

MEDICAL STAFF ORGANIZATIONAL PLAN

PART A: GENERAL INFORMATION

Section 1. Development and Annual Review of Plan

Each year, the Governing Board shall review the structure of the Medical Staff as set forth in this manual and the Medical Staff Bylaws, herein incorporated by reference, with respect to appropriate legal guidelines and accrediting agency standards. The organizational plan shall describe the organization of the Medical Staff and specify the functions of each Medical Staff standing committee.

Section 2. Special Committees

A special or ad hoc committee may be created by the Governing Board from time to time to assist with the development of an organizational plan. Such ad hoc committee shall confine its activities to the purpose for which it was appointed, and shall make a report after each meeting to the Governing Board and the Chief Executive Officer.

MEDICAL STAFF COMMITTEES AND FUNCTIONS

PART A: GENERAL

This Article shall outline those Medical Staff Committees responsible for the performance of quality assessment/evaluation and/or other review functions delegated to the Medical Staff by the Board.

Section 1. Appointment:

(a) Except as otherwise provided for in the bylaws or the Medical Staff Organizational Manual, members and chairmen of each committee shall be appointed every 3 years by the Chief of Staff, in consultation with the Chief Executive Officer, not more than ten (10) days after the end of the Medical Staff year, subject to approval by the Board. Such individuals shall serve for a term of one (1) year from the date they are approved by the Board, with no limitation in the number of terms they may serve. All appointed members may be removed and vacancies filled by the Chief of Staff at his discretion, subject to approval by the Board.

(b) The Chief Executive Officer and the Chief of Staff of their respective designees shall be members, ex officio without vote, on all committees.

Section 2. Reports and Recommendations

(a) Each committee shall maintain a permanent record of its findings, proceedings and actions, and shall make a written report after each meeting to the Governing Board and the Chief Executive Officer and when appropriate, the relevant clinical department or section.

(b) Each committee shall report (with or without recommendation) to the Credentials Committee for its consideration and appropriate action any question involving the clinical

competency, patient care and treatment, case management, professional ethics, infraction of hospital or Medical Staff bylaws or rules or unacceptable conduct on the part of any individual appointed to the Medical Staff which is specifically related to the duties of the committee as set forth in this manual.

PART B: CREDENTIALS COMMITTEE

Section 1. Composition:

(a) The Credentials Committee shall consist of the members of the Medical Executive Committee. The chairman shall be that member of the committee with the greatest seniority on the committee. Service on this committee shall be considered as the primary Medical Staff obligation of each member of the committee and other Medical Staff duties shall not interfere. The committee shall meet as often as necessary to fulfill its responsibilities but at least bi-monthly.

Section 2. Duties: The Credentials Committee shall:

(a) review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges, to make investigations of and interview such applicants as may be necessary, and to make a written report of its findings and recommendations to the Governing Board in accordance with the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges herein incorporated by reference; and

(b) review, as questions arise, all information available regarding the clinical competence and behavior of persons currently appointed to the Medical Staff, and, as a result of such review, to make a written report of its findings and recommendations to the Governing Board in accordance with the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges herein incorporated by reference.

The Chairman of the Credentials Committee, the chairman's representative or such members of the committee as are deemed necessary shall be available to meet with the Governing Board and/or the Board or its applicable committee on all the recommendations that the Credentials Committee may make.

PART C: CONTINUOUS QUALITY IMPROVEMENT:

Section 1. Composition:

The Continuous Quality Control Committee shall consist of The Medical Executive Committee. *Ex officio* members appointed by the Chief Executive Officer may include representatives from the hospital management, medical records, nursing service, pharmacy and other hospital departments. The committee shall meet monthly.

Section 2. Duties

The Continuous Quality Control Committee shall be responsible for:

- (1) **Education:** For managing the continuing medical education activities of the Medical Staff. Specifically, the committee shall:

(a) conduct education needs assessments at least annually;

(2) **Infection Control:**

(a) be responsible for the surveillance of inadvertent hospital infection potentials, the review and analysis of actual infections, the promotion of a preventive and corrective program designed to minimize infection hazards, and the supervision of infection control in all phases of the hospital's activities;

(b) Establish a system for documenting all hospital infections, including infections among patients and hospital personnel, to provide a basis for studying infection sources;

(c) Monitor the standards and the bacteriological services available to the hospital; and

(d) Recommend an infection control prevention program and a continuing education program for Medical Staff appointees and hospital personnel on infectious disease control.

(3) **Medical Review & Utilization Review:**

(a) **Medical Care Evaluation Studies.** The Continuous Quality Improvement Committee will conduct an ongoing analysis of the quality of clinical practice and patient care in all sections of the clinical department. In addition, the committee shall review the findings and results of the department, sections, committees and other staff activities designed to monitor clinical practices and patient care.

(b) **Utilization Review Studies:**

(1) Conduct utilization review studies designed to evaluate the appropriateness of admissions to the hospital, lengths of stay, discharge practices, use of medical and hospital services and all other factors related to the utilization of hospital and physician services;

(2) Formulate a written utilization review plan for the hospital, to be approved by the Governing Board, the Chief Executive Officer and the Board. Such plan shall at least be in accordance with all applicable accreditation, regulatory and third party payor requirements; and

(3) Evaluate the medical necessity for continued hospital services for particular patients, where appropriate, and make recommendations on the same to the attending physician, the Governing Board and the Chief Executive Officer. No physician shall have review responsibility for any extended stay cases in which he was professionally involved.

(c) **Medical Records Functions:**

(1) Determine that each medical record, or a representative sample of records, reflects the diagnosis, results of diagnostic tests, therapy rendered, condition and in-hospital progress of the patient, and condition of the patient at discharge;

(2) Conduct periodic reviews of summary information regarding the timely completion of all medical records; and review and recommend all forms proposed for inclusion in the patient medical record.

