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**MEDICAL STAFF BYLAWS**

**TOURO INFIRMARY**

1401 Foucher Street  
New Orleans, LA 70115

Revised: September 20, 2011  
Approved: October 4, 2011

**TOURO INFIRMARY  
GOVERNING BOARD**

**SUBJECT:  
Bylaws of the Medical Staff**

**Effective: October 4, 2011**

**RESOLUTION:**

WHEREAS, the revised Bylaws of the Medical Staff of Touro Infirmary have been presented to this Board for approval; and

WHEREAS, these revised Bylaws have received the affirmative vote of the majority of the Medical Executive Committee members and received the affirmative vote, conducted in an open meeting, of a majority of the eligible voting members of the Medical Staff of Touro Infirmary responding.

**NOW THEREFORE, BE IT RESOLVED**, that the Governing Board of Touro Infirmary approves the amended Bylaws of the Medical Staff of Touro Infirmary.

FURTHER RESOLVED, that by reason of such approval, the Touro Infirmary Governing Board does not relinquish or delegate its authority to adopt other conditions or criteria relating to staff membership or privileges. The Board's authority and responsibility in this regard are lodged in it by reason of the laws of the State of Louisiana, the Articles of Incorporation, and the Corporate Bylaws of Touro Infirmary.

Approved by the Touro Infirmary Medical Executive Committee: **July 26, 2011**

Signature of Chair \_\_\_\_\_

Approved by the Touro Infirmary Medical Staff: **September 20, 2011**

Signature of President of the Medical Staff \_\_\_\_\_

Approved by the Touro Infirmary Governing Board: **October 4, 2011**

Signature of Secretary \_\_\_\_\_

**BYLAWS OF THE MEDICAL STAFF**

**TOURO INFIRMARY**

**PREAMBLE**

WHEREAS, Touro Infirmary is a non-profit corporation organized under the laws of the State of Louisiana; and

WHEREAS, its purpose is to provide safe patient care, treatment, and services, education, and research in the general acute care hospital and clinic settings; and

WHEREAS, it is recognized that the Medical Staff is responsible to the Medical Executive Committee and the Touro Infirmary Governing Board for the quality of professional care performed in Touro Infirmary;

THEREFORE, the Doctors of Medicine, Doctors of Osteopathy, Doctors of Maxillofacial/Oral Surgery, Dental Surgery and Medical Dentistry, and Doctors of Podiatric Medicine who practice in Touro Infirmary hereby organize themselves into a Medical Staff in conformity with these Bylaws.

## TABLE OF CONTENTS

<b>1.</b>	<b>ARTICLE ONE: DEFINITIONS/CONSTRUCTION OF TERMS AND HEADINGS</b>	<b>7</b>
1.1.	DEFINITIONS	7
1.2.	CONSTRUCTION OF TERMS AND HEADINGS	11
<b>2.</b>	<b>ARTICLE TWO: NAME, PURPOSES &amp; RESPONSIBILITIES</b>	<b>11</b>
2.1.	NAME	11
2.2.	PURPOSES AND RESPONSIBILITIES	11
2.3.	SELF GOVERNANCE	13
<b>3.</b>	<b>ARTICLE THREE: APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF</b>	<b>13</b>
3.1.	NATURE OF MEMBERSHIP AND GENERAL QUALIFICATIONS	13
3.2.	HOSPITAL NEED AND ABILITY TO ACCOMMODATE	14
3.3.	REQUIREMENTS FOR MEDICAL STAFF MEMBERSHIP	15
3.4.	DURATION OF APPOINTMENT TO THE MEDICAL STAFF	18
3.5.	REQUIREMENTS FOR APPLICATION SUBMISSION	18
3.6.	APPLICANT'S BURDEN	19
3.7.	PROCESS FOR CONSIDERATION OF APPLICATION	19
3.8.	CREDENTIALS SUBJECT TO ONGOING VERIFICATION	21
3.9.	AUTHORITY FOR DOCUMENTATION AND VERIFICATION SERVICES	21
3.10.	ASSISTANCE WITH EVALUATION	21
3.11.	PROXY CREDENTIALING FOR TELEMEDICINE/ TELERADIOLOGY PRACTITIONERS	22
3.12.	ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)	23
3.13.	FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)	24
3.14.	REAPPOINTMENT TO THE MEDICAL STAFF	26
3.15.	LAPSE OF REAPPOINTMENT	26
3.16.	LEAVE OF ABSENCE	26
3.17.	RESIGNATION	27
<b>4.</b>	<b>ARTICLE FOUR: MEDICAL STAFF CLASSIFICATION</b>	<b>28</b>
4.1.	CLASSIFICATION	28
4.2.	MODIFICATION OF MEMBERSHIP	30
<b>5.</b>	<b>ARTICLE FIVE: CLINICAL PRIVILEGES</b>	<b>31</b>
5.1.	PRIVILEGES EXTENDED TO THE MEDICAL STAFF	31
5.2.	LIMITED PRIVILEGES FOR NON- MD/DO MEDICAL STAFF MEMBERS	32
5.3.	REQUESTING ADDITIONAL CLINICAL PRIVILEGES	32
5.4.	BASIS FOR PRIVILEGES DETERMINATION	32
5.5.	"CROSS-SPECIALTY' PRIVILEGES WITHIN THE HOSPITAL	33
5.6.	MODIFICATION OF CLINICAL PRIVILEGES OR DIVISION	33
5.7.	ESTABLISHING NEW PRIVILEGES	33
5.8.	EFFECT OF CONTRACT TERMINATION ON MEDICAL STAFF MEMBERSHIP OR CLINICAL PRIVILEGES	33
5.9.	TEMPORARY CLINICAL PRIVILEGES	33
5.10.	EMERGENCY/ DISASTER CLINICAL PRIVILEGES	34
<b>6.</b>	<b>ARTICLE SIX: REVIEW OF MEDICAL STAFF MEMBER CONDUCT</b>	<b>35</b>
6.1.	BASIS FOR REVIEW	35
6.2.	INITIATION	35
6.3.	INVESTIGATION	36
6.4.	MEDICAL EXECUTIVE COMMITTEE ACTION	36
6.5.	PROCEDURAL RIGHTS	36

6.6.	SUMMARY SUSPENSION	37
6.7.	AUTOMATIC SUSPENSION	38
<b>7.</b>	<b>ARTICLE SEVEN: HEARINGS AND APPELLATE REVIEWS</b>	<b>39</b>
7.1.	PREAMBLE AND APPELLATE REVIEWS	39
7.2.	GROUND FOR HEARING	40
7.3.	REQUESTS FOR HEARING	40
7.4.	HEARING PROCEDURE	41
7.5.	APPEALS TO TOURO INFIRMARY GOVERNING BOARD	43
<b>8.</b>	<b>ARTICLE EIGHT: ALLIED HEALTH PROFESSIONAL</b>	<b>45</b>
8.1.	QUALIFICATIONS	45
8.2.	DELINEATION OF CATEGORIES OF AHPs ELIGIBLE FOR STANDARDIZED PROCEDURES OR PROTOCOLS	45
8.3.	PROCEDURE FOR GRANTING STANDARDIZED PROCEDURES OR PROTOCOLS	45
8.4.	HEARING RIGHTS OF AHPs	45
8.5.	PREROGATIVES	46
8.6.	RESPONSIBILITIES	46
<b>9.</b>	<b>ARTICLE NINE: CLINICAL ORGANIZATION OF THE MEDICAL STAFF</b>	<b>46</b>
9.1.	CLINICAL SERVICES	46
9.2.	DIVISION DIRECTORS	47
9.3.	ASSOCIATE DIVISION DIRECTOR(S)	48
9.4.	DIVISION AT-LARGE MEMBERS TO MEDICAL EXECUTIVE COMMITTEE	49
9.5.	MEDICAL STAFF PEER REVIEW PRINCIPLES	49
<b>10.</b>	<b>ARTICLE TEN: OFFICERS OF THE MEDICAL STAFF, DIVISION DIRECTORS, AND MEDICAL EXECUTIVE COMMITTEE MEMBERS</b>	<b>49</b>
10.1.	TITLES OF OFFICERS	49
10.2.	QUALIFICATIONS	49
10.3.	TERM OF ELECTED OFFICE	50
10.4.	NOMINATIONS	50
10.5.	ELECTION	50
10.6.	RESPONSIBILITIES OF MEDICAL STAFF OFFICERS	50
10.7.	REMOVAL OF THE PRESIDENT, VICE PRESIDENT, IMMEDIATE PAST PRESIDENT, OR SECRETARY/ TREASURER	52
10.8.	VACANCIES IN OFFICE	52
<b>11.</b>	<b>ARTICLE ELEVEN: MEDICAL EXECUTIVE COMMITTEE</b>	<b>52</b>
11.1.	RESPONSIBILITIES	52
11.2.	RULES AND REGULATIONS	54
11.3.	COMPOSITION	54
<b>12.</b>	<b>ARTICLE TWELVE: COMMITTEES OF THE MEDICAL STAFF</b>	<b>55</b>
12.1.	APPOINTMENT TO MEDICAL STAFF COMMITTEES	55
12.2.	DUTIES GENERALLY	55
12.3.	SPECIAL COMMITTEES	56
12.4.	QUORUM	56
12.5.	MANNER OF ACTION	56
12.6.	CONDUCT OF MEETINGS	56
12.7.	MEDICAL STAFF STANDING COMMITTEES	56
<b>13.</b>	<b>ARTICLE THIRTEEN: MEETINGS, DUES AND FEES</b>	<b>62</b>
13.1.	MEETINGS OF THE MEDICAL STAFF	62
13.2.	DIVISION MEETINGS	62

13.3.	MINUTES	63
13.4.	ATTENDANCE REQUIREMENTS	63
13.5.	DUES AND FEES	63
<b>14.</b>	<b>ARTICLE FOURTEEN: CONFIDENTIALITY AND IMMUNITIES</b>	<b>63</b>
14.1.	CONFIDENTIALITY OF INFORMATION	63
14.2.	ACTIVITIES AND INFORMATION COVERED	64
14.3.	IMMUNITY FROM LIABILITY FOR ACTIONS TAKEN AND INFORMATION PROVIDED	64
14.4.	INDEMNITY AND DEFENSE	64
<b>15.</b>	<b>ARTICLE FIFTEEN: ORGANIZED HEALTH CARE ARRANGEMENT WITH TOURO INFIRMARY</b>	<b>64</b>
<b>16.</b>	<b>ARTICLE SIXTEEN: GENERAL PROVISIONS</b>	<b>64</b>
16.1	ACCEPTANCE OF PRINCIPLES	64
16.2	NOTICES	65
16.3.	PROFESSIONAL LIABILITY INSURANCE	65
16.4.	DISCLOSURE OF INTEREST	65
16.5.	CONFLICT MANAGEMENT	66
<b>17.</b>	<b>ARTICLE SEVENTEEN: AMENDMENT OF BYLAWS AND RULES AND REGULATIONS OF THE MEDICAL STAFF</b>	<b>66</b>
17.1.	BYLAWS	66
17.2	ADOPTION AND AMENDMENT OF RULES AND REGULATIONS	66
17.3	PROVISION OF TEXT	67
<b>18.</b>	<b>ARTICLE EIGHTEEN: ADOPTION</b>	<b>67</b>

## ARTICLE ONE: DEFINITIONS/CONSTRUCTION OF TERMS AND HEADINGS

### 1.1. DEFINITIONS

The following terms shall have the meanings as set forth below, unless the context clearly indicates otherwise. Some of the terms defined below are not capitalized when used throughout these Bylaws.

Access: The granting of permission under limited or controlled access for utilization of specific hospital-based services or laboratories. A physician must have hospital admitting privileges as a member of the Medical Staff and be credentialed as having the necessary professional qualifications to perform specialized procedures in the service or laboratory where access is sought.

Active Medical Staff: Active Medical Staff shall consist of physicians who have admitting privileges in accordance with Section 4.1.1. of these Bylaws.

Administration: The executive members of the Hospital staff, including the President of Touro Infirmary, Chief Operating Officer (COO), Chief Financial Officer (CFO), Chief Nursing Officer (CNO) and Chief Medical Officer (CMO), if applicable. Additional Vice-Presidents, Directors, Managers, etc. may be included in this category.

Adverse Action: An action that adversely affects an individual's Medical Staff membership or clinical privileges. An adverse action may include a denial or termination of Medical Staff membership, or a denial, reduction, or termination of clinical privileges.

Allied Health Professional (AHP): Allied Health Professionals are individuals who hold a valid license, certificate, or other legal credential as required by Louisiana law that authorizes the provision of complex, clinical services to patients, while working collaboratively with a member of the Medical Staff. AHPs are not members of the Touro Infirmary Medical Staff, but are credentialed via the Medical Staff system and are granted clinical privileges. The categories of individuals eligible for clinical privileges as an AHP are physician assistants (PA), certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), clinical psychologists (Ph.D.) and advanced registered nurse practitioners (ARNP).

Applicant: An individual who has submitted a Complete Application for appointment, reappointment or clinical privileges.

Attending Physician: The Medical Staff member who is the physician of record for a given patient.

Board Certification: A designation for a physician or other practitioner who has completed an approved educational training program and an evaluation process including an examination designed to assess the knowledge, skills and experience necessary to provide quality patient care in that specialty. Board certification shall be from an American Board of Medical Specialties (ABMS) Member Board or from a Member Board of Certification of the Bureau of Osteopathic Specialists or from the American Board of Podiatric Surgery (ABPS) if the applicant is a podiatrist, or from the American Board of Oral/Maxillofacial Surgeons (ABOMS) if the applicant is an oral surgeon.

Bylaws: The Bylaws of the Medical Staff, unless otherwise specifically stated.

Chief Medical Officer: The Chief Medical Officer is appointed by the President of Touro Infirmary and shall be a physician, who maintains an unrestricted license to practice medicine in the State of Louisiana.

Clinical Privileges (Privileges): The permission granted to appropriately licensed individuals to

render specific professional, diagnostic, therapeutic, medical, dental, surgical, or podiatric services.

Clinical Proctoring: Clinical proctoring is an objective evaluation of an individual's actual clinical competence by a monitor or proctor who represents and is responsible to the Medical Staff. When an initial applicant seeks clinical privileges, or an individual with existing clinical privileges seeks new privileges, or when the Medical Staff requires the individual's actual clinical competence to be evaluated for any other reason, the individual may be proctored or observed while providing the services for which the privileges are requested.

Courtesy Medical Staff: A Medical Staff category available to physicians as described in Section 4.1.2. of these Bylaws. Courtesy Medical Staff members anticipate repeated consultations to the Hospital and may have up to eleven (11) patient encounters per year.

Complete Application: An application for either initial appointment or reappointment to the Medical Staff, or an application for clinical privileges, that has been determined to meet the requirements of these Bylaws. Specifically, to be complete, the application must be submitted in the format approved by the Medical Executive Committee and the Board, and include all required supporting documentation and verifications of information, and any additional information needed to perform the required review of qualifications and competence of the applicant.

Days: Calendar days, unless otherwise noted.

Designee: Any reference to an individual holding a duly-authorized office (including the President of the Medical Staff) under these Bylaws includes, unless otherwise indicated, the designee of that individual.

Disruptive Behavior: Conduct which adversely impacts the operation of the Hospital, affects the ability of others to get their jobs done, creates a "hostile work environment" for hospital employees or other individuals working in the Hospital, or begins to interfere with the disruptive individual's own ability to practice competently. Such conduct may include rude or abusive behavior or comments to staff members or patients, negative comments to patients about other physicians, nurses or other staff or about their treatment in the Hospital, threats or physical assaults, sexual harassment, refusal to accept Medical Staff assignments, disruption of committee or departmental affairs, or inappropriate comments written in patient medical records or other official documents.

Division: A clinical subgrouping of members of the Medical Staff in accordance with their specialty or specialized practice interest, as specified in these Bylaws.

Division Director(s): The Division Director of each clinical division of the Medical Staff is a physician, who is ultimately responsible for the clinical work of the department.

Emergency: A condition in which serious harm could result to a patient, or in which the life of a patient is in immediate danger, and any delay in administering treatment would add to that harm or danger.

Ex Officio: Service as a member of a body by virtue of an office or position held, and unless otherwise expressly provided, without voting rights.

Good Standing: The term "good standing" applies to a member who, during the current term of appointment, is not under suspension or serving with any limitation of voting or other prerogatives imposed by operation of these Bylaws or Rules and Regulations of the Medical Staff.

HIPAA Privacy Regulations: The federal privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996.

Honorary Status: A Medical Staff category available to physicians as described in Section 4.1.3. of these Bylaws. Honorary Staff are granted membership to the Medical Staff.

Housestaff: Residents and Fellows who are performing clinical rotations at Touro Infirmary under the auspices of an approved graduate medical education contract.

House Physician: Physicians who are employed by Touro Infirmary to provide urgent care for inpatients after hours and on weekends. House Physicians are credentialed as Active Medical Staff Members to provide inpatient care but do not have admitting privileges.

Hospital/ Touro Infirmary: As the term is used in these Bylaws, it shall mean the general acute care hospital, including the associated ambulatory and/or diagnostic treatment areas, the Emergency Department, and all facilities, services, and locations licensed or accredited as part of Touro Infirmary and its subsidiaries.

Investigation: A process specifically instigated by the Medical Executive Committee to determine the validity, if any, to a concern or complaint against a member of the Medical Staff.

License: An official or a legal permission, granted by a competent authority, usually public, to an individual to engage in a practice, an occupation or an activity otherwise unlawful.

License Status: Indicates the status of the practitioner's license, which is issued by the State licensure board. The categories defined by the State board are:

- active—full and unrestricted license to practice
- inactive—practitioner is not practicing, but reserves the right to activate their license in the future
- expired—no longer valid for use
- revoked—disciplinary action prohibits practice
- restricted—board imposed limitation on practice

Licensed Independent Practitioner (LIP): An individual who is permitted by both the applicable state law(s) and by the Hospital to provide patient care, treatment, and services without direct supervision. A licensed independent practitioner operates within the scope of the individual's license, consistent with individually granted clinical privileges. This language is not to be construed to limit the authority of a licensed independent practitioner to delegate tasks to other qualified health care personnel.

Medical Executive Committee: The Executive Committee of the Medical Staff with the responsibilities set forth in these Bylaws.

Medical Director: A Medical Staff physician member employed or otherwise serving Touro Infirmary to provide medical direction in a specific clinical unit or function of Touro Infirmary. Responsibilities may include both administrative and clinical duties.

Medical Records: "Medical records" shall mean the hospital chart consisting of a compilation of reports of the various clinical departments within Touro Infirmary, as well as reports from healthcare practitioners as are customarily catalogued and maintained by a hospital medical records department regardless of format. Medical records may be paper, an electronic document, or a hybrid thereof and may include reports of procedures such as x-rays and electrocardiograms, but do not include the images or graphic matter produced by such procedures.

Medical Staff: "Medical Staff" is the term referring to the practitioners designated by the Board to be eligible for Medical Staff membership and who are credentialed and privileged to provide professional healthcare services. The categories of Practitioners eligible for Medical Staff

membership are physicians (MD or DO), maxillofacial/oral surgeons (DDS/ MD or DMD/MD), dentists (DMD or DDS), and podiatrists (DPM).

Medical Staff Office: The office run by Hospital employee(s) or contractor assigned with the responsibility for processing applications for Medical Staff appointments, reappointments, and requests for clinical privileges, and for maintaining documents related to the credentialing process. Documents maintained by the Medical Staff Office are the property of the Hospital.

Medical Staff Officers: Physicians elected to represent the Medical Staff. Positions include President of the Medical Staff, Immediate Past President of the Medical Staff, Vice President, and Secretary-Treasurer.

Medical Student: A student currently enrolled in pursuit of a medical degree at an accredited school of medicine and performing a clinical rotation under the purview of a contract with Touro Infirmary.

Medical Staff Year: The period from January 1 to December 31 of each year.

Member: A Practitioner who has been granted and maintains Medical Staff membership and whose membership is in good standing pursuant to these Bylaws.

Membership: The approval granted by the Board to a qualified Practitioner to be a Member of the Medical Staff of the Hospital.

National Practitioner Data Bank (NPDB): An information clearinghouse created by Congress to improve health care quality and reduce health care fraud and abuse.

Peer: An individual from the same discipline with essentially equal qualifications.

Peer Review: The concurrent or retrospective review of an individual's performance of clinical professional activities via a formally established professional practice evaluation process.

Physician: In accordance with CMS definitions, the term "physician" is limited to Doctors of Medicine; Doctors of Osteopathy; Doctors of Maxillofacial/Oral Surgery, Dental Surgery or Dental Medicine; and Doctors of Podiatric Medicine who are legally authorized to practice dentistry, podiatry, medicine, or surgery by the State in which such function or action is performed. The term "Physician" in context with these Bylaws shall refer to the above mentioned individuals.

Practitioner: Unless otherwise expressly limited, any physician who is applying for Medical Staff membership and/or clinical privileges or who is a Medical Staff member and/or who exercises clinical privileges at Touro Infirmary.

President of the Medical Staff: A member of the Medical Staff who is elected to serve as the liaison between the Touro Infirmary Governing Board and the Medical Staff, responsible for administration of the Medical Staff Bylaws, and the performance of other duties as outlined in these Bylaws.

