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MEDICAL STAFF BYLAWS

DELNOR HOSPITAL

Medical Executive Committee Approval – 2/2/2021
Medical Staff Approval – 3/26/2021
Board Approval – 4/13/2021

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DEFINITIONS

1. “Administration” means the management organization, headed by the President of Delnor Hospital, and charged by the Governing Board with the responsibility for overall day-to-day operation of Delnor Hospital.

2. “Advanced Practice Providers” or “APPs” means those individuals licensed by the State of Illinois as an Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), Certified Registered Nurse Anesthetist (CRNA) or Physician Assistant (PA) and any other disciplines approved by the Medical Executive Committee.

3. “Credentials Manual” means the Medical Staff Credentials Manual recommended by the Medical Executive Committee, approved by the Governing Board as amended from time to time and incorporated herein.

4. “Credentials Verification Office” or “CVO” means the business unit designated by the organization to serve as its designee for purposes of original source verification.

5. “Expedited Credentials Committee” means the Committee consisting of two (2) or more members of the Governing Board, which Committee has the authority to act on behalf of the Governing Board in making decisions on certain initial appointments to membership and granting of privileges, reappointment or membership, or renewal or modification of privileges.

6. “FPPE” means Focused Professional Practice Evaluation implemented for all Practitioners initially requesting privileges, for Practitioners who request an expansion of their clinical privileges and for evaluating the performance of Practitioners when issues affecting the provision of safe, high-quality patient care is identified.

7. “Governing Board” means the Board of Directors of Delnor Hospital or its designee.

8. “Hospital” means Delnor Hospital.

9. “Hospital President” means the individual responsible for the management of Delnor Hospital.

10. “Investigation, Corrective Action, Hearing and Appeal Plan” means the Investigation, Corrective Action, Hearing and Appeal Plan adopted by the Medical Staff and approved by the Governing Board and incorporated herein.

11. “Legally Protected Classification” means the classification of any person or class of people protected by law from discrimination or harassment.

12. “Medical Staff” means all allopathic and osteopathic physicians, dentists and podiatrists holding unlimited licenses who are granted Medical Staff membership at Delnor Hospital.

13. “Medical Staff Governance Documents” means the Medical Staff Bylaws; Medical Staff Organizational Manual; Medical Staff Rules and Regulations; Medical Staff Investigation, Correction, Hearing and Appeal Plan; and Medical Staff Credentials Manual duly incorporated herein.

14. “OPPE” means Ongoing Professional Practice Evaluation evaluating the professional performance of practitioners on an ongoing basis as part of the effort to monitor professional competency; to identify areas for possible performance improvement by individual practitioners; and to use objective data in decisions regarding continuation of practice privileges.

15. “Organizational Manual” means the Medical Staff Organizational Manual recommended by the Medical Executive Committee and approved by the Governing Board as amended from time to time and incorporated herein.

16. “Peer Review and Quality Improvement Activities” shall refer to any and all activities and conduct used in the course of internal quality control or medical study for the purpose of reducing morbidity and mortality or for improving patient care. This includes without limitation the privileging and credentialing activities of the hospital through its committees, the Medical Staff, Administration, Credentials Verification Office or Governing Body.

17. “Practitioner” means an appropriately licensed allopathic or osteopathic physician, dentist, podiatrist, psychologist or Advanced Practice Provider.

18. “Psychologist” means an individual licensed by the State of Illinois as a psychologist (PhD or PsyD).

ARTICLE 1. MEDICAL STAFF MEMBERSHIP

1.1 PURPOSE

The Medical Staff is a self-governing organized group of physicians, dentists, and podiatrists dedicated to providing oversight of the quality of care, treatment, and services delivered by Practitioners who are credentialed and privileged through the medical staff process. The Medical Staff is accountable to the Governing Board and provides leadership in performance improvement activities, delineation of the scope of privileges granted to Practitioners, ongoing professional practice evaluation ("OPPE"), focused professional practice evaluation ("FPPE"), ongoing education, mutual support and communication, and collaboration with the Delnor Hospital Administration and Governing Board. The organized Medical Staff enforces and complies with these Bylaws, and all legal, regulatory, and accreditation requirements pertaining to the Delnor Hospital Medical Staff. The Bylaws create a framework within which Medical Staff members can act with a reasonable degree of freedom and confidence, and define the Medical Staff's role within the context of Delnor Hospital.

1.2 AUTHORITY OF THE MEDICAL STAFF

The Medical Staff is accountable to the Governing Board for the quality of medical care provided to patients. The Medical Staff will be organized in a manner approved by the Governing Board and exercise such power as is reasonably necessary to discharge its responsibilities under these Bylaws and the Bylaws of Delnor Hospital including, without limitation, the authority to formulate and recommend Medical Staff Rules and Regulations, criteria and standards for the granting of Medical Staff membership and clinical privileges, and the authority to use outside consultants when performing peer review and quality improvement activities. The Governing Board has the ultimate authority and responsibility for the oversight and delivery of health care at Delnor Hospital.

1.3 MEDICAL STAFF MEMBERSHIP

Membership on the Medical Staff of Delnor Hospital is a privilege that shall be extended only to professionally competent physicians, dentists and podiatrists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws, the Credentials Manual and associated Rules and Regulations of the Medical Staff and Delnor Hospital. Medical Staff membership is granted for a period not to exceed two (2) years, at which time it must be renewed through reappointment. The process for reappointment includes a reapplication and an appraisal of the candidate, as further described in the Credentials Manual.

1.4 QUALIFICATIONS FOR MEDICAL STAFF MEMBERSHIP WITH AND WITHOUT PRIVILEGES

These Bylaws describe the process for credentialing and re-credentialing. They are described further and in more detail in the Credentials Manual.

All applicants for appointment or reappointment to the Medical Staff must meet the minimum objective requirements for membership on the Medical Staff unless a specific requirement is waived by the Governing Board upon the recommendation of the Medical Executive Committee. Honorary staff are exempted from these requirements.

1. Have graduated from a Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) approved school of medicine or has been certified by the

Exchange Commission for Foreign Medical Graduates (ECFMG), an American Dental Association (ADA) approved dental school accredited by the Commission on Dental Accreditation (CODA), or an approved podiatric school accredited by the American Podiatric Medical Association's Council on Podiatric Medical Education (CPME).

2. Possess a current unrestricted license as required for the practice of his or her profession within State of Illinois.

3. Possess current, valid, unrestricted state and federal controlled substance licenses within the State of Illinois unless exempted by the Medical Executive Committee by virtue of the clinical discipline.

4. Demonstrate recent relevant clinical performance and competence within the last twelve (12) months with an active clinical practice in the clinical discipline in which clinical privileges are sought. Proof of clinical competence must be demonstrated to the reasonable satisfaction of the Department Chair or Vice Chair, Credentials Committee, Medical Executive Committee and the Governing Board. Any significant absence from clinical practice may deem the applicant ineligible for clinical privileges or may require a customized FPPE to ensure competency.

5. Demonstrate an active clinical practice in the geographic area providing services in the clinical discipline in which privileges and/or membership is sought.

