



Maine Medical Center
MaineHealth

MEDICAL STAFF BYLAWS

Maine Medical Center



MEDICAL STAFF BYLAWS

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions that apply to terms used in the Medical Staff documents are set forth in a Medical Staff Glossary document.

1.B. TIME LIMITS

Time limits referred to in these Bylaws, Associated Manuals and related policies are advisory only and are not mandatory, unless expressly stated.

1.C. MEDICAL STAFF DUES

1.C.1. Medical Staff dues shall be as recommended by the Medical Executive Committee (MEC).

1.C.2. Medical Staff dues shall be payable annually upon request. Failure to pay shall result in ineligibility for continued appointment and privileges.

1.D. INDEMNIFICATION

The Medical Center will provide a legal defense for, and will indemnify, Medical Staff Officers, Department Chairs, Division Chiefs, Service Line Chiefs, Medical Staff Committee Chairs, Medical Staff Committee Members, and authorized representatives, when acting in those capacities in accordance with its Bylaws, Associated Manuals and applicable insurance policy(ies), terms and provisions, as applicable to the fullest extent provided by law.

1.E. BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

Each member of the Medical Staff shall:

1.E.1. provide care for their patients at the generally recognized professional level of quality and efficiency;

1.E.2. work cooperatively and harmoniously with others, as outlined in the Medical Staff Code of Conduct and including such that they maintain respectful interpersonal and communication skills sufficient to maintain professional relationships with patients, families, and all members of the health care team and such that patients at the Medical Center will receive quality care and the Medical Center and Medical Staff will be able to operate in an orderly, efficient manner;

- 1.E.3. participate in the coordination of care, treatment and services among the practitioners involved in a patient's care, treatment and services;
- 1.E.4. recognize their obligation to protect the quality of patient care provided within the Medical Center;
- 1.E.5. provide services in the Medical Center consistent with their clinical privileges to all patients regardless of their race, religion, color, sex, ancestry, age, disability, marital status, veteran status, national origin, ethnic origin, citizenship status, sexual orientation, gender identity or any other diverse and/or legally protected status;
- 1.E.6. comply with all applicable State and Federal Laws and render patient care that is consistent with applicable professional standards of quality and appropriateness;
- 1.E.7. abide by the Medical Staff Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center;
- 1.E.8. abide by medical ethics principles adopted by the American Medical Association (AMA); and in addition, abide by the applicable medical ethics principles adopted by a medical specialty society, but only if and to the extent the MEC has, by resolution, specified that the specialty society's medical ethics principles will also be applied to such specialist members of the Medical Staff;
- 1.E.9. discharge such Medical Staff, Department, Division, Medical Staff Committee, Service Line and Medical Center functions for which they are responsible by appointment, or election;
- 1.E.10. recognize their duty to use Medical Center resources responsibly and efficiently including to benefit and protect all patients;
- 1.E.11. timely and in appropriate detail prepare, in compliance with the Medical Staff Bylaws and Associated Manuals, the medical and other records required for all patients for whom they provide care at the Medical Center;
- 1.E.12. acknowledge the responsibility of the institution to review practitioner specific data for the purpose of assessing, maintaining and improving the quality and efficiency of the medical care provided, and to assess the practitioner's current clinical competence;
- 1.E.13. agree to actively participate, as requested, in the quality improvement, utilization management and risk management programs to evaluate the performance of both practitioners and the institution;
- 1.E.14. notify the Chief Medical Officer (CMO), in writing:
 - 1.E.14.a. immediately after the revocation, restriction, suspension, termination or expiration of their professional license in any state;