President of Touro Infirmary: The person selected by the Governing Board to be responsible for all executive and strategic operations of Touro Infirmary and its subsidiaries.

Prerogative: The participatory rights granted, by virtue of staff category or otherwise, to a Medical Staff member, which is exercisable subject to, and in accordance with, the conditions imposed by these Bylaws.

Proctor: An Active member, in good standing, of the Medical Staff of Touro Infirmary with privileges in the specialty area for which oversight is required. The proctor must be competent

in the procedure taking place, be able to utilize the equipment for the said procedure, and salvage the procedure should a problem arise.

Protected Health Information: Any information, whether oral or recorded in any form or medium: a) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and b) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Qualified Observer: A physician or industry representative with the appropriate qualifications to attest to competency of a patient encounter or procedure.

Rules and Regulations: The Rules and Regulations of the Medical Staff including those of its Departments and Divisions as approved by the Medical Executive Committee and the Governing Board.

Standing Committee of the Medical Executive Committee: A duly-authorized committee of the Medical Staff reporting to the Medical Executive Committee.

Touro Infirmary: The hospital and its subsidiaries.

Touro Infirmary Policies: Policies concerning the operation of Touro Infirmary adopted by the President of Touro Infirmary or Medical Executive Committee and approved by the Governing Board.

Touro Infirmary Governing Board: The governing body of the Hospital, to whom specific authority and responsibility is designated. The Governing Board is the “governing body” as described in the standards of The Joint Commission and the Medicare Conditions of Participation.

Vice President, Medical Executive Committee: The Vice President of the Medical Staff is an elected position who serves as the presiding officer in place of the President of the Medical Staff in the Medical Staff President’s absence.

## 1.2. CONSTRUCTION OF TERMS AND HEADINGS

The captions and headings in these Bylaws are for organizational purposes and are not intended to limit or define the scope of effect of any provision of these Bylaws.

## **ARTICLE TWO: NAME, PURPOSES & RESPONSIBILITIES**

### 2.1. NAME

The name of the Medical Staff shall be the Medical Staff of Touro Infirmary. The organized Medical Staff is accountable to the Governing Board of Touro Infirmary.

### 2.2. PURPOSES AND RESPONSIBILITIES

The purposes and responsibilities of the Medical Staff are:

2.2.1. To provide a formal organizational structure through which the Medical Staff shall carry out their responsibilities and govern the professional activities of its members and other individuals with clinical privileges, and to provide mechanisms for accountability of the Medical Staff to the Board. These Bylaws shall reflect the current organization and functions of the Medical Staff.

- 2.2.2. To fulfill professional institutional obligations to patients and the community by providing patient focused quality care regardless of race, religion, color, ancestry, economic status, educational background, marital status, disability, sex, age, sexual orientation, national origin, or source of payment that is commensurate with acceptable standards and available resources.
- 2.2.3. To collaborate with the Hospital in providing for the uniform performance of patient care processes throughout the Hospital.
- 2.2.4. To provide oversight of care, treatment, and services provided by practitioners with privileges and serve as a primary means for accountability to the Board concerning professional performance of Practitioners and others with clinical privileges authorized to practice at the Hospital with regard to the quality and appropriateness of health care. This shall be provided through leadership and participation in the quality assessment, performance improvement, risk management, case management, utilization review and resource management, and other Hospital initiatives to measure and improve performance.
- 2.2.5. To conduct education and research that will maintain ethical and scientific standards of medical care and will lead to continuous advancement in professional knowledge and skill, while maintaining the quality of care and dignity for all patients.
- 2.2.6. To serve as the collegial body through which qualified individual practitioners may obtain clinical privileges at Touro Infirmary, through which they may fulfill the obligations of staff appointments and develop an environment which promotes quality and efficient patient care and promotes collegiality by and between Medical Staff members, Touro Infirmary administrative and employee staff and the Governing Board of Touro Infirmary.
- 2.2.7. To develop and maintain rules of self-governance and conduct that assure the quality of professional care performed within Touro Infirmary, including recommendations for appointment and reappointment, and to pursue corrective actions with respect to members of the Medical Staff or those individuals granted clinical privileges, when warranted.
- 2.2.8. To approve and amend the Medical Staff Bylaws and to ensure compliance with these Bylaws, the Medical Staff Rules and Regulations, and any additional policies approved by the Touro Infirmary Governing Board.
- 2.2.9. To provide a forum whereby issues concerning the Medical Staff may be discussed by the Medical Staff with the Touro Infirmary Governing Board and the President of Touro Infirmary, or their designees.
- 2.2.10. To provide a means for communication and conflict resolution with regard to issues of mutual concern to the Medical Staff, Administration, and Governing Board.
- 2.2.11. To maintain professional collegial relationships within the Medical Staff.
- 2.2.12. To create an environment of effective communication that systematically addresses concerns regarding policy making, planning and the continuous effort for the improvement of the quality of patient care by and between members of the Touro Infirmary Medical Staff, employees of Touro Infirmary, administrative staff of Touro Infirmary and the Governing Board of Touro Infirmary.
- 2.2.13. To assist the Governing Board by serving as a professional review body in conducting professional review activities, which include, without limitation, focused professional practice evaluations, ongoing professional practice evaluations, quality

assessment, performance improvement, and peer review.

2.2.14. To maintain compliance of the Medical Staff with regard to applicable accreditation requirements and applicable Federal, State, and local laws and regulations.

### 2.3. SELF GOVERNANCE

Self-governance of the Touro Infirmery Medical Staff shall include, but not be limited to, the following rights:

- 2.3.1. Establishment of criteria and standards for Medical Staff membership and privileges, and mechanisms to enforce those criteria and standards as outlined in the Bylaws, Rules and Regulations, and/or additional policies.
- 2.3.2. Establishment of clinical criteria and standards to oversee and manage quality patient care, treatment, services, quality improvement, utilization review, and other Medical Staff activities including, but not limited to, periodic meetings of the Medical Staff and its committees and review and analysis of patient medical records as outlined in the Bylaws, Rules and Regulations, and/or additional policies.
- 2.3.3. Selection and removal of Medical Staff Officers.
- 2.3.4. Assessment of Medical Staff dues and the appropriate utilization of such funds.
- 2.3.5. The ability to retain and be represented by independent legal counsel at the expense of the Medical Staff.
- 2.3.6. Initiating, developing, and adopting Medical Staff Bylaws and amendments thereto, subject to the approval of the Governing Board, which approval shall not be unreasonably withheld.

## ARTICLE THREE: APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF

### 3.1. NATURE OF MEMBERSHIP AND GENERAL QUALIFICATIONS

#### 3.1.1. Membership

3.1.1.1. Based upon the needs of the community served by Touro Infirmery, membership on the Medical Staff may be extended to physicians who continuously meet the requirements, qualifications, and responsibilities set forth in these Bylaws and who are appointed by the Touro Infirmery Governing Board. Membership on the Medical Staff or clinical privileges shall not be granted or denied on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identify or expression provided the individual is competent to render care of the generally-recognized professional level of quality established by the Medical Executive Committee and the Touro Infirmery Governing Board. No one shall admit or provide services to patients in the Hospital unless he/she is a member of the Medical Staff or has been granted temporary or emergency privileges in accordance with the procedures set forth in these Bylaws.

3.1.1.2. Members of the *housestaff* of Touro Infirmery shall not be eligible for membership on the Medical Staff or for privileges in the area in which they are in clinical training, and shall be under the supervision of the Division Directors and the attending physician. A Division Director may request privileges for trainees of Touro Infirmery to perform clinical work in the medical discipline for which they

have had previous training if the privilege requested is unrelated to the area of their current training. Such applicants must meet all requirements, qualifications, and responsibilities of the Medical Staff, and are subject to such policies as may be established by the Division Director(s). Members of the *housestaff* are expected to participate in the continuous quality improvement program of their department and the Hospital and follow all guidelines in congruence with graduate medical education programming.

3.1.1.3. House Physicians are credentialed as Active Medical Staff Members to provide urgent care to inpatients after hours and on weekends. House Physicians do not have admitting privileges. Employment as a House Physician is terminated at the completion of the individual's training, unless alternate arrangements are requested and granted by Hospital Administration.

3.1.2. Effect of Other Affiliations

No physician shall be automatically entitled to Medical Staff membership or to exercise any particular clinical privilege merely because he/she holds a certain degree; is licensed to practice in Louisiana or any other state; is a member of any professional organization; is certified by any clinical board; previously had membership or privileges at Touro Infirmary; or had, or presently has, staff membership or privileges at another health care facility. Medical Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, IPA, PPO, PHO, hospital-sponsored foundation, or on a practitioner's opting in or out of Medicare and Medicaid participation.

3.2. HOSPITAL NEED AND ABILITY TO ACCOMMODATE

The Governing Board may decline to accept requests for medical staff membership and/or particular clinical privileges on the basis of the reasons listed in 3.2.1 and 3.2.2. Refusal to accept or review these requests shall not constitute a "denial of Medical Staff membership or clinical privileges. As such, denials for these reasons shall not entitle the individual to any procedural rights of hearing or appeal.

3.2.1. LACK OF FACILITIES/SUPPORT SERVICES

Medical staff membership or a clinical privilege may be denied if the resources or facility are not currently available or available within a specified time frame. Resource considerations shall include whether there is sufficient space, equipment, staffing, financial resources or other necessary resources to support each requested privilege.

3.2.2. EXISTENCE OF EXCLUSIVE CONTRACTS

Membership or clinical privileges may be denied to an otherwise qualified applicant if the Hospital has an existing exclusive contract for the particular service that prohibits the applicant from practicing in the requested capacity.

In the event the Governing Board has determined that certain services shall be provided and or certain equipment/facilities be used pursuant to an exclusive written contract, the practitioner providing such services or using the equipment/facilities pursuant to such exclusive contract will be requested to become an appointee to the Medical Staff in the manner followed by all other applicants. All provisions of the Hearing Procedure will apply to such practitioner unless his or her contract provides otherwise. In the event of the termination of his/her contract, no practitioner will have his/her Medical Staff privileges terminated without the same fair hearing process afforded any other appointee of the Medical Staff unless it is otherwise stated in the contract.

### 3.3. REQUIREMENTS FOR MEDICAL STAFF MEMBERSHIP

#### 3.3.1. Basic Requirements Necessary for Initial Application Review

Excluding Honorary Staff applicants, Medical staff applicants must document the elements listed below to obtain or maintain membership on the Medical Staff, or be granted clinical privileges. Failure to do so will result in summary dismissal of the application. An applicant who does not meet the basic qualifications is not entitled to the procedural rights set forth in Article Seven, but may submit comments and a request for reconsideration of the specific qualifications that adversely affect such practitioner. The comments and request shall be reviewed by the Medical Executive Committee and the Governing Board, which shall have the sole discretion whether to consider any changes in the basic qualifications or to grant a waiver.

3.3.1.1. A current and active unrestricted certificate or license to practice medicine, oral/maxillofacial surgery, dentistry, or podiatry in the State of Louisiana.

3.3.1.2. Eligibility to participate in the Medicare, Medicaid and other federally sponsored health programs.

3.3.1.3. Professional liability insurance which covers all privileges requested. The applicant either shall be a qualified via the Louisiana Patient Compensation Fund or maintain equivalent coverage. The Medical Executive Committee and the Governing Board reserves the right to reject any particular insurance carrier solely at their joint discretion.

3.3.1.4. Successful completion of an ACGME or an AOA approved residency/fellowship program.

3.3.1.5. A current, non-restricted State Narcotics License

3.3.1.6. A current, non-restricted Drug Enforcement Agency registration.

#### 3.3.2. General Competencies

In order to obtain or maintain membership on the Medical Staff or be granted clinical privileges, applicants must demonstrate general competence to the following areas:

##### 3.3.2.1. Patient Care

3.3.2.1.1. Documentation of current competence in their respective field

3.3.2.1.2. Documentation of the ability to perform the clinical privileges requested

3.3.2.1.3. Provision of continuity of patient care that meets professional standards

3.3.2.1.4. Participation in emergency or other Division coverage as specified in the requirements of the Division of which they are a member or any consultation panel responsibilities as may be determined by the Medical Executive Committee President or Division Director

##### 3.3.2.2. Medical/Clinical Knowledge

3.3.2.2.1. Demonstration of relevant clinical training and/or experience

##### 3.3.2.3. Practice-based learning and improvement

3.3.2.3.1. Fulfillment of necessary continuing education requirements for licensure

3.3.2.3.2. Participation in quality assurance and quality improvement activities of the Medical Staff and the Division of which they are a member, and hold knowledge of the content of these activities as strictly confidential

##### 3.3.2.4. Professionalism

3.3.2.4.1. Attendance of meetings with the Division Director, President of the Medical Staff, or President of Touro Infirmary as requested

- 3.3.2.4.2. Arrangement of appropriate coverage for patients under the medical staff member's care while the member is unavailable.
- 3.3.2.4.3. Adherence to the highest standards of character and ethics established in their respective professions
- 3.3.2.4.4. Cooperation with other medical staff and Hospital staff so as to not adversely effect the provision of care, treatment, and services
- 3.3.2.4.5. Adherence to all Federal and State regulations with respect to professional billing practices; including not cooperating or participating in the division of any fee for professional services
- 3.3.2.4.6. Maintenance of adequate physical and mental health, so as to demonstrate to the satisfaction of the Medical Executive Committee that they are competent to render to any patient, care of the generally- recognized professional level of quality established by the Medical Executive Committee and Touro Infirmary Governing Board.
- 3.3.2.4.7. Notify the President of the Medical Staff in writing immediately of any of the following:
  - 3.3.2.4.7.1. imposition of any sanctions, recoupments or payments or suspension of payments by the Centers for Medicare and Medicaid or any other federal or state health care program due to suspected fraudulent or abusive billing or coding practices.
  - 3.3.2.4.7.2. any action by the Louisiana State Board of Medical Examiners (LSBME), or other appropriate licensing body which reprimands or ensures practitioner or in any way (whether temporarily or permanently) restricts, limits or changes the practitioner's professional license.
  - 3.3.2.4.7.3. any action by a health care entity which reprimands or censures the practitioner or in any way (whether temporarily or permanently) restricts, limits, or reduces the practitioner's clinical privileges at such health care entity.
  - 3.3.2.4.7.4. any charge, indictment or investigation by any law enforcement agency, including the Office of the Inspector General of the Department of Health and Human Services, the FDA, the DEA, the Medicaid Fraud Control Unit regarding the practitioner.
  - 3.3.2.4.7.5. any change or termination of malpractice insurance coverage
- 3.3.2.4.8. Adherence to the Medical Staff Bylaws, Rules and Regulations, the policies and requirements of the Division of which they are a member, the Bylaws of the Hospital, and other policies of the Medical Staff and Touro Infirmary, including: policies regarding discrimination and harassment, the Touro Infirmary Code of Conduct, the Touro Infirmary Guiding Principles, and policies regarding the privacy, confidentiality and security of Protected Health information
- 3.3.2.4.9. Performance of all educational requirements for membership such as Quality Assurance/Quality Improvement Training, training on computer systems, training on compliance standards such as HIPAA, and other training as required by the credentialing process or the Medical Executive Committee
- 3.3.2.4.10. Assistance with any Medical Staff-approved teaching activities for medical students, interns, residents, fellows, nurses, Medical Staff members, and others as required by the Division of which they are a member

- 3.3.2.4.11. Written notification of the Medical Staff Office of:
  - 3.3.2.4.11.1. any geographical relocation of practice
  - 3.3.2.4.11.2. any limitation or cessation of professional practice of more than thirty (30) days
  - 3.3.2.4.11.3. any change in clinical privileges at other hospitals, whether voluntary or involuntary
- 3.3.2.5. Interpersonal and communication skills
  - 3.3.2.5.1. Completion in a timely, accurate and legible manner, of the medical record and other required records for all patients to whom the member in any way provides care while at Touro Infirmary
- 3.3.2.6. Systems-based practice
  - 3.3.2.6.1. Communication with both administrative and clinical parties involved in the care process
  - 3.3.2.6.2. Adherence to the decisions of all duly-appointed Medical Staff committees and cooperate in safe patient care, treatment, and services and Medical Staff activities, including practice evaluation, performance improvement, utilization review, peer review, and attendance at Medical Staff and Division meetings
- 3.3.3. Harassment and Disruptive Behavior Prohibited
  - 3.3.3.1. Definition of Disruptive Behavior – “Harassment” is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, religion, color, national origin, ancestry, age, disability, medical disability, marital status, sex or gender, or sexual orientation or that of his/her relatives, friends, or associates. Unacceptable conduct by a Provider includes but is not limited to the following:
    - 3.3.3.2. Epithets, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to race, religion, color, national origin, ancestry, age, disability, medical disability, marital status, sex or gender, or sexual orientation.
    - 3.3.3.3. Rude, vulgar, or abusive conduct toward, or in the presence of patients, nurses, other hospital employees, other practitioners or visitors.
    - 3.3.3.4. Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race, religion, color, national origin, ancestry, age, disability, medical disability, marital status, sex or gender, or sexual orientation and that is placed on walls, bulletin boards, or elsewhere on the employer’s premises or circulated in the workplace.
    - 3.3.3.5. Sexual harassment includes unwelcome advances, requests for sexual favors or any other verbal, visual or physical contact of a sexual nature when submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, or training and educational opportunities, medical treatment, referrals, purchases, etc. It also includes such conduct when the conduct interferes with the individual’s employment or education/training; or creates an intimidating, hostile or offensive work, education, or treatment environment.
    - 3.3.3.6. Inappropriate comments spoken, or written, in patient records or other official documents, attacking or impugning the quality of care in the hospital, other practitioners, Hospital personnel, or hospital policy.
    - 3.3.3.7. Non-constructive criticism addressed to recipient in a way as to intimidate, belittle or to impute stupidity or incompetence.
    - 3.3.3.8. Deliberate destruction or stealing of Hospital property, including medical records.
    - 3.3.3.9. Disrupting Hospital case management, committee, or peer review functions.
    - 3.3.3.10. Disrupting Hospital personnel’s ability to perform their assigned functions.
    - 3.3.3.11. All allegations of harassment and disruptive behavior shall be investigated by the Division Director and appropriate committees and, if confirmed, will result in appropriate corrective action, including, but not limited to, reprimands,

suspension, restriction or revocation of all or any part of Medical Staff membership and/or clinical privileges as outlined in Article Six.

3.3.4. Board Certification

All physicians should obtain Board Certification within their practicing specialty within the appropriate timeframe of their discipline. Physicians are encouraged to maintain Board Certification, although maintenance of certification is not required. For new applicants to the Medical Staff, board certification will be considered in the initial credentialing process and upon consideration for reappointment. Current medical staff members as of the amendment date of these Bylaws will be grandfathered to meet this basic requirement.

3.4. DURATION OF APPOINTMENT TO THE MEDICAL STAFF

Appointment and reappointment to the Medical Staff shall be for a period of not more than two (2) years. This provision shall not apply to members who have no patient care responsibility or prerogatives (i.e., Honorary Status).

3.5. REQUIREMENTS FOR APPLICATION SUBMISSION

Applicants for initial and reappointment to the Touro Infirmary Medical Staff shall:

- 3.5.1. Be subject to the application and reappointment process set forth in the Credentialing Manual. Such policies and procedures will be reviewed and approved at the direction of the Medical Executive Committee.
- 3.5.2. Submit a properly completed application, signed by the applicant, to the Medical Staff Office or appointed designee, on the forms prescribed for this purpose by the Medical Executive Committee. "Properly completed" means that all provisions have been completed or an explanation provided of any that are not, and all required supporting documentation has been submitted.
- 3.5.3. Acknowledge that he/she will notify the President of the Medical Staff of any changes in the information provided in the application during the application period or at any subsequent time.
- 3.5.4. Submit with the application for initial appointment such written recommendations as are required by the Medical Executive Committee, stated on the application, or requested by the Medical Staff Office.
- 3.5.5. Authorize Touro Infirmary to carry out background checks, including, but not limited to primary source verification of employment, education, and criminal background checks.
- 3.5.6. Authorize the Hospital to consult with members of the Medical Staff of other hospitals with which the applicant has been associated and with others who may have information bearing on the applicant's qualifications.
- 3.5.7. Authorize the release of all records and documents that, in the judgment of the President of the Medical Staff, the Division Directors, the Credentialing Committee, the Medical Executive Committee, or the Governing Board, may be material to an evaluation of the applicant's qualifications.
- 3.5.8. Submit information as to any action, including any past or pending investigation, which has been undertaken regarding the applicant's professional status or qualifications, including but not limited to, licensure, staff membership and/or clinical privileges, professional organizations, and related matters.
- 3.5.9. Submit information satisfactory to the Medical Executive Committee pertaining to the applicant's professional liability insurance coverage, including appropriate amounts and coverage for all privileges requested, and professional liability suits, judgments, settlements, or arbitration proceedings against him/her and the status of such matters.
- 3.5.10. Submit information regarding any past, present, or current exclusion from a federal health care program.
- 3.5.11. Submit relevant information pertaining to the applicant's physical and mental health.

