon and made a part of the patient's current medical record.

   An operative progress note shall be entered into the computerized medical record immediately after surgery. This note shall be sufficiently comprehensive to provide pertinent information for use by a Practitioner who may be required to attend the patient prior to the transcription and/or filing of the operative report. If the practitioner performing the operation accompanies the patient to the next unit of care, the report can be written or dictated in the new unit or area of care.

5. All clinical entries in the patient's medical record shall be legible, accurately dated, timed and authenticated in written or electronic form.

6. Verbal or telephone orders issued by a licensed Physician, Dentist or Podiatrist must be authenticated within forty-eight (48) hours. If the ordering individual is not licensed, then the order must be countersigned by a Member of the Medical and Dental Staff with the appropriate privileges within forty-eight (48) hours.

7. The responsible Practitioner shall also be responsible for the completion of all forms required by the Hospital and other regulatory bodies.

8. A discharge clinical summary shall be written or dictated on all medical records of patients hospitalized over forty-eight (48) hours and in all death cases. The discharge summary shall include the reason for admission, findings, treatment, condition on discharge, medication on discharge, final diagnosis, and in the case of death, the events leading to death and the cause of death. For cases where the patient is discharged alive within forty-eight (48) hours of admission and is not transferred to another facility, for normal newborns, and for uncomplicated deliveries, a discharge note may be substituted for the discharge summary. The discharge note includes at least the patient's condition on discharge, and instructions relating to physical activity, medication, diet and follow up care.

9. For all patients prescribed opiates for pain management, the physician must document the education provided to the patient on the risk of opiate dependency in the medical record. The physician must also comply with the prescribing law.

10. Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive this information and must comply with HIPAA/ HI TECH release of information requirements.

11. Records may be removed from the Hospital jurisdiction and safekeeping only in accordance with a court order, subpoena or statute. All records are the property of the hospital and shall not otherwise be taken away without permission of the CEO of the Hospital. In any case of readmission of a patient, all previous records shall be available for use of the attending Practitioner. This shall apply whether the patient be attended by the same Practitioner or by another. Unauthorized removal of charts from the Hospital is grounds for suspension of the Practitioner for a period to be determined by the Executive Committee of the Medical and Dental Staff.

12. Access to medical records of Hospital patients may be afforded to Members of the Medical and Dental Staff for bona fide research consistent with preserving the confidentiality of personal information concerning the individual patients. All such projects shall require approval by the CPHSR, the IRB for the hospital before records can be studied. Subject to the discretion of the CEO of the Hospital, former Members of the Medical and Dental Staff shall be permitted access to information from the medical records of their patients covering all periods during which they attended such patients in the Hospital.

13. A medical record shall not be permanently filed until it is completed by the responsible Practitioner or is ordered filed by the Medical Records Committee.

ARTICLE XIV. **PART C. GENERAL CONDUCT OF CARE**

1. A general consent form, signed by or on behalf of every patient admitted to the Hospital, must be obtained at the time of admission.

   In addition to obtaining the patient's general consent to treatment, a specific consent that informs the patient of the nature and risks inherent in any special treatment or surgical procedure must be obtained except in emergency situations. (In the event that the patient is unable to sign the required consent forms and no other responsible party is available, the Admitting Department shall promptly notify the Social Work Department. The Admitting Office and the Social Work Department shall be guided by Hospital policy). Each patient shall also be asked whether he or she has an Advance Directive and, if not, shall be afforded the opportunity to complete one.

2. All orders for patient care shall be in writing and signed by a licensed Physician, Dentist or Podiatrist. When an order is dictated, whether on the telephone or otherwise, it must be dictated directly to and-written by a licensed registered nurse. The nurse shall sign his or her own name to the order and indicate the name of the Practitioner who dictated. All verbal or telephone orders issued by a Member of the Medical and Dental Staff shall be authenticated within forty-eight (48) hours. If the ordering individual is not licensed, then the order must be countersigned by a Member of the Medical and Dental Staff, licensed Physician, or permit holder within forty-eight

(48) hours. Failure to do so may be brought to the attention of the Department Chairman for appropriate action. Other licensed/registered disciplines (Pharmacist, Physical Therapist, Nutritionist, and Respiratory Specialist) may take dictated verbal orders via telephone within their scope of practice directly from the ordering Practitioner and write them in the medical record. Said orders are to be signed by the respective discipline and indicate the name of the Practitioner who dictated. This order will be countersigned within forty-eight (48) hours. The Registered Dietitian Nutritionist(RDN) is authorized by the Centers of Medicare and Medicaid Services (CMS-3267-F) to write diet orders in accordance with their conditions of participation(COP)- refer to Hospital policy 10.10.480.