- 1.E.14.b. immediately after the imposition of terms of probation, suspension or limitation of practice by any state;
- 1.E.14.c. immediately after loss, limitation, suspension, termination, or resignation in lieu of termination or resignation in lieu of investigation of/from staff membership at any hospital or other health care institution;
- 1.E.14.d. immediately after termination from, or resignation in lieu of termination from, or resignation in lieu of investigation by, any employer or locums tenens agency;
- 1.E.14.e. immediately upon entering, either voluntarily or by mandate, a substance abuse or impaired provider program, with the exception of voluntary entry into the Medical Professional Health Program of the Maine Medical Association, which need not be a subject of notification;
- 1.E.14.f. immediately after the provider's criminal arrest, and/or the filing of felony or misdemeanor charges by any federal or state law enforcement agency;
- 1.E.14.g. immediately after adverse modification of any or all clinical privileges at any hospital or other health care institution as a result of professional review action, or surrender of such privileges while under investigation by such institutions or in return for an agreement not to conduct such review action or investigation;
- 1.E.14.h. immediately after the filing of charges by any Board of Licensure in Medicine, Board of Osteopathic Examination and Registration, Board of Nursing, or any health regulatory agency; and otherwise within 7 calendar days after being named in a complaint filed by any other regulatory or licensing body;
- 1.E.14.i. within 7 calendar days after the commencement of a formal investigation by any Board of Licensure in Medicine, Board of Osteopathic Examination and Registration, Board of Nursing, or any health regulatory agency;
- 1.E.14.j. within 7 calendar days after being named in a lawsuit in their professional capacity as a defendant, or when a complaint is filed by any regulatory or licensing body;
- 1.E.14.k. within 7 calendar days after being named in a complaint filed by any regulatory or licensing body other than those listed above; and/or
- 1.E.14.l. within 7 calendar days after the payment or agreement to pay on their behalf or for their benefit any amount in full or partial settlement of a

medical malpractice claim or action, including payments made under any insurance policy or self-insurance plan;

- 1.E.14.m. within 7 calendar days after any action adverse to the provider by any managed care organization.

For purpose of the section 1.E.14, “immediately” means as soon as is reasonably possible, and in no event later than 48 hours following the Medical Staff’s Member’s becoming aware of the event or circumstance requiring notification under this section.

- 1.E.15. attend general Medical Staff meetings as required and attend other staff, Department, Division, Service Line or Medical Staff Committee meetings as required by category of appointment or Medical Staff membership;
- 1.E.16. faithfully discharge any delegated functions that the member has agreed to assume under a written delegation of authority from the Department Chair under Article 4; and
- 1.E.17. refrain from personal, professional or financial conflicts of interest in fulfilling any of the functions of the Medical Staff and Medical Center, and in the provision of patient care.

1.F. PURPOSES

The Medical Staff is organized for these purposes:

- 1.F.1. to create a structure which allows its members to provide care for all patients admitted to or treated in any area or location associated with the Medical Center;
- 1.F.2. to improve individual patient care, participate in the development of processes of care and objectively measure the quality of care provided;
- 1.F.3. to balance efforts to protect patient needs with the judicious use of resources;
- 1.F.4. to support education in medicine and related health sciences;
- 1.F.5. to conduct research and contribute to the development of medical knowledge and other health sciences;
- 1.F.6. to provide a means through which the Medical Staff shall participate in the Medical Center policy-making and planning processes;
- 1.F.7. to make recommendations to the Board regarding appointment or reappointment to the Medical Staff and the granting of clinical privileges;

- 1.F.8. to establish rules, regulations, policy and procedures for Medical Staff administration and to specify its officers and responsibilities;
- 1.F.9. to promote provider wellness; and
- 1.F.10. to enhance the ability of the Medical Center to achieve its mission.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

2.A. ACTIVE PHYSICIAN/DENTIST STAFF

2.A.1. Qualifications:

The Active Physician/Dentist Staff consists of physician and dentist members of the Medical Staff who are regularly involved in the care of patients and/or actively involved in administrative functions at the Medical Center.