6. Provide a certificate of insurance demonstrating continuous insurance coverage including prior acts coverage. Insurance must be in effect prior to the exercise of clinical privileges at Delnor Hospital. Insurance must be with a company authorized to sell professional liability insurance in Illinois. The amount and type of required coverage shall be determined by the Medical Executive Committee and approved by the Governing Board. Each member of the Medical Staff shall immediately notify Delnor Hospital of any changes in insurance coverage, including change in insurance carrier or retroactive date. Each member of the Medical Staff must obtain tail coverage and provide evidence to Delnor Hospital of continuous coverage for any expiring claims-made policy.

7. Have a record that is free from Medicare, Medicaid, TRICARE sanctions, felony convictions, or occurrences that indicate undesirable conduct.

8. Provide evidence of appropriate education and training:

    a. A physician applicant, MD or DO, must have successfully completed an allopathic or osteopathic residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) in the specialty consistent with the department and clinical section for which the individual is requesting privileges. Unless otherwise specified in the Credentials Manual, all physician applicants must be currently board certified or active participant in the examination process leading to certification by an applicable specialty and/or subspecialty board under the American Board of Medical Specialties (ABMS) or the American Board of Osteopathic Medical Specialties (ABOMS).

b. Dentist applicants must have graduated from an American Dental Association (ADA) approved school of dentistry accredited by the Commission of Dental Accreditation (CODA). Oral and maxillofacial surgeons must have successfully completed an ADA approved residency and be board certified or an active participant in the examination process leading to certification.

c. Podiatrist applicants must have graduated from a Council on Podiatric Medical Education (CPME) approved school of podiatry. Podiatrists must have successfully completed a CMPE approved residency and be board certified by the American Board of Foot and Ankle Surgery (ABFAS) or an active participant in the examination process leading to certification.

9. Be board certified as outlined in the Credentials Manual.

10. Maintain board certification according to the timeframes for recertification established by the member's specialty. Failure to maintain board certification in their specialty shall result in an immediate review of the member's Medical Staff status/eligibility and/or clinical privileges and may result in the loss of Medical Staff membership and clinical privileges. Current Medical Staff members who were never Board Certified and who were members of the Medical Staff prior to the Board Certification requirement outlined in the Credentials Manual shall be exempt from Board Certification requirements.

11. Read and attest to their acknowledgment of the Code of Conduct.

12. Show current competency in the hospital electronic medical record if requesting inpatient privileges.

13. Demonstrate reasonable professional liability claims history.

14. Provide hospital and medical staff leadership updated, current information regarding all data previously reported on the State of Illinois application form and such additional information as may be requested, as follows: within one business day any (a) revocation, suspension or limitation of state healthcare professional license, state controlled substance license, and/or federal DEA registration, (b) Medicare or Medicaid sanctions, (c) revocation, suspension, or limitation of privileges at any hospital or third party entity, (d) any lapse in professional liability coverage, or (e) the filing of felony charges; and within forty-five (45) days of becoming aware of any other change in information including, but not limited to, malpractice judgments or settlements or change in board certification status.

1.5 QUALIFICATIONS FOR ADVANCED PRACTICE PROFESSIONALS (APPs) AND PSYCHOLOGISTS

APPs and Psychologists are privileged by the organized Medical Staff. Neither APPs nor Psychologists are eligible for Medical Staff membership or any benefits or prerogatives of Medical Staff membership. Qualifications for credentialing and privileges include:

1. Have completed appropriate education and training.

a. Advanced Practice Registered Nurses, Clinical Nurse Specialists, and Certified Nurse Midwives must demonstrate successful completion of a master's degree in an accredited nursing program and successful completion of requirements to practice and hold current, national certification from the appropriate national certifying body as determined by the Illinois Department of Financial and Professional Regulations, and as noted in the Illinois Nurse Practice Act.

b. Certified Registered Nurse Anesthetists must demonstrate graduation from a nurse anesthesia educational program accredited by the Counsel on Accreditation of Nurse Anesthesia Educational Programs (COA) or its predecessor and current certification as a CRNA by the Counsel on Certification of a Nurse Anesthetist or its predecessor.

c. Physician Assistants must demonstrate graduation from a program accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) and hold current certification by the National Commission on Certification of Physician Assistants (NCCPA).

d. Psychologists must demonstrate graduation from a doctorate degree in psychology (PhD or PsyD) from a college, university or school accredited by the regional accrediting body which is recognized by the Counsel on Postsecondary Accreditation. Psychologists must meet the criteria for qualifications as set forth in the Clinical Psychologist Licensing Act in Illinois and certification requirements outlined in the clinical privilege request form.

2. Possess a current unrestricted license as required for the practice of his or her profession within State of Illinois.

3. Possess a current, valid, unrestricted state and federal controlled substance license in the State of Illinois unless exempted by the Medical Executive Committee by virtue of the clinical discipline or scope of practice.

4. Demonstrate active clinical practice within the most recent twelve (12) month period. Individuals unable to demonstrate such practice may be ineligible for clinical privileges. Proof of clinical competence must be demonstrated to the reasonable satisfaction of the Department Chair or Vice Chair, Credentials Committee, Medical Executive Committee and the Governing Board.

5. Provide a certificate of insurance demonstrating continuous insurance coverage including prior acts coverage. Insurance must be in effect prior to the exercise of clinical privileges at Delnor Hospital. Insurance must be with a company authorized to sell professional liability insurance in Illinois. The amount and type of required coverage shall be determined by the Medical Executive Committee and approved by the Governing Board. APPs and Psychologists shall immediately notify Delnor Hospital of any changes in insurance coverage, including change in insurance carrier or retroactive date. APPs and Psychologists must obtain tail coverage and provide evidence to Delnor Hospital of continuous coverage for any expiring claims-made policy.

6. Have a record that is free from Medicare, Medicaid, TRICARE sanctions, felony convictions, or occurrences that indicate undesirable conduct.

7. Be board certified as appropriate to the discipline and required in the delineation of clinical privilege requirements.

8. Maintain certification as a requirement of licensure or as required by privilege delineation according to the timeframes for recertification as established by the individual's specialty. Failure to maintain certification shall result in an immediate review of the individual's clinical privileges and may result in the loss of clinical privileges.

9. Read and attest to their acknowledgment of the Code of Conduct.

10. Show current competency in the hospital electronic medical record.

11. Demonstrate reasonable professional liability claims history.

12. Provide hospital and medical staff leadership updated, current information regarding all data previously reported on the State of Illinois application form and such additional information as may be requested, as follows: within one business day any (a) revocation, suspension or limitation of state healthcare professional license, state controlled substance license, and/or federal DEA registration, (b) Medicare or Medicaid sanctions, (c) revocation, suspension, or limitation of privileges at any hospital or third party entity, (d) any lapse in professional liability coverage, or (e) the filing of felony charges; and within forty-five (45) days of becoming aware of any other change in information including, but not limited to, malpractice judgments or settlements or change in board certification status.

1.6 PROCESS FOR APPROVAL OF PRACTITIONER APPLICATION FOR MEMBERSHIP AND/OR PRIVILEGES

1.6.1 Acceptance and Processing

Any individual who meets the minimum requirements may request and receive an application for membership and/or clinical privileges. The process for review and approval of an application for appointment or reappointment is described fully in the Credentials Manual. Once an application is received, the Medical Staff Office or its designee will process the application, verify it is complete, confirming the accuracy of its contents and contact such external resources as are required.

