



MEDICAL STAFF BYLAWS

MARIANJOY REHABILITATION HOSPITAL

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DEFINITIONS

1. “Administration” means the management organization, headed by the President of Marianjoy Rehabilitation Hospital, and charged by the Governing Board with the responsibility for overall day-to-day operation of Marianjoy Rehabilitation 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 Marianjoy Rehabilitation Hospital or its designee.
8. “Hospital” means Marianjoy Rehabilitation Hospital.
9. “Hospital President” means the individual responsible for the management of Marianjoy Rehabilitation 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 and podiatrists holding unlimited licenses who are granted Medical Staff membership at Marianjoy Rehabilitation 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, 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 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation Hospital.

1.3 MEDICAL STAFF MEMBERSHIP

Membership on the Medical Staff of Marianjoy Rehabilitation Hospital is a privilege that shall be extended only to professionally competent physicians 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 Marianjoy Rehabilitation 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), 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 CMO, 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation 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. 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 and Clinical Nurse Specialists 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. 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).

- c. 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 CMO, 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation 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 Marianjoy Rehabilitation 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 CMO to determine if the minimum qualifications have been met. The CMO 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 Marianjoy Rehabilitation Hospital, the process outlined in the Credentials Manual for privileges for which no criteria have been established shall be followed.

1.12 **EMERGENCY PRIVILEGES.**

In the case of an emergency, any member of the medical staff, to the degree permitted by his or her license and regardless of medical staff status or lack of it, shall be permitted to use all facilities of the organization necessary to attend a patient experiencing an emergency as defined below, including calling for any consultation necessary or desirable.

When an emergency situation no longer exists, such medical staff member must request temporary privileges necessary to continue to treat the patient. In the event such privileges are denied or he does not desire to request privileges, the patient shall be assigned to an appropriate member of the medical staff. For purposes of this section, an "emergency" is defined as a condition in which serious permanent harm would result to a patient in the absence of treatment or in which the life of the patient is in immediate danger and any significant delay in administering treatment would add to that danger.

1.13 **DISASTER PRIVILEGES**

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

1.14 **GENERAL RESPONSIBILITIES OF EACH PRACTITIONER**

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

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

- 1.14.3 Behave in ways that support ongoing improvements in patient satisfaction and optimize the patient experience.
- 1.14.4 Behave in ways that support ongoing quality and safety initiatives.
- 1.14.5 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 any Medical Staff Officer, the CMO and/or the Hospital President.
- 1.14.6 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, , 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.
- 1.14.7 Submit to a health evaluation including drug testing, for cause, by concurrence of any two of the following: the President of Marianjoy Rehabilitation Hospital, President of the Medical Staff, Vice President of the Medical Staff, or CMO, 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.
- 1.14.8 Abide by the Bylaws, Rules and Regulations, and other applicable policies and procedures of the Northwestern Medicine system, Marianjoy Rehabilitation Hospital and the Medical Staff.

1.15 ORGANIZED MEDICAL STAFF DUTIES

- 1.15.1 The organized Medical Staff shall perform all duties and obligations of the Marianjoy Rehabilitation Hospital Medical Staff imposed by these Bylaws, law, regulation, and any accrediting body.
- 1.15.2 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.

1.16 ADDITIONAL RESPONSIBILITIES OF MEDICAL STAFF MEMBERS WITH PRIVILEGES

- 1.16.1 Unless specifically excused, the Practitioner must be reasonably responsive to requests to participate in clinical care of inpatients at Marianjoy Rehabilitation Hospital.
- 1.16.2 Attempt to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest.

1.17 MEDICAL STAFF MEMBER RIGHTS

- 1.17.1 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.

- 1.17.2 Medical Staff members have the right to an audience with the Medical Executive Committee if the member has concerns that cannot be otherwise resolved through the CMO. 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.
- 1.17.3 Medical Staff members have the right to initiate a recall election of a Medical Staff Officer by following the procedure outlined in these Bylaws regarding removal and resignation from office.
- 1.17.4 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.
- 1.17.5 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.