2.A.2. Prerogatives:

Active Physician/Dentist Staff members may:

- 2.A.2.a. attend general and special meetings of the Medical Staff and applicable Department, Division, Service Line and Medical Staff Committee meetings, when requested;
- 2.A.2.b. vote at general and special meetings of the Medical Staff, including changes to the Bylaws and vote for candidates who fill seats on the Medical Executive Committee (MEC);
- 2.A.2.c. hold office, serve on Medical Staff Committees, and serve as Department Chair, Division Chief Service Line Chief and Medical Staff Committee Chair; and
- 2.A.2.d. exercise clinical privileges granted.

2.A.3. Responsibilities:

Active Physician/Dentist Staff members must assume all the responsibilities of the Active Physician/Dentist Staff, including:

- 2.A.3.a. serving on Medical Staff Committees, as requested;

- 2.A.3.b. providing specialty coverage for the Emergency Department and accepting referrals from the Emergency Department for follow-up care of patients (in accordance with delineation of privileges and policies, as applicable);
- 2.A.3.c. participating in the professional practice evaluation and performance improvement processes;
- 2.A.3.d. providing consultations, when requested, per Medical Center policy;
- 2.A.3.e. maintaining skill in their areas of professional competence;
- 2.A.3.f. retaining responsibility for the care and supervision of their patients in the Medical Center until that patient is discharged or transferred to another provider;
- 2.A.3.g. participating in call coverage at the discretion of the Department Chair, Service Line Chief, and as set forth by that Department or Service Line's specific policy;
- 2.A.3.h. attending to and voting on matters presented at general and special meetings of the Medical Staff and of the Department, Division, Service Line and Medical Staff Committees of which they are a member;
- 2.A.3.i. participating in their Department's Accreditation Council for Graduate Medical Education (ACGME) approved residency programs, medical student programs, and other programs sponsored by the Department as their interests, skills, and availability dictate, and as determined appropriate by the Department Chair;
- 2.A.3.j. meeting continuing medical education requirements;
- 2.A.3.k. abiding by the Medical Staff Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center and rules of the Medical Center;
- 2.A.3.l. abiding by medical ethics principles adopted by the American Medical Association (AMA); and in addition, abide by the applicable medical ethics principles adopted by a medical specialty society, but only if and to the extent the MEC has, by resolution, specified that the specialty society's medical ethics principles will also be applied to such specialist members of the Medical Staff;
- 2.A.3.m. notifying the Chief Medical Officer (CMO) in writing of the various actions or events specified in Article 1, Section 1.E.14 and the Credentialing Manual; and

2.A.3.n. paying application fees, dues, and assessments.

2.B. ACTIVE ADVANCED PRACTICE PROVIDER (APP) STAFF

2.B.1. Qualifications:

The Active APP Staff consists of professionals who are regularly involved in the care of patients and/or actively involved in administrative functions at the Medical Center and who are appointed to the Active APP Staff, i.e., Physician Assistants (PA), Nurse Practitioners (NP), Certified Nurse Midwives (CNM), and Certified Registered Nurse Anesthetists (CRNA).

2.B.2. Prerogatives:

Active APP Staff members may:

- 2.B.2.a. attend general and special meetings of the Medical Staff and applicable Department, Division, Service Line and Medical Staff Committee meetings, when requested;
- 2.B.2.b. vote at general and special meetings of the Medical Staff, including changes to the Bylaws and vote for candidates who fill seats on the MEC;
- 2.B.2.c. serve on Medical Staff Committees; and
- 2.B.2.d. exercise clinical privileges as granted.

2.B.3. Responsibilities:

Active APP Staff members must assume all the responsibilities of the Active APP Staff, including:

- 2.B.3.a. maintaining a primary sponsoring physician and plan of supervision or collaboration agreement as applicable;
- 2.B.3.b. serving on Medical Staff Committees as requested;
- 2.B.3.c. participating in the professional practice evaluation and performance improvement processes;
- 2.B.3.d. maintaining skill in their areas of professional competence;
- 2.B.3.e. retaining responsibility for the care and supervision of their patients in the Medical Center until that patient is discharged or transferred to another medical service;