3. The Practitioner's orders must be written clearly, legibly, and completely. Orders which are improperly written will not be carried out until rewritten or understood by the nurse.

4. All previous orders are canceled when patients go to major surgery. “Major surgery” shall be defined in the Rules and Regulations of the appropriate departments.

5. Any order by a Resident Practitioner who is a non permit holder must be countersigned by a Member of the Medical and Dental Staff, licensed Physician, or permit holder within forty-eight (48) hours.

   Orders for high risk medications (as defined by Hospital Policy) and DNR orders, that are written by permit or non permit holder Residents, shall not be carried out unless the order includes a reference to concurrence by a Member of the Medical and Dental Staff or licensed Physician whose name must be specified with the order. All prescriptions issued by an unlicensed Resident to be filled by an outside pharmacy shall be signed by an appropriate, licensed Practitioner.

6. When a patient goes to major surgery, other than minor diagnostic and supportive procedures, the patient's care shall be transferred to the surgeon. After surgery the patient may be transferred back by another order that must be written and signed. If the patient is admitted to the adult critical care unit, the patient will remain admitted under the critical care physician and co-managed accordingly.

7. All drugs and medications administered to patients shall be those listed in the Saint Peter's Hospital Formulary. The following exceptions are recognized:

   a. Drugs for bona fide clinical trials when used in accordance with CPHSR, the IRB for the hospital policies; and

   b. A policy for drugs brought into the Hospital by patients shall be established by the Pharmacy Committee of the Medical and Dental Staff.

8. The Practitioner in charge of the care of the patient is responsible for obtaining consultation when indicated or requested by the patient or family. The consultant shall provide consultation in accordance with his or her privileges at the Hospital. Consultations shall show evidence of a review of the patient's record by the consultant, pertinent findings on examination of the patient, the consultant's opinion and recommendations. This report shall be made a part of the patient's record. When operative procedures are involved, the consultation note shall, except in emergency situations so verified on the record, be recorded prior to the operation.

9. All patients requiring a mechanical ventilator must have a prompt consultation and continued supervision by a Physician who has privileges in the sub-specialty of chest disease, critical care, thoracic surgery, anesthesiology, or neonatology.

10. All patients admitted to the adult critical care unit will be admitted under a board certified or eligible critical care physician except under the following circumstances:
   a) Postoperative patients with an anticipated stay in the ICU less than 24 hours will remain under a surgical attending.
   b) Patients with a primary cardiology problem such as acute myocardial infarction, non-ST

elevation myocardial infarction, complete heart block etc. will be admitted to the ICU under a cardiologist. If a patient admitted under a cardiologist requires mechanical ventilation (invasive or non-invasive) for respiratory insufficiency or develops instability, a critical care consultation will be obtained.

c) In the case of patients with primary surgical with anticipated stay greater than 24 hours, obstetrical and/or gynecological reason(s) for admission, there will be co-management of care with the respective discipline.

Each patient will have identification of his/her primary care physician, hospitalist physician and/or specialty consultant written on a standard sheet and in the electronic medical record.

All medical orders entered in the electronic medical record or written for patients admitted to the adult critical care unit will be done so by either a medical resident, critical care APN assigned to the critical care unit, critical care attending physician or, based on exceptions above, the cardiologist or surgery attending physician. Exceptions to this include chemotherapy and dialysis orders which will be entered or written by an attending physician in the respective specialty.

11. All Physician orders for medication, treatment, and restraints shall be–in writing into the computer. All orders for restraints shall be made in accordance with requirements at N.J.S.A. 30:4-42(d)(3).

12. The Registered Dietitian Nutritionist(RDN) is authorized by the Centers of Medicare and Medicaid Services (CMS-3267-F) to write diet orders in accordance with their conditions of participation(COP)- refer to Hospital policy 10.10.480.

ARTICLE XIV. **PART D. DEPARTMENTAL RULES AND REGULATIONS**

Departmental Rules and Regulations shall be drawn up by all departments of the Medical and Dental Staff and approved by the Executive Committee and Board of Trustees. Such rules and regulations shall not be inconsistent with these Bylaws, the Rules and Regulations of the Medical Staff or other policies of the Hospital. In the case of inconsistencies among Departments, the Executive Committee shall resolve conflicts or may utilize the conflict resolution process contained in Article XVII.