- (e) **Surgical Review Functions.** Conduct a comprehensive review to examine justification of surgery performed whether tissue was removed or not, and to evaluate the acceptability and the quality of the procedure chosen for the surgery. Specific consideration shall be given to cases involving complications and to the agreement or disagreement of the pre-operative and post-operative (including pathological) diagnoses. Written reports shall be maintained reflecting the results of all evaluations performed and actions taken.
- (4) **Patient Care:** Formulation, improvement, review and recommendation of policies, procedures, rules, regulations and budget requests regarding patient care from those patient care subcommittees they shall determine to form, such as, but not requiring any or all, or limited to, the following: Nursery, Operating Room, Recovery Room and Delivery Room. Subcommittees shall be established by resolution of the Patient Care Committee. The member or members of these subcommittees and their chairmen shall be appointed by the Chief of Staff after consultation with the Chairman of the Patient Care Committee. The subcommittees and their chairmen shall be responsible to and report to the Patient Care Committee and to its chairman, who shall act for the committee between its meetings.
- (5) **Pharmacy:**
- (a) Review the appropriateness of the prophylactic, empiric and therapeutic use of drugs through the analysis of individual or aggregate patterns of drug practice;
- (b) Develop and recommend to the Governing Board and the Board procedures relating to the selection, distribution, handling, use and administration of drugs and diagnostic testing materials;
- (c) Review all significant untoward drug reactions;
- (d) Maintain a formulary or drug list;
- (e) Evaluate and, if appropriate, approve protocols concerned with the use of investigational or experimental drugs;
- (f) Review the appropriateness, safety, and effectiveness of the prophylactic, empiric and therapeutic use of antibiotics in the hospital; and
- (g) Recommend policies concerning the safe use of drugs in the hospital, including hazardous drugs and investigational drugs.
- (h) Conducts the education needs assessment of the hospital at least annually.

ARTICLE I.

DEFINITIONS

The following definitions shall apply to terms used in these bylaws:

- (1) **"Board"** means the Board of Directors of The NeuroMedical Center Hospital (NMC Hospital), who has the overall responsibility for the conduct of the hospital, including the Medical Staff.
- (2) **"Chief Executive Officer"** means the Administrator of the hospital or a designee.
- (3) **"Chief of Staff"** means the President of the Medical Staff and Chairman of the Executive Committee.
- (4) **"Clinical Privileges"** or **"privileges"** mean the authorization granted by the Board to an applicant, Medical Staff appointee or other independent practitioner to render specific patient care services in the hospital within defined limits.
- (5) **"Executive Committee"** means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Board".
- (6) **"House-based Services"** means those functions and/or written activities, clinical and/or administrative, which the hospital has determined to provide through a contractual arrangement or employment relationship with a physician or physician group.
- (7) **"Medical Staff"** means all physicians who are given privileges to treat patients at the hospital.
- (8) **"Official Notice"** means an act by which a hearing body or individual may, on its own and without the production of evidence, recognize the existence and truth of certain facts they already know or which are universally regarded as accepted and/or established.
- (9) **"Physicians"** shall be interpreted to include both doctors of medicine, dentists and doctors of podiatry.
- (10) **"Professional Review Action"** means an action or recommendation of a professional review body which is taken or made in the conduct of professional peer review activity, which is based on the competence or professional conduct of a Medical Staff appointee, and which affects or may affect adversely the clinical privileges or appointment of the staff appointee.

- (11) **"Professional Review Activity"** means a peer review activity of the hospital with respect to an individual Medical Staff appointee (a) to determine whether the Medical Staff appointee may have clinical privileges with respect to his or her appointment (b) to determine the scope or conditions of those clinical privileges and appointment and (c) to change or modify such privileges and/or appointment.
- (12) **"Professional Review Body"** means the Governing Board of the hospital or any committee of same, which conducts professional peer review activity and includes any committee of the Medical Staff of the hospital when assisting the Governing Board in a professional review activity.
- (13) **"Unassigned Patient"** means any individual who comes to the hospital for care and treatment who:
- a. Has no regular Physician, or
 - b. Is not presently under the care of any staff physician, or
 - c. Has a regular physician whom the patient has not seen from some time, but the physician has declined to handle the situation because of unreasonable lapse of time since the physician's last treatment of the patient, or
 - d. Had a physician who has discharged the patient from his practice and the physician has notified the hospital of the patient's discharge.
- (14) **"Voluntary or automatic relinquishment"** of Medical Staff appointment and/or clinical privileges means a lapse in appointment and/or clinical privileges deemed to automatically occur as a result of stated conditions.

Words used in these bylaws shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions and headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

ARTICLE 11.

CATEGORIES OF THE MEDICAL STAFF

All appointments to the Medical Staff shall be made by the Board and shall be to one (1) of the following categories of the Staff. All appointees shall be appointed to a specific department and section, but shall be eligible for clinical privileges in other sections as appropriate to their specialties and as recommended pursuant to these bylaws and as approved by the Board.

PART A. ACTIVE STAFF

- (1) The Active Staff shall consist of those physicians who are granted privileges to admit patients to inpatient services and who attend, admit or are involved with the treatment of at least twelve (12) patients per year. Each appointee to the Active Staff shall be required to have completed an approved residency in his **specialty and to be either board certified or actively pursuing board certification**. Each appointee to the Active Staff, by accepting appointment, shall agree to assume all the functions and responsibilities of appointment to the Active Staff, including where appropriate, care for unassigned patients, emergency service care, consultation in his respective field, teaching assignments, **supervision of residents and fellows** and participation in quality assessment and monitoring activities, including the evaluation of provisional appointees. They shall be located close enough to the hospital to fulfill their responsibilities and to provide timely and continuous care for their patients in the hospital.
- (2) Active Staff appointees shall be entitled to vote, hold office, serve on Medical Staff Committees and serve as chairmen of such committees. They shall attend Medical Staff and Department Meetings.
- (3) As a new facility, all appointments to the Medical Staff will be candidates for active staff if they are on the active staff of another JCAHO accredited institution in the Baton Rouge area.

PART B. CONSULTING STAFF

The Consulting Staff shall consist of physicians appointed for the specific purpose of providing consultation in the diagnosis and treatment of patients. Consulting Staff appointees may or may not reside in the geographic service area of the hospital; however, to be eligible for clinical privileges, Consulting Staff appointees must provide evidence of primary Medical Staff appointment and clinical privileges at an accredited hospital(s) or other health care entity. Appointment to the Consulting Staff does not entitle the appointee to admit patients, to vote, to hold staff offices or to serve on Medical Staff committees. Consulting Staff appointees shall not be required to attend Medical Staff or Department meetings.