- 2.B.3.f. participating in call coverage at the discretion of the Department Chair or Service Line Chief, and as set forth by that Department or Service Line's specific policy;
- 2.B.3.g. attending to and voting, if eligible, on matters presented at the Department, Division, Service Line and Medical Staff Committee meetings of which they are a member;
- 2.B.3.h. meeting continuing medical education requirements;
- 2.B.3.i. abiding by the Medical Staff Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center and rules of the Medical Center;
- 2.B.3.j. abiding by applicable ethical standards;
- 2.B.3.k. notifying the CMO in writing of the various actions or events specified in Article 1, Section 1.E.14 and the Credentialing Manual; and
- 2.B.3.l. paying application fees, dues, and assessments.

2.C. ACTIVE AFFILIATE STAFF

2.C.1. Qualifications:

The Active Affiliate Staff consists of licensed Podiatrists and Psychologists who are regularly involved in the care of patients and/or actively involved in administrative functions at the Medical Center..

2.C.2. Prerogatives:

Active Affiliate Staff members may:

- 2.C.2.a. attend general and special meetings of the Medical Staff and applicable Department, Division, Service Line and Medical Staff Committee meetings, when requested;
- 2.C.2.b. vote at general and special meetings of the Medical Staff, including changes to the Bylaws and vote for candidates who fill seats on the MEC;
- 2.C.2.c. serve on Medical Staff Committees as requested; and
- 2.C.2.d. exercise clinical privileges as granted.

2.C.3. Responsibilities:

Active Affiliate Staff members must assume all the responsibilities of the Active Affiliate Staff, including:

- 2.C.3.a. serving on Medical Staff Committees as requested;
- 2.C.3.b. participating in the professional practice evaluation and performance improvement processes;
- 2.C.3.c. maintaining skill in their areas of professional competence;
- 2.C.3.d. retaining responsibility for the care and supervision of their patients in the Medical Center until that patient is discharged or transferred to another provider;
- 2.C.3.e. participating in call coverage at the discretion of the Department Chair or Service Line Chief, and as set forth by that Department or Service Line's specific policy;
- 2.C.3.f. attending to and voting, if eligible, on matters presented at the Department, Division, and Medical Staff Committee meetings of which they are a member;
- 2.C.3.g. meeting continuing medical education requirements;
- 2.C.3.h. abiding by the Medical Staff Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center and rules of the Medical Center;
- 2.C.3.i. abiding by applicable ethical standards;
- 2.C.3.j. notifying the CMO in writing of the various actions or events specified in Article 1, Section 1.E.14 and the Credentialing Manual; and
- 2.C.3.k. paying application fees, dues, and assessments.

2.D. COURTESY STAFF

2.D.1. Qualifications:

The Courtesy Staff consists of members of the Medical Staff who participate in educational or research programs, or wish to maintain a close professional relationship with the Medical Center and Medical Staff, but who do not hold clinical privileges.

2.D.2. Prerogatives:

Courtesy Staff members may:

- 2.D.2.a. attend general and special meetings of the Medical Staff and applicable Department, Division, Service Line and Medical Staff Committee meetings, when requested;
- 2.D.2.b. be invited to serve on Medical Staff Committees; and
- 2.D.2.c. visit their patients in the inpatient setting and review applicable medical records, subject to applicable rules and policies, but may not provide direct care, place orders for inpatients, or document in the medical record.

2.D.3 Responsibilities:

Courtesy Staff members must assume all the responsibilities of the Courtesy Staff, including:

- 2.D.3.a. serving on Medical Staff Committees, as requested; and
- 2.D.3.b. paying application fees, dues, and assessments.

2.E. TELEMEDICINE STAFF

2.E.1. Qualifications:

Telemedicine is the provision of clinical (including diagnostic and treatment) services to patients by providers from a distance via electronic communications including audio, video, or other data communications. This is not a medical staff category for providers whose personal presence at MMC will be necessary or utilized.

2.E.2. Prerogatives:

Telemedicine Staff members may:

- 2.E.2.a. exercise clinical privileges as granted.