- 3.5.12. Submit information pertaining to his/her voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges. A voluntary termination is considered a disciplinary action when the relinquishment is done to avoid an adverse action, preclude an investigation, or is done while the licensee is under investigation related to professional conduct.
- 3.5.13. Acknowledge that he/she has received a copy (or has been given access to), and read the Medical Staff Bylaws and Rules and Regulations, and Division requirements, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, if he/she is granted membership or clinical privileges, and to be bound by the terms thereof without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of this application.
- 3.5.14. Agree to appear for such interviews and provide such additional information as may be requested by the President of the Medical Staff, Division Director, Credentialing Committee, Medical Executive Committee, or Governing Board.
- 3.5.15. Release from liability all representatives of the hospital and the Medical Staff for their acts performed in good faith in evaluating the applicant's qualifications.
- 3.5.16. Release from liability all individuals and organizations who in good faith provide information to the hospital and its Medical Staff concerning the applicant, including otherwise privileged or confidential information.
- 3.5.17. Pay credentialing fees for initial application or for reappointment application. Failure to pay required fees will deem the application to be incomplete.
  - 3.5.17.1. For new applicants, applications will be considered withdrawn and not processed.
  - 3.5.17.2. For reappointments, Medical Staff members will be processed as a voluntary resignation.

### 3.6. APPLICANT'S BURDEN

- 3.6.1. The applicant for appointment or reappointment shall have the continuing burden of producing complete, accurate and adequate information for a proper evaluation of his/her qualifications. This includes satisfying all requirements specified in the Medical Staff Bylaws and Rules and Regulations as well as producing any additional information requested by the President of the Medical Staff or the Medical Staff Office. This burden may include submission to a medical, psychiatric, or psychological examination, at the applicant's expense, if deemed appropriate by the Medical Executive Committee which may select the examining practitioner. The applicant's failure to sustain this burden and/or the provision of information containing any misrepresentations or omissions shall be grounds for denial of the application or subsequent termination, suspension or limitation of membership or privileges under Article Six of these Bylaws. The President of the Medical Staff, Chief Medical Officer or Medical Staff Office shall notify the applicant of any areas of incompleteness and/or failure of others to respond to such information collection or verification efforts within forty-five (45) days of when the initial application is received, and it shall then be the applicant's obligation to obtain all required information.
- 3.6.2. Failure to complete the application and/or to submit any additional requested information within thirty (30) days of a request therefore by the President of the Medical Staff or the Medical Staff Office may, at the sole discretion of the President of the Medical Staff, be deemed a voluntary withdrawal of the application and not subject to challenge under Article Seven of these Bylaws.

### 3.7. PROCESS FOR CONSIDERATION OF APPLICATION

- 3.7.1. The procedure for consideration for appointment to the Medical Staff shall be outlined in these Bylaws and further detailed in the Credentialing Manual.

- 3.7.2. After an examination of the completed application and all supporting material, the Credentialing Committee shall transmit a written or verbal report to the Medical Executive Committee, along with supporting materials, which shall indicate, on the basis of its evaluation of the applicant's competence, ability to perform the clinical privileges requested, character, health, and ethics, its recommendations and the reasons therefore, as to:
  - 3.7.2.1. Whether the applicant should be appointed to the Medical Staff.
  - 3.7.2.2. What specifically delineated clinical privileges should be granted to the applicant, and in which Division or Department.
- 3.7.3. Upon receipt of the recommendations of the Credentialing Committee, the Medical Executive Committee shall review this information, conduct any further investigation regarding the applicant's character, competence, health, and ethics it deems appropriate, and:
  - 3.7.3.1. Provide Touro Infirmary's Governing Board with a recommendation that the applicant be appointed to the Medical Staff with the specific privileges requested; or
  - 3.7.3.2. Provide Touro Infirmary's Governing Board with a recommendation that the applicant be appointed to the Medical Staff, but not with all the specific clinical privileges requested; or
  - 3.7.3.3. Provide Touro Infirmary's Governing Board with a recommendation that the applicant shall not be appointed to the Medical Staff.
- 3.7.4. In the event the Medical Executive Committee takes actions described in Section 3.7.3.2. or Section 3.7.3.3. above, the applicant shall be notified of the adverse recommendation and of his/her right to request a fair hearing under Article Seven. No final action shall be taken by Touro Infirmary and the Governing Board until the applicant has waived or exhausted his/her hearing rights.
- 3.7.5. Upon receipt of the applicant's information and recommendation from the Medical Executive Committee, Touro Infirmary's Governing Board shall act upon the application and shall notify the applicant of its decision. The Governing Board may either adopt the Medical Executive Committee's decision or refer the matter back to the Medical Executive Committee for further proceedings. If the decision of the Governing Board is to appoint the applicant to the Medical Staff, the Governing Board shall approve the specific privileges to be granted the Medical Staff member. The Governing Board shall give great weight to the actions and recommendations of the Medical Executive Committee and, in no event, shall act in an arbitrary and capricious manner. When Touro Infirmary's Governing Board has adopted the decision, it shall be considered the final decision of the Hospital.
- 3.7.6. All decisions by Touro Infirmary's Governing Board approving or disapproving the appointment or reappointment of an applicant shall be forwarded in writing to the applicant.
- 3.7.7. In the event of an unwarranted delay in the application process, Touro Infirmary and the Governing Board may act on a properly completed application without the recommendation of the Medical Executive Committee, Credentialing Committee and/or Division Directors upon the request of the applicant. For the purpose of this Section, unless specifically waived in writing by the applicant, unwarranted delay shall mean one-hundred and eighty (180) days from the date that the properly completed application has been received. In all cases the decision to appoint or reappoint shall be based upon the same information as is usually considered by the President of the Medical Staff, the Credentialing Committee, and Medical Executive Committee.
- 3.7.8. Touro Infirmary's Governing Board may convene a subset of committee members for the purpose of acting on its behalf on the credentials and privileges of practitioners as well as

their reappointments to the Medical Staff of Touro Infirmiry between meetings of Touro Infirmiry's Governing Board. This Committee will review all applications for appointment and reappointment to the Medical Staff including recommendations from the Division Directors, Credentialing Committee, and Medical Executive Committee, along with any relevant peer reference or quality review information. Any actions taken by this committee shall be reported to, and confirmed by, Touro Infirmiry's Governing Board at its next regular meeting.

3.7.9. Should Touro Infirmiry's Governing Board's preliminary decision be adverse to the applicant after either: (1) a favorable Medical Executive Committee recommendation; or (2) without benefit of a Medical Executive Committee recommendation in accordance with Section 3.7.7. above, the applicant shall be notified of the preliminary adverse decision and of his/her right to request a hearing under Article Seven. No final action shall be taken by Touro Infirmiry's Governing Board until after the applicant has waived or exhausted his/her hearing rights.

3.7.10. Any time periods specified in this Section 3.7 are to assist those named in accomplishing their tasks and shall not be deemed to create any right of the applicant to have his/her application processed within those periods.

3.7.11. A Medical Staff member who has been the subject of an adverse decision denying an application, adverse corrective action decision, or a resignation in lieu of a medical disciplinary action, shall not be eligible to reapply for Medical Staff membership and/or clinical privileges affected by such action for a period of at least two (2) years from the date the adverse decision became final, the date the application or request was withdrawn or the date the former Medical Staff member's resignation became effective, whichever is applicable.

### 3.8. CREDENTIALS SUBJECT TO ONGOING VERIFICATION

In addition to being verified at the time of initial appointment and initial granting of privileges, and at reappointment or renewal or revision of clinical privileges, credentials may be subject to primary source verification, at the time of expiration and renewal or as specified, and any failure to continuously maintain the appropriate credentials during the entire term of appointment shall result in automatic suspension actions as described in Article Six of these Bylaws.

### 3.9. AUTHORITY FOR DOCUMENTATION AND VERIFICATION SERVICES

The Credentialing Committee and/or Medical Executive Committee and Touro Infirmiry's Governing Board may designate a verification service to serve as a designee of the Medical Staff, the Division Directors, the Medical Staff Office, and the President of Touro Infirmiry under this Article, to provide documentation and verification services with respect to applicants for appointment and reappointment. The documentation and verification services shall be limited to collecting verified, objective data, and the Medical Staff and Touro Infirmiry's Governing Board remain responsible for evaluating and making recommendations with respect to applications for appointment and reappointment for membership and/or clinical privileges. By applying for membership and/or clinical privileges, each applicant for appointment or reappointment authorizes the Medical Staff, Division Directors, Medical Staff Office, and the President of Touro Infirmiry and/or Touro Infirmiry's Governing Board to use the services of documentation and verification organization for the limited purpose described in this Section.

### 3.10. ASSISTANCE WITH EVALUATION

The Governing Board, the Medical Executive Committee, the President of Touro Infirmiry, or any committee authorized to review or evaluate applications for Medical Staff membership or clinical privileges, or conduct ongoing review or evaluation of performance of those who currently hold Medical Staff membership or clinical privileges, may as part of these duties:

3.10.1. Obtain the assistance of an independent consultant or others to evaluate the healthcare professional being subject to review;

- 3.10.2. Consider the results of performance improvement or quality assessment activities of other hospitals or health care institutions with respect to the healthcare professional under evaluation;
  - 3.10.3. Request or require the healthcare professional under evaluation to submit to interviews with consultants who may be retained to assist in the review or evaluation process;
  - 3.10.4. Subject to Federal or State regulations, request that specific patient records or categories of records of patients treated by the healthcare professional under evaluation be submitted for review, subject to appropriate protection of patient confidentiality; and,
  - 3.10.5. Require detailed statements, data and information concerning matters that may impact the qualifications, professional competence or conduct of the healthcare professional under evaluation.
- 3.11. PROXY CREDENTIALING FOR TELEMEDICINE/ TELERADIOLOGY PRACTITIONERS
- 3.11.1. Practitioners providing telemedicine/ teleradiology services for Touro Infirmary shall be exempt from the traditional Medical Staff application and appointment process.
  - 3.11.2. Proxy credentialing shall allow the Medical Staff Office to utilize the application and verification information of the distant-site hospital or telemedicine/ teleradiology entity.
  - 3.11.3. The following requirements must be met for credentialing practitioners from distant-site hospitals:
    - 3.11.3.1. A written telemedicine/ teleradiology services agreement;
    - 3.11.3.2. The distant-site hospital must be a Medicare participating hospital;
    - 3.11.3.3. The distant-site practitioner must be privileged at the distant-site hospital. The privilege status must be confirmed by the distant-site hospital through the production of a current delineation of the practitioner's privileges;
    - 3.11.3.4. The distant-site practitioner must hold a Louisiana license; and
    - 3.11.3.5. The hospital that credentials and privileges the distant-site practitioner must share the practitioner's performance review information with the distant-site hospital to ensure accountability.
  - 3.11.4. The following requirements must be met for credentialing practitioners from distant-site telemedicine/ teleradiology entities:
    - 3.11.4.1. A written telemedicine/ teleradiology services agreement;
    - 3.11.4.2. The distant-site telemedicine/ teleradiology entity must have in place credentialing and privileging procedures for accessing the qualifications and furnishing services that meet the standards of all regulatory agencies;
    - 3.11.4.3. The distant-site practitioner must have the experience and expertise as represented by the distant-site telemedicine entity;
    - 3.11.4.4. The distant-site practitioner must hold a Louisiana license; and
    - 3.11.4.5. The hospital that credentials and privileges the distant-site practitioner must share the practitioner's performance review information with the distant-site telemedicine/ teleradiology entity to ensure accountability.
  - 3.11.5. Practitioners will be presented for informational purposes to the Credentials Committee, Medical Executive Committee and Governing Board for Medical Staff membership and privileges based upon the agreement.

- 3.11.6. Proxy-credentialing will not exempt the practitioner from quality assessment as required via the peer review process, ongoing professional practice evaluation (OPPE), and focused professional practice evaluation (FPPE).
- 3.11.7. Adverse events resulting from the telemedicine services provided, as well as complaints regarding the practitioner, will be shared with the distant-site hospital and/or entity.

### 3.12. ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

3.12.1. The Touro Infirmery Medical Staff is responsible to the Medical Executive Committee and the Touro Infirmery Governing Board for the quality of professional care performed in Touro Infirmery. In order to meet this responsibility, Medical Staff members and Allied Health Practitioners shall participate in ongoing professional practice evaluation through the measurement, monitoring, analysis, and improvement of the quality and appropriateness of services provided by individual Medical Staff members and other individuals with clinical privileges. The Medical Staff shall participate in quality assessment and performance improvement. Elements of performance monitored for continuous evaluation include:

- Medical/clinical knowledge
- Technical/clinical skills
- Clinical judgment
- Interpersonal skills
- Communication skills
- Professionalism

3.12.2. OPPE aims to assure uniformly high quality and clinically appropriate care by the Medical Staff members and others with clinical privileges. The data measurements and profiling shall include clinical and other indicators directly attributable to quality and patient outcomes. Each provider will have a performance profile that summarizes these data.

3.12.2.1. The data, measures and profiles may include, but are not limited to, clinical and other information regarding each individual's:

- Medical assessment and treatment of patients
- Medication usage
- Blood utilization
- Unanticipated deaths
- Autopsy criteria
- Sentinel events
- HIM/ Medical Record Compliance
- Patient safety data
- Utilization Issues: (LOS, Denied-Avoidable Days; Readmissions)
- Diagnoses not present on Admission
- Professional conduct and complaints
- Demonstrates a pattern of refusing consultations

3.12.2.2. Provider-specific data derived from Hospital performance improvement activities shall be used to compare with aggregate data (if deemed appropriate) to evaluate the individual's performance.

3.12.2.3. Results from the peer review committee regarding the individual's clinical performance shall also be included.

3.12.3. Data, its analysis, and performance improvement plans shall be managed within the established Medical Staff peer review and quality review committees as well as Medical Staff Divisions and Hospital departments.

- 3.12.3.1. The Division Director, as part of the OPPE process, may perform initial screening of cases for specific providers.
- 3.12.3.2. Any cases requiring further review, as determined by the Division Director, may be forwarded to the Medical Staff Quality Committee, the Peer Review Committee, and/ or any additional committee of the Medical Staff as deemed appropriate.
- 3.12.3.3. Cases reviewed by the Medical Staff are assigned to one of the following as a final disposition:
  - Standard of care met
  - Standard of care met: Education
  - Standard of care not met
- 3.12.3.4. Actions taken as a result of review may include:
  - Recommended changes in policy and procedure
  - Counseling/education
  - Sending a letter of inquiry
  - Trending of occurrences
  - Request for a focused professional practice evaluation
- 3.12.4. The Medical Staff Office shall collect and forward provider-specific performance profiles to the credentials committee for consideration in the appointment or reappointment process.

### 3.13. FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

- 3.13.1. The Medical Staff shall have a process to evaluate the privilege-specific competence of a practitioner. This process, focused professional practice evaluation (FPPE), shall be a minimum number of procedures or amount of time during which the Medical Staff will evaluate and determine the practitioner's professional performance. FPPE may entail the use of one or more types of evaluation, including but not limited to:
  - 3.13.1.1. chart review
  - 3.13.1.2. monitoring of clinical practice patterns
  - 3.13.1.3. simulation
  - 3.13.1.4. clinical proctoring
  - 3.13.1.5. external peer review
  - 3.13.1.6. discussion with other individuals involved in the care of each patient (e.g., consulting physicians, assistants at surgery, nursing or administrative personnel)
- 3.13.2. FPPE will be used for the following reasons:
  - 3.13.2.1. An initial applicant seeking clinical privileges
  - 3.13.2.2. A current Medical Staff member or credentialed provider seeking new privileges
  - 3.13.2.3. A current Medical Staff member or credentialed provider requiring assessment if the ability to provide safe, high-quality patient care (see 3.12.3.4)
- 3.13.3. FPPE Process for initial appointment/initial clinical privileges: At the time of initial appointments and initial granting of clinical privileges, the Credentialing Committee shall determine a plan for conducting focused professional practice evaluation. A period of focused professional practice evaluation shall be implemented for all initially requested privileges. The evaluation plan shall include a minimum number of procedures or the time period of evaluation and may be subject to an extension of time for a total period not to exceed two years (24 months). If a sufficient amount of clinical activity has not occurred during the designated period, practice evaluation may be extended beyond the designated period upon formal request to, and approval by, the Credentialing Committee. Each individual subject to FPPE for initial appointment may be assigned clinical proctoring or

observation. If a proctor/ observer is assigned, the proctor or qualified observer shall complete a report with comments on the individual's performance. Each report will be evaluated when the case is completed. If an initial appointee fails to provide the documentation required above within the practice evaluation term, his/her clinical privileges, as applicable, will be automatically and voluntarily relinquished.

- 3.13.4. FPPE Process for individuals with existing privileges who are requesting new privileges: A period of focused professional practice evaluation shall be implemented for all initially requested privileges. Medical Staff members or other individuals with existing clinical privileges who are requesting new privileges may be subject to focused professional practice evaluation by one or more appropriate Member(s) of the Medical Staff as approved by the Credentialing Committee. In the event new privileges are requested for which there are no other Medical Staff members or other individuals with existing clinical privileges and competence to proctor and/or observe in the new area of practice, the Credentialing Committee, the Medical Executive Committee, and/or the Governing Board shall have the option of specifying requirements for other evidence of competence, including but not limited to reports of completion of a training program accepted by the MEC, evaluations from competent instructors, external peer review, and/or evidence of proctoring at another hospital. The individual requesting new privileges shall be subject to focused professional practice evaluation for the timeframe or number and type of cases, procedures or treatments specified by the Credentials Committee as appropriate to the new clinical privileges being requested. The care under evaluation shall be relevant to the privileges granted. The purpose of the observation is to determine the individual's actual clinical competence for the new clinical privileges granted. If a sufficient amount of clinical activity has not occurred during the designated period, practice evaluation may be extended beyond the designated period upon formal request to, and approval by, the Credentialing Committee. If a proctor/ observer is assigned, the proctor or qualified observer shall complete a report with comments on the individual's performance. Each report will be evaluated when the case is completed. If a Medical Staff member requesting additional privileges fails, within the practice evaluation term, to provide the required documentation, the additional privileges will be automatically and voluntarily relinquished.
- 3.13.5. FPPE Process for evaluating of clinical competence for privileges previously granted: Medical Staff members or other individuals with existing clinical privileges who are identified for review of actual clinical competence may be subject to focused professional practice evaluation by one or more appropriate member(s) of the Medical Staff as approved by the appropriate Division Director, President of the Medical Staff, or Medical Staff committee. Focused professional practice evaluation may be indicated as the result of QA/PI, peer review or patient safety information, or due to inactivity with clinical privileges granted, or due to return from a leave of absence. The individual shall be subject to focused professional practice evaluation for the timeframe or number and type of cases, procedures or treatments specified by the clinical Division and/ or the Medical Staff committee as appropriate to the clinical privileges subject to review. The care under evaluation shall be relevant to the privileges granted. The purpose of the observation is to determine the individual's actual clinical competence for the clinical privileges subject to review. If a proctor/ observer is assigned, the proctor or qualified observer shall complete a report with comments on the individual's performance. Each report will be evaluated when the case is completed. The individual's Division Director shall review the proctoring/ observation reports, chart reviews, peer review, and any other results of focused professional practice evaluation and provide a report to the Credentialing Committee, the Medical Executive Committee, and the Governing Board, if applicable.
- 3.13.6. Confidentiality: Peer review and quality improvement activities are immune to discoverability according to state statute. All activities are kept confidential. Only authorized persons have access to the monitoring data and/or retrieval of this

information. Authorized persons include medical staff leaders, Hospital Administration, and Medical Staff Office personnel, as appropriate.

### 3.14. REAPPOINTMENT TO THE MEDICAL STAFF

- 3.14.1. Reappointment to the Medical Staff shall occur biennially. Staff members whose appointments are scheduled to expire shall receive notification and shall submit a completed and signed application form, as well as all additionally requested materials necessary to process and verify the reapplication. The reapplication shall be processed in all respects in the same manner as applies under initial applications for appointment to the Medical Staff, and the applicant shall, in all respects, have the same rights and be subject to the same requirements as initial applications for appointment to the Medical Staff. For reappointment applications, the provider shall be reviewed for the time span elapsed since the prior appointment. The Credentialing Committee or Medical Executive Committee may require additional practice evaluation for any clinical privileges that are used so infrequently as to make it difficult or unreliable to assess current competency without additional practice evaluation, and such practice evaluation requirements imposed for lack of activity shall not result in any hearing rights under Article Seven of these Bylaws.
- 3.14.2. The properly completed reapplication form and all necessary documentation shall be forwarded to the Division Director for evaluation and recommendation as to whether or not the member should be reappointed to the Medical Staff and a recommendation on the specific clinical privileges requested. In making such recommendations, the Division Director shall consider the member's clinical performance while a member of the Medical Staff including the results of quality assessment and peer review activities, and recommendations from the member's peers. The recommendations of the Division Director are forwarded to the Credentialing Committee and the Medical Executive Committee for review and recommendation to the Governing Board.