In departments participating in professional graduate education programs, the Rules and Regulations shall specify the mechanisms by which house staff are supervised by Members of the Medical and Dental Staff in carrying out their patient care responsibilities.

ARTICLE XIV. **PART E. SPECIAL CARE UNITS**

Specific regulations shall be drawn up for Special Care Units. These regulations shall be subject to the approval of the Executive Committee of the Medical and Dental Staff and the Board of Trustees.

ARTICLE XIV. **PART F. SURGICAL SUITES COMMITTEE**

A Surgical Suites Committee shall be appointed to draw up rules and regulations for the Operating Room, Recovery Room and Ambulatory Surgery Suites. This Committee shall include at least the Department Chairman of Surgery, Obstetrics and Gynecology, Dentistry and Anesthesiology. The CEO of the Hospital shall have the authority to appoint a Member each from the Nursing Service and Administrative Staff. These rules and regulations shall be subject to the approval of the Executive Committee and Board of Trustees. Surgical procedures performed by Dentists shall be under the overall supervision of the Chairman of the Department of Surgery.

ARTICLE XIV. PART G. **HISTORY AND PHYSICAL EXAMINATIONS**

1. A complete history and physical examination ("H&P") must be completed and documented by a qualified Practitioner in accordance with State law and Hospital policy no more than Thirty (30) days before or twenty-four (24) hours after a patient is admitted to the Hospital or before any procedure requiring anesthesia or sedation, whichever first occurs. [MS 01.01.01, EP 16 and 20 and CFR 482.22(c)(5)] Patients must be seen by the admitting/covering Practitioner or his physician designee within twenty-four (24) hours of admission.

2 If a complete history has been recorded and physical examination performed within thirty (30) days prior to the patient's admission to the Hospital, a legible copy of these reports may be used in the patient's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports were recorded by a member of the Medical Staff and further provided that any changes in the patient condition are documented in the medical record at the time of admission. H&Ps done prior to admission must be updated on the day of admission. On subsequent admissions for the same condition, within thirty (30) days of discharge, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings may be used

3. When the H&P is not performed before an operation or any potentially hazardous diagnostic procedure, the procedure shall be canceled unless the attending Practitioner states in writing that such delay would be detrimental to the patient.

ARTICLE XIV. **PART H. MEDICAL STUDENTS AND RESIDENTS**

1. Medical Students:

Medical students shall function under the supervision of Residents and licensed Physicians with appropriate clinical privileges at all times in carrying out patient care responsibilities.

a. Medical students shall be permitted to record the following in a patient's chart: Results of histories and physical examinations they perform as part of their learning experience. Preparation of such a record by a medical student shall not be deemed a substitute for the history and physical examination which must be recorded by a Physician.

b. Documentation in the progress note section of the chart. These notes must be signed legibly, identify the student and year of study, and must be countersigned by a Physician.

The Physician may indicate any disagreement with the students note by writing his/her own progress note to this effect.

Medical students may not write orders for treatment or medications in the medical record.

At no time shall the student be delegated any responsibility for the care of the patient, the patient's diagnosis or any aspect of the patient's treatment, including the prescription of medication for the patient.

The medical student shall at all times of patient contact wear a badge identifying him/her as a "Medical Student."

2. Residents:

The attending Physicians will actively supervise Residents and document this supervision in the medical record. Within the scope of the residency training program, all house staff will function under the supervision of appropriately credentialed and privileged attending Physicians in carrying out patient care responsibilities. Every residency program must ensure that adequate supervision is provided for the Residents at all times. A responsible attending must be

immediately available to the Resident in person or by telephone and able to be present within a reasonable period of time, if needed. Each program will publish and widely distribute call schedules indicating the responsible attending(s) to be contacted.
Program Director Responsibilities:

a. Supervision Policy:

Each Program Director, in consultation with the Department Chairman, is responsible for the quality of overall residency education and for ensuring that the program is in compliance with the policies of the respective accrediting and certifying bodies. The Program Director defines the levels of responsibility for each year of training by preparing a description of the roles, responsibilities and patient care activities of the Residents and the types of clinical activities Residents may perform and those for which Residents may act in a teaching capacity. The Program Director monitors Resident progress and ensures that problems, issues and opportunities to improve education are addressed.

b. Level of Supervision:

Each residency training program will be structured to encourage and permit Residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge and judgment. Program Directors will review each Resident's performance and supervise progression from one year of training to the next based on ACGME guidelines and program curriculum. As the Residents advance, they may be given increasing responsibilities to conduct clinical activities with limited supervision or to act as teaching assistants for less experienced Residents.