1.18 MEDICAL STAFF DUES

- 1.18.1 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.
- 1.18.2 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.
- 1.18.3 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.

1.19 SUMMARY SUSPENSION AND CORRECTIVE ACTION

- 1.19.1 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.
- 1.19.2 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.

- 1.19.3 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, Consulting, Courtesy Staff and Honorary. Unless expressly waived in writing by the Medical Executive Committee, all categories of the medical staff must meet the general qualifications for Medical Staff membership and be board certified or an active participant in the examination process leading to certification. The member's Medical Staff category will be determined at the time of appointment and reappointment.

2.2 ACTIVE STAFF

2.2.1 Qualifications: To advance to or remain in the Active staff category, medical staff must have fifty (50) patient contacts at Marianjoy Rehabilitation Hospital in each appointment/reappointment.

2.2.2 Privileges:

- (a) Active staff may admit and 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 Committee meetings of which he or she is a member; and
- (c) Active staff may hold office and may 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 should attend at least fifty percent (50%) of the Peer Review and Quality of Care Committee meetings
- (c) Active staff should attend at least 50% of the regular Medical Staff meetings during the previous year unless their absence has been excused by submitting a written request to the President of the Medical Staff
- (d) 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 Marianjoy Rehabilitation Hospital inpatients and outpatients;
- (e) 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;

- (f) Active staff should fulfill meeting attendance requirements established by these Bylaws and the Medical Staff;
- (g) Active staff must comply with the Bylaws, Rules and Regulations, and policies and procedures of the Hospital and NMHC as applicable;
- (h) Active staff must continuously comply with OPPE and FPPE requirements; and
- (i) Active staff must be reasonably available to provide emergency care when requested.

2.3 **CONSULTING STAFF**

2.3.1 Qualifications:

- (a) Consulting Staff must have a minimum of five (5) patient contacts per year a minimum or otherwise demonstrate a commitment to Marianjoy, as determined by the Board of Directors.
- (b) Consulting Staff must have a recognized professional ability and have signified a willingness to accept such appointment.

2.3.2 Privileges:

- (a) Consulting Staff may attend Medical Staff and Committee meetings to which they are duly appointed.
- (b) Consulting Staff may serve on committees to which they are duly appointed.
- (c) A physician on the Consulting Staff who has attended at least fifty percent (50%) of the regular Medical Staff meetings during the previous year and who has at least fifty (50) patient contacts during the year may be invited, but not required, to become part of the Active Staff.

2.3.3 Responsibilities:

- (a) Consulting Staff must assist the Medical Staff and Marianjoy Rehabilitation Hospital in the fulfillment of its mission.
- (b) Consulting Staff must provide alternate coverage
- (c) Consulting staff must be reasonably available to provide emergency care when requested.
- (d) Consulting Staff must comply with the Bylaws, Rules and Regulations, and policies and procedures of the Hospital and NMHC as applicable

2.3.4 Limitations:

- (a) Consulting Staff do not have admitting privileges;
- (b) Consulting Staff may not hold Medical Staff Office or vote on Medical Staff matters.
- (c) Consulting Staff may serve on Medical Staff Committee.

2.4 **COURTESY STAFF**

2.4.1 Qualifications:

- (a) Courtesy Staff must have a maximum of five (5) hospital inpatient contacts per year a minimum or otherwise demonstrate a commitment to Marianjoy, as determined by the Board of Directors.
- (b) Courtesy Staff must be recognized professional ability and have signified a willingness to accept such appointment.