1.6.2 The application shall be received and reviewed for completeness. The complete application is then submitted to the applicable Department Chair or Vice Chair to determine if the minimum qualifications have been met. The Department Chair or Vice Chair makes a recommendation whether to defer, approve or deny the application. In the case of APRNs and PAs, the Chief Nurse Executive or designee also makes recommendation. If approved, the Credentials Committee performs a review of the application to verify it fulfills the standards for membership and/or clinical privileges. If the application is approved by the Credentials Committee, it will go to the Medical Executive Committee for review. Approved applications are reviewed and recommended for approval by the Governing Board in accordance with the procedures in the Credentials Manual. Applicants are approved for membership and/or clinical privileges after action by the Governing Board. Applicants who are not approved for membership and/or clinical privileges will receive a written response explaining the reasons.

1.6.3 When a privilege is not granted, the Medical Staff applicant will receive a written response regarding the denial. The applicant shall not have hearing rights unless the denial of the application is reportable to the National Practitioner Data Bank.

1.7 PROCEDURE FOR REAPPOINTMENT

The criteria and process for reappointment is outlined in the Credentials Manual.

1.8 NONDISCRIMINATION

No aspect of Medical Staff membership or clinical privilege will be denied on the basis of any legally protected classification.

1.9 CONDITIONS AND DURATION OF APPOINTMENT

The Governing Board shall make appointments and reappointments. The Governing Board shall act on appointments and reappointments only after there has been a recommendation from the Medical Executive Committee. The term of appointment and reappointment shall not exceed two years.

1.10 FPPE

A period of FPPE shall be imposed for all new Practitioners, a Practitioner who is granted a privilege that the Practitioner has not held before, when a need for verification of the Practitioner's ability to perform the requested procedure exists or any other events or conditions as outlined in the Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE) Processes Policy

1.11 NEW PRIVILEGES

In the event there is a request for a privilege that has not yet been granted at Delnor Hospital, the process outlined in the Credentials Manual for privileges for which no criteria have been established shall be followed.

1.12 DISASTER PRIVILEGES

Disaster privileges shall be granted in accordance with Delnor Hospital Emergency Operations Plan.

1.13 GENERAL RESPONSIBILITIES OF EACH PRACTITIONER

1.13.1 Participate in quality/performance improvement activities and other staff activities as may be required.

1.13.2 Provide appropriate, timely, and continuous care of his/her patients at Delnor Hospital, and keep complete and timely medical records in accordance with the Medical Staff Rules and Regulations as well as hospital and system policy.

1.13.3 Behave in ways that support ongoing improvements in patient satisfaction and optimize the patient experience.

1.13.4 Behave in ways that support ongoing quality and safety initiatives.

1.13.5 Any Practitioner with clinical privileges whose health status changes in such a manner as to jeopardize his or her ability to provide care safely and effectively, shall promptly notify the department chair, any Medical Staff Officer, the CMO and/or the Hospital President.

1.13.6 Unless prohibited by applicable patient privacy laws, any individual who has a reasonable suspicion that a Practitioner with privileges may be impaired shall timely notify the President of the Medical Staff, CMO Department Chair or Vice-Chair or any member of Hospital administrator. The CMO shall be notified immediately of any such concerns. Once the CMO receives notification about the possible impairment, he or she shall ensure that an appropriate investigation is undertaken.

1.13.7 Submit to a health evaluation including drug testing, for cause, by concurrence of any two of the following: the President of Delnor Hospital, President of the Medical Staff, Vice President of the Medical Staff, Department Chair or Chief Medical Officer, or as part of a post-treatment monitoring plan. Failure to submit to a health evaluation or provide requested information may lead to disciplinary action.

1.13.8 Abide by the Bylaws, Rules and Regulations, and other applicable policies and procedures of the Northwestern Medicine system, Delnor Hospital and the Medical Staff.

1.14 ORGANIZED MEDICAL STAFF DUTIES

1.14.1 The organized Medical Staff shall perform all duties and obligations of the Delnor Hospital Medical Staff imposed by these Bylaws, law, regulation, and any accrediting body.

1.14.2 The organized Medical Staff has delegated the authority, duties and obligations imposed on it to carry out Medical Staff responsibilities to the Medical Executive Committee, other committees and departments as permitted by these Bylaws, law, regulation, and accrediting bodies.

1.15 ADDITIONAL RESPONSIBILITIES OF MEDICAL STAFF MEMBERS WITH PRIVILEGES

1.15.1 Unless specifically excused, must participate in on-call coverage of the emergency service and other programs, including consultations for inpatients, as outlined in the Medical Staff Rules and Regulations section on Emergency Services and as determined by their Department Chair or Clinical Section Chief pursuant to the authority of the Medical Executive Committee and/or the Governing Board and in accord with the Emergency Medical Treatment and Active Labor Act.

1.15.2 Attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest.

1.16 MEDICAL STAFF MEMBER RIGHTS

1.16.1 This section does not pertain to issues involving professional review action, denial of requests for appointment or clinical privileges, or any other matter relating to individual membership or privileging. The Investigation, Corrective Action, Hearing and Appeal Plan provide recourse in these matters.

1.16.2 Medical Staff members have the right to an audience with the Medical Executive Committee if the member has concerns that cannot be resolved through the member's Department Chair. The Medical Staff member may, upon presentation of a written notice to the President of the Medical Staff two (2) weeks in advance of a regular Medical Executive Committee meeting, meet with the Medical Executive Committee to discuss any unresolved concerns.

1.16.3 Medical Staff members have the right to initiate a recall election of a Medical Staff Officer or Department Chair or Vice Chair by following the procedure outlined in these Bylaws regarding removal and resignation from office.

1.16.4 Medical Staff members may request a Medical Staff meeting. Upon presentation of a petition signed by ten percent (10%) of the members of the Active Staff, the Medical Executive Committee shall schedule a Medical Staff meeting for the specific purposes addressed by the petitioners. No business other than that detailed in the petition may be transacted.

1.16.5 Medical Staff Officers may request and be granted a meeting with the Officers of the Governing Board, Administration, or the Medical Executive Committee to discuss any important issue at an agreed upon date, place, and time.

1.16.6 Any Department/Clinical Section member may request a Department/Clinical Section meeting when a majority of the members of that Department/Clinical Section request such a meeting.

1.17 MEDICAL STAFF DUES

1.17.1 Medical Staff dues shall be determined by the Medical Executive Committee and collected annually. Medical Staff dues shall be non-refundable. The Medical Executive Committee retains the right to determine the manner of expenditure of such dues received in accord with legal, regulatory, and accreditation requirements governing tax-exempt, not-for-profit health care entities.

1.17.2 All members of the Medical Staff regardless of their category are required to pay Medical Staff dues unless otherwise exempted by the Medical Executive Committee.

1.17.3 Failure to pay dues within ninety (90) days of assessment, unless excused by the Medical Executive Committee in writing, may result in incurring late fees and/or disciplinary action.

1.18 SUMMARY SUSPENSION AND CORRECTIVE ACTION

1.18.1 Summary Suspension: The Hospital or Medical Staff shall have the right to summarily suspend a Practitioner's Medical Staff membership and/or privileges without a prior hearing, if the continuation of practice constitutes an immediate danger to the public, patients, visitors and/or hospital employees as set forth in the Investigation, Corrective Action, Hearing and Appeal Plan.