Based on documented evidence (including evaluations by attending Physicians and Program Directors, procedure logs and other clinical practice information reflecting a Resident's knowledge, skill, experience and judgment) house staff will be assigned graduated levels of responsibility.

c. Supervision of Procedures:

Any and all procedures performed by a house officer shall be under the appropriate supervision of a Medical and Dental Staff Member privileged to perform such procedures, and never without his or her immediate knowledge. It is expected that house staff will gradually be able to assume full responsibility for performing these procedures, and that they will eventually be able to perform them independently, albeit under the continued supervision of the attending Physician. Residents must be aware of their limitations and not attempt to perform procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside of that scope of service.

d. Documentation by House Staff:

i. House staff shall develop comprehensive diagnostic and treatment plans, and request laboratory, radiology, and other modalities for patients under the supervision of the attending Physician. House staff shall also document in the progress notes the rationale for these interventions. Entries made in the medical record by house staff can be edited or amended by the attending Physician, if indicated, prior to countersignature.

ii. House staff shall record progress notes on each patient as appropriate.

iii. House staff shall record the treatment plan in the progress notes as part of the multidisciplinary treatment plan.

e. Communication with the Executive Committee:

Each Program Director shall communicate with the Medical and Dental Staff and the Board regarding the safety and quality of patient care, treatment and services provided by, and the related educational and supervisory needs of, the Residents in each residency program. Such communication shall include information about the quality of care, treatment and services and the educational needs of the Residents. The Medical and Dental Staff shall comply with residency review citations.

ARTICLE XV

ARTICLE XV. **PART A. ONGOING PROFESSIONAL PRACTICE EVALUATION**

Each member of the Medical Staff shall be subject to an ongoing professional practice evaluation (OPPE) in accordance with the requirements and criteria set forth in this Section and in the Medical Staff policy incorporated by reference herein.
The ongoing professional practice evaluation shall be conducted by the Department Chairman or his designee. The purpose of the ongoing professional practice evaluation is to identify professional practice trends that impact on quality of care and patient safety. The criteria used in the ongoing professional practice evaluation may include, in the discretion of the Department Chairman, the following: (i) review of operative and other clinical procedures performed by the Member and their outcomes; (ii) the Member's pattern of blood and pharmaceutical usage; (iii) the Member's requests for tests and procedures; (iv) the Member's length of stay patterns; (v) the Member's morbidity and mortality data; (vi) the Member's use of consultants, and (vi) such other criteria as developed by the Medical and Dental Staff. The information used in the ongoing professional practice evaluation may be acquired through periodic chart review, direct observation, monitoring of diagnostic and treatment techniques, and discussion with other individuals involved in the care of the Member's patients, including consulting Practitioners, assistants at surgery, nursing and administrative personnel. Information resulting from the ongoing professional practice evaluation shall be used to determine whether to continue, limit or revoke any existing clinical privilege(s). Relevant information obtained from the ongoing professional practice evaluation shall be integrated into the Hospital's performance improvement activities. Ongoing professional practice evaluation information shall be subject to peer review protection in accordance with Article VII, Section F of these Bylaws and shall be privileged and confidential in accordance with Article VII, Section E of these Bylaws and New Jersey and Federal laws, rules and regulations pertaining to confidentiality and non-discoverability. The procedure shall follow the hospital policy as defined in the in the Administrative Policy and Procedure manual referenced – (*policy titled- Focused Professional Practice Evalution and Ongoing Professional Evaluation – effective July 25*, 2012; updated May 2016) If there is uncertainty regarding a Medical and Dental Staff Member's professional performance, the matter shall be referred to the Credentials Committee for further evaluation in accordance with these Bylaws.