PART C. HONORARY STAFF

The Honorary Staff shall consist of Medical Staff appointees who have retired from active hospital practice or non-appointees to the Medical Staff who are of outstanding reputation, not necessarily residing in the community. Persons appointed to the Honorary Staff shall not be eligible to admit or attend patients, to vote, to hold office or to serve on standing Medical Staff committees, but may be appointed to special committees. They may, but are not required to attend any Medical Staff meetings.

PART D: RESIDENT STAFF

- (a) The Resident Medical Staff shall consist of interns, residents, fellows or other physicians in the process of graduate education who have been appointed to the Resident Staff by the Board after nomination by the Chief of Staff with the advice of the Credentials Committee and with the advice of the appropriate section chief, Interns, residents and fellows in training in the hospital shall not hold appointments to the Medical Staff and shall not be granted specific clinical privileges. Rather, they shall be permitted to exercise only that scope of practice set out in training protocols developed by the Credentials Committee and approved by the Board.
- (b) The Resident Staff shall be responsible to and supervised by the Medical Director or a designee. The residents shall be permitted to attend conferences, seminars and instructional sessions held by designated Medical Staff appointees and/or hospital employee personnel, and shall have library privileges. Residents may assist and observe in surgery at the invitation of those Medical Staff appointees who have clinical privileges. Residents may attend patients only in emergencies unless otherwise instructed by a Medical Staff appointee who has clinical privileges. Progress notes recorded by the Resident Staff must be co-signed by the attending physician within twenty-four (24) hours.

PART E. AFFILIATE STAFF

- (1) The Affiliate Staff shall consist of physicians who refer patients to the hospital and to Medical Staff appointees from time to time, who wish to participate in a limited way in the administrative and educational activities only of the Medical Staff. They must be currently licensed to practice in this state and must possess valid professional liability insurance coverage in amounts satisfactory to the hospital. Appointees to this staff category shall be ineligible for appointment to any other staff category.
- (2) Affiliate Staff appointees may attend professional and educational programs of the Medical Staff and may attend Department meetings. They shall not be eligible to admit or attend patients, to exercise any clinical privileges, to vote, to hold office, but may, at the discretion of the Chief of Staff, serve on Medical Staff committees as non-voting members.

PART F. ALLIED HEALTH STAFF

- (1) The Allied Health Staff shall consist of healthcare professionals who assist in patient care under the supervision of physicians as required by law. They must be currently licensed to practice in Louisiana and possess valid professional liability insurance coverage in amounts satisfactory to the hospital.

PART G. PROVISIONAL STAFF

- (1) Shall consists of physicians or allied health professionals who have been received full privileges but they are under a twelve (12) month probationary period.

ARTICLE III.

ORGANIZATION OF THE MEDICAL STAFF

PART A: GENERAL

Section 1. Medical Staff Year

For the purpose of these bylaws the Medical Staff year commences on January 1st of each year.

Section 2. Qualifications of Offices and Chiefs

Only those Active Staff appointees who satisfy the following criteria shall be eligible to serve as Medical Staff, officers, Department and Section Chiefs.

- (a) Must be board certified or shall be board eligible and shall attain such certification status within thirty-six (36) months after commencing service at the hospital. Must be appointed in good standing to the Active Staff of the hospital and continue so during their term of office.
- (b) Must have no unresolved adverse recommendations concerning staff appointment or clinical privileges.
- (c) Must have demonstrated an interest in maintaining quality medical care at the hospital.
- (d) Must have actively served on at least one (1) Medical Staff committee.
- (e) Must be willing to discharge faithfully the duties and responsibilities of the position to which the individual is elected or appointed.
- (f) Must be knowledgeable concerning the duties of the office.

All Medical Staff officers and Department and Sections Chiefs must possess at least the above qualifications and must maintain such qualifications during their term of office. Failure to do so shall automatically create a vacancy in the office involved.

PART B. OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be the Chief of Staff, the Vice Chief of Staff and the Secretary. Officers must be appointed to the Active Staff at the time of nomination and election and must continue so during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

Section 1. The Chief of Staff

The Chief of Staff shall:

- (a) Act on behalf of the Board as the Chief Medical Officer of the hospital in coordination and cooperation with the Chief Executive Officer in matters of mutual concern involving the hospital.
- (b) Call, preside at and be responsible for the Agenda of all general and special meetings of the Medical Staff.
- (c) Recommend committee chairmen and members for appointment to all standing and special Medical Staff committees except the Executive Committee.
- (d) Serve as chairman of the Executive Committee.
- (e) Serve as *ex officio* member without vote on all Medical Staff committees other than the Executive Committee.
- (f) Attend meetings of the Board and represent the views, policies, needs and grievances of the Medical Staff and report on the medical activities of the staff to the Board and to the Chief Executive Officer.
- (g) Provide day-to-day liaison on medical matters with the Chief Executive Officer and the Board.
- (h) Receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the Medical Staff to provide medical care.

Section 2. Vice Chief of Staff

The Vice Chief of Staff shall:

- (a) Assume all the duties and have the authority of the Chief of Staff in the event of the Chief of Staff's temporary inability to perform due to illness, being out of the community or being unavailable for any other reason.
- (b) Serve on the Executive Committee.
- (c) Automatically succeed the Chief of Staff when the Chief of Staff fails to serve for any reason during his term of office.
- (d) Perform such duties as are assigned to him by the Chief of Staff.

Should both the Chief of Staff and the Vice Chief of Staff be unavailable in an emergency, the authority and duties of the Chief of Staff will be temporarily assumed by the Secretary-Treasurer or the Chief of the Department of Clinical and Support Services, in that order of succession.

Section 3. Secretary

The Secretary shall:

- (a) Cause to be kept accurate and complete minutes of all Medical Staff and Executive Committee meetings.
- (b) Collect and be custodian of, on behalf of the hospital, staff dues and funds and make disbursements authorized by the Executive Committee or its designees, should dues be required.
- (c) Call meetings on order of the Chief of Staff, attend to all correspondence and perform such other duties as pertain to the office of Secretary.