### 3.15. LAPSE OF REAPPOINTMENT APPLICATION

- 3.15.1. If a Medical Staff member due for reappointment fails to submit the required application and supporting documentation ninety (90) days prior to the listed reappointment date, that member's appointment shall lapse and his/her failure to respond shall be considered a voluntary resignation. A new application for membership will be required for reinstatement.
- 3.15.2. Should a reappointment application be incomplete within ninety (90) days of the reappointment date, the applicant will receive notification via certified mail and USPS of the missing items. The applicant will have thirty (30) days to submit the missing items in addition to an expedited processing fee to be borne by the applicant. Failure to submit all information and payment within the time period specified, will result in a voluntary resignation effective on the date his/her appointment expires, except in the event of an ongoing formal review of the Medical Staff member's conduct, or unless otherwise extended by the Medical Executive Committee, subject to Governing Board approval, and such other penalties as may be imposed by the Medical Executive Committee, subject to Governing Board approval.
- 3.15.3. A subsequent request for Medical Staff membership received from a member who has voluntarily resigned in this manner shall be submitted and processed in accordance with the procedure specified for applications for initial appointments. The procedural rights set forth in Article Seven of the Medical Staff Bylaws shall not apply to a voluntary resignation under this section.

### 3.16. LEAVE OF ABSENCE

- 3.16.1. A Medical Staff member who wishes a leave of absence must, unless excused by the

President of the Medical Staff for good cause, submit a written request for the leave to the President of the Medical Staff at least thirty (30) days prior to the commencement of leave. The President shall determine, subject to the approval of the Credentialing Committee and Medical Executive Committee, whether or not to grant the leave.

- 3.16.2. A leave of absence may not be less than three (3) or more than six (6) consecutive months. Exceptions to the 6 month timeframe exist for medical and military leave.
- 3.16.3. Failure, without good cause, to submit a timely request for a leave to the President of the Medical Staff shall be deemed a voluntary resignation from the Medical Staff.
- 3.16.4. While on an approved leave, a Medical Staff member shall not have privileges to admit or treat patients, nor have any other prerogatives or responsibilities of Medical Staff membership. However, members shall be required to pay dues and fees.
- 3.16.5. Medical Staff Members subject to reappointment while on an approved leave of absence, must adhere to the reappointment process and submit the appropriate application and documentation required for consideration by the Division Director, Credentialing Committee, Medical Executive Committee, and Governing Board.
- 3.16.6. At least thirty (30) days prior to termination of leave, the member shall submit a written request for the reinstatement of membership and clinical privileges to the President of the Medical Staff. At the request of the President, the member shall submit a summary of relevant activities while on leave including, if requested, information relevant to current competency and health. Thereafter, the President, subject to the approval of the Credentialing Committee, Medical Executive Committee and Governing Board, shall make a recommendation regarding reinstatement of the member's privileges. A determination that a member be denied reinstatement shall be considered a denial of privileges and may be appealed as such pursuant to Article Seven of these Bylaws.
- 3.16.7. Failure, without good cause, to request reinstatement or submit a requested summary of activities shall be deemed a voluntary resignation from the Medical Staff.
- 3.16.8. A leave of absence may be granted for the following reasons:
  - 3.16.8.1. Medical Leave of Absence  
The Medical Executive Committee shall determine the circumstances under which a particular Medical Staff member shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. In the discretion of the Medical Executive Committee, the leave shall be deemed a "medical leave" which may not be granted for a medical disciplinary cause or reason.
  - 3.16.8.2. Military Leave of Absence  
Requests for leave of absence to fulfill military service obligations shall be granted, upon notice and review by the Medical Executive Committee. Medical Staff members who are on active military duty for more than one year will be afforded an automatic extension of their leave until their active duty is completed. Reactivation of membership and clinical privileges previously held shall be granted, notwithstanding other provisions of Section 3.15., but may be granted subject to practice evaluation as determined by the Medical Executive Committee.
  - 3.16.8.3. Unspecified Leave of Absence  
Requests for non-medical, non-military related leave of absence shall be deemed an unspecified leave of absence. Unspecified leave is pursuant to a variety of reasons including lack of appropriate call coverage. Six months is the maximum timeframe for unspecified leave.

### 3.17. RESIGNATION

Resignations from the Medical Staff should be submitted to the Medical Staff Office in writing and should state the date the resignation becomes effective. Resignation of Medical Staff membership and/or clinical privileges may be granted for a Physician or AHP in good standing provided all incomplete medical records and Medical Staff and Hospital matters have been concluded. The Physician's or AHP's Division Director, the Medical Executive Committee, and

the Board shall be notified of the resignation. When a resignation is accepted or clinical privileges are relinquished during the course of an investigation regarding improper conduct or incompetence, a report shall be submitted to the state professional licensing board for reporting to the NPDB, as required by federal law.

## **ARTICLE FOUR: MEDICAL STAFF CLASSIFICATION**

### **4.1. CLASSIFICATION**

The Medical Staff shall constitute a unified staff, subject to the limited or controlled policy adopted by the Touro Infirmary Governing Board, and divided into Active, Courtesy, and Honorary staff categories. Each time Medical Staff membership is granted or renewed, or at other times as deemed appropriate, the member's staff category shall be determined, by the Medical Executive Committee. For the purposes of the below qualifications, patient contact includes admissions, treatments, consults, teaching and supervision of physicians-in-training, outpatient clinic visits, and outpatient surgery and procedures.

#### **4.1.1. Active Medical Staff**

##### **4.1.1.1. REQUIREMENTS FOR ACTIVE STAFF**

The Active Staff shall consist of physicians who:

- 4.1.1.1.1. Meet the Membership Criteria set forth in Article Three;
- 4.1.1.1.2. Provide continuous care, treatment, and services to their patients in the hospital and clinics
- 4.1.1.1.3. Regularly admit, or are otherwise regularly involved in the care of patients in this facility (a minimum of eleven [11] patient contacts per year) or are regularly involved in Medical Staff functions, as determined by the Medical Staff.

##### **4.1.1.2. PREROGATIVES OF ACTIVE STAFF**

The prerogatives of the Active Staff members shall be to:

- 4.1.1.2.1. Admit, treat or perform services on Hospital and clinic patients.
- 4.1.1.2.2. Exercise such clinical privileges as are granted to them pursuant to Article Five.
- 4.1.1.2.3. Vote on all matters presented at general and special meetings of the Medical Staff or clinical service and matters of Medical Staff or clinical service committees of which they are a member, and in elections of Medical Staff officers (based on eligibility).
- 4.1.1.2.4. Hold office in the Medical Staff organization and in the Division and committee of which they are a member.

##### **4.1.1.3. OBLIGATIONS OF ACTIVE STAFF**

- 4.1.1.3.1. Meet the basic responsibilities of staff membership defined in Article Three.
- 4.1.1.3.2. Satisfy the requirements of the Division of which he/she is a member.
- 4.1.1.3.3. Actively participate in Medical Staff committees, performance improvement functions, quality assurance and quality improvement activities, in supervising provisional appointees, in evaluating and monitoring Medical Staff members, and in discharging such other staff functions as may from time to time be required. This participation is a duty derived from the privilege of Active Staff membership.

- 4.1.1.3.4. Satisfy the requirements set forth in Article Twelve for attendance at meetings of the division and committees of which he/she is a member.
- 4.1.1.3.5. Pay dues and fees as determined in accordance with Section 13.5.
- 4.1.1.3.6. Accept on-call coverage for emergency care services within his/her Medical Staff Division as specified by the requirements of the assigned Medical Staff Division.
  - 4.1.1.3.6.1. Exception: Medical Staff members may be excused from participation in emergency room call after 25 years of service at Touro Infirmary upon the direct request to and approval from the Division Director. Reprieval of unreferral call is at the discretion of the Division Director.
- 4.1.1.3.7. Perform such further duties as may be required of him/her under these Bylaws or Rules and Regulations including any future changes to these Bylaws or Rules and Regulations, and comply with directives issued by the Medical Executive Committee.

4.1.1.4. Transfer of Active Staff Member

After two (2) consecutive years in which a member of the Active Medical Staff fails to regularly care for patients in this hospital, or be regularly involved in Medical Staff functions as determined by the Medical Staff, that member shall be automatically transferred to the appropriate category, if any, for which the member is qualified.

4.1.2. Courtesy Medical Staff

This status is limited to those practitioners who anticipate repeated consultations to the Hospital medical staff. Their use of the Hospital shall be restricted to eleven (11) patient encounters in their respective fields per year. Such practitioners shall have admission privileges, but may not vote and may not hold office. Courtesy members can participate in division meetings and are required by the MEC to pay dues.

4.1.2.1. REQUIREMENTS FOR COURTESY STAFF

The Courtesy Staff shall consist of physicians who:

- 4.1.2.1.1. Meet the Membership Criteria set forth in Article Three;
- 4.1.2.1.2. Provide continuous care, treatment, and services to their patients in the hospital and clinics.

4.1.2.2. PREROGATIVES OF COURTESY STAFF

The prerogatives of the Courtesy Staff members shall be to:

- 4.1.2.2.1. Admitting privileges and performance of procedures are restricted to a maximum of eleven [11] patient contacts per year.
- 4.1.2.2.2. Courtesy staff may attend general and special meetings of the Medical Staff but are not required to attend and have no voting prerogatives.

4.1.2.3. OBLIGATIONS OF COURTESY STAFF

- 4.1.2.3.1. Meet the basic responsibilities of staff membership as defined in Article Three.
- 4.1.2.3.2. Satisfy the requirements of the division of which he/she is a member.
- 4.1.2.3.3. Pay dues and fees as determined in accordance with Section 13.5.

- 4.1.2.3.4. Perform such further duties as may be required of him/her under these Bylaws or Rules and Regulations including any future changes to these Bylaws or Rules and Regulations, and comply with directives issued by the Medical Executive Committee.
- 4.1.2.4. **Transfer to Active Staff Member**  
If the Courtesy Staff Member exceeds the 11 patient encounter maximum, he/she will automatically be transferred to Active Status without prior notification or warning. The member will then be granted the prerogatives and bound to uphold the obligations of Active Staff classification, including but not limited to, participation in emergency room coverage.
- 4.1.3. **Honorary Medical Staff**
  - 4.1.3.1. The Honorary Medical Staff shall consist of those individuals who, in the judgment of the President of the Medical Staff and the Medical Executive Committee, are distinguished practitioners whose contributions to Touro Infirmary or whose recognized professional eminence merit special recognition. This status is not limited to prior Touro Infirmary Medical Staff membership. A change of practitioner status to Honorary Medical Staff shall be initiated by the President of the Medical Staff, or Medical Executive Committee. This status must be granted to an individual as one may not apply for Honorary Status.
  - 4.1.3.2. Members of the Honorary Medical Staff shall be eligible to receive Medical Staff meeting notices, and to attend Medical Staff and Division meetings. They shall not have privileges to admit or treat patients in Touro Infirmary, nor are they eligible to vote or hold office in this Medical Staff organization.
  - 4.1.3.3. Honorary Staff Members shall not be required to pay staff dues/fees or to attend meetings of the Medical Staff or their divisions.
- 4.1.4. **House Physician**
  - 4.1.4.1. Physicians who are employed by Touro Infirmary to provide urgent care for inpatients after hours and on weekends.
  - 4.1.4.2. House Physicians are credentialed as Active Medical Staff Members to provide inpatient care but do not have admitting privileges.
- 4.1.5. **House Staff**  
A Resident/Fellow Physician does not have independent privileges to admit or treat patients at Touro Infirmary, and thus is not a member of the Medical Staff, and is not required to pay dues or fees. Resident/Fellow Physicians will act under the supervision and credentials of a Medical Staff member in accordance with all relevant Medical Staff and Touro Infirmary policies. The Resident/Fellow Physicians are not employees of Touro Infirmary and their scope of practice is defined by the graduate medical education programming.

## 4.2 MODIFICATION OF MEMBERSHIP

Upon recommendation of the Credentialing Committee or Division Director, pursuant to a request by the member, or upon the direction of the Governing Board, the Medical Executive Committee may recommend a change in the Medical Staff category of a member consistent with the requirements of the Bylaws. This modification does not warrant the fair hearing process.

## ARTICLE FIVE: CLINICAL PRIVILEGES

### 5.1 PRIVILEGES EXTENDED TO THE MEDICAL STAFF

- 5.1.1 Members of the Medical Staff shall be entitled to exercise only those delineated clinical privileges specifically granted to them by the Medical Executive Committee and Touro Infirmary's Governing Board in accordance with these Bylaws. All clinical privileges shall be requested and processed pursuant to the procedures outlined in Article Three. A mechanism is in place that allows assessment of whether an individual with clinical privileges provides services within the scope of those privileges granted.
- 5.1.2. Each Division shall define the privileges delineated and criteria the Division shall use for recommending privileges in the initial appointment, reappointment, and evaluation of Medical Staff members. If privilege delineation is based primarily on experience, the individual's credentials record reflects the specific experience and successful results that form the basis for granting of privileges.
- 5.1.3. Physical Examination and Medical History Requirements
- 5.1.3.1. The medical history and comprehensive appropriate physical examination shall be performed, completed, and documented within no more than 24 hours of admission to inpatient services or prior to any invasive procedure. When there is a transcription delay, a handwritten note signed by the practitioner and placed in the medical record containing pertinent findings is acceptable.
- 5.1.3.2. If a complete history and physical examination has been performed within 30 days prior to admission or invasive procedure, a durable, legible copy of this report may be used in the patient's hospital medical record.
- 5.1.3.3. Updates shall be documented at the time of admission. If there are no changes in the patient's condition, a note to the effect that an exam was done and there were no changes needs to be documented in the record. Any changes must be documented.
- 5.1.3.4. Except in extreme emergencies, an appropriate history and physical examination and the preoperative diagnosis shall be recorded in the medical record prior to the performance of surgery.
- 5.1.3.5. The H&P must be completed by a practitioner as designated by the State of Louisiana, not necessarily by a practitioner who has been privileged and credentialed by Touro Infirmary. If an external H&P is used, which was performed and documented by a physician not privileged or credentialed at Touro Infirmary, the post admission update must be completed and documented by a practitioner credentialed and privileged by the Touro Infirmary medical staff to conduct an H&P. An external H&P must also meet the 30 day prior to admission/surgery update requirement.
- 5.1.3.6. The attending physician shall date, time and countersign (authenticate), history/physical examination, discharge summary, consultation, and operative note when a member of the House Staff, medical student, or other licensed independent practitioner (as permitted by State law) has recorded them.
- 5.1.4. Autopsy Requirements
- 5.1.4.1. It shall be the duty of all Staff members to secure autopsies whenever possible. An autopsy may be performed only with written consent, authenticated in accordance with State Law. A Hospital pathologist, or a practitioner delegated this responsibility by the Medical Director of Pathology shall perform all autopsies. Provisional anatomic diagnosis shall be recorded on the medical record within 72 hours and the complete protocol should be made a part of the record within 60 days.

## 5.2. LIMITED PRIVILEGES FOR NON- MD/DO MEDICAL STAFF MEMBERS

### 5.2.1. Admissions

Dentists, non-MD oral surgeon, and podiatrist members of the Medical Staff may only admit patients if a physician (MD or DO) member assumes responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside of the limited license practitioner's lawful scope of practice.

5.2.2. When evidence of appropriate training and experience is documented, the non- MD/DO physician may perform the history or physical on his/her own patient. Otherwise a MD/DO physician member must conduct or directly supervise the admitting history and physical examination (except the portion related to dentistry, oral surgery, or podiatry).

### 5.2.3. Surgery

Surgical procedures performed by dentists, non-MD oral surgeons and podiatrists shall be under the overall supervision of the Division Director or his/her designee.

### 5.2.4. Medical Appraisal

All patients admitted for care in Touro Infirmery by a dentist, non-MD oral surgeon, or podiatrist shall receive the same basic medical appraisal as patients admitted to other services, and a physician member with appropriate privileges shall determine the risk and effect of any proposed treatment or surgical procedure on the general health status of the patient. Where a dispute exists regarding proposed treatment between a physician member and a dentist, non-MD oral surgeon, or podiatrist on medical or surgical factors outside of the scope of licensure of the practitioner, the treatment will be suspended insofar as possible while the dispute is resolved by the appropriate Division(s).

## 5.3. REQUESTING ADDITIONAL CLINICAL PRIVILEGES

A member of the Medical Staff may apply for additional clinical privileges on a form prescribed for that purpose by the Medical Executive Committee. The application shall, in all respects, be processed in the same manner as applies under Article Three to an application for appointment or reappointment to the Medical Staff, and the applicant shall, in all respects, have the same rights and be subject to the same requirements as apply under Article Three to an application for appointment or reappointment to the Medical Staff.

## 5.4. BASIS FOR PRIVILEGES DETERMINATION

5.4.1. The Medical Staff shall make an objective and evidence-based decision with regards to each request for clinical privileges. Requests for clinical privileges shall be evaluated on the following:

- Education, training, and experience;
- Current demonstrated professional competence and judgment;
- Evidence of current proficiency in the Hospital's general competencies;
- Applicant's clinical performance at this Hospital and their other settings;
- Comparison with aggregate information (when available);
- Current health status;
- The documented results of patient care and other quality review and monitoring which the Medical Executive Committee deems appropriate;
- Performance of a sufficient number of procedures to develop and maintain the practitioner's skills and knowledge; and
- Compliance with any specific criteria applicable to the privileges, including in-house

training which may be required.

5.4.2. The decision to grant or deny a privilege and/or to renew an existing privilege shall also be based on peer recommendations. Peers, in this scenario, are not required to be of like specialty, but must have knowledge to address the applicant's:

- Medical/clinical knowledge
- Technical and clinical skills
- Clinical judgment
- Interpersonal skills
- Communication skills
- Professionalism
- Health status

#### 5.5. "CROSS-SPECIALTY" PRIVILEGES WITHIN THE HOSPITAL

Any request for clinical privileges that are either new to the Hospital, or that overlap more than one division, shall initially be reviewed by the appropriate division, in order to establish the need for, and appropriateness of, the new procedure or services. Practitioners applying for membership and requesting "cross-specialty" privileges shall be evaluated by all applicable Divisions.

#### 5.6. MODIFICATION OF CLINICAL PRIVILEGES OR DIVISION

On its own, upon recommendation of the Credentialing Committee, or pursuant to a request from the practitioner, the Medical Executive Committee may recommend a change in the clinical privileges or division assignment(s) of a member. The Medical Executive Committee may also recommend the granting of additional privileges to a current Medical Staff member be made subject to practice evaluation in accordance with procedures outlined in Article Three.

#### 5.7. ESTABLISHING NEW PRIVILEGES

Prior to a new privilege being added to the privilege list of any service, it must be approved by the Governing Board of Touro Infirmary upon recommendation of the Credentialing Committee.

#### 5.8. EFFECT OF CONTRACT TERMINATION ON MEDICAL STAFF MEMBERSHIP OR CLINICAL PRIVILEGES

The Hospital from time to time enters into contracts with Physicians, AHP's and their employers for the provision of professional medical services. The contracts are frequently exclusive in nature and provide that the Physician's or AHP's medical staff membership and clinical privileges are contingent upon and subject to the continued existence of the contract or the Physician's or AHP's continued association with the contracting company. In such situations, the contracted Physicians or AHP's providing services pursuant to such contracts have no rights to a fair hearing and appeal or otherwise with respect to the termination of their medical staff membership and clinical privileges resulting from the termination of such contract or their association with the contracting company. Privileges and medical staff membership shall be automatically relinquished upon termination of the contract or resigned upon the request of the contracting company.

#### 5.9. TEMPORARY CLINICAL PRIVILEGES

There is no right to temporary privileges. In accordance with The Joint Commission's requirements, temporary privileges shall only be granted to fulfill an important patient care, treatment, or service need.

- 5.9.1. When appropriate, the President of the Medical Staff, in conjunction with or as the designee of, the President of Touro Infirmary, may, with the written approval of the appropriate Division Director, and on authority of Touro Infirmary, grant temporary clinical privileges to a qualified physician for a limited period not to exceed ninety (90) days. Physicians qualified to receive temporary privileges must submit a written request for temporary privileges, hold a valid Louisiana license and possess comparable clinical privileges at a reputable Louisiana hospital. All information must be complete, appropriate and in the order prescribed by the President of the Medical Staff or the Medical Staff Office, prior to obtaining temporary privileges. This includes submitting the following documents:
- current curriculum vitae
  - copy of current LA medical license
  - copy of current malpractice insurance
  - copy of current CDS
  - copy of current DEA
- 5.9.2. The Division Director to which the practitioner is assigned shall be responsible for monitoring the performance of the practitioner granted temporary privileges, or for designating a division member who shall assume this responsibility. Special requirements of consultation, proctoring, and reporting may be imposed by that Division Director. Before temporary privileges are granted, the practitioner shall be given access to the Medical Staff Bylaws and Rules and Regulations. He/she will be bound by the terms thereof in all matters relating to his/her temporary privileges.
- 5.9.3. Denial or Termination of Temporary Privileges  
On the discovery of any information or the occurrence of any event of a nature which raises a question about a practitioner's professional qualifications, ability to exercise any temporary privileges granted, or compliance with these Bylaws, the Rules and Regulations, requirements of the Division, or other requirements, the President of the Medical Staff may, after consultation with the Division Director, deny or terminate any or all of such individual's temporary privileges. The denial or termination of temporary privileges shall not be reviewable according to the procedures set forth in Article Seven of the Medical Staff Bylaws unless required to be reported pursuant to the Louisiana Medical Practice Act LSA-R.S.37: 1261 et. seq., Louisiana Administrative Code 46: XLV § 301 et. seq. In the event of any such denial or termination the affected practitioner's patients in the Hospital shall be assigned to another practitioner by the Division Director. The wishes of the patient shall be considered, when feasible, in choosing a substitute practitioner.