ARTICLE XV. **PART B. FOCUSED PROFESSIONAL PRACTICE EVALUATION**

A period of focused professional practice evaluation (FPPE) shall be implemented for all initially requested clinical privileges during a member's provisional appointment period and when a Practitioner has requested a new clinical privilege where there is no documented evidence of the Practitioner having performed competently the clinical privilege at the Hospital. The procedure

shall follow the hospital policy as defined in the in the Administrative Policy and Procedure manual referenced – (*policy titled- Focused Professional Practice Evalution and Ongoing Professional Evalution – effective July 25*, 2012; update May 2016)

1. A period of focused professional practice evaluation shall be implemented for all initially requested clinical privileges during a Member's initial provisional appointment period and when a Practitioner has requested a new clinical privilege where there is no documented evidence of the Practitioner having performed competently the clinical privilege at the Hospital. The Executive Committee, or Department Chair may also prescribe a period of focused professional practice evaluation, not to exceed one hundred and eighty ~~ninety~~ (180 ~~90)~~ days, to monitor a Member's performance when issues affecting the provision of safe, high quality patient care are identified. The focused professional practice evaluation shall not entitle the Member to a hearing and appeal in accordance with Article VIII of these Bylaws. The decision to prescribe a period of focused professional practice evaluation shall be based on the Member's current clinical competence, practice behavior and ability to perform the clinical privileges at issue. Specifically, a basis for focused professional practice evaluation shall exist upon the occurrence of any of the following events: (i) a sentinel event or a near miss with potential for major or permanent injury; (ii) an unusual, adverse, individual case or clinical pattern of care; (iii) a significant clinical event or events identified by incident reports or patient/family complaints or required to be reported to regulatory agencies; (iv) a referral from other Practitioners; (v) a pattern or trend of instances of non-compliance with administrative or clinical processes; (vi) a pattern or trend of performance differences as compared to peers using aggregated outcomes or processes of care, taking into account differences in activity; (vii) a case or cases involving inappropriate documentation; and (viii) any other event or criterion developed by the Executive Committee from time to time in its discretion.

2. The Executive Committee may designate a Professional Practice Evaluation Committee to monitor a Member's performance in accordance with this Section. The Executive Committee/Professional Practice Evaluation Committee shall establish a monitoring plan that is specific to the Member's clinical privileges at issue, including the type of monitoring to be conducted. Such monitoring may include, in the discretion of the Executive Committee/Professional Practice Evaluation Committee, chart review, review of clinical practice patterns, simulation, proctoring, peer review and discussion with other individuals involved in the care of the Member's patients (e.g., consulting Physicians, assistants at surgery, nursing or administrative personnel). Monitoring by an external source may be instituted, in the discretion of the Executive Committee/Professional Practice Evaluation Committee, under the following circumstances: (a) for cases involving litigation or if potential for a lawsuit is determined by Risk Management; (b) when dealing with vague or conflicting recommendations from Members of the Executive Committee/Professional Practice Evaluation Committee; (c) when no one on the Executive Committee/Professional Practice Evaluation Committee has adequate expertise in the specialty under review or when the only Practitioner on the Medical and Dental Staff with such expertise is determined to have a conflict of interest regarding the Medical and Dental Staff Member under review; (d) when a Member requests permission to use new technology or perform a procedure new to the Hospital and the Executive Committee/Professional Practice Evaluation Committee does not have the necessary subject matter expertise to adequately evaluate the quality of care involved; (e) for evaluation of a credential file, or for assistance in developing a benchmark for quality monitoring; and (f) any other circumstances deemed appropriate by the Executive Committee/Professional Practice Evaluation Committee.

3. The Executive Committee/Professional Practice Evaluation Committee may extend the period for focused professional practice evaluation in its discretion where circumstances warrant. Relevant information resulting from the focused professional practice evaluation process shall be integrated into the Hospital's performance improvement activities. Information resulting from the focused professional practice evaluation process shall be subject to peer review protection in accordance with Article VII, Section F of these Bylaws and shall be privileged and confidential in accordance with Article VII, Section E of these

Bylaws and New Jersey and Federal laws, rules and regulations pertaining to confidentiality and non-discoverability.

4. If the period of focused professional practice evaluation identifies a basis for corrective action, the process identified in Article VII of these Bylaws shall be followed.

ARTICLE XVI

COMMITTEES OF THE MEDICAL STAFF

ARTICLE XVI: PART A Committees

ARTICLE XVI. **PART A. BYLAWS COMMITTEE.**

ARTICLE XVI. PART A. **Section 1. Composition**

The Medical and Dental Staff Bylaws Committee shall consist of all Department Chairmen or their designees, at least one (1) other Member of the Executive Committee and at least five (5) Members from the Medical and Dental Staff at-large.