Section 4. Election of Officers

- (a) At least three (3) months before the scheduled date of the next Medical Staff election, the Chief of Staff shall appoint a Nominating Committee consisting of three (3) Active Staff appointees. The Nominating Committee shall prepare a slate of nominees for each office and at-large seat on the Executive Committee to be filled at that election.
- (b) Nominations for offices of the Medical Staff shall be presented by the Nominating Committee and from the floor, if any, at each annual meeting. The candidates who receive a majority vote of those Medical Staff appointees eligible to vote and present at the meeting at the time of the vote is taken shall be elected. The vote shall be by written secret ballot. The election of each officer shall become effective as soon as approved by the Board. Each officer shall then serve from the start of the next Medical

Staff year for a term of three (3) years or until a successor has been elected and that election has been approved by the Board.

- (c) In any election, if there are three (3) or more candidates for an office and no candidate receives a majority vote there shall be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one (1) candidate.

Section 5. Conflict of Interest

- (a) The Department of Section Chief shall have a duty to delegate review of applications for appointment, reappointment or clinical privileges or questions that may arise to a vice chief or other member of the department or section, if the Chief has a conflict of interest with the individual under review or could be reasonably perceive to be biased.

Section 6. Removal of Officers

The Executive Committee or the Medical Staff, by a two-thirds majority vote and with approval of the Board, or the Board on its own motion may remove any Medical Staff officer for conduct detrimental to the interests of the hospital, or if the officer is suffering from a physical or mental infirmity that renders him incapable of fulfilling the duties of that office, provided that notice of the meeting at which such action shall be decided is given in writing to such officer at least ten (10) days prior to the date of such meeting. The officer shall be afforded the opportunity to speak in his own behalf before the Executive Committee prior to the taking of any vote on his removal. The removal shall be effective when approved by the Board.

Section 7. Vacancies in Office

If there is a vacancy in the office of the Chief of Staff prior to the expiration of the Chief of Staff's term, the Vice Chief of Staff shall assume the duties and authority of the Chief of Staff for the remainder of the unexpired term. If there is a vacancy in any other office, or in the member-at-large seat on the committee, the Executive Committee shall appoint another Active Staff appointee possessing the qualifications set forth in Section 3 of Part A to serve out the remainder of the unexpired term. Such appointment shall be effective when approved by the Board.

PART C. MEETINGS OF THE MEDICAL STAFF

Section 1. Annual Staff Meeting

The Medical Staff shall, at least ten (10) days before the end of the staff year hold a meeting at which officers and any members at large of the Executive Committee for the ensuing year shall be elected.

Section 2. Medical Staff Meetings

The Medical Staff shall meet at least annually called by the Chief of Staff for the purpose of reviewing and evaluating departmental and committee reports and recommendations and to act on any other matters placed on the Agenda by the Chief of Staff; one of these meetings shall be the annual meeting. This meeting may include the election of Medical Staff officers as required in Section 1.

Section 3. Special Staff Meetings

Special meetings of the Medical Staff may be called at any time by the Board, the Chief Executive Officer and the Chief of Staff, a majority of the Executive Committee or a petition signed by not less than one-fourth (1/4) of the voting staff. In the event that it is necessary for the staff to act on a question without being able to meet, the voting staff may be presented with the question by mail and their votes returned to the Chief of Staff by mail. Such a vote shall be valid so long as the question is voted on by a majority of the staff eligible to vote.

Section 4. Quorum

The presence of fifteen percent (15%) of the persons eligible to vote at any regular or special meeting (but in no event less than two (2) appointees) shall constitute a quorum for any regular or special meeting of the Medical Staff. This quorum must exist for any action to be taken. Once a quorum is established, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.

Section 5. Agenda

- (a) The Agenda at any regular Medical Staff meeting shall be:
- (1) Call to order
 - (2) Acceptance of the Minutes of the last regular and of all intervening special meetings.
 - (3) Report from the Chief Executive Officer
 - (4) Old business
 - (5) New business
 - (6) Adjournment

(b) The Agenda at special meetings shall be:

- (1) Reading of the Notice calling the meeting
- (2) Transaction of business for which the meeting was called
- (3) Adjournment

(c) All important actions of the Executive Committee shall be included in the Executive Committee's report to the Medical Staff at any regular or special meeting called for the purpose of receiving the Executive Committee's report.

PART D. DEPARTMENT AND COMMITTEE MEETINGS

Section 1. Department Meetings

- (a) Members of the Department shall meet in the hospital as a department as often as necessary, at a time set by the Chief of the Department to review and evaluate the clinical work of the Department and to discuss any other matters concerning the Department. The Agenda for the meeting and its general conduct shall be set by the Chief. Sections of the Department shall meet in the hospital, as needed at a time set by the Section Chief to carry out specific reviews and evaluations of the clinical work of the section. Each section shall report its findings and recommendations to the Chief of the Department.
- (b) The Department shall maintain a permanent record of its findings, proceedings and actions, and shall make a report after each meeting to the Executive Committee and the Chief of Executive Officer.

Section 2. Committee Meetings

All committees shall meet as often as necessary to fulfill their duties, at a time set by the chairman of the committee unless otherwise specified. The Agenda for the meeting and its general conduct shall be set by the chairman.

Section 3. Special Department and Committee Meetings

- (a) A special meeting of any committee or department may be called by or at the request of the appropriate chairman or Chief, by the Chief of Staff or by a petition signed by not less than one-fourth (1/4) of the members of the department or committee.
- (b) In the event that is necessary for a committee or the department to act on a question without being able to meet, the voting members may be presented with the question, in person or by mail and their vote returned to the chairman of the committee or department. Such a vote shall be binding so long as the question is voted on by a majority of the committee or department eligible to vote.

Section 4. Quorum

The presence of fifteen percent (15%) of the total membership of the department or committee eligible to vote at any regular or special meeting (but in no event less than two (2) members) shall constitute a quorum. Once a quorum is established, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.

Section 5. Minutes

Minutes of each meeting of each committee and each department or section shall be prepared and shall include a record of attendance of members, of the recommendations made and of the votes taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly forwarded to the Executive Committee and at the same time to the Chief Executive Officer unless otherwise specified for certain committees elsewhere in these bylaws. Each committee and each department shall maintain a permanent record of the Minutes of each of its meetings.

PART E. PROVISIONS COMMON TO ALL MEETINGS

Section 1. Posting Notice of Meetings

Notice of all meetings of the Medical Staff and regular meetings of departments, sections and committees shall be posted at least three (3) working days in advance of such meetings. Such notice shall state the date, time and place of the meeting and shall be deemed to constitute actual notice to the persons concerned. The attendance of any individual at any meeting shall constitute a waiver of that individual's notice of said meeting.