2.E.3 Responsibilities:

Telemedicine Staff members must assume all the responsibilities of the Telemedicine Staff, including:

- 2.E.3.a. participating in the professional practice evaluation and performance improvement processes;
- 2.E.3.b. maintaining skill in their areas of professional competence;

- 2.E.3.c. participating in call coverage at the discretion of the Department Chair, Service Line Chief, and as set forth by that Department or Service Line's specific policy;
- 2.E.3.d. meeting continuing medical education requirements;
- 2.E.3.e. abiding by the Medical Staff Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center and rules of the Medical Center;
- 2.E.3.f. abiding by medical ethics principles adopted by the American Medical Association (AMA); and in addition, abide by the applicable medical ethics principles adopted by a medical specialty society, but only if and to the extent the MEC has, by resolution, specified that the specialty society's medical ethics principles will also be applied to such specialist members of the Medical Staff;
- 2.E.3.g. notifying the CMO in writing of the various actions or events specified in Article 1, Section 1.E.14 and the Credentialing Manual; and
- 2.E.3.h. paying all staff dues and assessments.

2.F. RETIRED STAFF

2.F.1. Qualifications:

The Retired Staff consists of members of the Medical Staff who have a record of previous service to the Medical Center, have retired from the active practice of medicine, are in good standing; or are recognized for outstanding or noteworthy contributions to the medical sciences. Retired Staff is not an Active staff category. The MEC, in its discretion, may remove a member from the Retired Staff if it determines that the continuation of such status does not comport with its prerequisites or the MEC's reasonable expectations for Retired Staff membership.

2.F.2 Prerogatives:

Retired Staff members may:

- 2.F.2.a. attend general and special meetings of the Medical Staff and applicable Department, Division, Service Line and Medical Staff Committee meetings, when requested.

2.F.3 Responsibilities:

Retired Staff members may assume all the responsibilities of the Retired Staff, including:

- 2.F.3.a. serving on Medical Staff Committees, as requested.

ARTICLE 3

OFFICERS OF THE MEDICAL STAFF

3.A. DESIGNATION

The Medical Staff will elect the following Officers: President-Elect and Secretary-Treasurer. If there is a vacancy in the office of President-Elect at the time of an election where the President-Elect would typically assume the office of President, the position of President will also be subject to election. Vacancies during an officer's tenure are addressed under Paragraph 3.I.2. of these Bylaws.

3.B. ELIGIBILITY CRITERIA

Only those members of the Medical Staff who satisfy the following criteria initially and continuously will be eligible to serve as an Officer of the Medical Staff.

3.B.1. Eligible Medical Staff must:

- 3.B.1.a. have served on the Active Physician/Dentist Staff for at least three years;
- 3.B.1.b. have no pending adverse recommendations concerning appointment or clinical privileges;
- 3.B.1.c. not presently be serving as a Medical Staff Officer, Board Member, Department Chair, or Service Line Chief at any other hospital and will not so serve during their term of office;
- 3.B.1.d. be willing to discharge faithfully the duties and responsibilities of the position;
- 3.B.1.e. have experience in a leadership position or involvement in performance improvement functions for at least two years;
- 3.B.1.f. have demonstrated an ability to work well and professionally interact at all times with others; and
- 3.B.1.g. not have any financial relationship (i.e., an ownership or investment interest in or compensation arrangement) with an entity that competes with the Medical Center or any MaineHealth Member Hospital or Affiliate. This does not apply

to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

3.C. PRESIDENT OF THE MEDICAL STAFF

3.C.1. The responsibilities of the President of the Medical Staff include, but are not limited to:

- 3.C.1.a. acting in coordination and cooperation with the Medical Staff, President of the Medical Center, Chief Medical Officer (CMO) and the Board in matters of mutual concern involving the care of patients in the Medical Center;
- 3.C.1.b. representing and communicating the views, policies and needs of the Medical Staff to the President of the Medical Center, CMO and the Board;
- 3.C.1.c. representing and communicating on the activities and areas of concern of the Medical Staff to the President of the Medical Center, CMO and the Board;
- 3.C.1.d. calling, presiding over and being responsible for the agenda and for the meetings of the Medical Staff and Medical Executive Committee (MEC);
- 3.C.1.e. promoting adherence to the Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center; and
- 3.C.1.f. performing functions authorized in these Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center , including as related to collegial intervention, corrective action and performance management of providers as described in the Credentialing Manual, provider wellness, and oversight of the Code(s) of Conduct and provider professionalism processes.