ARTICLE XVI. PART A. **Section 2. Duties**

The Bylaws Committee shall:

a. Review the Bylaws of the Medical and Dental Staff and other associated documents at least annually and recommend amendments thereto, as appropriate, to the Executive Committee. This review shall include, but not be limited to, the Medical and Dental Staff, and the Chief Executive Officer or his designee.

b. Receive and consider all recommendations for changes in these documents made by the Board, any committee or department of the Medical and Dental Staff, any individual appointed to the Medical and Dental Staff, or the Chief Executive Officer.

ARTICLE XVI. PART A. **Section 3. Meetings, Reports and Recommendations**

The Bylaws Committee shall meet as often as necessary to fulfill its duties, but at least annually, shall maintain a permanent record of its findings, proceedings and actions, and shall make written reports of its recommendations to the Executive Committee and the Chief Executive Officer.

ARTICLE XVI. **PART B. CANCER COMMITTEE.**

ARTICLE XVI. PART B. **Section 1. Composition**

The Cancer Committee shall be a multi-disciplinary, standing committee consisting of representatives from surgery, medical oncology, diagnostic radiology, radiation oncology, pathology, administration, nursing, social services, and quality assessment. Additional Members

may be appointed by the President of the Medical and Dental Staff including but not limited to pediatric oncology, gynecology, neurology, physical medicine rehabilitation, the Cancer Institute of New Jersey, care management, pharmacy, food and nutrition, health information management and pastoral care. The cancer liaison Physician and cancer registrar must also serve as Members of the Committee.

ARTICLE XVI. PART B S**ection 2. Duties**

The goal of the Cancer Committee is to ensure that patients receive quality care for and optimal treatment with efforts to decrease the morbidity and mortality of patients with cancer. The Committee shall function in accordance with the requirements of the American College of Surgeons and all other appropriate accreditation agencies. It shall perform duties in a manner that will assure continued accreditation of the cancer program. The Committee shall be responsible for:

a. organizing, publicizing, conducting and evaluating regular educational and consultative cancer conferences that are multi-disciplinary, institution-wide and patient-oriented and include all major cancer sites yearly;

b. ensuring that consultative services from all major disciplines are available to patients with cancer;

c. planning and completing two patient care evaluation studies annually, one to include several data and, if available, comparison data;

d. making certain that cancer rehabilitation services are available and used;

e. encouraging a supportive care system for all patients with cancer;

f. serving as Cancer Registry Physician Advisor, supervising the cancer registry and actively reviewing the cancer registry for quality control of data; and

g. preparing and distributing reports as specified by the American College of Surgeons.

ARTICLE XVI. PART B. **Section 3. Meetings, Reports and Recommendations**

The Cancer Committee shall meet at least quarterly, shall maintain a permanent record, and shall make written reports to the Medical Executive Committee and the Chief Executive Officer.

ARTICLE XVI. **PART C. CONTINUING MEDICAL EDUCATION COMMITTEE.**

ARTICLE XVI. **PART C.** . **Section 1. Composition**

The Continuing Medical Education Committee shall consist of the Chairman of each department or his designee and a representative of Hospital management appointed by the Chief Executive Officer.

ARTICLE XVI. **PART C. Section 2. Duties**

a. Develop, plan and participate in programs of continuing medical education that are designed to keep the Medical and Dental Staff informed of significant new developments and new skills in medicine and dentistry and that are responsive to evaluation and performance findings. The programs of continuing medical education shall relate, at least in part, to the type and nature of care, treatment and services provided by the Hospital.

b. Approve and evaluate the effectiveness of departmental educational programs.

c. Seek proper certification for the continuing medical education presented at the Hospital.

d. Act upon continuing medical education recommendations from the Executive Committee, the departments or other committees.

e. Cooperate, where appropriate, with universities and other institutions in postgraduate and Medical and Dental Staff continuing education.

f. Establish an annual budget to support its programs.

ARTICLE XVI. **PART C. Section 3. Meetings, Reports and Recommendations**

The Continuing Medical Education Committee shall meet at least quarterly, shall maintain a permanent record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Executive Committee.

ARTICLE XVI. **PART D. MEDICAL RECORDS COMMITTEE.**

ARTICLE XVI. **PART D Section 1. Composition**

Membership shall include all Medical and Dental Staff Department Chairmen, or designee the Vice- President for Nursing or designate, representatives from Administration, representatives from the Performance Improvement Department and the Health Information Manager. Additional Members of the Medical and Dental Staff may be appointed by the President of the Medical and Dental Staff.