Section 2. Attendance Requirements

- (a) Each appointee of the Active Staff and Associate Staff is encouraged to attend all regular Medical Staff meetings and applicable department, section and committee meetings in each year.
- (b) Any Medical Staff appointee whose clinical work is scheduled for discussion with the department chairperson and/or Medical Review and Utilization Review Committee shall be so notified. If such individual is requested to submit information or required to attend a quality review meeting, the Chief of the department (or Section Chief) or the Chairman of the Continuous Quality Improvement Committee shall give the individual advance written notice. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the individual shall so state.

Section 3. Rules of Order

Wherever they do not conflict with these bylaws, the currently revised Robert's Rules of Order shall govern all meetings and elections.

Section 4. Voting

Any individual who, by virtue of position attends a meeting in more than one (1) capacity shall be entitled to only one vote.

ARTICLE V.

CLINICAL DEPARTMENT

PART A. CLINICAL DEPARTMENT

Section 1. List of Departments and Sections

The following departments and sections may be established. Additional departments or sections of departments, as required from time to time, may be established by the Board after considering recommendations from the Executive Committee.

Department of Clinical Services:

- (a) Section of Neuro-Surgery
- (b) Section of Neurology

Section 2. Functions of Department

- (a) The Department Chief shall recommend to the Credentials Committee written criteria for the assignment of clinical privileges within the department and each of its sections. Such criteria shall be consistent with and subject to the bylaws, policies, rules and regulations of the Medical Staff and the hospital. These criteria shall be effective when approved by the Board. Clinical privileges shall be based upon demonstrated competence, training and experience within the specialty covered by the department or section.
- (b) The departments or sections shall monitor and evaluate medical care on a retrospective concurrent and prospective basis in all major clinical activities of the department or section. This monitoring and evaluation must at least include:
 - (1) The identification and collection of information about important aspects of patient care provided in the department or section and about the clinical performance of its member.
 - (2) The identification of the indicators used to monitor the quality and appropriateness of the important aspects of care; and
 - (3) The periodic assessment of patient care information to evaluate the quality and appropriateness of care; to identify opportunities to improve care, and to identify important problems in patient care. The department shall recommend to the Credentials Committee objective criteria that reflect current knowledge and clinical experience. These criteria, subject to approval and adoption by the Executive

Committee and Board shall be used by the department and its sections and by the hospital's quality assessment program in the monitoring and evaluation of patient care. When important problems in patient care and clinical performance or opportunities to improve care are identified, the department or sections shall document the actions taken and evaluate the effectiveness of such actions.

- (c) The department shall select cases for presentation at its meetings that will contribute to the continuing education of the members of the department and its sections. Such presentation should include cases involving deaths or complications, and such other cases believed to be important, such as those involving patients currently in the hospital with unsolved clinical problems.
- (d) In discharging these functions, the department and sections shall report to the Quality Improvement Committee after each meeting detailing its analysis of patient care and to the Credentials Committee whenever further investigation and action is indicated involving any individual member of the department. Copies of these reports shall be filed with the Executive Committee and the Chief Executive Officer.

Section 3. Department Chief

- (a) The chief of the department shall be an appointee to the Active Staff in the Department of Clinical Services who possesses the qualifications set forth in Article III, Part A, and Section 3 of these bylaws.
- (b) The Chief of the department shall be appointed by the Board after considering the recommendations of the department and of the Chief of Staff. Initial appointment of a chief shall be made for a period of one (1) year. A vice chief of the department shall be appointed by the Board, if desired by the Chief after receiving the recommendation of the department chief. The vice-chief's qualifications shall be the same as the Chief's qualifications listed above. The vice chief's tenure shall coincide with that of the chief.
- (c) Removal of a chief during his term of office may be initiated by a two thirds (2/3) vote of the Executive Committee or the Medical Staff or by the Board on its own motion. Such removal shall be effective when it has been approved by the Board.

Section 4. Functions of Department Chief

The department chief shall:

- (a) Be responsible for the clinically and administratively related activities within the department.
- (b) Be a member of the Executive Committee
- (c) Monitor the professional performance of all individuals who have delineated clinical privileges in the department, and report thereon to the Credentials Committee as part of the reappointment process and at such other times as may be indicated in accordance with the Policy on Medical Staff Appointment,

Reappointment and Clinical privileges herein incorporated by reference.

- (d) Recommend to the Credentials Committee criteria for clinical privileges in the department.
- (e) Be responsible within the department for enforcement of hospital policies and bylaws and the Medical Staff Bylaws, Rules and Regulations.
- (f) Be responsible for implementation within the department of actions taken by the Board and the Executive Committee.
- (g) Make a report to the Credentials Committee concerning the appointment, reappointment and delineation of clinical privileges for all applicants seeking privileges in the department in accordance with the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges herein incorporated by reference.
- (h) Be responsible for the establishment, implementation and effectiveness of the teaching, education and research program in the department.
- (i) Report and recommend to hospital management when necessary with respect to matters affecting patient care in the department, including personnel, supplies, special regulations, standing orders and techniques.
- (j) Assist the hospital management in the preparation of annual reports and such budget planning pertaining to the department as may be required by the Chief Executive Officer or the Board.
- (k) Delegate to a vice chief of the department such duties as he deems appropriate.
- (l) Establish sections within the department and appoint chiefs thereof subject to the approval of the Executive Committee and the Board.
- (m) Monitor and evaluate the quality and appropriateness of patient care provided within the department.
- (n) Recommend sufficient number of qualified and competent individuals to provide care/clinical services in the department.
- (o) Be responsible for the integration of the department into the primary functions of the organization.
- (p) Be responsible for the coordination and integration of intradepartmental services.
- (q) Be responsible for the development and implementation of policies and procedures that guide and support the provision of services.
- (r) Appoint ad hoc committees or working groups as necessary to carry out quality

improvement activities.

- (s) Be responsible for the evaluation of all provisional appointees and report thereon to the Credentials Committee.
- (t) Make recommendations to the Credentials Committee in accordance with the Policy on Medical Associates and Medical Assistants regarding the qualifications and competence of department personnel who are not licensed independent practitioners and who seek to provide patient care services in the department.
- (u) Assist the hospital, in accordance with the provisions of these bylaws, with respect to the granting of locum tenens privileges within the department, and with the evaluation of request for temporary privileges.