## 5.10. EMERGENCY/ DISASTER CLINICAL PRIVILEGES

### 5.10.1. Emergency Management Plan

- 5.10.1.1. Emergency/ disaster privileges of licensed independent practitioners may be granted during a disaster when the Hospital's Emergency Management Plan is activated and the organization is unable to handle immediate patient-care needs. The President of Touro Infirmary, President of the Medical Staff, or their designee may grant emergency temporary privileges to a physician based upon physical presentation of the following items:
- Current medical licensure from any jurisdiction (wallet card)
  - Valid photo ID issued by a state, federal, or regulatory agency
  - The name of his/her professional liability carrier
- 5.10.1.2. The President of Touro Infirmary, President of the Medical Staff, or their designee must personally view all identification. (If possible, copies should be made of the license and photo ID).
- 5.10.1.3. The Medical Staff Office will attempt to verify licensure upon request for emergency/ disaster privileges. Should this not be possible, verification will

occur as soon as practical after the immediate situation is under control and, except in extraordinary circumstances, will be completed within 72 hours from the time when the volunteer practitioner presents to the organization. The time the privileges were granted will be documented, and the President of Touro Infirmary or designee will make a decision within 72 hours regarding whether to continue the privileges.

- 5.10.1.4. The patient care, treatment, and services provided by volunteer LIPs will be monitored and overseen by the physician directors of the department in which services are provided.
- 5.10.1.5. Emergency/ disaster clinical privileges shall automatically terminate once the state of emergency no longer exists or when the volunteer LIP's services are no longer required, as determined by the President of Touro Infirmary or designee. Emergency/ disaster clinical privileges may be revoked at any time. The termination of disaster privileges shall be final, and the Medical Staff's hearing and appellate review procedures shall not apply.

## **ARTICLE SIX: REVIEW OF MEDICAL STAFF MEMBER CONDUCT**

### **6.1. BASIS FOR REVIEW**

- 6.1.1. The procedures provided in this Article shall be invoked whenever it appears the activities or professional conduct of any member of the Medical Staff:
  - 6.1.1.1 Jeopardizes or may jeopardize the safety or best interests of a patient, quality of care, treatment, or services, visitor, or employee;
  - 6.1.1.2 Presents a question regarding the competence, character, judgment, ethics, stability of personality, including the ability to work cooperatively with others in the provision of safe patient care, treatment, and services, adequate physical and mental health, moral character, or qualification of the member; or
  - 6.1.1.3 Violates these Medical Staff Bylaws, Rules and Regulations, the requirements of the Division, or Touro Infirmary policies, including Code of Conduct, or constitutes conduct that is, or is reasonably probable of being disruptive to Touro Infirmary.

### **6.2. INITIATION**

In addition to professional practice evaluation or the peer review process, an investigation regarding the conduct of a member of the Medical Staff member may be initiated upon a written request, submitted to the President of the Medical Staff, and supported by reference to specific activities or conduct alleged. The President of the Medical Staff shall apprise the Medical Executive Committee of the request for investigation. After discussion of the request for an investigation, the Medical Executive Committee may determine that an investigation commences or that no further investigation is warranted. In either event, the affected member of the Medical Staff will be notified in writing that an investigation will commence. If the Medical Executive Committee was the source of the request for an investigation, it shall make appropriate record of the reasons. During any investigatory process, the Medical Staff member will be afforded the opportunity to meet with the Committee, Officer(s) or Division Directors conducting the investigation. This meeting shall only be between the affected Medical Staff member and the person(s) conducting the investigation and along with the President of the Medical Staff and without legal counsel in attendance. If, in the Medical Executive Committee's view, more than sixty (60) days is needed for investigation, the Medical Executive Committee shall advise the affected Medical Staff member and specify an appropriate time for completion of the investigation.

### 6.3. INVESTIGATION

On recommendation of the President of the Medical Staff, the Medical Executive Committee may, itself, conduct any investigation it deems necessary or may assign this task to an appropriately charged officer, committee, or Division Director. The investigative process shall not be deemed to be a "hearing" as that term is used in Article Seven. If the responsibility for investigation is delegated by the Medical Executive Committee, the responsible investigator(s) shall report to the Medical Executive Committee as soon as practical and in such form or manner as the Medical Executive Committee shall require.

### 6.4. MEDICAL EXECUTIVE COMMITTEE ACTION

6.4.1. The Medical Executive Committee shall act as soon as is practical after the conclusion of any investigation. Action taken by the Medical Executive Committee following the conclusion of any investigation may include, but is not limited to, the following actions:

6.4.1.1 No corrective action.

6.4.1.2 Proposed corrective action:

6.4.1.2.1 Letter of admonition, reprimand or warning;

6.4.1.2.2 Terms of probation including monitoring requirements or specific individual requirements of consultation;

6.4.1.2.3 Reduction or revocation of clinical privileges;

6.4.1.2.4 Suspension of clinical privileges until completion of specific conditions or requirements;

6.4.1.2.5 Limitation of clinical privileges;

6.4.1.2.6 Suspension of Medical Staff membership for a specific period of time or without limit of time;

6.4.1.2.7 Revocation of Medical Staff membership; or

6.4.1.2.8 Other actions appropriate to the facts which prompted the investigation.

6.4.2. Nothing set forth herein shall prevent the Medical Executive Committee from implementing a summary suspension or restriction of privileges at any time, in the exercise of its discretion pursuant to Section 6.6. below.

6.4.3. If the action is favorable to the practitioner, or constitutes an admonition, reprimand, or warning to the practitioner, or results in termination of the practitioner, it shall become effective as the final decision of Touro Infirmary's Governing Board. If the Medical Executive Committee fails to investigate or initiate corrective action and Touro Infirmary's Governing Board determines that its failure to do so is contrary to the weight of the evidence then available, Touro Infirmary's Governing Board may, after consulting with the Medical Executive Committee, direct the Medical Executive Committee to investigate or initiate corrective action. The Medical Executive Committee shall inform the Governing Board of its action in response to such a directive. If the Medical Executive Committee fails to act after a directive from Touro Infirmary's Governing Board, Touro Infirmary's Governing Board may, in accordance with these Bylaws, after written notice to the Medical Executive Committee, take action directly against a Medical Staff member. The Governing Board shall inform the Medical Executive Committee in writing of what it has done and the affected practitioner.

### 6.5. PROCEDURAL RIGHTS

Any recommendation by the Medical Executive Committee or the Governing Board pursuant to Section 6.4 which constitutes grounds for a hearing as set forth in Section 7.2 shall entitle the Medical Staff member to the rights specified in Article Seven. In such cases, the President of the Medical Staff shall give the Medical Staff member written notice of the recommendation, the

reasons for the proposed action, and of his/her right to request a hearing pursuant to the requirements in Section 7.3.1. A copy of the Bylaws detailing the hearing rights of the staff member will also be provided to the affected staff member.

## 6.6. SUMMARY SUSPENSION

### 6.6.1. Criteria for Initiation

Either the Division Director, President of the Medical Staff or the President of Touro Infirmary or their designee, is empowered to restrict or suspend summarily without benefit of a hearing or personal appearance any or all privileges of a member of the Medical Staff if there is cause to believe that the Medical Staff member's conduct requires that immediate action be taken to protect the life of any patient or to reduce the likelihood of imminent danger to the health or safety of any individual. If the persons or body designated above fail, under the foregoing circumstances, to restrict or suspend a Medical Staff member's membership, or all or any portion of his/her clinical privileges, Touro Infirmary's Governing Board, or its designee, may, when necessary to protect the life of any patient or to reduce the likelihood of imminent danger to the health and safety of any individual, after reasonable attempts to contact the Medical Executive Committee, summarily restrict or suspend the Medical Staff member's membership or all or any portion of his/her clinical privileges.

6.6.2. The person or body responsible for imposing a summary restriction or suspension shall promptly give oral and written notice thereof to the Medical Staff member, the corresponding Division Director, President of the Medical Staff, President of Touro Infirmary, as well as Touro Infirmary's Governing Board and Medical Executive Committee at their next meeting. The notice of the restriction or suspension given to the Medical Executive Committee shall constitute a request for corrective action and the procedures set forth in Section 6.1 shall be followed and documented in the Medical Staff member's credentialing and privileging file. In the event of any such restriction or suspension, the Medical Staff member's patients whose treatment by such member is terminated by the summary restriction or suspension shall be assigned to another Medical Staff member by the President of the Medical Staff. The wishes of the patient shall be considered, when feasible, in choosing the substitute staff member.

### 6.6.3. Medical Executive Committee

After imposition of a summary restriction or suspension the affected member of the Medical Staff may request an interview without the presence of legal counsel with an ad hoc panel authorized to represent the Medical Executive Committee. The panel will be selected from members of the Medical Executive Committee by the President of the Medical Staff in consultation with the Chief Medical Officer and will not include the person, in the case of a restriction or suspension imposed by the individual, who imposed the summary restriction or suspension. The person or body responsible for restriction or suspension shall present the basis for same to the Ad Hoc panel. Any such interview shall be convened as soon as reasonably possible under all of the circumstances. The ad hoc panel shall thereafter make a recommendation to the Medical Executive Committee which may modify, continue without limit of time, or terminate the terms of the summary restriction or suspension. The panel shall give the Medical Staff member written notice of its recommendation and the reasons therefore with a copy of the President of the Medical Staff and the Medical Executive Committee. Thereafter, the Medical Executive Committee shall render its decision and recommendation as required under Section 6.4.

### 6.6.4. Procedural Rights

The restriction or suspension shall remain in effect during the pendency and completion of the review process of the hearing if a hearing is requested pursuant to Section 7 and

pending any appeal to Touro Infirmatory's Governing Board. The affected Medical Staff member shall not be entitled to the procedural rights afforded by Article Seven until such time as action has been taken under Sections 6.1 through 6.5, and then only if the action constitutes grounds for a hearing as set forth in Section 7.2.

## 6.7. AUTOMATIC SUSPENSION

The following shall result in automatic suspension or revocation of Medical Staff membership and/or clinical privileges and shall not, unless otherwise expressly provided or required by law, entitle the affected Medical Staff member to the rights provided for in Article Seven of these Bylaws, or to any other procedural rights.

### 6.7.1. License

Whenever a Medical Staff member's license authorizing him/her to practice in this State is revoked, stayed, restricted, suspended, or the Medical Staff member is placed on probation by the State regardless of the reason, the action and its terms shall automatically apply to his/her Touro Infirmatory membership and/or privileges as appropriate. Whenever a Medical Staff member's license expires, he/she shall be automatically suspended from practice until there is evidence of a licensure renewal. Medical Staff members so affected shall not be entitled to the procedural rights afforded by Article Seven regarding such automatic action.

### 6.7.2. Medicare, Medicaid Sanctions

Whenever a Medical Staff member has been involuntarily excluded from participation in the Medicare, Medicaid and other federally funded healthcare programs, he/she shall be automatically suspended from practice until the member has provided evidence that the exclusion has been removed.

### 6.7.3. Drug Enforcement Administration Certificate

Whenever a Medical Staff member's DEA certificate is revoked, suspended, stayed, restricted, or subject to probation, the action and its terms shall automatically apply to his/her right to prescribe, dispense, or administer medications covered by the certificate. Whenever a Medical Staff member's DEA certificate expires, the member's right to prescribe, dispense, or administer medications covered by the certificate shall be automatically suspended until there is evidence of a certificate renewal. There shall be no right to the hearing procedures afforded by Article Seven based upon such automatic action.

### 6.7.4. Medical Executive Committee Deliberation on Matters Involving License and Drug Enforcement Administration

As soon as practical after action is taken as described in Section 6.7.1., or in Section 6.7.3., the Medical Executive Committee shall review and consider the facts upon which such action was predicated. The Medical Executive Committee may then recommend such further corrective action as may be appropriate based upon information disclosed or otherwise made available to it and/or it may direct that an investigation pursuant to Sections 6.2. and 6.3. as appropriate.

### 6.7.5. Medical Records

For failure to comply with the Medical Records Regulations and Policies established by the Medical Staff Rules and Regulations or Touro Infirmatory policies, a Medical Staff member's privileges to admit patients and to schedule procedures (except with respect to his/her patients already admitted to the Hospital) shall be automatically suspended upon the expiration of thirty (30) days after he/she is given written notice and shall remain so suspended until all delinquent medical records are completed. A failure to complete the medical records within four (4) months after the date of suspension became effective pursuant to this Section shall be deemed a voluntary resignation from the Medical Staff. Suspension for delinquent medical records shall be enforced by the Division Director or the President of the Medical Staff.

### 6.7.6. Professional Liability

For failure to maintain the amount of professional liability insurance, or its equivalent, if

any, required under Section 16.3.1., a practitioner's membership and clinical privileges shall be automatically suspended and shall remain so suspended until the practitioner provides evidence to the Medical Executive Committee that he/she has secured professional liability coverage in the amount required under Section 16.3.1. A failure to provide such evidence within six (6) months after the date the automatic suspension became effective, shall be deemed to be a voluntary resignation of the practitioner's Medical Staff membership. Medical Staff members on leave of absence are not subject to automatic suspension for failure to provide evidence of professional liability insurance.

6.7.7. Failure to Pay Dues

For failure to pay any dues as required under Section 13.5, a Medical Staff member's medical staff membership and clinical privileges, after two written warnings of delinquency, spaced thirty (30) days apart, shall be automatically suspended and shall remain so suspended until the Medical Staff member pays the delinquent dues. For failure to pay within sixty (60) days after the date of the automatic suspension shall be deemed a voluntary resignation from the Medical Staff.

6.7.8. Procedural Rights – Medical Records and Failure to Pay Dues and/or Fees

Medical Staff members whose clinical privileges are automatically suspended and/or who have resigned their Medical Staff membership pursuant to the provisions of Section 6.7.5. (failure to comply with medical records), or Section 6.7.7. (failure to pay dues and/or fees), shall not be entitled to the procedural rights set forth in Article Seven, unless otherwise expressly provided.

6.7.9. Conviction of a Felony or Plea of Nolo Contendere

If any member of the Medical Staff shall be finally convicted of a felony or plead nolo contendere (i.e., plead no contest), his/her Medical Staff membership and privileges shall be immediately and automatically terminated.

6.7.10. Notice of Automatic Suspension/Termination; Transfer of Patients

Whenever a Medical Staff member's privileges are automatically suspended/ terminated in whole or in part, notice of such suspension/ termination shall be given by the President of the Medical Staff, to the Medical Staff member, Division Director, President of Touro Infirmary, as well as Touro Infirmary's Governing Board and the Medical Executive Committee at their next meeting. Giving such notice shall not, however, be required in order for the automatic suspension/termination to become effective. In the event of any such suspension/termination, the Medical Staff member's patients shall be assigned to another Medical Staff member by the Division Director of which the affected practitioner is a member. The wishes of the patient shall be considered, when feasible, in choosing a substitute staff member.

## **ARTICLE SEVEN: HEARINGS AND APPELLATE REVIEWS**

### **7.1. PREAMBLE AND APPELLATE REVIEWS**

#### **7.1.1. Intra-Organizational Remedies**

The procedures provided for in this Article Seven are strictly quasi-judicial in nature and shall not be utilized to hold notice and comment type hearings or to make legislative determinations, or determinations as to the substantive validity of Bylaws, and Rules and Regulations. When a substantive validity question is the sole issue, the petitioner shall be permitted a direct appeal and appearance in an executive session (voting members only) of the Medical Executive Committee. Only after the Medical Executive Committee has completed its review may the petitioner appeal directly to the Governing Board. Such appearance shall not be considered a "hearing" under this Article and shall be conducted in accordance with guidelines established by Touro Infirmary's Governing Board. A final determination by Touro Infirmary's Governing Board after such appeal shall be a condition precedent to the petitioner's right to seek judicial review in a court of law.

7.1.2. Exhaustion of Remedies

If an adverse ruling is made with respect to a Medical Staff member's membership, staff status, or clinical privileges at any time, regardless of whether he/she is an applicant or a Medical Staff member, he/she must exhaust the remedies afforded by these Bylaws before resorting to formal legal action challenging the decision, the procedures used to arrive at it, or asserting any claim against Touro Infirmary, or participants in the decision process.

7.1.3. Definitions

Except as otherwise provided by these Bylaws, the following definitions shall apply under this Article:

7.1.3.1. "Notice" refers to a written communication delivered personally to the required addressee or sent by United States Postal Service, postage prepaid, pursuant to Section 16.2., addressed to the required addressee at his/her or its address as it appears in the records of the Medical Staff Office;

7.1.3.2. "Petitioner" refers to the Medical Staff member or applicant who has requested a hearing or appearance pursuant to Section 7 or Section 7.1.1.; and

7.1.3.3. "Date of Receipt" of any notice or other communication shall be deemed to be the date such notice or communication was delivered personally to the required addressee or, if delivered by mail. If delivered by mail it must be sent by regular US mail and by Certified US Mail Return Receipt Requested, such notice or communication shall be deemed received as reflected on the Return Receipt or if mail is returned undelivered notice shall be presumed received seventy-two (72) hours after being deposited, postage prepaid, in the United States mail.

7.2. GROUND FOR HEARING

Any one or more of the following actions or recommended actions shall constitute grounds for a hearing unless otherwise specified in these Bylaws:

7.2.1. Denial of requested advancement in Medical Staff membership status;

7.2.2. Denial of Medical Staff reappointment;

7.2.3. Demotion to lower Medical Staff category or membership status;

7.2.4. Summary restriction or suspension of Medical Staff membership during the pendency of corrective action and hearing and appeals procedures.

7.2.5. Expulsion from Medical Staff membership;

7.2.6. Denial of requested privileges; denial of initial application;

7.2.7. Reduction in privileges;

7.2.8. Summary restriction or suspension of Medical Staff membership and/or privileges during the pendency of corrective action and hearing and appeals procedures;

7.2.9. Termination of privileges;

7.2.10. Requirement of consultation or practice evaluation when the reviewing physician has the authority to supervise, direct, or transfer care from the physician being monitored; or

7.2.11. Any other action which requires filing a report pursuant Louisiana Medical Practice Act LSA-R.S.37: 1261 et. seq., Louisiana Administrative Code 46: XLV § 301 et. seq., and with the National Practitioner Data Bank.

Recommendations of any of these actions shall constitute an "adverse recommendation" for the purpose of these Bylaws.

7.3. REQUESTS FOR HEARING

7.3.1. Notice of Action or Proposed Action

In all cases in which the Medical Executive Committee or authorized officer has, under these Bylaws, recommended or taken any of the actions constituting grounds for hearing as set forth in Section 7.2., the Medical Executive Committee or officer shall give the

affected Medical Staff member notice of the decision and of his/her right to request a fair hearing pursuant to Section 7.3.2., below.

7.3.2. Request of Hearing

The petitioner shall have thirty (30) days following the date of receipt of notice to request in writing a fair hearing by a Fair Hearing Panel. The request shall be sent to the President of the Medical Staff. If the petitioner does not request a fair hearing within thirty (30) days, he/she shall be deemed to have waived his/her right to a hearing and accepted the decision. It shall thereupon become the final action of the Medical Executive Committee and shall be subject to review and decision on that basis by Touro Infirmary's Governing Body.

7.3.3. Time and Place for Hearing

The President of the Medical Staff shall confirm a date for the fair hearing. Notice shall be given to the petitioner of the time, place, and date of the fair hearing. The date of commencement of the fair hearing shall not be less than thirty (30) days from the date of notice of the fair hearing.

7.3.4. Notice of Charges

The President of the Medical Staff shall advise the petitioner in writing of the acts or omissions with which the petitioner is charged including, if applicable, a list of the medical records or charts being questioned. The President of the Medical Staff and the petitioner shall notify each other of additions to the list. Witness lists and actual exhibits to be used must be exchanged prior to commencement of the hearing, on a schedule determined by the duly appointed fair hearing officer.

7.3.5. Fair Hearing Panel

The President of the Medical Staff shall select a Fair Hearing Panel consisting of at least three (3) Medical Staff members, with alternates as appropriate. The members selected to serve on the Fair Hearing Panel shall be impartial and shall not have actively participated in the formal consideration of the matter at any previous level and shall not be engaged in direct economic competition with the petitioner.

7.3.6. Failure to Appear

Failure of the petitioner to appear without good cause and proceed at a hearing shall be deemed to constitute voluntary acceptance of the actions involved and waiver to any hearing rights, and it shall thereupon become the final recommendation of the Medical Executive Committee. Such final recommendation shall be subject on the basis alone to review and decision by Touro Infirmary's Governing Board.

7.3.7. Postponements and Extensions

Postponements and extensions of time beyond the times expressly permitted in these Bylaws may be requested by any affected person and shall be permitted by the hearing officer, or the President of the Medical Staff before appointment of a hearing officer, on a showing of good cause.

7.4. HEARING PROCEDURE

7.4.1. Pre-hearing Procedure

It shall be the duty of the affected petitioner and the Medical Executive Committee to raise any procedural objections before the fair hearing so that decisions concerning such matters may expeditiously be made. Any such objections, when so raised, shall be preserved for consideration at any appellate review hearing which may subsequently be requested. Failure to raise any procedural objections before commencement of the fair hearing shall constitute a waiver of same by the affected practitioner and the Medical Executive Committee.