ARTICLE XVI. **PART D**. **Section 2. Duties**

The Medical Records Committee shall ensure the appropriateness of the format of the medical record and establish policies to achieve accurate, legible and timely completion of medical records by the Medical and Dental Staff. The Committee shall be responsible for approving all forms to be placed on the medical record. All substantive revisions, additions or deletions to any form must have the Committee's approval. The Committee shall establish criteria for monitoring the timely completion of medical records and shall recommend regulations for disciplinary action. The Committee shall submit its findings and recommendations to the Executive Committee of the Medical and Dental Staff as well as to the appropriate Hospital departments or services.

ARTICLE XVI. PART D. **Section 3. Meetings, Reports and Recommendations**

The Medical Records Committee shall meet at least ten (10) times a year and shall maintain a permanent record of all proceedings and activities. The Medical Records Manager shall act as recording secretary for the Committee.

ARTICLE XVI. **PART E. PHARMACY COMMITTEE.**

ARTICLE XVI. PART E. **Section 1. Composition**

The Pharmacy Committee shall, at a minimum, consist of at least five (5) Members of the Medical and Dental Staff to be appointed by the President, the Pharmacy Manager, a clinical pharmacist and one representative each from the Nursing Service and Hospital management to be appointed by the Chief Executive Officer.

ARTICLE XVI. PART E. **Section 2. Duties**

The Pharmacy Committee shall:

a. Develop and provide oversight for the measurement, assessment and improvement activities for prescribing or ordering, preparing and dispensing, administering and monitoring the effects on patients.

b. Review the appropriateness of the prophylactic, empiric and therapeutic use of drugs through the analysis of individual or aggregate patterns of drug usage.

c. Develop and recommend to the Executive Committee and the Board procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic testing materials.

d. Review all significant adverse drug reactions and medication errors.

e. Maintain a formulary or drug list.

f. Review the appropriateness, safety, and effectiveness of the prophylactic, empiric and therapeutic use of antibiotics in the Hospital.

g. Recommend policies concerning the safe use of drugs in the Hospital, including hazardous drugs and investigational drugs.

h. Review all medication related errors individually or in aggregate. This Committee shall not deal with radiopharmaceuticals.

ARTICLE XVI. PART E. **Section 3. Meetings, Reports and Recommendations**

a. The Pharmacy Committee shall meet as often as necessary to transact its business, but at least quarterly, shall maintain a permanent record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Executive Committee and Performance Improvement Committee.

b. The Pharmacy Committee shall report to the appropriate Department Chairman for his consideration any question of clinical competency, patient care and treatment.

ARTICLE XVI. **PART F. TRANSFUSION COMMITTEE.**

ARTICLE V. PART J. **Section 1. Composition**

The Committee shall consist of the Chief of the Transfusion Service, the Chief of the Blood Bank, and at least two (2) other Members of the Medical and Dental Staff.

ARTICLE XVI. PART F. **Section 2. Duties**

a. The Committee shall review and evaluate the appropriateness of all transfusions, including the use of whole blood and blood components. When blood usage review consistently reports the justification and appropriateness of blood use, the review of an adequate sample of cases is acceptable.

b. The Committee shall be responsible for the measurement, assessment, and improvement activities for ordering, distributing, handling, and dispensing and monitoring blood and blood component effects on patients. When blood usage review consistently supports the justification and appropriateness of blood use, the review of an adequate sample of cases is acceptable.

c. The Committee shall evaluate all transfusion reactions.

d. The Committee shall make recommendations for the improved delivery of transfusion services and for the correction of deficiencies.

ARTICLE XVI. PART J. **Section 3. Meetings, Reports and Recommendations**

The Committee shall perform blood usage review at least quarterly and maintain records of its proceedings and activities, shall refer appropriate cases to the various clinical departments, and shall report to the Executive Committee.