ARTICLE V

COMMITTEES OF THE MEDICAL STAFF

PART A. GENERAL

Section 1. Appointment

- (a) Except as otherwise provided for in these bylaws or the Medical Staff Organization Manual, members and chairmen of each committee shall be appointed yearly by the Chief of Staff, in consultation with the Chief Executive Officer, not more than ten (10) days after the end of the Medical Staff year, subject to approval by the Board. Such individuals shall serve for a term of one (1) year from the date they are approved by the Board with no limitation in the number of terms they may serve. All appointed members may be removed and vacancies filled by the Chief of Staff at his discretion, subject to approval by the Board.
- (b) The Chief Executive Officer and the Chief of Staff or their respective designees shall be members, *ex officio* without vote, on all committees.

Section 2. Reports and Recommendations

- (a) Each committee shall maintain a permanent record of its findings, proceedings and actions, and shall make a written report after each meeting to the Executive Committee and Chief Executive Officer and, when appropriate, to relevant clinical department or section.
- (b) Each committee shall report (with or without recommendation) to the Credentials Committee for its consideration and appropriate action concerning any question involving the clinical competency, patient care and treatment, case management, professional ethics, infraction of hospital or Medical Staff Bylaws or Rules or unacceptable conduct on the part of any individual appointed to the Medical Staff which is specifically related to the duties of the committee as set forth in these Bylaws.

PART B. EXECUTIVE COMMITTEE

Section 1. Composition

- (a) The Executive Committee shall consist of the Chief of Staff/ Managing Partner, three members of the Neurosurgery Department, one member of the Psychiatry/Pain Medicine Department, and one member of the Neurology department.
- (b) The terms shall be one year, unless otherwise determined.
- (c) The Chief of Staff/Managing Partner shall be Chairman of the Executive Committee.

Section 2. Duties

The Executive Committee shall:

- (a) Represent and act on behalf of the Medical Staff in between its regular meetings in all matters, without requirement of subsequent approval by the staff, subject to any limitations imposed by these Bylaws.
- (b) Coordinate the activities and general policies of the various departments.
- (c) Receive and to act upon committee reports as specified in these Bylaws and to make recommendations concerning them to the Chief Executive Officer and the Board,
- (d) Implement policies of the hospital that affect the Medical Staff and which are not the responsibility of the departments.
- (e) Keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the hospital.
- (h) Enforce hospital and Medical Staff rules in the best interest of patient care and of the hospital with regard to all persons who hold appointment to the Medical Staff.
- (i) Refer situations involving questions of the clinical competence, patient care and treatment, case management or inappropriate behavior of any Medical Staff appointee to the Credentials Committee for appropriate action.
- (j) Be responsible to the Board for the general quality of medical care rendered to patients at the hospital.
- (k) Review the Bylaws, Rules and Regulations of the Medical Staff and associated documents at least every two (2) years and recommend such changes as may be necessary or desirable.
- (l) Develop the structure of the Medical Staff and categories of membership and determine minimum continuing education requirements for appointees to the staff.

- (m) Review all information available regarding the performance and clinical competence of persons who hold appointments to the Medical Staff including current licensure and make recommendations for reappointments and in clinical privileges in accordance with the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges not to exceed two years.
- (n) Review the credentials of all applicants and make recommendations for appointment to the Medical Staff and clinical privileges in accordance with the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.
- (o) Develop and implement mechanisms for suspension and / or termination of membership to the medical staff
- (p) Develop and implement mechanisms for fair hearings and appellate reviews for both potential (new) applicants and current members of the medical staff
- (q) Define functions of the Medical Staff to include:
 1. basic medical record review
 2. drug usage review
 3. pharmacy and therapeutics review
 4. infection control (including TB monitoring of all staff)
 5. utilization review
 6. surgical & other invasive procedures
 7. blood use

Section 3. Meetings, Reports and Recommendations

- (a) The Executive Committee shall meet at least quarterly or more often if necessary to transact pending business. The secretary will maintain reports of all meetings, which reports shall include the Minutes of the various committees and departments of the staff. Copies of all Minutes and reports of the Executive Committee shall be transmitted to the Chief Executive Officer routinely as prepared and important actions of the Executive Committee shall be reported to the staff as a part of the Executive Committee's report at each staff meeting. Recommendations of the Executive Committee shall be transmitted to the Board with a copy to the Chief Executive Officer.
- (b) The Chairman of the Executive Committee, his representatives and such members of his committee as may be necessary, shall be available to meet with the Board of its applicable committee on all recommendations that the Executive Committee may make. Between meetings of the Executive Committee, an ad hoc committee composed of the officers of the staff and the Chairman of the Credentials Committee shall be empowered to act in situations of urgent or confidential concern where not prohibited by these Bylaws.

PART C. CREDENTIALS COMMITTEE

Section 1. Composition

The Credentials Committee shall consist of the members of the Medical Executive Committee. The Chairman shall be that member of the committee with the greatest seniority on the committee, or the Managing Partner. Service on this committee shall be considered as the primary Medical Staff obligation of each member of the committee and other Medical Staff duties shall not interfere. The committee shall meet as often as necessary to fulfill its responsibilities, but at least quarterly.

Section 2. Duties

The Credentials Committee shall:

- (a) Review the credentials of all applicants for Medical Staff appointment, reappointment and clinical privileges to make investigations of and interview such applicants as may be necessary and to make a written report of its findings and recommendations to the Executive Committee in accordance with the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, and
- (b) Review, as questions arise, all information available regarding the clinical competence and behavior of persons currently appointed to the Medical Staff and, as a result of such review, to make a written report of its findings and recommendations to the Executive Committee in accordance with the Policy on Medical Staff Appointment, Reappointment, Reappointment and Clinical Privileges.

The Chairman of the Credentials Committee, the chairman's representative or such members of the committee as are deemed necessary shall be available to meet with the Executive Committee and/or the Board or its applicable committee on all recommendations that the Credentials Committee may make.