3.D. PRESIDENT-ELECT OF THE MEDICAL STAFF

3.D.1. The responsibilities of the President-Elect of the Medical Staff include, but are not limited to:

- 3.D.1.a. assuming the duties of the President of the Medical Staff and acting with full authority as President of the Medical Staff in their absence;
- 3.D.1.b. serving as Chair and/or Co-Chair of the Credentials Committee;
- 3.D.1.c. performing other duties, including committee attendance as assigned by the President of the Medical Staff, President of the Medical Center or the MEC; and

- 3.D.1.d. succeeding the President of the Medical Staff at the beginning of the next term of office or sooner should the office become vacated for any reason during the President of the Medical Staff's term of office.

3.E. SECRETARY-TREASURER OF THE MEDICAL STAFF

- 3.E.1. The responsibilities of the Secretary-Treasurer of the Medical Staff include, but are not limited to:
 - 3.E.1.a. preparing the annual budget for the Medical staff;
 - 3.E.1.b. overseeing the collection of and accounting for any Medical Staff funds, and making disbursements authorized by the MEC, or President of the Medical Staff; and
 - 3.E.1.c. performing other duties as assigned by the President of the Medical Staff or the MEC.

3.F. IMMEDIATE PAST PRESIDENT OF THE MEDICAL STAFF

- 3.F.1. The responsibilities of the Immediate Past President of the Medical Staff include, but are not limited to:
 - 3.F.1.a. serving as an advisor to other Officers of the Medical Staff;
 - 3.F.1.b. serving as Co-Chair of the Credentials Committee;
 - 3.F.1.c. serving on Medical Staff Committees as indicated in the Organizational Manual; and
 - 3.F.1.d. performing other duties as assigned by the President of the Medical Staff or the MEC.

3.G. NOMINATION AND ELECTION PROCESS

The Nominating Committee and the nomination and election processes are described in the Organizational Manual.

3.H. TERM OF OFFICE

The Officers of the Medical Staff shall assume their respective positions on the first day of October in the year in which their term begins.

- 3.H.1. The President of the Medical Staff and the President-Elect of the Medical Staff shall each be elected to the same office for no more than one, two-year term. The President-Elect of the Medical Staff shall automatically succeed to the office of the President of the Medical Staff, and the President of the Medical Staff shall automatically succeed to the office of the Immediate Past President of the Medical Staff.
- 3.H.2. The Secretary-Treasurer of the Medical Staff will serve an initial two-year term and may be reelected for one additional two-year term.

3.I. VACANCIES AND ABSENCES

- 3.I.1. If there is a vacancy in the office of President of the Medical Staff, the President-Elect of the Medical Staff will assume the office until the end of the unexpired term of the vacated office.
- 3.I.2. If there is a vacancy in the office of the President-Elect of the Medical Staff or Secretary-Treasurer of the Medical Staff, the MEC will appoint an individual, who satisfies the qualifications set forth in Section 3.B of these Bylaws, to the office until a regular or special election can be held. The appointment will be effective upon approval by the Board.
- 3.I.3. If appointment to serve for an unexpired term should be necessary, it shall not be used in the calculation of a regular term.
- 3.I.4. In all cases of absence (such as a leave or other absence) or during vacancy in the office of President of the Medical Staff, the President Elect may be asked to assist with and/or assume the responsibilities of the President until the period of absence or vacancy is over. In all cases where there is an absence or period of vacancy in the office of President-Elect, a Medical Staff member, including the Secretary-Treasurer, may be asked to assist with and/or assume responsibilities of the President-Elect until the absence or vacancy is over. In all cases where there is an absence or period of vacancy in the office of Secretary-Treasurer, a Medical Staff member, otherwise deemed to fulfill the qualifications of such office, may be asked to assist with and/or assume responsibilities of the Secretary-Treasurer until the absence or vacancy is over.