7.4.2. The Hearing Officer

The President of the Medical Staff shall appoint an unbiased hearing officer to preside at the hearing. The hearing officer shall be an attorney-at-law qualified to preside over the fair hearing and, preferably, but is not limited to, have experience in Medical Staff matters. The hearing officer shall have the authority to (i) rule on questions of procedure; (ii) rule on the admission and exclusion of evidence; (iii) participate in the deliberations of the Fair Hearing Panel but shall not vote; (iv) draft the findings and recommendations of the Fair Hearing Panel as requested by the Committee; (v) advise the Fair Hearing Panel generally on the discharge of its functions; and (vi) shall be the legal advisor and legal representative of the Fair Hearing Panel in any form.

7.4.3. Record and Conduct of the Hearing

7.4.3.1. The Fair Hearing Panel shall maintain a record of the hearing by a certified shorthand reporter. The affected petitioner shall have the right to obtain a copy of the transcript produced. The cost of attendance of the shorthand reporter and the cost of the transcript shall both be borne by the Hospital. The fair hearing need not be conducted by technical rules of law relating to examination of witnesses or production of evidence except that irrelevant or unduly repetitious evidence shall be excluded.

7.4.3.2. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

7.4.4. Rights of Both Parties and the Fair Hearing Panel

7.4.4.1. At the fair hearing both sides shall have the following rights, subject to reasonable limits as determined by the Fair Hearing Officer:

7.4.4.1.1. To be represented by legal counsel;

7.4.4.1.2. To call and examine witnesses to the extent available;

7.4.4.1.3. To introduce exhibits;

7.4.4.1.4. To cross-examine any witness or any matter relevant to the issues and to rebut any evidence;

7.4.4.1.5. Representation by counsel who may call, examine and cross-examine witnesses and present the case; and

7.4.4.1.6. To submit a written statement at the close of the hearing.

7.4.4.2. Any individual requesting a hearing who does not testify in his or her own behalf may be called and examined as if under cross-examination.

7.4.4.3. The hearing panel may question the witnesses, call additional witnesses and/or request additional documentary evidence.

7.4.4.4. The Medical Staff is entitled to designate an individual as its party representative during the entirety of the fair hearing and the representative shall be entitled to attend during all testimony. The Medical Staff representative may be the President of the Medical Staff, Chairman of the Credentialing Committee, Chief Medical Officer or any other person designated by the Medical Executive Committee.

7.4.5. Burden of Going Forward and Burden of Proof

7.4.5.1. The Medical Executive Committee, the Credentialing Committee or the Governing Board of Touro Infirmary, depending on whose recommendation prompted the fair hearing initially, shall first present evidence in support of its recommendation. Thereafter, the burden shall shift to the individual who requested the hearing to present evidence. Notwithstanding the foregoing, in all cases regarding Medical Staff membership or privileges or adverse actions, the individual requesting the hearing shall have the ultimate burden of proof by the standard of clear and convincing evidence while demonstrating his initial

and continuing eligibility for medical staff appointment and clinical privileges.

7.4.5.2. Clear and convincing evidence is a strict standard of proof. It is not sufficient that the Fair Hearing Panel is satisfied that the fact is more likely true than not. Rather, the individual requesting the hearing must prove his or her case to the Fair Hearing Panel such that the Fair Hearing Panel develops a firm belief or conviction that the case presented by the individual is true.

7.4.6. Adjudgment and Conclusion

The fair hearing may be adjourned and reconvened at the convenience of the participants without special notice. Upon receipt of all oral and written evidence and argument, the hearing shall be closed by the Fair Hearing Officer. The Fair Hearing Panel shall thereafter conduct its deliberations and render its decision.

7.4.7. Basis of Decision

7.4.7.1. The Fair Hearing Panel shall recommend in favor of the Medical Executive Committee, the Credentialing Committee, or the Governing Board as the case may be unless it finds that the individual who requested the hearing has proved through clear and convincing evidence that the recommendation that prompted the hearing as arbitrary, capricious, or not supported by the evidence.

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

7.4.7.2.1. Oral testimony of witnesses;

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

7.4.7.2.3. Any and all applications, references and accompanying documents;

7.4.7.2.4. Other documented evidence, including medical records; and

7.4.7.2.5. Any other evidence that was admitted during the fair hearing.

7.4.8. Deliberations and Recommendations of the Fair Hearing Panel:

Within twenty (20) days after final adjournment of the fair hearing (which may be designated as the time the Fair Hearing Panel receives the post-hearing memorandum), the Fair Hearing Panel shall conduct its deliberations outside the presence of any other person except the Fair Hearing Officer and shall render a written recommendation, accompanied by a written report, which shall contain a concise statement of the basis for the Fair Hearing Panel's decision.

7.4.9. Disposition of the Fair Hearing Panel:

The official record of the fair hearing, consisting of the transcript of the witness's testimony, admitted exhibits and the Fair Hearing Panel's written decision shall be delivered by the Fair Hearing Officer to the President of Touro Infirmary. The Fair Hearing Panel's decision shall be delivered by the President of Touro Infirmary to the Medical Executive Committee, the President of the Medical Staff, Touro Infirmary's Governing Board and by delivery of Registered or Certified Mail, to the affected petitioner. Decision of the Fair Hearing Panel shall be considered final, subject to the right of appeals provided in Section 7.5.

7.5. APPEALS TO TOURO INFIRMARY GOVERNING BOARD

7.5.1. Time for Appeal

Within fourteen (14) days after receipt by an affected practitioner of a notice of an adverse recommendation or decision made by the Fair Hearing Panel, the practitioner may, by notice to the President of Touro Infirmary, request an appellate review by the full

Governing Board of Touro Infirmary in which he shall state whether or not he will (i) submit a written statement in support of his position for the appellate review and (ii) opt to present to the appellate review body an oral argument in support of his position. The failure of a practitioner to request an appellate review to which he is entitled within said fourteen-day (14) period, shall be deemed a waiver of his right to such appellate review.

- 7.5.2. If a practitioner waives his/her right to an appellate review of an adverse recommendation or decision, the adverse recommendation or decision shall thereupon become effective against the practitioner pending the Governing Board's final decision on the matter.
- 7.5.3. Any notice given as provided in Section 7.5.1. or 7.5.2. shall be deemed to have been received (i) if hand-delivered to the practitioner or to a receptionist or nurse in his office at the address listed in the practitioner's application for appointment to the staff or to the Office of the President of Touro Infirmary, as the case may be, or (ii) three (3) business days after such notice is mailed to the practitioner at such address or to the Office of the President of Touro Infirmary by certified mail, as the case may be.
- 7.5.4. **Reasons for Appeal**  
The reasons for appeal from the Fair Hearing Panel decision shall be: (i) lack of substantial compliance with the procedures required by these Bylaws at the hearing so as to deny the petitioner a fair hearing; (ii) the lack of substantive rationality of a Medical Staff Bylaw, Rule or Regulation relied upon by the Fair Hearing Panel in reaching its decision; and/or (iii) action taken arbitrarily, unreasonably, or capriciously.
- 7.5.5. **Appeal Board**  
Whenever an appellate review is requested, Touro Infirmary's Governing Board shall sit as the appeal board. Knowledge of the matter involved shall not preclude any person from serving as a member of the appeal board, so long as that person did not take part in a prior hearing on the same matter. For purposes of this Section, participating in an initial decision to recommend adverse action shall not be deemed to constitute participation in a prior hearing on the same matter.
- 7.5.6. **Appeal Procedure**  
The proceedings on appeal shall be based upon the Fair Hearing Panel record. The appeal board shall not accept additional evidence absent a satisfactory showing, that such evidence could not have been made available to the Fair Hearing Panel in the exercise of reasonable diligence. The appeal board may accept such evidence directly, subject to the same rights of cross-examination or confrontation provided at the Fair Hearing Panel hearing, or may remand the matter to the Fair Hearing Panel for the taking of such further evidence. Each party shall have the right to present a written statement in support of his/her position on appeal and, in its sole discretion, the appeal board may allow each party or representative to appear personally and make oral argument. At the conclusion of oral argument, if allowed, the appeal board shall conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives.
- 7.5.7. **Decision by Touro Infirmary's Governing Board**  
Within forty-five (45) days after the conclusion of the appellate review proceedings before Touro Infirmary's Governing Board, the Governing Board shall render a final decision in writing. Touro Infirmary's Governing Board may affirm, modify, or reverse the Fair Hearing Panel decision or remand the matter for further review and recommendation to the Fair Hearing Panel or any other body or person shall be conducted within a time frame set by Touro Infirmary's Governing Board and shall not exceed sixty (60) days unless the parties agree to the contrary. The recommendation based on further review, if any, by the Fair Hearing Panel or other body or personal shall be submitted to Touro Infirmary's Governing Board for a final decision. Notice of the final decision of Touro

Infirmary's Governing Board, and the full record presented to the Governing Board, shall be provided to the petitioner, Medical Executive Committee and the President of Touro Infirmary.

## **ARTICLE EIGHT: ALLIED HEALTH PROFESSIONAL**

### **8.1. QUALIFICATIONS**

The Allied Health Professionals (AHPs) defined in Article One are not eligible for Medical Staff membership. Licensed Independent Practitioners as defined in Article One as AHPs are eligible to apply for standardized procedures and protocols in the Hospital only if they:

- 8.1.1. Hold a license, certificate, or other legal credential as required by Louisiana law that authorizes the AHP to provide certain professional health services.
- 8.1.2. Document their experience, background, qualifications, appropriate education and training, demonstrated ability, current clinical competence, judgment, and physical and mental health with sufficient adequacy to demonstrate that any patient treated by them would receive care of the generally recognized professional level of quality and efficiency established by the Medical Executive Committee and approved by the Governing Board;
- 8.1.3. Are determined by the Medical Executive Committee and the Governing Board, on the basis of documented references, to adhere to the lawful ethics of their respective professions, to work cooperatively with Medical Staff members, nurses, Hospital administrative staff, and others so as to not adversely affect safe patient care, treatment, and services or Hospital operations, and to be willing to commit to and regularly assist the Medical Staff and the Governing Board in fulfilling their obligations related to safe patient care, treatment, and services within the areas of their professional licensure, credentials and competence; and
- 8.1.4. Each Allied Health Professional member granted standardized procedures or protocols in the Hospital shall maintain in force professional liability insurance in not less than the minimum amounts, if any, as from time to time may be determined by, and with an insurance carrier acceptable to, the Medical Executive Committee and Governing Board.

### **8.2. DELINEATION OF CATEGORIES OF AHPs ELIGIBLE FOR STANDARDIZED PROCEDURES OR PROTOCOLS**

The categories of AHPs, based on occupation or profession, eligible to apply for practice privileges in the Hospital, and the corresponding standardized procedures or protocols, prerogatives, terms and conditions for each AHP category, shall be designated by the Governing Board based on the recommendations from the Medical Executive Committee that originate in the relevant Division.

### **8.3. PROCEDURE FOR GRANTING STANDARDIZED PROCEDURES OR PROTOCOLS**

An AHP must be credentialed and apply for privileges and standardized procedures or protocols. Applications for credential verification and granting standardized procedures or protocols shall be submitted and processed in a manner parallel to that provided in Article Three for applicants to the Medical Staff. The Governing Board must approve the granting of standardized procedures or protocols to each AHP after review and recommendation by the Credentialing Committee and the Medical Executive Committee.

### **8.4. HEARING RIGHTS OF AHPs**

Nothing in the Medical Staff Bylaws shall be interpreted to entitle an AHP to the rights of members of the Medical Staff specified in Article Seven.

8.5. PREROGATIVES

The prerogatives that may be extended to an AHP shall be defined in the Rules and Regulations and may include:

- 8.5.1. Provision of specified safe patient care, treatment, and services under the supervision or direction of an active medical staff member and consistent with the standardized procedures or protocols granted to the AHP and within the scope of the AHP’s licensure or certification;
- 8.5.2. Service on Medical Staff, Division, Department, Clinical Service and Hospital Committees; and
- 8.5.3. Attendance at meetings of the Division/Department and Clinical Service to which the AHP is assigned and attendance at education programs relevant to the AHP’s field of practice.

8.6. RESPONSIBILITIES

Each AHP shall:

- 8.6.1. Meet the responsibilities required by the Rules and Regulations and those responsibilities specified in Section 3.11 and Section 3.12 of these Bylaws as are deemed by the Medical Executive Committee to be applicable to the limited scope of practice of the AHP.
- 8.6.2. Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient in the Hospital for whom he/she is providing services;
- 8.6.3. Participate, as appropriate, in patient care audits and other quality review, evaluation and monitoring responsibilities required of AHPs, and in discharging such other functions as may be required by the Medical Staff from time to time;
- 8.6.4. Notify the President of the Medical Staff in writing immediately upon receiving notice of any adverse action by a state licensing agency, another hospital or health care facility, HMO, professional society or law enforcement agency including conviction of a misdemeanor or felony, and the filing or service of any professional liability suit or arbitration proceeding against the AHP; and
- 8.6.5. Abide by the Bylaws, Rules and Regulations of the Medical Staff, and other policies of the Medical Staff and Hospital adopted by the Medical Executive Committee and the Governing Board.

**ARTICLE NINE: CLINICAL ORGANIZATION OF THE MEDICAL STAFF**

9.1. CLINICAL SERVICES

9.1.1. The Medical Staff of Touro Infirmary shall be organized into Divisions. The current Divisions are as follows:

- Maternal and Child Care
- Medicine
- Surgery

9.1.2. The current specialties of these divisions are as follows:

<b>Medicine</b>	<b>Surgery</b>	<b>Maternal &amp; Child Care</b>
Dermatology	Anesthesiology	Gynecology
Emergency Medicine	Cardiothoracic Surgery	Obstetrics
Family Medicine	Dentistry	Pediatrics
Internal Medicine	General Surgery	Neonatology
Neurology	General Vascular Surgery	
PM&R	Neurosurgery	
Psychiatry	Ophthalmology	

Radiology	Orthopedics
Radiation Oncology	Otolaryngology
	Pathology
	Plastic Surgery
	Podiatry
	Urology

- 9.1.3. Clinical specialties may be created, eliminated, subdivided or combined in accordance with changes in the Divisions of Touro Infirmary, with the concurrence of approval by the Medical Executive Committee and Governing Board.
- 9.1.4. Each member of the Medical Staff shall be assigned membership in at least one Division, but may also be granted membership and/or clinical privileges in any other division.
- 9.1.5. Each Division is charged with the responsibility for implementing and conducting specific monitoring review and evaluation activities that contribute to the preservation and improvement of quality of safe patient care, treatment, and services provided in the service. To carry out this responsibility, each Division shall participate in the:
  - 9.1.5.1. Establishment of guidelines for the granting of specific clinical privileges within the specialty;
  - 9.1.5.2. Development of recommendations regarding the need for pertinent continuing education programs that reflect the type and nature of services offered by Touro Infirmary and the findings of performance improvement activities; and
  - 9.1.5.3. Overseeing of members' adherence to a) Medical Staff Bylaws, Policies, and Rules and Regulations, requirements of the Division, and Touro Infirmary Policies; b) sound principles of clinical practice; and c) regulations designed to promote patient safety.

9.2. DIVISION DIRECTORS

- 9.2.1. Selection and Qualifications
 

The Division Director shall be elected by a plurality vote of the eligible voting members of the Division voting in an election. The Division Director(s) of Touro Infirmary, must at the time of appointment, be a member of the Active Medical Staff, in good standing and must remain in good standing during his or her two year term of office.
- 9.2.2. Responsibilities
 

Each Division Director shall be accountable to the President of the Medical Staff and shall:

  - 9.2.2.1. Determine and manage the clinically related and administrative activities within his/her Division.
  - 9.2.2.2. Develop and implement Division programs for orientation of new members, credentials review and privileges delineation for initial appointment and reappointment, continuing medical education, utilization review, concurrent evaluation of practice, and retrospective evaluation of practice.
  - 9.2.2.3. Continuously assess and improve the quality of care, treatment and services, and maintain quality improvement programs as appropriate.
  - 9.2.2.4. Transmit to the appropriate authorities as required in these Bylaws, the Division recommendations concerning appointment, reappointment, delineation of clinical privileges, and disciplinary action with respect to members of the Division.
  - 9.2.2.5. Recommend to the Medical Executive Committee, through the Credentialing Committee the criteria for clinical privileges that are relevant to the care provided in the Division.

- 9.2.2.6. Assess and recommend to the relevant Touro Infirmiry authority space issues, resource needs, and off-site sources for needed safe patient care, treatment, and services not provide by the service or the organization.
- 9.2.2.7. Recommend a sufficient number of qualified and competent persons to provide care, treatment, or services.
- 9.2.2.8. Determine the qualifications and competence of Division or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services.
- 9.2.2.9. Maintain continuing surveillance of the professional performance of all members with clinical privileges within the service with appropriate documentation thereof.
- 9.2.2.10. Assist in developing and enforcing Medical Staff and Touro Infirmiry policies and procedures that guide and support the provision of care, treatment and services; the Medical Staff Bylaws, Rules and Regulations; and the requirements and Rules and Regulations (if any) of the Division.
- 9.2.2.11. Integrate the Division into the primary functions of the organization.
- 9.2.2.12. Coordinate and integrate interdivisional and intradivisional services.
- 9.2.2.13. Implement within the Clinical Service actions taken by the Medical Executive Committee.
- 9.2.2.14. Report to the Medical Staff, through its committee structure, on all professional and administrative activities within their Division.
- 9.2.2.15. Establish such committees, task forces, or other mechanisms as are necessary and desirable to perform properly the functions assigned to it.
- 9.2.2.16. Perform such other duties commensurate with his/her office as may from time to time be assigned by the President of the Medical Staff, the Medical Executive Committee or the Touro Infirmiry Governing Board.
- 9.2.2.17. Perform whatever work of the Medical Staff organization is delegated to him or her by the President and/or the Medical Executive Committee;
- 9.2.2.18. Oversee clinical activities of the division/department;
- 9.2.2.19. Oversee administratively related activities of the division unless otherwise provided by the hospital;
- 9.2.2.20. Oversee the professional performance of all individuals in the division who have delineated clinical privileges;
- 9.2.2.21. Recommend to the medical staff the criteria for clinical privileges that are relevant to the care provided;
- 9.2.2.22. Recommend clinical privileges for each member of the division upon thorough review of a completed application;
- 9.2.2.23. Assess and recommend to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the division or the organization;
- 9.2.2.24. Oversee the development and implementation of policies and procedures that guide and support the provision of care;
- 9.2.2.25. Determine the qualifications and competence of Division or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- 9.2.2.26. Continually assess for opportunities to improve the quality of care provided;
- 9.2.2.27. Supervise quality control programs as appropriate;
- 9.2.2.28. Advise on the orientation and continuing education of all providers in the Division or service.

### 9.3. ASSOCIATE DIVISION DIRECTOR(S)

#### 9.3.1. Selection and Qualifications

An Associate Division Director may be appointed by the Division Director. Upon recommendation of the Division Director(s), this individual must then be approved by the Medical Executive Committee. The Associate Division Director(s), must at the time of

appointment, be a member of the Active Medical Staff, in good standing and must remain in good standing during his or her two year term of office.

9.3.2. Responsibilities

The Associate Division Director(s) shall serve together with the Division Director and be responsible for monitoring the professional and administrative activities within the Division. He/ she shall:

- 9.3.2.1. Serve as a liaison between the Division Director and the community physician members of the Division.
- 9.3.2.2. Provide input on certain administrative decisions (e.g., access issues regarding clinical facilities) which may be of legitimate concern to members of the division.
- 9.3.2.3. Participate in QA and QI activities within the division, and serve as the liaison between the Division Director and the Division medical staff when concerns arise.
- 9.3.2.4. Participate in the development of those service rules and regulations which are of legitimate concern to the division.
- 9.3.2.5. Represent Division concerns regarding revisions in privileging criteria to the Credentialing Committee, when applicable.
- 9.3.2.6. Represent Division medical staff at meetings of the Medical Executive Committee as an ex officio member.
- 9.3.2.7. Perform duties assigned by the Division Director.

9.4. DIVISION AT-LARGE MEMBERS TO MEDICAL EXECUTIVE COMMITTEE

9.4.1. Selection and Qualifications

Each Division shall elect three (3) physicians to represent their respective Division on the Medical Executive Committee. Each member-at-large shall be a member of the active medical staff, willing and able to discharge the function of his/her office.

9.4.2. Responsibilities as outlined in Section 11.1.

9.5. MEDICAL STAFF PEER REVIEW PRINCIPLES

9.5.1. These principles outline the structure and process of Medical Staff peer review at Touro Infirmary including the procedures for evaluating the Quality Assurance (QA) processes of departments and services and time lines for carrying out subsequent reviews. QA is a monitoring process to identify possible deficits that have already occurred. Quality Improvement (QI) constitutes prospective amelioration in an existing process or service, focusing on improving the average performance. The processes of QA and QI are closely linked in these principles.

9.5.2. All members of the Medical Staff will participate in quality assurance and quality improvement activities of the Medical Staff and the division of which they are a member. All members of the Medical Staff will receive education in quality assurance, quality improvement and confidentiality at the time of their appointment and reappointment.