1.18.2 Corrective Action: Indications and process for an adverse decision for disciplinary action, including but not limited to, failure to reappoint for membership or privileges, termination or suspension of Medical Staff membership, termination, suspension or reduction of clinical privileges is described in the Investigation, Corrective Action, Hearing and Appeal Plan.

1.18.3 APPs and Psychologists shall follow the process outlined in the APP/Psychologist Hearing and Appeal of Adverse Action policy.

ARTICLE 2. MEDICAL STAFF CATEGORIES

2.1 CATEGORIES

The categories of the Medical Staff shall include: Active, Hospital Affiliate, Community Affiliate and Honorary. The member's Medical Staff category will be determined at the time of appointment and reappointment.

2.2 ACTIVE STAFF

2.2.1 Qualifications: Active Staff must meet the general qualifications for Medical Staff membership, be board certified or an active participant in the examination process leading to certification and have been a member of the Medical Staff. To advance to or remain in the Active staff category, medical staff must have fifty (50) patient contacts at Delnor Hospital in each appointment/reappointment, except as expressly waived in writing for good cause by the Medical Executive Committee. A patient contact is defined as a Delnor Hospital inpatient admission, inpatient consultation, or outpatient surgical procedure.

2.2.2 Privileges:

(a) Active staff may exercise such clinical privileges as are granted by the Governing Board;

(b) Active staff may vote on all matters presented at Medical Staff and any Department, Clinical Section, or Committee meetings of which he or she is a member; and

(c) Active staff may hold office, chair, or be a member of any committee to which he or she is duly appointed or elected.

2.2.3 Responsibilities:

(a) Active staff must perform the organizational and administrative duties of the Medical Staff;

(b) Active staff must make recommendations, through the Medical Executive Committee to the Governing Board, regarding matters within the purview of the Medical Staff, including but not limited to, recommendations regarding quality of care and treatment of Delnor Hospital inpatients and outpatients;

(c) Active staff must actively participate in recognized functions of Medical Staff appointment including quality/performance improvement, risk management and monitoring activities, and in discharging other Medical Staff functions as may be required;

(d) Active staff must fulfill meeting attendance requirements established by these Bylaws and the Medical Staff;

(e) Active staff must pay Medical Staff dues unless otherwise exempted by the Medical Executive Committee;

(f) Active staff must continuously comply with OPPE and FPPE requirements; and

(g) Active staff must provide coverage and be on-call as required and outlined in the Medical Staff Rules and Regulations section on Emergency Services.

2.3 HOSPITAL AFFILIATE STAFF

2.3.1 Qualifications: The Hospital Affiliate Staff is reserved for Medical Staff members that have been members of the Medical Staff for less than one appointment cycle, have not completed their FPPE or do not meet the requirements of Active Staff or any other medical staff status.

2.3.2 Privileges:

(a) Hospital Affiliate staff may exercise such clinical privileges as are granted by the Governing Board;

(b) Hospital Affiliate staff may attend Medical Staff, Department and Clinical Section meetings, and any continuing medical education programs; and

(c) Hospital Affiliate staff may serve on any committee to which he or she is duly appointed.

2.3.3 Responsibilities:

(a) Hospital Affiliate Staff must assist the Medical Staff and Delnor Hospital in the fulfillment of its mission;

(b) Hospital Affiliate Staff must pay Medical Staff dues unless otherwise exempted by the Medical Executive Committee;

(c) Hospital Affiliate Staff must actively participate in recognized functions of Medical Staff appointment including quality/performance improvement, risk management and monitoring activities including monitoring of new appointees during the FPPE, and in discharging other Medical Staff functions as may be required;

(d) Hospital Affiliate Staff must fulfill meeting attendance requirements established by these Bylaws and the Medical Staff;

(e) Hospital Affiliate Staff must continuously comply with OPPE and FPPE requirements; and

(f) Hospital Affiliate Staff, unless specifically excused, must provide coverage and be on-call as required as outlined in the Medical Staff Rules and Regulations section on Emergency Services.

2.3.4 Limitations:

(a) Hospital Affiliate Staff may not hold Medical Staff Office. or vote on Medical Staff Department or Clinical Section matters; and

(b) Hospital Affiliate Staff may not serve as a Department Chair, Vice Chair or Clinical Section Chief unless waived in writing by the Medical Executive Committee.

2.4 COMMUNITY AFFILIATE STAFF

2.4.1 Qualifications: Community Affiliate status is reserved for Practitioners physicians who refer but do not admit or treat inpatients at Delnor Hospital. This category is reserved for primary care physicians in General Internal Medicine, General Pediatrics, Internal Medicine/Pediatrics and Family Medicine.

2.4.2 Privileges:

(a) Community Affiliate Staff may visit their patients at Delnor Hospital but may not document in the medical record or submit orders for inpatients;

(b) Community Affiliate Staff may attend Medical Staff, Department, and Clinical Section meetings and continuing education programs; and

(c) Community Affiliate Staff may serve on committees to which he or she is duly appointed.

2.4.3 Responsibilities:

(a) Community Affiliate Staff must assist the Medical Staff and Delnor Hospital in the fulfillment of its mission; and

(b) Community Affiliate Staff must pay Medical Staff dues.

2.4.4 Limitations:

(a) Community Affiliate Staff do not have admitting privileges or privileges to treat, write orders or make entries in medical records of inpatients.;

(b) Community Affiliate may not serve as Department Chair, Vice Chair or Clinical Section Chief.

(c) Community Affiliate Staff may not hold office or vote on Medical Staff, Department, or Clinical Section matters; and

(d) Community Affiliate Staff cannot serve as chairman of committees.

(e) Community Affiliate Staff cannot provide coverage or be on-call.

2.5 HONORARY STAFF

2.5.1 Qualifications: Appointment to the Honorary Staff is intended to recognize those Medical Staff members who by their actions and contributions have provided exemplary service to the community, Delnor Hospital, and Medical Staff. Honorary status is restricted to those individuals recommended by the Medical Executive Committee and approved by the Governing Board.

2.5.2 Privileges:

(a) Honorary Staff may attend Medical Staff, Department, and Clinical Section meetings and any continuing medical education programs;

(b) Honorary Staff may serve on committees to which he or she is duly appointed; and

(c) Honorary Staff shall not be required to pay dues.

2.5.3 Limitations:

(a) Honorary Staff may not have clinical privileges including, but not limited to, admitting or treating patients or writing orders or entries in medical records;

(b) Honorary Staff may not hold office or vote on Medical Staff, Department, or Clinical Section matters;

(c) Honorary Staff may not provide coverage or be on-call;

(d) Honorary Staff do not need to carry malpractice insurance, remain board certified or maintain an active medical license; and

(e) Honorary Staff access to the electronic medical record system is limited to that necessary to execute medical staff committee activities.

ARTICLE 3. OFFICERS

3.1 OFFICERS OF THE MEDICAL STAFF

The Medical Staff shall be led and managed by officers who are approved as described herein. The Officers of the Medical Staff are described more fully in the Organizational Manual. Officers shall include the President, Vice President, Secretary/Treasurer, and Immediate Past President.