3.J. REMOVAL

- 3.J.1. Removal of an elected Officer of the Medical Staff may be effectuated by a two-thirds vote of the Medical Staff, by the Board, or by a three-fourths vote of the MEC for reasons that the MEC determines in its discretion to warrant removal, including any of the following:
 - 3.J.1.a failure to comply with these Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center;
 - 3.J.1.b failure to perform the duties of the position held;
 - 3.J.1.c conduct detrimental to the interests of the Medical Staff or the Medical Center;

- 3.J.1.d. a condition that renders the individual incapable of fulfilling the essential duties of that office with or without reasonable accommodation; or
 - 3.J.1.e. failure to continue to satisfy any of the criteria in Section 3.C-3E of these Bylaws.
- 3.J.2. Prior to scheduling an MEC special meeting to consider removal of an elected Officer of the Medical Staff, a representative from the MEC, as applicable, will meet with and inform the individual of the reasons for the proposed removal proceedings. The individual will be given at least ten days special notice of the date of the MEC meeting at which removal is to be considered. The individual will be afforded an opportunity to address the MEC, as applicable, prior to a vote on removal. Removal will be effective upon Medical Staff, Board or MEC approval, as outlined in Section 3.J.1. Removal under this Article 3J does not give rise to Fair Hearing Rights.

ARTICLE 4

DEPARTMENTS, DIVISIONS, AND SERVICE LINES

4.A. ORGANIZATION

The Medical Staff is organized by Departments, Divisions and Service Lines. The Departments, Divisions and Service Lines of the organized Medical Staff are recognized by the Medical Executive Committee (MEC), approved by the Board, and listed in the Medical Staff Organization Manual.

4.A.1. Department:

A Department is defined by discipline and professional practice. Upon appointment or reappointment, the Medical Staff Member is assigned to a Department or Departments based on discipline and professional practice. Primary functions of a Department include participation in the Medical Staff processes of credentialing and privileging; assessment of competency; evaluation of performance; influencing the processes of care informed by knowledge within the discipline; oversight of all academic activities within the discipline; and professional development.

4.A.2. Division:

A Division is defined as a subunit of a Department and characterized by a specialty area of knowledge within the discipline. The Department Chair shall assign a Medical Staff Member of the Department to a Division or Divisions based on a specialty area of knowledge.

4.A.3. Service Line:

A Service Line is defined by the patient need and medical condition. Primary functions of the Service Line include organizing the processes of care to respond to the patient's need; implementing clinical programs specific to medical condition; convening the multidisciplinary clinical teams; participating in academic activities of the institution; measuring performance with value for the patient as the central metric; and continuous assessment and improvement of the quality of care, treatment, and services. The Medical Staff Member responds to the need of a patient, using the processes of care within the Service Line; and participates in clinical program processes for assessment and improvement of the quality of care, treatment and services. A Medical Staff Member may well have patient care responsibilities in more than one of the Service Lines.

4.B. LEADERSHIP

The leadership roles for Departments, Divisions, and Service Lines include Department Chair, Division Chief and Service Line Chief, respectively. A complete statement of the responsibilities for each role is put forth in a position description in the Medical Staff Organization Manual. The roles and responsibilities for the Department Chair, Division Chief and Service Line Chief are recognized by the MEC and approved by the Board.