2.4.2 Responsibilities:

- (a) Courtesy Staff must assist the Medical Staff and Marianjoy Rehabilitation Hospital in the fulfillment of its mission.
- (b) Courtesy Staff must be responsive to requests for, and reasonably available to respond to, requests for consultation when called Consulting staff must be reasonably available to provide emergency care when requested.
- (c) The Courtesy Staff member is not required to provide alternate coverage.
- (d) If the Courtesy Staff member exceeds the five inpatient (hospital) contacts per year, the practitioner's status would automatically be transferred to the Consulting Staff status and he/she will need to provide for alternate coverage. The Practitioner will be informed and required to transfer to consulting staff status, unless otherwise agreed by the Medical Executive Committee.

2.4.3 Limitations:

- (a) Courtesy Staff do not have admitting privileges;
- (b) Courtesy Staff may not hold Medical Staff Office or vote on Medical Staff matters.

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, Marianjoy Rehabilitation Hospital, and Medical Staff. Practitioners may not apply for Honorary staff; rather, Honorary status is a distinction 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 meetings and any continuing medical education programs; and
- (b) Honorary Staff may serve on committees to which he or she is duly appointed.

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 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.

2.6 **TRANSFER OF MEDICAL STAFF CATEGORY**

Any member may apply to the Medical Executive Committee for transfer from one category of the medical staff to another. A request for transfer to a different staff category shall be made in writing, evidencing that the applicant meets the criteria for the different category for membership and submitted to the Credentials Committee. The Credentials Committee reserves the right to require an applicant to submit a new application for appointment if they determine the written evidence submitted by the applicant is incomplete or insufficient. If upon review of the submission of the applicant the Credentials Committee determines that the applicant is qualified for the proposed new category, the Credentials Committee will recommend approval of the transfer to the Medical Executive Committee. If after reviewing the recommendation of the Credentials Committee, the Medical Executive Committee approves of the request it shall make a recommendation for approval to the Board of Directors. If either the request is denied or not otherwise approved by any of the committees, they shall notify the applicant of the same. Failure to meet the qualifications for transfer or a voluntary withdrawal of a request for transfer, shall not entitle the applicant to any procedural rights under these Bylaws, and shall not be reported to the National Practitioner Data Bank. The Medical Executive Committee has the right to change a member's status category based on his/her patient activity

2.7 **RESIDENTS**

Residents are not members of the Medical Staff. Residents are not allowed to vote or hold office nor are they afforded any rights under these Bylaws including but not limited to the right to a hearing procedure. Chief residents may however attend meetings of the Medical Staff, without vote, and serve in a non-voting capacity on Medical Staff committees. The duties and obligations, and the credentialing and

governance of residents are provided for by contract with Marianjoy and the Marianjoy Resident Handbook, as it is amended from time to time.

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, and Secretary/Treasurer.

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 NOMINATIONS

3.3.1 Every other year at the February Medical Executive Committee meeting, the Medical Executive Committee shall approve a Nominating Committee of the Medical Staff . The Nominating Committee shall consist of the CMO, the Past President who serves as the Chairman and one active staff member appointed by the President of the Medical Staff in collaboration with the CMO. Members of the Nominating Committee shall serve terms of two (2) years unless or until their successors are elected or appointed. 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 five (5) 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 CMO 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. COMMITTEES

4.1 DESIGNATION AND SUBSTITUTION

There shall be a Medical Executive Committee, Credentials Committee, Nominating Committee, Quality of Care Committee, Pharmacy & Therapeutics Committee, Peer Review Committee and such 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.

4.2 MEDICAL EXECUTIVE COMMITTEE

4.2.1 Composition: The Medical Executive Committee shall consist of the President of the Medical Staff, who shall serve as chair, Vice President of the Medical Staff, Secretary/Treasurer of the Medical Staff, the CMO and a member-at-large. The member-at-large is to be appointed by the President of the Medical Staff in collaboration with the CMO. The member-at-large shall serve on the committee for two (2) years unless or a successor is appointed. All members of the Medical Staff or other licensed independent practitioners of any discipline or specialty are eligible for membership on the committee. The President of the Marianjoy Hospital, the CMO, the Chief Nurse Executive and the Chair of the Credentials Committee shall be ex-officio members. The President of the Medical Staff may invite guests to attend the Medical Executive Committee meeting. These invited guests have no voting rights.