3.2 QUALIFICATIONS OF OFFICERS

The Medical Staff is responsible for selecting and removing Medical Staff Officers. Medical Staff Officers must be members in good standing of the Active Staff; indicate a willingness and ability to serve; have no pending adverse recommendations concerning Medical Staff appointment, quality or clinical privileges. Medical Staff Officers shall have demonstrated an ability to work well with others; and have excellent organization and communication skills. Officers may not simultaneously hold leadership positions on another hospital's Medical Staff or Board unless the hospital is part of the Northwestern Medicine health system. Any involvement with another hospital or healthcare organization must be disclosed as a potential conflict of interest..

3.3 <u>NOMINATIONS</u>

3.3.1 Every other year at the February Medical Executive Committee meeting, the Medical Executive Committee shall appoint a Nominating Committee of the Medical Staff chaired by the Immediate Past President. The Nominating Committee shall also include two (2) previous Presidents of the Medical Staff, one (1) additional member of the Medical Executive Committee, and three (3) additional members of the Active Staff. The Nominating Committee shall offer a nominee for each office. All nominees must meet the qualifications set forth above. Nominations will be presented to the Medical Executive Committee at the April meeting. Nominations must be announced and the names of the nominees distributed to all members of the Active, Staff at least thirty (30) days prior to the election.

3.3.2 Nominations may also be made by a petition signed by at least twenty-five (25) members of the Active Staff. All nominees must meet the qualifications set forth above. Individuals nominated by petition must agree in writing to serve if elected. Such petition must be submitted to the Immediate Past President at least fourteen (14) days prior to the election for placement on the ballot.

3.4 ELECTIONS

Officers are elected every other year at the Annual Meeting of the Medical Staff in June, subject to ratification by the Governing Board, which ratification will not be unreasonably withheld.

3.5 TERM OF OFFICE

All Officers serve a term of two (2) years. Officers shall take office on the first day of September. Each Officer shall serve until the end of his or her term, or until a successor is elected, unless he or she resigns or is removed from office. Officers are eligible to serve successive terms.

3.6 VACANCIES OF OFFICE

The Medical Executive Committee may fill vacancies of office for the remainder of the term except the office of the President of the Medical Staff. All Medical Staff members appointed to fill a vacancy of office must meet the qualifications set forth above and be ratified by the Governing Board. If there is a vacancy in the office of the President of the Medical Staff, the Vice President shall serve as President for the remainder of the President's term.

3.7 DUTIES OF OFFICERS

The duties and responsibilities of the officers of the Medical Staff are outlined in the Organizational Manual.

3.8 REMOVAL AND RESIGNATION FROM OFFICE

3.8.1 Removal: The Medical Staff may remove any Officer from office by petition of ten percent (10%) of the Active Staff members, a subsequent majority vote of Medical Executive Committee members and two-thirds (2/3) affirmative vote of the Active Staff. The Governing Board shall have the final authority to approve the removal from office.

The Medical Executive Committee or Governing Board may remove any Officer if:

(a) the Officer ceases to be a member in good standing of the Medical Staff;

(b) the Officer suffers a loss or significant limitation of clinical privileges for cause;

(c) the Officer is found to have demonstrated conduct that is detrimental to the interests of the Medical Staff;

(d) the Officer is incapable of fulfilling the duties of the office for an extended period;

(e) the Officer fails to effectively carry out the responsibilities of the position; or

(f) if any other good cause exists.

If the action to remove the Officer is taken by the Medical Executive Committee, the Governing Board shall have final authority to approve the removal from office.

3.8.2 Resignation: An Officer of the Medical Staff may resign at any time by giving written notice to the Medical Executive Committee. Such resignation takes effect on the date of receipt, when a successor is elected or appointed, or any later date specified therein as mutually agreed. Any Officer who ceases to be a member of the Medical Staff for any reason shall be deemed to have automatically resigned from office.

ARTICLE 4. <u>MEDICAL STAFF ORGANIZATION</u>

4.1 ORGANIZATION OF THE MEDICAL STAFF

4.1.1 Departments: The Medical Staff of Delnor Hospital shall be organized as a departmentalized staff. The current Departments are: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pathology, Pediatrics, Radiology, and Surgery. Each Department shall have a Chair and Vice Chair. Departments have overall responsibility for the supervision and satisfactory discharge of assigned functions listed in these Bylaws and the Organizational Manual and shall meet quarterly.

4.1.2 Clinical Sections: Clinical Sections may be created by the Medical Executive Committee as needed, upon the request of a Department. Clinical Sections exist to assist the Department Chair and Vice Chair in performing the activities outlined in the Organizational Manual. Clinical Sections are not required to hold regularly scheduled meetings. Clinical Sections are led by Clinical Section Chiefs and report to the appropriate Department Chair and the Medical Executive Committee.

4.2 ASSIGNMENT TO DEPARTMENT

The Medical Executive Committee will, after consideration of the recommendations of the appropriate Department Chair, recommend department assignments for all Medical Staff members in accordance with their qualifications. Each Medical Staff member will be assigned to one primary department. Clinical privileges are independent of Department assignment.

4.3 QUALIFICATIONS, SELECTION, TERM, AND REMOVAL OF DEPARTMENT CHAIR AND VICE CHAIR

4.3.1 Qualifications: All Department Chairs and Vice Chairs must be members in good standing of the Active Staff, meet the selection criteria established by the Medical Staff, and be certified by an appropriate specialty board.

4.3.2 Term: Each Department Chair and Vice Chair shall serve a term of two (2) years commencing on the first day of the month of September. Department Chairs and Vice Chairs are eligible to serve successive terms.

4.3.3 Selection: Department Chairs and Vice Chairs shall be elected by majority vote of the Medical Staff Members within the Department with privileges to vote on such matters, subject to approval of the Medical Executive Committee and ratification by the Governing Board.

4.3.4 Removal: Department Chairs and Vice Chairs may be removed from office by a two-thirds (2/3) majority vote of the Medical Staff members within a Department with privileges to vote on such matters.

The Medical Executive Committee and Governing Board shall have the final authority to approve the removal of a Department Chair or Vice Chair.

The Medical Executive Committee or Governing Board may remove a Department Chair or Vice Chair if:

(a) the Department Chair or Vice Chair ceases to be a member in good standing of the Medical Staff;

(b) the Department Chair or Vice Chair suffers a loss or significant limitation of practice privileges for cause;

(c) the Department Chair or Vice Chair is found to have demonstrated conduct that is detrimental to the interests of the Medical Staff;

(d) the Department Chair or Vice Chair is incapable of fulfilling the duties of the office for an extended period;

(e) the Department Chair or Vice Chair fails to effectively carry out the responsibilities of the position; or

(f) if any other good cause exists.

If the action to remove the Department Chair or Vice Chair is taken by the Medical Executive Committee, the Governing Board shall have the final authority to approve the removal from office.

4.3.5 Resignation: The Department Chair or Vice Chair may resign at any time by giving written notice to the Medical Executive Committee. Such resignation takes effect on the date of receipt, when a successor is appointed, or any later date specified therein as mutually agreed. Any Department Chair or Vice Chair who ceases to be a member of the Active Medical Staff for any reason shall be deemed to have automatically resigned from office.