ARTICLE XVI. **Part G. PERFORMANCE IMPROVEMENT COMMITTEE.**

The Performance Improvement Committee shall be a Committee of the Board of Trustees and will be composed of representation from the Board of Trustees, the President of the Medical and Dental Staff, all Clinical Department Chairmen, at least one (1) at large representative to be selected by the President of the Medical and Dental Staff, Chief Executive Officer of the Hospital, the Chief Executive Officer, the Vice President and General Counsel, the Vice President of Patient Care Services, the Vice President of Professional Services, the Chair of the CQI Committee, the Chair of the Patient Safety Committee, the Chairman of the Graduate Medical Education Committee or his/her designee, representatives from the Performance Improvement Department. The Chair of the Performance Improvement Committee shall be a Physician, appointed by the Chair of the Board of Trustees. The Performance Improvement Committee. shall provide leadership in performance improvement activities to improve quality of care, treatment and services and patient safety and in measuring, assessing and improving processes that primarily depend on the activities of one or more Practitioners and other Members of the Medical and Dental Staff. The Performance Improvement Committee shall be actively involved in the measurement, assessment and improvement of the following: (i) medical assessment and treatment of patients, (ii) use of information about adverse privileging decisions for any Member of the Medical and Dental Staff, (iii) use of medications, (iv) use of blood and blood components, (v) operative and other procedures, (vi) appropriateness of clinical practice patterns, (vii) significant departures from established patterns of clinical practice, and (viii) the use of developed criteria for autopsies. Information used as part of the performance improvement mechanisms, measurement or assessment shall include sentinel event data and patient safety data.

ARTICLE XVII

CONFLICT RESOLUTION

ARTICLE XVII: PART A. Conflict Resolution Process

In the event of a conflict between members of the Medical Staff and the Executive Committee regarding the adoption of any bylaw, rule, regulation or policy, or any amendment thereto, or with regard to any other matter, upon a petition signed by fifty (50) members of the Medical Staff entitled to vote, or a majority of members of a Section, Division or Department if the matter involves a Department, Division or Section, the matter shall be submitted to the conflict resolution process set forth herein.

ARTICLE XVII: PART B Conflict Resolution Committee

1. An Ad hoc Conflict Resolution Committee shall be formed consisting of up to five (5) representatives of the voting Medical Staff designated by the Medical Staff members submitting the petition and an equal number of representatives of the Executive Committee appointed by the President of the Medical Staff. The Chief Executive Officer or designee shall be an ex-officio non-voting member of any Conflict Resolution Committee.

2. The members of the Conflict Resolution Committee shall gather information regarding the conflict, meet to discuss the disputed matter, and work in good faith to resolve the differences between the parties in a manner consistent with protecting safety and quality.

3. Any recommendation which is approved by a majority of the voting Medical Staff representatives and a majority of the Executive Committee representatives shall be

submitted to the Board of Trustees for consideration. If agreement cannot be reached, the members of the Conflict Resolution Committee shall individually or collectively report to the Board of Trustees regarding the unresolved differences for consideration by the Board in making its final decisions regarding the matter in dispute

ARTICLE XVII: PART C. Conflicts within the Medical Staff

In the event of a dispute between leaders or segments of the Medical Staff, the matter in dispute shall be considered by a Conflict Resolution Committee composed of equal number of members representing opposing viewpoints who are appointed by the President or the Executive Committee. The members of the Conflict Resolution Committee shall proceed in accordance with Part B , #2.

ARTICLE XVII: PART D Conflicts with the Board

In the event of a dispute between the Board of Trustees and the Organized Medical Staff or the Board of Trustees and the Executive Committee, the matter in dispute shall be submitted to a Joint Conference of an equal number of the Medical Staff appointed by the Medical Staff President and members of the Joint Conference/Medical Affairs Committee appointed by the Chairman of the Board for review and recommendation before making its final decision and giving notice of the final decision. The Executive Committee or the Board may also request the convening of a Joint Conference to discuss any matter of controversy or concern that would benefit from enhanced dialogue between Medical Staff and Board leaders.

ARTICLE XVII: PART E Resolution Techniques

If deemed appropriate by the President of the Medical Staff and the Chief Executive Officer an outside mediation or facilitator may be engaged to assist with the resolution of any disputed issues.

ARTICLE XVIII

MEC MEETING ATTENDANCE

In order to fulfill their elected duties, the Elected members of the MEC must attend eight (8) meetings per year to stay on the Committee.

ARTICLE XIX

PHYSICAL THERAPY

A physical therapist may treat an outpatient whom they believe will benefit from their services for up to 30 days without consulting a licensed healthcare professional. If the physical therapist doing the examination evaluation or intervention has reason to believe that physical therapy is contraindicated or symptoms or conditions are present that require services outside the scope of

their practice, they shall inform the patient's licensed healthcare professional. They must also notify the patient's healthcare professional of record whether or not there is reasonable progress during the initial 30 days of treatment. In the event there is no identified licensed healthcare professional of record, the physical therapist shall recommend that the patient consult with one of the patient's choice.