**ARTICLE TEN: OFFICERS OF THE MEDICAL STAFF, DIVISION DIRECTORS, AND MEDICAL EXECUTIVE COMMITTEE MEMBERS**

10.1. TITLE OF OFFICERS

There shall be a President of the Medical Staff, Immediate Past President of the Medical Staff, Vice President, and Secretary-Treasurer who shall serve as Officers of the Medical Staff.

10.2. QUALIFICATIONS

Officers must be members of the Active Medical Staff, and licensed physicians or surgeons, at

the time of their nominations and election and must remain in good standing during the term of their office. Failure to maintain such status shall immediately create a vacancy in the office involved.

### 10.3. TERM OF ELECTED OFFICE

The President, Vice President, and Secretary-Treasurer shall each serve two (2) year terms.

### 10.4. NOMINATIONS

Appointment of the Nomination Committee:

10.4.1. The Medical Executive Committee will appoint a nominating committee composed of the outgoing president of the medical staff, immediate past president of the medical staff, the three (3) division directors (all voting members), and Chief Medical Officer (as a nonvoting member). The committee will be chaired by the immediate past president.

#### 10.4.2. Task of the Nominating Committee

Its charge is to nominate qualified and willing candidates for all Officers of the Medical Staff and the remaining Medical Executive Committee members every other year. The preferred number of nominees will be two (2), although the committee may elect to pass more or fewer names to the Medical Executive Committee. The committee will also nominate candidates in the event an unexpected vacancy necessitates a special election. The nominating committee has six (6) members. It acts by majority vote of its entire membership with absentee voting permitted. The Medical Executive Committee may accept the nominating committee's recommendations or modify them (by majority vote) to arrive at a final candidate slate.

#### 10.4.3. Nomination by Petition

An alternative means of access to the ballot is by petition of members of the Medical Staff. If, within two weeks of Medical Executive Committee approval of the slate of candidates, the President of the Medical Staff is presented with a petition endorsed by at least twenty-five (25) members of the Medical Staff with voting privileges as outlined in Article Four, and bearing the candidate's written consent, that candidate shall be included on the ballot.

### 10.5. ELECTION

10.5.1. All Officers and Members of the MEC shall be elected by a plurality vote of the eligible voting members of the Medical Staff voting in an election. Division Directors and Division At-Large Members of MEC shall be elected by the voting members of each Division.

10.5.2. All elections shall be held in accordance with Section 10.5.1.

### 10.6. RESPONSIBILITIES OF MEDICAL STAFF OFFICERS

#### 10.6.1. President

##### 10.6.1.1. Election

The President shall be elected by a majority of the members of the Medical Staff with voting privileges as outlined in Article 3 actually voting in an election. The President will be a member of the Active Medical Staff, in good standing, who is able to meet the time commitments of the role.

##### 10.6.1.2. Responsibilities

The responsibilities of the President or his/her designee shall include, but not be limited to:

- 10.6.1.2.1. Enforcing the Medical Staff Bylaws, Rules and Regulations, implementing sanctions when indicated, and ensuring compliance with procedural safeguards where corrective action has been warranted;
- 10.6.1.2.2. Performing oversight of Medical Staff clinical activities within Touro Infirmary, including quality improvement, credentialing and privileging, patient safety, and utilization management;
- 10.6.1.2.3. Calling and arranging for all meetings of the Medical Staff and the Medical Executive Committee.
- 10.6.1.2.4. Serving as chair of the Medical Executive Committee and calling, presiding at, and being responsible for the agenda of all meetings thereof;
- 10.6.1.2.5. Developing and implementing methods for Medical Staff Performance Improvement activities within Touro Infirmary, including quality assurance, credentialing and privileging, and utilization management;
- 10.6.1.2.6. Serving as an ex-officio member of all other Medical Staff committees, without vote, unless so designated by the Bylaws of the Medical Staff;
- 10.6.1.2.7. Working collaboratively with Touro Infirmary Administration and the Governing Board in all matters of mutual concern within Touro Infirmary;
- 10.6.1.2.8. Appointing, in consultation with the Medical Executive Committee, the members of all Medical Staff committees and designating the chairs of the committees, unless otherwise provided for by these Bylaws;
- 10.6.1.2.9. Representing the Medical Staff to the Touro Infirmary Governing Boards outside licensing and accreditation agencies, and the public;
- 10.6.1.2.10. Communicating and representing the opinions, needs, and grievances of the Medical Staff to the Medical Executive Committee, the President of Touro Infirmary, if applicable, and the Governing Board;
- 10.6.1.2.11. Being a spokesperson for the Medical Staff in external professional and public relations;
- 10.6.1.2.12. Serving as liaison to the hospital Governing Board and outside licensing or accreditation agencies;
- 10.6.1.2.13. Performing such other functions as may be assigned to the President by these Bylaws, the Medical Staff, or by the Medical Executive Committee;
- 10.6.1.2.14. Managing and monitoring Medical Staff funds including Medical Staff dues and budget for leadership stipends;
- 10.6.1.2.15. In the interim between Medical Executive Committee meetings, performing those responsibilities of the Medical Executive Committee that, in his or her reasonable opinion, must be accomplished prior to the next regular or special meeting of the Medical Executive Committee.

10.6.2. Vice President

The Vice President shall:

- 10.6.2.1. Assume all duties and authority of the President in the absence of the President;
- 10.6.2.2. Serve as a voting member of the Medical Executive Committee;
- 10.6.2.3. Serve as ex-officio member of all other Medical Staff Committees, without vote, unless otherwise designated by the Bylaws of the Medical Staff;
- 10.6.2.4. Perform such other duties as the President may assign or as may be

delegated by these Bylaws or by the Medical Executive Committee.

10.6.3. Immediate Past President

The Immediate Past President shall:

- 10.6.3.1. a member of the Medical Executive Committee
- 10.6.3.2. perform such other duties as may be assigned by the President of the Medical Staff, the Medical Executive Committee and by these Bylaws.

10.6.4. Secretary/ Treasurer

The Secretary/Treasurer shall:

- 10.6.4.1. Chair the Bylaws Committee
- 10.6.4.2. Approve the minutes of the Medical Executive Committee
- 10.6.4.3. Provide financial input for Medical Staff accounts.

10.7. REMOVAL OF THE PRESIDENT, VICE PRESIDENT, IMMEDIATE PAST PRESIDENT, OR SECRETARY/ TREASURER

10.7.1. The President, Vice President, Immediate Past Present, or Secretary/ Treasurer may be removed from office for any valid cause, including, but not limited to, failure to carry out the duties of his/her office, gross neglect or misfeasance in office, or serious acts of moral turpitude.

10.7.2. The President, Vice President, Immediate Past President, or Secretary/ Treasurer may be removed from office when:

- 10.7.2.1. A petition setting forth the deficiencies in performance of duties of the Officer in question and calling for a vote on removal signed by at least thirty (30) members of the eligible voting members of the Medical Staff is presented to the Medical Executive Committee.

AND

- 10.7.2.2. Two-thirds (2/3) of the eligible voting members of the Medical Staff responding to the official request for the Officer's removal.

10.8. VACANCIES IN OFFICE

10.8.1. If the President is temporarily unable to fulfill the responsibilities of the office, the Vice President shall assume these responsibilities until the President is able to resume those duties.

10.8.2. If, for any reason, the President is unable to complete the elected term of office, the Vice President shall assume the office of President until a special election can be held, and a new Medical Staff election shall be held for Vice President in accordance with the applicable provisions of these Bylaws.

**ARTICLE ELEVEN: MEDICAL EXECUTIVE COMMITTEE**

11.1. RESPONSIBILITIES

The Medical Executive Committee is a committee of the Medical Staff which serves as the Medical Staff's Executive Committee and is empowered to act for the Medical Staff in the intervals between Medical Staff meetings.

11.1.1. In addition to such other responsibilities as are set forth in these Bylaws, the Medical Executive Committee shall:

- 11.1.1.1. Receive and act upon reports and recommendations from the Medical Staff Committees, Touro Infirmary departments, clinical services, and ad hoc

- committees.
- 11.1.1.2. Designate ad-hoc Bylaws Committee to conduct biennial review of the Medical Staff bylaws and present recommended revisions to Medical Executive Committee.
  - 11.1.1.3. Receive and act upon all quality and utilization management monitoring reports including infection control; blood and transfusion; surgical case review; mental health services; medical records; case management; and clinical laboratory.
  - 11.1.1.4. Subject to the authority of the Medical Staff, determine all professional medical policies of Touro Infirmiry.
  - 11.1.1.5. With the Division Directors, set service objectives for establishing, maintaining, and enforcing professional standards within the Hospital, for the continuing improvement of the quality of care rendered in the Hospital, and assisting in developing programs to achieve these objectives.
  - 11.1.1.6. Recommend to Touro Infirmiry's Governing Board all matters relating to Medical Staff structure and mechanisms used to review credentials and to delineate clinical privileges for appointments and reappoints, recommend individuals for Medical Staff membership and clinical privileges and for Service assignments and recommend mechanisms for termination and corrective action when appropriate.
  - 11.1.1.7. Request evaluations of practitioners privileged through the Medical Staff credentialing process in instances where there is doubt about an applicant's ability to perform the privileges requested.
  - 11.1.1.8. Recommend to the Governing Board matters regarding the structure of the Medical Staff; and advise on sources of clinical services to be provided by consultation, contractual arrangements, or other agreements.
  - 11.1.1.9. Be responsible for creating the appropriate Medical Staff committee structure to carry out the necessary duties.
  - 11.1.1.10. Be accountable to Touro Infirmiry's Governing Board for the quality of medical care, and for the organization of performance improvement activities of the Medical Staff including the mechanism used to conduct, evaluate, and revise such activities, and reporting of outcomes of Medical Staff performance improvement programs with sufficient background and detail to assure the Governing Board that quality of care is consistent with professional standards.
  - 11.1.1.11. Take reasonable steps to promote ethical conduct and competent clinical performance on the part of all members including the initiation of and participation in Medical Staff corrective or review measures when warranted.
  - 11.1.1.12. Assist in obtaining and maintenance of Hospital accreditation.
  - 11.1.1.13. Inform the Medical Staff regarding the status of accreditation and licensure of Touro Infirmiry.
  - 11.1.1.14. Develop and maintain methods for the protection and care of patients and others in the event of internal or external disaster.
  - 11.1.1.15. In accordance with Section 13.5.1., establish the amount of annual dues for each category of Medical Staff membership and an annual budget for the Medical Staff Dues Account.
  - 11.1.1.16. Resolve disputes regarding expenditures.
  - 11.1.1.17. Determine a processing fee to be charged to any applicant or Medical Staff membership.
  - 11.1.1.18. Recommend the mechanism for corrective action and fair hearing procedures.
  - 11.1.1.19. Establish mechanism for dispute resolution between medical staff members involving the care of a patient.
  - 11.1.1.20. Recommend to the Governing Board minimum requirements for malpractice insurance coverage for members of the Medical Staff.
  - 11.1.1.21. Have the right to conduct a review of any Touro Infirmiry policy (existing or proposed) for its implications to the Medical Staff, and, if changes are deemed necessary, consult with the Touro Infirmiry Chief Medical Officer or President

of Touro Infirmary.

11.1.1.22. May provisionally adopt urgent amendments, in conjunction with provisional adoption by the Governing Board without prior notification of the Medical Staff. The Medical Staff will be promptly notified and have the opportunity to retrospectively review, comment, and alter any such amendments, if applicable.

11.1.1.23. Should a conflict between the Medical Staff and the Medical Executive Committee arise, a special meeting will be called in accordance with Section 13.1.2.

#### 11.1.2. Report of Medical Executive Committee

The Medical Staff will be apprised of the activities and decisions of the Medical Executive Committee at the regular Medical Staff meetings. In the event a majority of the Active Medical Staff members, present at a meeting at which there is a quorum, object to a specific determination, and call for a vote, the Medical Executive Committee's action shall thereafter be submitted to the entire voting membership of the Medical Staff for a vote of repeal. Should the vote of repeal not pass when voted upon, the matter shall be ratified.

### 11.2. RULES AND REGULATIONS

Subject to the approval of Touro Infirmary's Governing Board, the Medical Executive Committee shall adopt such Rules and Regulations of the Medical Staff, directly pertaining to professional medical care, as it considers appropriate and in furtherance of its responsibilities. Divisions may adopt division specific policies, directly pertaining to professional medical care, which shall be approved by the Medical Executive Committee and adopted by Touro Infirmary's Governing Board. Such division-specific policies shall, for the purposes under these Bylaws, be considered part of the Rules and Regulations of the Medical Staff.

### 11.3. COMPOSITION

#### 11.3.1. Voting Membership

11.3.1.1. President of the Medical Staff, who shall serve as the Chairperson,

11.3.1.2. Immediate Past President,

11.3.1.3. Vice President of the Medical Staff,

11.3.1.4. Secretary/Treasurer of the Medical Staff,

11.3.1.5. Division Directors (3),

11.3.1.6. Division members-at-large (9).

#### 11.3.2. Ex-officio non-voting Membership

11.3.2.1. The President of Touro Infirmary

11.3.2.2. Chief Medical Officer (CMO)

11.3.2.3. Chief Nursing Officer (CNO)

11.3.2.4. Chief Operating Officer

#### 11.3.3. Removal from Office

11.3.3.1. A member of the Medical Executive Committee may be removed from office for any valid cause, including, but not limited to, failure to carry out the duties of his/her office, gross neglect or misfeasance in office, or serious acts of moral turpitude.

11.3.3.2. Elected members-at-large of the Medical Executive Committee may be removed from office when:

11.3.3.2.1. A petition calling for a vote on removal signed by at least thirty (30) members of the eligible voting members of the Medical Staff is presented to the President;

AND

11.3.3.2.2. Two-thirds (2/3) of the eligible voting members of the Medical Staff responding to the official request for an elected member's removal.

11.3.4. Vacancies in Office

If an elected member-at-large of the Medical Executive Committee is unable to complete the elected term of office, the President of the Medical Staff shall appoint a replacement to fill out the unexpired term.

11.3.5. Quorum

Fifty (50) percent of the voting membership of the Medical Executive Committee shall be considered a quorum.

11.3.6. Manner of Action

Except as otherwise specified in these Bylaws, the action may be taken by a majority of the voting members present at a meeting at which a quorum is present; and a meeting at which a quorum is initially present may taken action notwithstanding the withdrawal of members, if any action is approved by at least a majority of the required quorum for such a meeting.

11.3.7. Meetings

Meetings of the Medical Executive Committee shall be held monthly (with the exception of August and December), or at least ten (10) times per year, but more often whenever required by the President.

## **ARTICLE TWELVE: COMMITTEES OF THE MEDICAL STAFF**

### **12.1. APPOINTMENT TO MEDICAL STAFF COMMITTEES**

12.1.1. Appointment and/or reappointment of members to Standing Committees of the Medical Staff and designation of Chairperson(s) of each such committee shall be made by the President of the Medical Staff. Committee members may be removed by a two-third (2/3) vote of the Medical Executive Committee. The President shall be a non-voting, ex-officio member of all committees, unless otherwise indicated.

12.1.2. Unless otherwise stated, Standing Committees shall include a broad representation of the Medical Staff; however, committees shall consist of an appropriate number of individuals to be of an effective, yet manageable, size. Medical Staff members have a duty to actively participate in Staff Committees under Article Four; they shall participate in a minimum of 60% of scheduled meetings during the period of their appointment.

12.1.3. Each Standing Committee may, with the approval of the President, form subcommittees, task forces, or ad hoc committees as appropriate to carry out the charge of the Standing Committee. All such groups shall be considered committees of this Medical Staff.

12.1.4. Membership on Medical Staff Committees shall be for a period of one (1) year and may be renewable.

### **12.2. DUTIES GENERALLY**

12.2.1. Medical Staff Committees shall include, but not be limited to, Medical Staff meeting as a committee of the whole, meetings of divisions, meetings of committees established under this Article, and meetings of special ad hoc committees created by the Medical Executive Committee, by the Division Services, or by the committees described below. The committees described in this Article shall be the Standing Committees of the Medical Staff.

12.2.2. All Standing Committees appointed under this Article shall report and make recommendations to the Medical Executive Committee as outlined under each individual

committee in Section 12.7.

12.2.3. Each committee shall keep a record of the minutes of each of its meetings, including an attendance roster. A copy of the minutes, approved by the membership and signed by the committee chair, shall be submitted to the President and will be kept on file.

12.2.4. Frequency of Meetings

Unless otherwise stated, meetings of all Standing Committees shall be held at least semi-annually, but more often whenever required by the Committee Chair or President of the Medical Staff.

### 12.3. SPECIAL COMMITTEES

Special committees (sometimes called ad hoc committees) shall be established on an "as needed" basis by the President and members shall retain their appointments until discharged by the President.

### 12.4. QUORUM

Fifty (50) percent of the voting membership of the standing committee shall be considered a quorum.

### 12.5. MANNER OF ACTION

Except as otherwise specified in these Bylaws, the action of a majority of the members present and voting at a committee meeting at which a quorum is present shall be the action of the group. A committee meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members. If any action is taken, it must be approved by at least a majority of the required quorum for such a meeting, or such greater number as may be specifically required by these Bylaws.

### 12.6. CONDUCT OF MEETINGS

Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order parliamentary procedure. However, technical or non-substantive departures from such rules shall not invalidate action taken at such a meeting.

### 12.7. MEDICAL STAFF STANDING COMMITTEES

12.7.1. The Standing Committees of the Medical Staff shall be the following:

- **Bylaws Committee**
- **Continuing Medical Education Committee (CME)**
- **Credentialing Committee**
- **Ethics Committee**
- **Medical Staff Quality Committee**
- **OR Committee**
- **Peer Review Committee**
- **Pharmacy & Therapeutics Committee (P&T)**
- **Research Surveillance Committee**
- **Utilization Management Committee**

#### 12.7.2. **Bylaws Committee**

12.7.2.1. Duties/Responsibility:

The charge of the Bylaws Committee is to review the Bylaws of the Medical Staff to ensure compliance with any regulatory agencies.

- 12.7.2.2. Membership:  
Chair (Secretary/Treasurer of the Medical Staff)  
Two (2) Physicians, Division of Medicine  
Two (2) Physicians, Division of Surgery  
Two (2) Physicians, Division of Maternal and Child Care  
Representatives from Hospital Administration

12.7.2.3. This committee shall meet semi-annually or as needed.

### 12.7.3. Continuing Medical Education Committee (CME)

12.7.3.1. Duties/Responsibility:

- 12.7.3.1.1. The CME Committee shall review, from an institutional perspective, the implementation at Touro Infirmary of the required "Institutional Requirements" of the ACGME.
- 12.7.3.1.2. Directly supervise the CME program (accredited by the LSMS) by setting annual objectives, approving grand rounds presentations, receiving feedback of grand rounds presentations and coordinating Medical Staff educational activities organization-wide.
- 12.7.3.1.3. The CME committee shall advise graduate medical education programming on pertinent issues related to housestaff (residents and clinical fellows) of Touro Infirmary.

12.7.3.2. Membership:

Chair (Appointed by the President of the Medical Staff)  
This committee shall include the program director or a designee from all departments involved in Graduate Medical Education.

Additional members may be appointed from other services that have regularly scheduled CME events, should representation not be expressed by the above members. This may include but is not limited to:

Cancer Conference: One (1) member from Hematology/Oncology or Pathology

Representatives from Hospital Administration

12.7.3.3. The committee shall meet quarterly.

### 12.7.4. Credentialing Committee

12.7.4.1. Duties/Responsibility:

- 12.7.4.1.1. To evaluate the credentials and performance of all applicants for medical staff membership for reappointment and determine whether each application satisfies the required qualifications as outlined in the Bylaws. The selection of persons to be recommended for appointments shall be based upon a thorough review of the qualifications of each applicant.
- 12.7.4.1.2. To report to the Medical Executive Committee on each applicant for Medical Staff appointment or other professional staff recommendation to the Governing Board. Reports and recommendations regarding medical staff and other professional staff appointment and delineation of practice privileges shall include consideration of any recommendations from the service in which the candidate requests privileges.

12.7.4.1.3. To review reports of medical staff or other professional staff member performance or conduct issues that are referred to it, and to provide peer review in response to competence or performance inquiries.

12.7.4.2. Membership:

Chair (Immediate Past President of the Medical Staff)

Director, Division of Medicine

Director, Division of Surgery

Director, Division of Maternal and Child Care

Chief Medical Officer

The Associate Division Director or one (1) comparable physician from each Division may be appointed at the discretion of the MEC President.

Representatives from Hospital Administration

12.7.4.3. The committee shall meet on a monthly basis.

12.7.5. **Ethics Committee**

12.7.5.1. Duties/Responsibility:

12.7.5.1.1. To be available to Touro Infirmery personnel, patients, and their families for advice and appropriate referral for consultations on moral and ethical issues;

12.7.5.1.2. To foster awareness of moral and ethical issues within Touro Infirmery by sponsoring educational and informational programs and activities.