4.3.6 Vacancies

If there is a vacancy in the Department Chair, the Vice Chair shall serve as the Chair for the remainder of the term. If the Vice Chair is unwilling to serve, an interim Chair shall be appointed by the Medical Executive Committee. A new Chair may be elected by majority vote of the Medical Staff of the Department with privileges to vote on such matters, subject to the approval of the Medical Executive Committee and ratification by the Governing Board.

If there is a vacancy in the Department Vice Chair position, an interim Vice Chair may be appointed by the Medical Executive Committee. A new Vice Chair may be elected by majority vote of the Medical Staff of the Department with privileges to vote on such matters, subject to the approval of the Medical Executive Committee and ratification by the Governing Board.

All Medical Staff members appointed to fill a vacancy must meet the qualifications set forth above and be approved by the Medical Executive Committee and ratified by the Governing Board.

4.4 ROLES AND RESPONSIBILITIES OF DEPARTMENT CHAIR AND VICE CHAIR

The responsibilities of the Department Chair and Vice Chair are outlined in the Organizational Manual.

4.5 QUALIFICATIONS, SELECTION, TERM, AND REMOVAL OF CLINICAL SECTION CHIEF

4.5.1 Qualifications: All Clinical Section Chiefs must be members in good standing of the Active Medical Staff with relevant clinical privileges, meet the selection criteria established by the Medical Staff, and be certified by an appropriate specialty board.

4.5.2 Term: Each Clinical Section Chief shall serve a term of two (2) years commencing on the first day of the month of September. Clinical Section Chiefs are eligible to serve successive terms.

4.5.3 Selection: Clinical Section Chiefs shall be elected by majority vote of the Medical Staff of the Clinical Section with privileges to vote on such matters, subject to approval by the Medical Executive Committee and ratification by the Governing Board.

4.5.4 Removal: Clinical Section Chiefs may be removed from office by a two-thirds (2/3) majority vote of the Active Medical Staff within a Clinical Section with privileges to vote on such matters.

The Medical Executive Committee and Governing Board shall have the final authority to approve the removal of a Clinical Section Chief from their position.

4.5.5 The Medical Executive Committee or Governing Board may remove a Clinical Section Chief if:

(a) the Clinical Section Chief ceases to be a member in good standing of the Medical Staff;

(b) the Clinical Section Chief suffers a loss or significant limitation of practice privileges for cause;

(c) the Clinical Section Chief is found to have demonstrated conduct that is detrimental to the interests of the Medical Staff;

(d) the Clinical Section Chief is incapable of fulfilling the duties of the office for an extended period;

(e) the Clinical Section Chief fails to effectively carry out the responsibilities of the position; or

(f) if any other good cause exists.

If the action to remove the Clinical Section Chief is taken by the Medical Executive Committee, the Governing Board shall have the final authority to approve the removal from office.

If removal is required, the President of the Medical Staff shall appoint an interim replacement Clinical Section Chief until the Clinical Section elects a new Clinical Section Chief.

4.5.6 Resignation: The Clinical Section Chief may resign at any time by giving written notice to the Medical Executive Committee. Such resignation takes effect on the date of receipt, when a successor is appointed, or any later date specified therein as mutually approved. Any Clinical Section Chief who ceases to be a member of the Active, Hospital or Community Affiliate Medical Staff for any reason shall be deemed to have automatically resigned from office.

4.5.7 Vacancy.

If there is a vacancy in the Clinical Section Chief, an interim Section Chief may be appointed by the Medical Executive Committee until the Clinical Section elects a new Clinical Section Chief.

All Medical Staff members appointed to fill a vacancy must meet the qualifications set forth above and be approved by the Medical Executive Committee and ratified by the Governing Board.

4.6 ROLES AND RESPONSIBILITIES OF THE CLINICAL SECTION CHIEF

The responsibilities of the Clinical Section Chief are outlined in the Medical Staff Organization Manual.

ARTICLE 5. <u>COMMITTEES</u>

5.1 **DESIGNATION AND SUBSTITUTION**

There shall be a Medical Executive Committee, Credentials Committee, Infection Control Committee, Pharmacy and Therapeutics Committee, Quality and Patient Safety Committee, Multispecialty Peer Review Committee, Nominating Committee, Utilization Review/Management Committee, Physician Wellness Committee and other standing and special committees as established by the Medical Executive Committee. The composition and duties of the Medical Executive Committee are set forth below. The composition and duties of other Medical Staff committees are set forth in each committee's charter. All committees of the Medical Staff report to the Medical Executive Committee. Those functions requiring participation of, rather than direct oversight by, the Medical Staff may be discharged by Medical Staff representation on such committees as are established to perform such functions.

5.2 **MEDICAL EXECUTIVE COMMITTEE**

5.2.1 Composition: The Medical Executive Committee shall be a standing committee consisting of the Officers of the Medical Staff and all Department Chairs. Vice Chairs may attend and vote if the Department Chair is unable to attend. All Active and Hospital or Community Affiliate Staff members of any discipline or specialty are eligible for membership on the Medical Executive Committee. A majority of the members of the Medical Executive Committee shall be doctors of medicine or osteopathy actively practicing at Delnor Hospital. The President of the Medical Staff shall serve as the Chair. The President of Delnor Hospital, the Chief Medical Officer of Delnor Hospital, the Chief Nurse Executive of Delnor Hospital, and the Chair of the Credentials Committee shall be ex-officio members. Medical Executive Committee members are selected by virtue of their elected or appointed positions. A Medical Executive Committee member shall be automatically removed from the Medical Executive Committee if that member resigns or is removed from his or her office or chair position. The President of the Medical Staff may invite guests to attend the Medical Executive Committee meeting. These invited guests have no voting rights.

5.2.2 Duties: The Medical Executive Committee carries out the Medical Staff responsibilities delegated to it by the Medical Staff. The Medical Executive Committee carries out its work within the context of the organization functions of governance, leadership and performance improvement. The Medical Executive Committee has primary authority for activities related to self-governance of the Medical Staff and for performance improvement of the professional services provided by Practitioners privileged through the Medical Staff process. The specific duties of the Medical Executive Committee shall be to:

(a) Make recommendations, as defined in these Bylaws, directly to the Governing Board on Medical Staff membership, the organized Medical Staff's structure, the process used to review credentials and delineate privileges and the delineation of privileges for each practitioner privileged through Medical Staff process;

(b) Review and act on reports from Medical Staff committees, departments, and other assigned activity groups;

(c) Represent and act on behalf of the Organized Medical Staff between Medical Staff meetings;

(d) Have primary authority relating to self-governance, leadership, and performance improvement of professional services provided by all Practitioners privileged through the Medical Staff process;

(e) Approve expenses up to $20,000 in response to requests or needs not otherwise outlined in the annual proposed Medical Staff budget.

(f) Assure that all Medical Staff policies and procedures required for licensure and accreditation are in place and implemented;

(g) Coordinate the implementation of policies adopted by the Governing Board as related to the Medical Staff;

(h) Make recommendations to the Governing Board concerning all matters pertaining to Practitioners including, but not limited to, appointment, reappointment, staff category, department assignments, clinical privileges, termination of Medical Staff membership, and clinical privileges and corrective action in accord with legal, regulatory, and accreditation requirements and the mechanism set forth in the Credentials Manual;

(i) Be accountable to the Governing Board and to the Medical Staff for the overall quality and efficiency of professional patient care services provided at Delnor Hospital by individuals with clinical privileges;

(j) Provide oversight that helps promote physician wellness.