4.2.2 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) Assure that all Medical Staff policies and procedures required for licensure and accreditation are in place and implemented;
- (f) Coordinate the implementation of policies adopted by the Governing Board as related to the Medical Staff;
- (g) 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;
- (h) Be accountable to the Governing Board and to the Medical Staff for the overall quality and efficiency of professional patient care services provided at Marianjoy Rehabilitation Hospital by individuals with clinical privileges;
- (i) Provide oversight that helps promote physician wellness.
- (j) Provide leadership and oversight activities related to analyzing and improving patient safety and patient satisfaction; and
- (k) Coordinate the participation of the Medical Staff in organizational performance improvement activities.

4.2.3 Meetings: The Medical Executive Committee shall meet as needed but not less than quarterly to perform its assigned functions. Minutes of its proceedings and actions shall be maintained in accord with the Hospital's records management policy.

ARTICLE 5. MEDICAL STAFF MEETINGS

5.1 MEDICAL STAFF MEETINGS

5.1.1 There shall be at least one meeting of the general Medical Staff annually. Written minutes of such general Medical Staff meetings shall be recorded and maintained.

5.1.2 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 or Committee by a presentation of the question to each member eligible to vote either in person, by mail, or electronically.

5.2 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.

5.3 **SPECIAL MEETINGS OF COMMITTEES**

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

5.4 **QUORUM**

5.4.1 Medical Staff Meetings: Those present with voting privileges.

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

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

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

5.5 **ATTENDANCE REQUIREMENTS**

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

5.5.1 Special Meeting Attendance:

At the discretion of the CMO in consultation with the President of the Medical Staff, 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.

5.6 **PARTICIPATION BY PRESIDENT OF MARIANJOY REHABILITATION HOSPITAL**

The President of Marianjoy Rehabilitation Hospital or designee may attend any Medical Staff or, Committee, meeting.

5.7 **NOTICE OF 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.

5.8 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.

5.9 MINUTES

Minutes of meetings will be prepared as appropriate. Minutes shall include votes on all significant matters.

5.10 ACTION OF MEDICAL STAFF COMMITTEE

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

5.11 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.

5.12 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 6. CONFIDENTIALITY, IMMUNITY AND RELEASES

6.1 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.

6.2 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.”

- 6.3 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, staff activities related to monitoring and maintaining licensure and accreditation, quality and efficient patient care, and appropriate professional conduct.

ARTICLE 7. REVIEW, REVISION, ADOPTION, AND AMENDMENT

7.1 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.

7.2 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 a 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 Marianjoy Rehabilitation Hospital. Notice of such changes will be communicated at the next regularly scheduled general Medical Staff and Governing Board meeting.

7.3 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.

- 7.3.1 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.
- 7.3.2 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.
- 7.3.3 Corrections: The Medical Executive Committee may correct typographical, spelling, or other obvious errors in the Rules and Regulations, Organizational Manual and Credentials Manual.

7.4 **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.

7.5 **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.
- 7.5.2 Any time a vote is required or requested by these Marianjoy Rehabilitation 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.

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Board Approved: 04/06/93

Board Approved: 07/28/92
Board Approved: 04/26/94

Board Approved: 05/24/95
Board Approved: 04/01/96
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Board Approved: 08/09/06
Board Approval: 08/08/07
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Board Approval: 10/19/15

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Board Approved: 06/03/96
Board Approved: 09/30/96
Board Approved: 06/30/97
Board Approved: 05/24/99
Board Approved: 04/09/03
Board Approved: 02/11/04
Board Approved: 10/12/05
Board Approval: 12/13/06
Board Approval: 06/18/09
Board Approval: 08/12/13
Board Approval: 01/15/22