12.7.5.2. Membership:

12.7.5.2.1. The committee is a multi-disciplinary group. The standing committee members shall include:

Chair (Vice-President of the Medical Staff)

Hospital Attorney or his/her designee

One (1) Ethicist, preferably with bioethics or medico-legal expertise

A minimum of two (2) members of the Clergy

One (1) Physician, Division of Medicine

One (1) Physician, Division of Surgery

One (1) Physician, Division of Maternal and Child Care

Chief Nursing Officer or designee

Director of Pharmacy or designee

One (1) Licensed Clinical Social Worker

Representatives from Hospital Administration

12.7.5.2.2. When an *ad hoc* meeting must be called to address a specific ethical issue, committee members will be appointed by the chair depending upon the nature of the issue for their special services or knowledge.

12.7.5.3. The committee shall meet as needed.

12.7.6. **Medical Staff Quality Committee**

12.7.6.1. Duties/Responsibility:

12.7.6.1.1. Improve the quality and safety of patient care as a peer review committee.

12.7.6.1.2. Review sentinel events and root cause analyses and

- 12.7.6.1.3. recommend preventive and corrective action plans.
- 12.7.6.1.3. Recommend preventive and corrective action plans for patient safety issues identified through internal and external data sources and identify groups and individuals responsible for implementation.
- 12.7.6.1.4. Encourage implementation of evidence-based practice guidelines and policies.
- 12.7.6.1.5. Study and adapt best practices from industries and organizations with high safety standards and with safety as a part of the organization culture.

- 12.7.6.2. Membership:
  - Chair (Appointed by the President of the Medical Staff from individuals listed below)
  - Director, Division of Medicine
  - Director, Division of Surgery
  - Director, Maternal and Child Care Division
  - One (1) / Two (2) Physicians, Division of Medicine
  - One (1) / Two (2) Physicians, Division of Surgery
  - One (1) / Two (2) Physicians, Division of Maternal and Child Care
  - Representatives from Hospital Administration

- 12.7.6.3. The committee shall meet every two months.

**12.7.7. OR Committee**

- 12.7.7.1. Duties/Responsibility:
  - 12.7.7.1.1. The Operating Room Committee is responsible for providing oversight and taking action on issues related to the delivery of safe patient care, treatment, services, and surgical services in the operating room region including the main operating rooms, the ambulatory surgical center, and surgical procedure areas; and recommending policies, procedures, and process improvements for appropriate delivery of surgical services.

- 12.7.7.2. Membership:
  - Chair (Director, Division of Surgery)
  - Surgery, MEC Member-at-Large
  - Five (5) physicians shall be appointed from services/departments that may include but are not limited to:
    - Anesthesia
    - General Surgery
    - Orthopedics
    - Urology
    - Otolaryngology
    - Cardiothoracic Surgery
    - General Vascular Surgery
  - Representatives from Hospital Administration

- 12.7.7.3. The committee shall meeting on a quarterly basis.

**12.7.8. Peer Review Committee**

- 12.7.8.1. Duties/Responsibility:
  - 12.7.8.1.1. The purpose of the Peer Review Committee is to provide a forum for the Medical Staff to assess the quality, appropriateness and

efficacy of treatment services. The committee will review the quality and appropriateness of treatment services provided by the healthcare team in an effort to further the goal of the peer review process, which is to continually improve treatment services. The peer review process highlights the challenges that enhance or impede treatment providers as they strive to provide quality services. The committee shall be responsible for overseeing the peer review process for the Medical Staff.

12.7.8.2. Membership:

Chair (Appointed by the President of the Medical Staff)

Director, Division of Medicine

Director, Division of Surgery

Director, Maternal and Child Care Division

Representatives from Hospital Administration

Legal Counsel

Additional physicians may be consulted for their area of expertise.

12.7.8.3. The committee shall meet on the recommendation of the Medical Staff Quality Committee, Medical Executive Committee, Division Director, President of the Medical Staff, Chief Medical Officer, or President of Touro Infirmary.

**12.7.9. Pharmacy and Therapeutics Committee (P&T)**

12.7.9.1. Duties/Responsibility:

12.7.9.1.1. The responsibility of this committee is to design, maintain, and review the formulary of Touro Infirmary and the policies governing such formulary. The committee will decide what, if any, education programs need to be developed to optimize the use of new drugs. The committee will evaluate any potential quality concerns, and communicate any concerns to the users and drug company representative as necessary and appropriate.

12.7.9.1.2. The committee also conducts adverse drug reaction monitoring on a prospective review basis.

12.7.9.2. Membership:

Chair (Medicine, MEC Member-at-Large)

Five (5) physicians appointed by the President of the Medical Staff from services/departments that may include but are not limited to:

Cardiology

Infectious Disease

Oncology

Internal Medicine

Neurology

Representatives from Hospital Administration

12.7.9.3. The committee shall meet on a monthly basis.

**12.7.10. Research Surveillance Committee**

12.7.10.1. Duties/Responsibility:

12.7.10.1.1. The purpose of the Research Surveillance Committee (RSC) is to establish guidelines to safeguard the rights and welfare of human subjects involved in experimental or research activities

undertaken at Touro Infirmary and its subsidiaries (“Touro” or “Touro Infirmary”). The Touro RSC is empowered to review and approve all research undertaken at Touro or by Touro Infirmary physicians, staff, employees or students assigned to the institution for the purposes stated above with the use of an outside Institutional Review Board under contract with Touro to provide review support. The RSC policy is a compilation of requirements for the protection of human subjects through the Human Research Protection Program (HRPP) of Touro Infirmary.

12.7.10.2. Membership:

12.7.10.2.1. There shall be at least seven (7) members on the RSC. Of the members, the Director of Pharmacy shall serve as the Chair of the RSC and the Chief Operating Officer will serve as the Vice Chair of the RSC. If the role of Chair is filled by the Chief Operating Officer, the Director of Pharmacy will serve as Vice Chair.

12.7.10.2.2. The other members of the RSC shall be appointed by the Medical Executive Committee and should come from varying backgrounds and be sufficiently qualified through experience, training and expertise. The RSC should have “diversity of members, including consideration of race, gender, cultural backgrounds and sensitivity to such issues as community attitudes, to safeguard the rights and welfare of human subjects.” In addition to a member of the Medical Executive Committee and physician representation of the Division of Medicine, Division of Surgery, and Division of Maternal and Child Care Division, the membership of the RSC should include, when possible:

- Community business persons
- Clergy
- Medical ethicists
- Mental health professionals (such as certified social worker, psychologist)
- Non-medical professionals
- Representation from Nursing, Pharmacy, and Infection Control

Representatives from Hospital Administration

12.7.10.3. The Committee shall meet on an as-needed basis, but at least once during each calendar year.

**12.7.11. Utilization Management Committee**

12.7.11.1. Duties/Responsibility:

12.7.11.1.1. Functions of the Utilization Management Committee include the following: to establish and carry out a program for utilization review of Medicare, Medicaid, Champus, Insurance and Self Pay Patients as required by the State of Louisiana, CMS and the Joint Commission. This review will also include the medical necessity of the admission, and the appropriateness of care.

12.7.11.2. Membership:

Chair (Appointed by the President of the Medical Staff)

Medicine, Member-at-Large

Four (4) physicians shall be appointed from services/departments that may include but are not limited to:

- Cardiology
- Internal Medicine
- Rehab
- Surgery

Representatives from Hospital Administration

12.7.11.3. The Committee shall meet every two months.

## **ARTICLE THIRTEEN: MEETINGS, DUES AND FEES**

### **13.1. MEETINGS OF THE MEDICAL STAFF**

#### **13.1.1. Regular Meetings**

Regular meetings of the Medical Staff shall be held at least two (2) times a year as recommended by the President. Members of the Medical Staff shall be required to attend 50% of these meetings within an appointment cycle.

#### **13.1.2. Special Meetings**

Special meetings of the Medical Staff may be called at any time by the Medical Executive Committee or President. The President must call a special meeting of the Medical Staff whenever he/she is presented with a written request for such a meeting, signed by at least twenty (20) members of the Medical Staff. No business shall be transacted at any special meeting except that stated in the meeting notice. This does not prohibit an individual Medical Staff member from communicating with the Governing Board.

#### **13.1.3. Notice**

Notice of the date, time, and place of the Medical Staff meetings shall be sent to each member at the member's last known business address, or electronically, at least two (2) weeks prior to the scheduled date of the meeting.

#### **13.1.4. Quorum**

The presence of twenty (20) voting members of the Medical Staff at any regular or special meeting shall constitute a quorum.

#### **13.1.5. Voting**

13.1.5.1. Only members of the Medical Staff with voting privileges as outlined in Article Four shall be eligible to vote at meetings of the Medical Staff.

13.1.5.2. All physician members appointed or elected to any Medical Staff standing or ad-hoc committee shall be considered a voting member.

13.1.5.3. The Ethics Committee, Pharmacy & Therapeutics Committee, Research Surveillance Committee, and Utilization Management Committee contain non-physician, non-Medical Staff members who are granted voting privileges based upon their area of expertise.

### **13.2. DIVISION MEETINGS**

Divisions may meet as an organized committee of the Medical Staff as necessary to receive, review, and consider patient care review findings, peer review issues, and other evaluation and monitoring activities of the service. Divisions shall meet as necessary, but at least quarterly.

### 13.3. MINUTES

Minutes shall be contemporaneously recorded and kept of all required meetings of the Medical Staff, the Medical Executive Committee, the Division meetings, and all Medical Staff standing and Ad Hoc committees, and shall be filed with the Medical Staff Office.

### 13.4. ATTENDANCE REQUIREMENTS

13.4.1. To foster quality professional interaction and awareness of items of general interest to the Medical Staff, as well as applicable standards and policies, each Medical Staff member shall be encouraged to attend both general Medical Staff meetings and appointed committee meetings.

13.4.2. Attendance at 50% of Medical Staff meetings and 60% of appointed committee meetings shall be required during an appointment cycle.

### 13.5. DUES AND FEES

#### 13.5.1. Dues

13.5.1.1. The Medical Executive Committee shall establish the amount of annual dues, if any, for each category of Medical Staff.

13.5.1.2. Medical Staff dues shall be separately accounted for in a Medical Staff Dues Account to be used, as appropriate, for the purposes of the Medical Staff, including retention of, and representation by, independent legal counsel at the Medical Staff's expense.

13.5.1.3. Expenditures from the Medical Staff Account shall be limited to the annual budget approved by the Medical Executive Committee. Any dispute regarding expenditures from the Medical Staff Dues Account shall be resolved by the Medical Executive Committee.

13.5.1.4. Non-budgeted expenditures shall require the approval of the Medical Executive Committee.

#### 13.5.2. Processing Fees

13.5.2.1. When making initial application and reapplication for Medical Staff membership, the applicant shall be charged a processing fee as determined by the Medical Executive Committee.

13.5.2.2. Processing fees shall be accounted for separately and used to support the functions of the Medical Staff Office, such as credentialing.

## **ARTICLE FOURTEEN: CONFIDENTIALITY AND IMMUNITIES**

### 14.1. CONFIDENTIALITY OF INFORMATION

#### 14.1.1. Confidentiality of General Information

Medical Staff, Divisions, and Medical Staff Committee minutes, files, and records, including information regarding any member or applicant to this Medical Staff shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where expressly required by law, in the authorized conduct of Medical Staff proceedings, pursuant to officially adopted policies of the Medical Staff, including the authorization of representatives of Touro Infirmery and the Medical Staff to solicit and provide information bearing upon a physician's Allied Health Professional's ability and qualifications; or by express approval of the Medical Executive Committee.

#### 14.1.2. Breach of Confidentiality

Effective peer review, the consideration of qualifications of Medical Staff members and applicants to perform specific procedures, and the evaluation of improvement of the

quality of care rendered in Touro Infirmary must be based on free and candid discussions. Any breach of confidentiality of the records, discussions, or deliberations of the Medical Staff Divisions or Committees is considered outside appropriate standards of conduct for this Medical Staff, disruptive to the operations of Touro Infirmary, and detrimental to quality patient care, treatment, and services. Further, all patient care, treatment, and services records and related activities shall be kept confidential and not to be disclosed inappropriately by any member of the Medical Staff. Any such breach of confidentiality shall be a basis for corrective action under Article Seven of these Bylaws.

#### 14.2. ACTIVITIES AND INFORMATION COVERED

The confidentially described in this Article shall apply to all acts, communications, reports, or disclosures undertaken in connection with this or any other health care facility's or organization's activities.

#### 14.3. IMMUNITY FROM LIABILITY FOR ACTIONS TAKEN AND INFORMATION PROVIDED

Each representative of the Medical Staff and/or Touro Infirmary, acting pursuant to these Bylaws shall be exempt, to the fullest extent permitted by law, from liability to an applicant or Medical Staff member for damages or other relief for any action taken, or statements or recommendations made within the scope of his/her duties, or for providing information concerning any person who is or has been an applicant to or member of the Staff, or who did or does, exercise clinical privileges or provide services at Touro Infirmary.

#### 14.4. INDEMNITY AND DEFENSE

Touro Infirmary shall indemnify and defend Medical Staff members for their good faith participation in peer review activities within the scope of their duties pursuant to these Bylaws.

### **ARTICLE FIFTEEN: ORGANIZED HEALTH CARE ARRANGEMENT WITH TOURO INFIRMARY**

Touro Infirmary together with all members of the Medical Staff, Housestaff, Fellows, Allied Health Professionals, and non-physician health care providers that provide clinical services at Touro Infirmary (collectively, for the purposes of this Article Fifteen only, "TI Staff"), constitutes an Organized Health Care Arrangement ("OHCA") under the HIPAA Privacy Regulations. Accordingly, TI Staff will issue a joint notice of privacy practices, as permitted under the HIPAA Privacy Regulations, and each member of the TI Staff will abide by the terms of this joint notice with respect to Protected Health Information he or she may receive in connection with his or her participation in professional activities of the OHCA. TI Staff may share Protected Health Information with each other, as necessary to carry out treatment, payment or health care operations functions related to the OHCA.

### **ARTICLE SIXTEEN: GENERAL PROVISIONS**

#### 16.1. ACCEPTANCE OF PRINCIPLES

All members of any class or category, by application for membership in this Medical Staff, do hereby agree to be bound by the provisions of these Bylaws, access to a copy of which shall be given in a timely fashion to each member on initial application, and access to a copy of each amendment thereto promptly after adoption. Any violation of these Bylaws shall subject the applicant or member to such disciplinary action as the Medical Executive Committee or Touro Infirmary's Governing Board shall direct.

## 16.2. NOTICES

16.2.1. Except where specific notice provisions are otherwise provided in these Bylaws, any and all notices, demands, requests, and other communications required or permitted to be served on or given to a party or parties by another, pursuant to these Bylaws, shall be in writing and shall be delivered personally or by United States Postal Service. In the case of notice to Touro Infirmarý's Governing Board, Medical Staff, or officers of committees thereof, the notice shall be addressed as follows:

Touro Infirmarý  
Medical Staff Office  
1401 Foucher Street  
New Orleans, LA 70115

16.2.2. In the case of a notice by Touro Infirmarý or Medical Executive Committee to an applicant, Medical Staff member, or other party, the notice shall be addressed to the business address as it appears in the records of the Medical Staff Office at Touro Infirmarý. If personally delivered, such notice shall be effective upon delivery to the person or to such address, and if mailed as provide for above, such notice shall be effective three (3) days after it is placed in the mail. Any party may change its address as indicated above, by giving written notice of such change to the other party in the manner set forth.

## 16.3. PROFESSIONAL LIABILITY INSURANCE

### 16.3.1. Professional Liability Insurance

Each member or AHP granted Medical Staff membership or privileges at Touro Infirmarý shall be a qualified via the Louisiana Patient Compensation Fund or maintain equivalent coverage. The Medical Executive Committee and the Governing Board reserves the right to reject any particular insurance carrier solely at their joint discretion.

### 16.3.2. Disposition and/or Final Judgment

Each member of the Medical Staff shall report to Medical Staff Services Office the filing or service of any professional liability suit against the member, the disposition (including settlement) and/or final judgment in professional liability cases in which they are involved within thirty (30) days of disposition and/or final judgment.

## 16.4. DISCLOSURE OF INTEREST

16.4.1. All nominees for election or appointment to Medical Staff Officer positions or other offices, leadership positions, Medical Staff or Hospital committees, or the Medical Executive Committee shall, at least ten (10) days prior to the date of appointment, or election, disclose in writing to the Medical Executive Committee those personal, professional or financial affiliations or relationships of which they are reasonably aware which could foreseeably result in a conflict of interest with their activities or responsibilities on behalf of the Medical Staff, as outlined in the Conflict of Interest for Medical Staff policy. The Medical Executive Committee shall evaluate the significance of such disclosures and discuss any significant conflicts with the nominee. If a nominee with a significant conflict remains on the ballot, the nature of his or her conflict shall be disclosed in writing and circulated with the ballot.

16.4.2. At the time they assume the office, leadership position, or committee membership, and on an annual basis thereafter, practitioners in these positions shall be required to sign a Conflict of Interest and Confidentiality statement.

## 16.5. CONFLICT MANAGEMENT

- 16.5.1. Medical Staff members are encouraged to utilize opportunities for conflict management in the hospital. All attempts at informal conflict management shall be attempted prior to formal conflict management intervention.
- 16.5.2. Conflict management intervention should be implemented whenever there is a situation giving rise to conflict that could affect patient safety and quality of care.
  - 16.5.2.1. The conflict management intervention process is commenced via a written request to the President of the Governing Board, the President of Touro Infirmary, and the President of the Medical Staff.
  - 16.5.2.2. The primary parties involved shall agree on the conflict management intervener.
  - 16.5.2.3. Once the intervener has been designated, the intervener shall guide the process in congruence with the conflict management intervention plan, as approved by the Medical Executive Committee, the President of Touro Infirmary, and the Governing Board.

## **ARTICLE SEVENTEEN: AMENDMENT OF BYLAWS AND RULES AND REGULATIONS OF THE MEDICAL STAFF**

### 17.1. BYLAWS

- 17.1.1. The Bylaws shall be reviewed biennially by the Bylaws committee and amended to reflect Touro Infirmary's current practices and regulatory requirements with respect to the Medical Staff organization and functions. Recommended changes in the Bylaws of the Medical Staff shall be submitted to the President of the Medical Staff. The Bylaws may be amended by the affirmative vote of the majority of the Medical Executive Committee members present at a meeting at which there is a quorum and the affirmative vote of the majority of the eligible voting members of the Medical Staff responding in a ballot, and shall become effective when approved by Touro Infirmary's Governing Board, which approval shall not be withheld unreasonably. The Bylaws may not be unilaterally amended by the Medical Staff, Medical Staff Officers, Medical Executive Committee, or Touro Infirmary's Governing Board. No amendments to the Bylaws may be made that is inconsistent with Touro Infirmary's Corporate Bylaws. Moreover, no amendment may be made that would be inconsistent with the hospital's operation in cooperation with, and/or in support of, Touro Infirmary's mission statement. In the event of any inconsistencies, the Corporate Bylaws shall govern.
- 17.1.2. The Medical Executive Committee is authorized to act on behalf of the Medical Staff regarding amendments to the Bylaws which may be necessary to meet State or federal requirements, or are merely clerical in nature.
- 17.1.3. Urgent amendments will be handled in congruence with Section 11.1.1.22.

### 17.2. ADOPTION AND AMENDMENT OF RULES AND REGULATIONS

- 17.2.1. All Medical Staff Rules and Regulations that are in effect immediately preceding the adoption of these Bylaws and that are not inconsistent with these Bylaws shall be considered as Rules and Regulations adopted in accordance with these Bylaws and shall continue in effect until amended pursuant to these Bylaws.
- 17.2.2. Medical Staff Rules and Regulations may be amended by either:
  - 17.2.2.1. The affirmative vote of majority of the Medical Executive Committee members who are present at a meeting at which a quorum is present, subject to the approval of Touro Infirmary's Governing Board;
  - OR
  - 17.2.2.2. The affirmative vote, conducted by means of a ballot, of a majority of the

Active Medical Staff responding, in addition to the approval of Touro Infirmary's Governing Board. A ballot of the Active Medical Staff shall be conducted for this purpose upon request of a majority of the Active Medical Staff members present at the Medical Staff meeting at which there is a quorum.

17.2.2.3. The Rules and Regulations may not be unilaterally amended by the Medical Staff, Medical Staff Officers, Medical Executive Committee, or Touro Infirmary's Governing Board, or in a manner that is inconsistent with Touro Infirmary's Corporate Bylaws.

17.2.3. An amendment by means of Section 17.2.2.1 may be repealed by the Medical Staff in accordance with Section 17.1 provided a ballot is called for in accordance with that Section at or before the next regular meeting of the Medical Staff following the adoption of the amendment in question. Such a request for amendment must be initiated by at least ten (10%) percent of the then active medical staff members.

17.2.4. Urgent amendments will be handled in congruence with Section 11.1.1.22.

### 17.3. PROVISION OF TEXT

When significant changes are made to the Medical Staff Bylaws, Rules and Regulations, or policies, the Medical Staff members and other individuals who have delineated clinical privileges are provided with access to revised texts of the written materials.

## **ARTICLE EIGHTEEN: ADOPTION**

These Bylaws, when adopted by the Medical Executive Committee and a majority of the voting members of the Medical Staff responding in a ballot, shall replace all previous Bylaws of the Medical Staff and shall become effective within thirty (30) days of approval by Touro Infirmary's Governing Board, pending notification to all Medical Staff.