(k) Provide leadership and oversight activities related to analyzing and improving patient safety and patient satisfaction; and

(l) Coordinate the participation of the Medical Staff in organizational performance improvement activities.

5.2.3 Meetings: The Medical Executive Committee shall meet at least ten (10) times per year and more often as needed to perform its assigned functions. Minutes of its proceedings and actions shall be maintained in accord with the Hospital's records management policy.

ARTICLE 6. <u>MEDICAL STAFF MEETINGS</u>

6.1 MEDICAL STAFF MEETINGS

6.1.1 The Annual Meeting of the Medical Staff shall be the June meeting. In addition to the Annual Meeting, there shall be three (3) quarterly Medical Staff meetings held the second Tuesday of March, September, and December, or as otherwise scheduled. Written minutes of meetings shall be recorded and maintained.

6.1.2 Except as otherwise specified, the actions of a majority of the Medical Staff members with voting privileges present and voting at a meeting at which a quorum is present is the action of the Medical Staff. Action may be taken without a meeting of the Medical Staff, Department/Clinical Section, or Committee by a presentation of the question to each member eligible to vote either in person, by mail, or electronically.

6.2 **SPECIAL MEETINGS**

The President of the Medical Staff may, through request or resolution, call a special meeting of the Medical Staff at any time. Such request or resolution shall state the purpose and designate the time and place of the meeting. No business, except that stated in the notice of any special meeting, shall be transacted at any such meeting.

6.3 **REGULAR MEETINGS OF DEPARTMENTS/COMMITTEES**

Departments and committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution. Departments shall hold meetings at least quarterly.

6.4 **SPECIAL MEETINGS OF DEPARTMENTS/COMMITTEES**

A special meeting of any Committee or Department may be called by or at the request of the Chair or by the President of the Medical Staff.

6.5 **QUORUM**

6.5.1 Medical Staff Meetings: Those present with voting privileges.

6.5.2 Medical Executive Committee: At least fifty-one percent (51%) of the voting members of the Medical Executive Committee.

6.5.3 Credentials Committee and Peer Review Committee: At least fifty-one percent (51%) of the voting members of the Committee.

6.5.4 Department/Committee: Those present with voting privileges unless otherwise provided for in the committee's charter.

6.6 **ATTENDANCE REQUIREMENTS**

Members of the Medical Staff are encouraged to attend all meetings of the Medical Staff.

6.6.1 General Meetings of the Medical Staff Attendance

(a) Members of the Medical Staff are expected to attend fifty percent (50%) of each of the department, and quarterly Medical Staff meetings. Failure to meet this requirement may be considered at the time of reappointment.

(b) Medical Executive Committee, Credentials, and Peer Review Committee meetings: Members of the Medical Executive Committee, Credentials Committee, and Peer Review Committee are required to attend at least seventy-five (75%) of the meetings held. Those failing to meet these attendance requirements will have their continued membership evaluated by the President of the Medical Staff.

6.6.2 Special Meeting Attendance:

At the discretion of the Chair or his/her designee, when a Practitioner's practice or conduct is scheduled for discussion at a regular or special Credentials Committee, Medical Executive Committee, Department, Section, or Committee meeting, the Practitioner may be requested to attend. If a Practitioner is invited to attend a special meeting, written notice will be sent to the Practitioner at least seven (7) days prior to the meeting and include the time and place of the meeting and a general indication of the issue involved. Failure of a Practitioner to appear at any meeting with respect to which he/she was given such notice, unless excused by the Medical Executive Committee upon a showing of good cause, shall be a basis for disciplinary action. Attendance at a special meeting shall not preclude the initiation of precautionary restriction or suspension of clinical privileges as outlined in the Credentials Manual or Investigation, Corrective Action Hearing and Appeal Plan.

6.7 PARTICIPATION BY PRESIDENT OF DELNOR HOSPITAL

The President of Delnor Hospital or designee may attend any Medical Staff, Committee, Department, or Clinical Section meeting.

6.8 NOTICE OF MEETINGS FOR ANNUAL, QUARTERLY STAFF AND SPECIAL MEETINGS OF THE MEDICAL STAFF

Notice stating the place, day, and time of annual and quarterly Medical Staff meetings shall be posted in a prominent place. In addition, email notice of meetings shall be sent to all invited Medical Staff members with an email address on file in the Medical Staff Office. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting.

Notice of special meetings of the Medical Staff shall be posted at least seven (7) days prior to the meeting.

6.9 ELECTRONIC VOTING

An electronic ballot of all nominees for office shall be posted with the meeting notice for all Medical Staff members with privileges to vote on such matters. Medical Staff members may vote electronically prior to the meeting. Paper ballots will be available at the meeting for those members with voting privileges who did not vote electronically.

Except as otherwise specified in these bylaws, members of a committee may participate in and act at any meeting by means of conference telephone or other communications. Participation by such means shall constitute presence in person at the meeting.

6.10 MINUTES

Minutes of meetings will be prepared, except as otherwise specified herein and retained. Minutes shall include votes on all significant matters. Because of its length, the record of attendance at the annual and quarterly Medical Staff meetings shall be recorded but not included as part of the meeting minutes.

6.11 ACTION OF MEDICAL STAFF COMMITTEE/DEPARTMENT

The recommendation of a majority of Medical Staff Committee/Department members present at a meeting at which a quorum is present shall be the action of a Medical Staff Department or Committee.

6.12 RIGHTS OF EX-OFFICIO MEMBERS

Except as otherwise provided in these Bylaws, persons serving as ex-officio members of a Committee shall have all rights and privileges of regular members thereof, except that they shall not vote or be counted in determining the existence of a quorum or be in attendance during executive session, except by the invitation of the Committee Chair.

6.13 CONDUCT OF MEETINGS

Unless otherwise specified, meetings will be conducted using Robert's Rules of Order as a guide. However, departures from such rules will not invalidate action taken at a meeting.

ARTICLE 7. CONFIDENTIALITY, IMMUNITY AND RELEASES

7.1 Confidentiality of Information: Information submitted, collected, or prepared by any member or representative of this or any other health care facility or organization or Medical Staff for the purpose of: assessing, reviewing, evaluating, monitoring, or improving the quality and efficiency of health care provided; evaluating current clinical competence and qualifications for staff appointment/affiliation, or clinical privileges or specified services; contributing to teaching or clinical research; or determining that health care services were indicated or were performed in compliance with an applicable standard of care shall, to the fullest extent permitted by law, be confidential. This information shall not be disseminated to anyone other than a representative of the hospital or to other health care facilities or organizations of health professionals engaged in an official, authorized activity for which the information is needed. Such confidentiality shall also extend to information that may be provided by third parties. Violations of this provision are grounds for disciplinary action.

7.2 Immunity from Liability: Medical Staff Committee members, other elected or appointed persons, or persons assisting Committee members or other elected or appointed positions for "Peer Review, Quality Improvement Activities" shall not be liable for damages or other relief for decisions, opinions, actions, statements, or recommendations made in good faith and within the scope of his or her duties as an official representative of the hospital. They shall not be liable for providing information, opinions, counsel, or services to a representative of any healthcare facility or organization of health professionals concerning a Practitioner when acting in good faith and within the scope of his or her duties as an official representative.