PART D. QUALITY ASSESSMENT AND REVIEW

FUNCTIONS PERFORMED BY THE MEDICAL STAFF COMMITTEES:

A description of other Medical Staff committees that perform systematic monitoring and quality assessment and improvement activities and other review functions delegated to the Medical Staff by the Board shall be set forth in the Medical Staff Organizational Manual. The following functions shall be performed by the Medical Staff through its quality improvement/review functions.

- (a) Medical assessment and treatment of patients.
- (b) Use of medications
- (c) Use of blood and blood components.
- (d) Use of operative and other procedure(s).
- (e) Risk Management.
- (f) Efficiency of clinical practice patters.
- (g) Significant departures from established patterns of clinical practice.
- (h) Medical Record Review
- (i) Pharmacy and Therapeutics Review
- (j) Infection Control Review

- (k) Utilization Review

ARTICLE VI

RULES AND REGULATIONS OF THE MEDICAL STAFF

- (a) The Medical Staff, with the approval of the Board, shall adopt such rules and regulations as may be necessary to implement more specifically the general principles of conduct found in these Bylaws. Rules and regulations shall set standards of practice that are to be required of each individual exercising clinical privileges in the hospital and shall act as an aid to evaluating performance under, and compliance with, these standards. Rules and regulations shall have the same force and effect as the Bylaws.

Particular rules and regulations may be adopted, amended, repealed or added by vote of the Executive Committee at any regular or special meeting provided that copies of the proposed amendments, additions or repeals are appropriately disseminated to the Medical Staff and made available to all members of the Executive Committee fourteen (14) days before being voted on and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Executive Committee before the change is voted upon. Adoption of and changes to the rules and regulations shall become effective only when approved by the Board.

Rules and regulations may also be adopted, amended, repealed or added by the Medical Staff at a regular meeting or special meeting called for that purpose provided that the procedure used in amending the Medical Staff Bylaws is followed. All such changes shall become effective only when approved by the Board.

ARTICLE VII

AMENDMENTS

- (a) All proposed amendments of these Bylaws initiated by the Medical Staff shall, as a matter of procedure, be referred to the Executive Committee. The Executive Committee shall report on them either favorably or unfavorably at the next regular meeting of the Medical Staff or at a special meeting called for such purpose. They shall be voted upon at that meeting provided that they shall have been posted in the Doctors' Lounge at least fourteen (14) days prior to the meeting. To be adopted, an amendment must receive a majority of the votes cast by the voting staff who are present at the time of such vote and who do vote. Amendments so adopted shall be effective when approved by the Board.
- (b) The Executive Committee shall have the power to adopt such amendments to the Bylaws as are, in the committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within sixty (60) days of adoption by the Executive Committee. The action to amend may be taken by motion acted upon in the same manner as any other motion before the Executive Committee. Immediately upon adoption, such amendments shall be posted in the Doctor's Lounge for fourteen (14) days and sent to the Chief Executive Officer.

ARTICLE VIII: HEARING AND APPELLATE REVIEW PROCEDURE Section 1.

Right to Hearing and to Appellate Review

- a. When any practitioner receives notice of a recommendation of the Executive Committee that, if ratified by decision of the Governing Board, will adversely affect his appointment to or status as a member of the Medical Staff or exercise of his/her clinical privileges, he/she shall be entitled to a hearing before an ad hoc committee of the Medical Staff. If the recommendation of the Executive Committee following such hearing is still adverse to the affected practitioner, he/she shall then be entitled to an appellate review by the Governing Board before the Governing Board makes a final decision on the matter.
- b. When any practitioner receives notice of a decision by the Governing Board that will affect disappointment to or status as a member of the Medical Staff or exercise of his/her clinical privileges, and such decision is not based on prior adverse recommendation by the Executive Committee of the Medical Staff with respect to which he/she was entitled to a hearing and appellate review, he/she shall be entitled to a hearing. When the hearing does not result in a favorable recommendation, he/she shall be entitled to an appellate review by the Governing Board, before the Governing Board makes a final decision in the matter.
- c. All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this Article to assure that the affected practitioner is accorded all rights to which he/she is entitled.

Section 3. Notice of Hearing

- a. Within thirty (30) days after receipt of a request for hearing from a practitioner entitled to the same, the Executive Committee or the Governing Board, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the Administrator, notify the practitioner of the time, place, and date so scheduled by certified mail, return receipt requested. The hearing date shall not be less than seven (7) days nor more than thirty (30) days from the date of receipt of the request for hearing; provided, however, that a hearing for a practitioner who is under suspension which is then in effect shall be held as soon as arrangements therefore may reasonably be made, but not later than thirty (30) days from the date of receipt of such practitioner's request for hearing.
- b. The notice of hearing shall state in concise language the acts or omission with which the practitioner is charged, a list of specific or representative charts being questioned, and / or the other reasons or subject matter that was considered in making the adverse recommendations or decisions.

Section 4. Composition of Hearing Committee

- a. When a hearing relates to an adverse recommendation(s) of the Executive Committee, such hearing shall be conducted by an ad hoc committee of not less than three (3) members of the Medical Staff appointed by the President of the Medical Staff in consultation with the

entitled to submit memoranda concerning any issue of procedure or of fact and such memoranda shall become a part of the hearing record.

- h. The Executive Committee, when its action has prompted the hearing shall appoint one of its members or some other Medical Staff member to present it at the hearing, to present the facts in support of its adverse recommendations, and to examine witnesses. The Governing Board, when its action has prompted the hearing, shall appoint one of its members to present it at the hearing, to present the facts in support of its adverse decision(s) and to examine witnesses. It shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendations or decision, but the affected practitioner shall therefore be responsible for supporting his/her challenge to the adverse recommendations or decision by an appropriate showing that the charges or grounds involved lack any factual basis or that such basis or any action based thereon is either arbitrary, unreasonable or capricious.
- i. The affected practitioner shall have the following rights: to call and examine witnesses, to introduce written evidence, to cross-examine any witnesses, on any matter relevant to the issue of the hearing, to challenge any witness and to rebut any evidence. If the practitioner does not testify in his/her own behalf, he/she may called and examined as if under cross-examination.
- j. The hearings provided for these By-Laws are for the purpose of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected practitioner, not the executive committee of the Medical Staff or the Governing Board, shall be representative at any phases of the hearing procedure by an attorney at law unless the hearing committee, in its discretion, permits both sides to be represented by counsel. The foregoing shall not be deemed to deprive the practitioner, the Executive Committee of the Medical Staff, or the Governing Board, of the right to legal counsel in connection with preparation of the hearing or for a possible appeal, and if a hearing officer is utilized, he/she may be an attorney at law.
- k. The hearing committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of he practitioner for whom the hearing was convened.
- l. Within thirty (30) days after final adjournment of the hearing, the hearing committee shall make a written report and recommendation and shall forward the same together with the hearing record and all other documentation to the Executive Committee or to the Governing Board, whichever appointed it. The report may recommend confirmation, modification, or rejection of the original adverse recommendations of the Executive Committee or decision of the Governing Board. Thereafter, the procedure to be followed shall be as provided by these Bylaws.

Section 6. Appeal to the Governing Board

- a. Within thirty (30) days after receipt of a notice by an affected practitioner of an adverse recommendation or decision made or adhered to after a hearing as above provided, he/she may, by written notice to the Governing Board delivered through the Chief Executive Officer by certified mail, return requested, request an appellate review by the Governing Board. Such notice may request that the appellate review be held only on the record on which the adverse recommendation or decision is based, as supported by the practitioner's written statement provided for below, or may also request that oral argument be permitted as part of the appellate review.
- b. If such appellate review is not requested within thirty (30) days, the affected practitioner shall be deemed to have waived his/her right to the same, and to have accepted such adverse recommendation or decision, and the same shall become effective immediately as provide in this Article.
- c. Within thirty (30) days after receipt of such notice of request for appellate review, the Governing Board shall schedule a date for such review, including a time and place for oral argument if such has been requested, and shall, through the Chief Executive Officer, by written notice sent by certified mail, return receipt requested, notify the affected practitioner of the same. The date of he appellate review shall not be less than seven (7) days, nor more than thirty (30) days, from the date of receipt of the notice of request for appellate review, except that when the practitioner requesting the review is under suspension which is then in effect, such review shall be scheduled as soon as the arguments for it may reasonably be made, but not more than thirty (30) days from the date of receipt of such notice.
- d. The appellate review shall be conducted by the Governing Board or by a duly appointed appellate review committee of the Governing Board of not less than three (3) members.
- e. The affected practitioner shall have access to the request and record, and transcription, if any, of the ad hoc hearing committee and all other material, favorable or unfavorable, that was considered in making the adverse recommendation or decision against him. He/she shall thirty (30) days to submit a written statement on his own behalf, in which those factual and procedural matters with which he disagrees and his reasons for such disagreement shall be specified.

This written statement may cover any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Governing Board through the Administrator by certified mail, return receipt requested, at least seven (7) days prior to scheduled date for the appellate review. A similar statement may be submitted by the Executive Committee of the Medical Staff or by the Chairman of the hearing committee appointed by the Governing Board, and if submitted, the Administrator shall provide a copy there of to the practitioner at least seven (7) days prior to the date of such appellate review by certified mail, return receipt requested.

- f. The Governing Board or its appointed review committee shall act as an appellate body. It shall review the record created in the proceedings, and shall consider the written statements submitted pursuant to subparagraph e. of this section, for the purpose of determining whether the adverse recommendation or decision against the affected practitioner was justified and was not arbitrary or capricious. If oral argument is requested as part of the review procedure, the affected practitioner shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision, and shall answer questions put to him/her by any member of the appellate review body. The Executive Committee or the Governing Board, whichever is appropriate, shall also be represented by an individual who shall be permitted to speak in favor of the adverse recommendation appellate review board or decision and who shall answer questions put to him/her by any member of the appellate review board.
- g. New or additional matters not raised during the original hearing or in the hearing committee report, not otherwise reflected in the record, shall only be introduced at the appellate review under unusual circumstances, and the Governing Board or the committee thereof appointed to conduct the appellate review shall in its sole discretion determine whether such new matters be accepted.
- h. If the appellate review is conducted by the Governing Board, it may affirm, modify or reverse its prior decision, or, in its discretion, refer the matter back to the Executive Committee of the Medical Staff for further review and recommendation within thirty (30) days. Such referral may include a request that the Executive Committee of the Medical Staff arrange for a further hearing to resolve specified disputed issues.
- i. If the appellate review is conducted by a committee of the Governing Board, such committee shall, within seven (7) days after the scheduled or adjourned date of the appellate review, either make a written report recommending that the Governing Board affirm, modify or reverse its prior decision, or refer the matter back to the Executive Committee for further review and recommendation within thirty (30) days. Such referral may include a request that the Executive Committee of the Medical Staff arrange for a further hearing to resolve disputed issues. Within thirty (30) days after receipt of such recommendation after referral, the committee shall make its recommendation to the Governing Board as above provided.
- j. The appellate review shall not be deemed to be concluded until all of the procedural steps in this Section have been completed or waived. When permitted by the hospital By-Laws, all action required of the Governing Board may be taken by a committee of the Governing Board duly authorized to act.

Section 7. Final Decision by Governing Board

- a. Within thirty (30) days after the conclusion of the appellate review, the Governing Board shall make its final decision in the matter and shall send notice thereof to the affected practitioner, by certified mail, return receipt requested. If this decision is in accordance with Executive Committee's last recommendation, the Governing Board shall refer the matter to the Joint Committee for further review and recommendation within thirty (30) days, and shall include in such notice of its decision a statement that a final decision will not be made until the Joint Conference Committee's recommendation, the Governing Board shall make its final decision with like effect and notice as first above provided in this section.
- b. Notwithstanding any other provision of these By-Laws, no practitioner shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by the Executive Committee of the Medical Staff, or by the Governing Board, or by both.

ARTICLE IV

ADOPTION

- (a) These Bylaws are adopted and made effective upon approval of the Board, superceding and replacing any and all previous Medical Staff Bylaws and henceforth all activities and actions of the Medical Staff and of each individual exercising clinical privileges in the hospital shall be taken under and pursuant to the requirements of these Bylaws.

- (b) The present rules and regulations of the Medical Staff are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws.

Adopted by the Medical Staff on:

Date: _____

Approved by the Board on:

Date: _____

Amended by the Executive Committee/ Medical Staff on:

Date: _____

Approved by the Board on:

Date: _____

Governing Board Authorized Signature