Immunity in these Bylaws is in addition to those prescribed by applicable state and federal law. The hospital shall indemnify and hold free from liability any individual performing in an official role of "Peer Review, Quality Improvement Activities."

7.3 Activities: The confidentiality and immunity provided by this Article applies to all information or disclosures performed or made in connection with this or any other health care facility or organization's activities concerning, but not limited to:

(a) Licensure and Accreditation;

(b) Governmental investigations and audits;

(c) Applications for appointment/affiliation, clinical privileges, or specified services;

(d) Periodic reappraisals for renewed appointments/affiliations, clinical privileges, or specified services;

(e) Corrective or disciplinary actions;

(f) Hearings and appellate reviews;

(g) Quality assessment and performance improvement activities;

(h) Utilization review and improvement activities;

(i) Claims reviews;

(j) Risk management and liability prevention activities; and

(k) Other hospital, Committee, Department/Clinical Section, staff activities related to monitoring and maintaining licensure and accreditation, quality and efficient patient care, and appropriate professional conduct.

ARTICLE 8. REVIEW, REVISION, ADOPTION, AND AMENDMENT

8.1 MEDICAL STAFF RESPONSIBILITY

These Bylaws govern the actions of the Medical Staff. The Medical Staff may initiate, develop, adopt, and recommend Medical Staff Bylaws (including the Credentials Manual; Organizational Manual; Rules and Regulations; and Investigation, Corrective Action, Hearing and Appeal Plan), procedures, plans, policies, and amendments thereto which shall become effective when recommended to and approved by the Governing Board. If rejected by Medical Executive Committee the organized medical staff has the ability to propose amendments directly to the Governing Board. The Governing Board complies with the approved Bylaws. Such responsibility shall be exercised in good faith and in a reasonable, responsible and timely manner. This applies as well to the review, adoption, and amendment of the related rules, policies, and protocols developed to implement the various sections of the Bylaws. Neither the Governing Board, nor the Medical Staff may unilaterally change the contents of the Bylaws, Credentials Manual, Organizational Manual, or Investigation, Corrective Action, Hearing and Appeal Plan.

8.2 METHODS OF ADOPTION AND AMENDMENT OF THE MEDICAL STAFF BYLAWS AND INVESTIGATION, CORRECTIVE ACTION AND HEARING AND APPEAL PLAN

The Medical Executive Committee will recommend to the Governing Board these Bylaws and an Investigation, Corrective Action, Hearing and Appeal Plan setting forth procedural requirements for disciplinary action. All proposed amendments to the Bylaws and each of the Exhibits reference herein whether originated by the Medical Executive Committee, another standing committee, or by a member of the Active Staff, must be reviewed and discussed by the Medical Executive Committee prior to an Medical Executive Committee vote and subsequent presentation at a scheduled general Medical Staff meeting.

The Medical Executive Committee shall vote on proposed amendment(s) at a regular or special meeting called for such purpose. Following a vote by the Medical Executive Committee, the proposed amendment(s) will be presented at a scheduled general Medical Staff meeting. The proposed amendment(s) will be posted prominently. Each member of the Active Staff will be eligible to vote on the proposed amendment(s) via printed or electronic ballot. An affirmative vote may be cast by marking the ballot "yes" and returning the ballot electronically or in hard copy to the Medical Staff Office or by not returning the ballot at all. A negative vote may only be cast by marking the ballot "no" and returning the ballot electronically or in hard copy to the Medical Staff Office.

Ballots will be sent either by mail or by electronic means within seven (7) days after the proposed changes are presented at the Medical Staff meeting. Ballots shall be due fourteen days after they are sent or such other time as specified on the ballot. To be affirmed, the proposed amendment(s) must receive a two-thirds (2/3) vote of the Active Medical Staff. Amendments so adopted shall be effective when approved by the Governing Board.

The Medical Executive Committee may adopt such amendments to the Bylaws, Credentials Manual, Organizational Manual, and Rules and Regulations and the Investigation, Corrective Action, Hearing and Appeal Plan as are, in the Committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering, or those needed due to punctuation, spelling, or other errors of grammar or expression. Such amendments need not be approved by the entire Governing Board, but must be approved by the President of Delnor Hospital. Notice of such changes will be communicated at the next regularly scheduled general Medical Staff and Governing Board meeting.

8.3 METHODS OF ADOPTION AND AMENDMENT TO THE RULES AND REGULATIONS , ORGANIZATIONAL MANUAL AND CREDENTIALS MANUAL

The Medical Executive Committee will recommend to the Governing Board Rules and Regulations, an Organizational Manual and Credentials Manual as are necessary to further define the general policies of the Medical Staff. The Medical Executive Committee shall communicate changes to the Rules and Regulations, Organizational Manual and Credentials Manual to the Medical Staff prior to submitting them to the Governing Board. When appropriate, upon adoption by the Governing Board and communication to the Medical Staff, these related procedural manuals, plans, and rules/regulations shall be made effective.

All proposed amendments whether originated by the Medical Executive Committee, another standing committee, or by a member of the Active Staff of the Medical Staff, must be reviewed and discussed by the Medical Executive Committee prior to a Medical Executive Committee vote.

8.3.1 Review: The Medical Executive Committee will review the Rules and Regulations, Organizational Manual and Credentials Manual as needed and in accord with legal, regulatory, and accreditation requirements.

8.3.2 Amendment: Language in the Rules and Regulations, Organizational Manual and Credentials Manual may be adopted, amended or repealed, in whole or part, by a resolution of the Medical Executive Committee recommended to and adopted by the Governing Board. All amendments must be communicated to the Medical Staff when they are proposed and when they are adopted.

8.3.3 Corrections: The Medical Executive Committee may correct typographical, spelling, or other obvious errors in the Rules and Regulations, Organizational Manual and Credentials Manual.

8.4 MEDICAL STAFF POLICIES

The Medical Executive Committee can propose to adopt a medical staff policy or revision thereto without obtaining the approval of the medical staff provided it is compatible with any existing bylaw, rule, regulation, manual, plan or other policy. The Medical Staff shall have the option of pursuing the conflict management process outlined in these Bylaws. If this option is chosen, the policy shall not be implemented until the conflict has resolved.

8.5 CONFLICT RESOLUTION

7.4.1 Any Medical Staff Member may raise a challenge to any rule or regulation proposed or adopted by the Medical Executive Committee. In the event that a rule or regulation or action is thought to be inappropriate by the Medical Staff, any Medical Staff Member may submit a petition to the Medical Executive Committee signed by ten percent (10%) of the Medical Staff. When the Medical Executive Committee receives a petition, it will either: (1) provide the petitioners with information clarifying the intent of such rule or regulation; (2) schedule a meeting with the petitioners to discuss the issues; and/or (3) advise the petitioners that they may request and be granted a meeting with Officer(s) of the Governing Board to discuss their objections.

8.5.2 Any time a vote is required or requested by these Delnor Hospital Medical Staff Bylaws, and the vote results in a tie, the vote shall be retaken according to the procedure herein. If the revote results in an additional tie, the Medical Executive Committee shall meet to establish a process for resolution of the tie vote.