The Chair may delegate one or more of the functions listed under Section 4.B.1.b. to another active member of the Medical Staff having administrative or leadership responsibilities, including a Service Line Chief. Any such delegation must be in writing, setting forth the name of the delegate, the scope and limitations of the delegation, and the signature of the delegate acknowledging responsibility for the delegated functions. The delegation must receive the prior approval of the MEC before taking effect. In approving such a delegation, the MEC shall be satisfied that the person to whom such responsibilities are delegated has demonstrated a willingness and has the capacity to perform the delegated functions. Notwithstanding such delegation, the Chair remains ultimately responsible for the proper discharge of the stipulated functions. At any time, the Chair may revoke the delegation, with or without cause, and must notify the Medical Staff President and delegate. At any time, the MEC may revoke the delegation, with or without cause, and notify the affected Chair and delegate.

4.B.1. Department Chair:

Each Department has a member of the Active Physician/Dentist Medical Staff in the leadership role of Department Chair.

4.B.1.a. The qualifications of the Department Chair include but are not limited to: discipline specific certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process.

4.B.1.b. The responsibilities of the Department Chair include:

(i) all clinical activities of the Department;

- (ii) all administrative activities of the Department;
- (iii) surveillance on a continuing basis of the professional performance and professional conduct of all individuals in the Department who have delineated clinical privileges;
- (iv) assessing and recommending to the relevant hospital authority appropriate off-site sources for needed patient care, treatment and services not provided by the organization;
- (v) recommending to the Medical Staff the criteria for clinical privileges that are relevant to the care, treatment, and services provided at the organization;
- (vi) recommending clinical privileges for each member of the Department;
- (vii) integrating the Department into the primary functions of the organization;
- (viii) coordinating services provided within the Department, and between or among Departments;
- (ix) determining the qualifications and competence of Department personnel who are not licensed independent providers and who provide patient care, treatment, and services;
- (x) developing and implementing policies, procedures and practice guidelines that support the provision of care, treatment and services;
- (xi) recommending a sufficient number of qualified and competent persons to provide care, treatment and services;
- (xii) continuously assessing and improving of the quality of care, treatment and services by the provider and of provider's professional conduct and interpersonal interactions with patients, leadership and all care team members;
- (xiii) maintaining quality control programs;
- (xiv) orienting all Department members to the structure and function of the Department;
- (xv) facilitating and assessing the continuing education of all members of the Department;
- (xvi) recommending space and other resources needed by the Department;
- (xvii) determining (within a consistently applied process) whether sufficient space, equipment, staffing and financial resources are in place or available within a specified time frame to support each requested privilege; and
- (xviii) additional responsibilities as put forth in the position description in the Medical Staff Organization Manual.

4.B.2. Division Chief:

Each Division of a Department has a member of the Active Physician/Dentist Medical Staff in the leadership role of Division Chief.

- 4.B.2.a. The qualifications of the Division Chief include but are not limited to: discipline specific certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process.
- 4.B.2.b. The responsibilities of the Division Chief include:
- (i) assigned clinical activities of the Department;
 - (ii) assigned administrative activities of the Department;
 - (iii) continuous assessment and surveillance of the professional performance and professional conduct of all individuals in the Division who have delineated clinical privileges;
 - (iv) recommending to the Department Chair the criteria for clinical privileges within the discipline that are relevant to the care, treatment, and services provided at the organization;
 - (v) recommending to the Department Chair the clinical privileges for each member of the Division;
 - (vi) integration of the Division into the primary functions of the organization;
 - (vii) coordination of services provided within the Division, and between or among Divisions;
 - (viii) determination of the qualifications and competence of Division personnel who are not licensed independent practitioners and who provide patient care, treatment and services;
 - (ix) orientation of all Division members to the structure and function of the Division;
 - (x) facilitation of and assessment of the continuing education of all members of the Division;
 - (xi) recommendations of space and other resources needed by the Division;
 - (xii) determination (within a consistently applied process) whether sufficient space, equipment, staffing and financial resources are in place or available within a specified time frame to support each requested privilege; and
 - (xiii) additional responsibilities as put forth in the position description in the Medical Staff Organization Manual.

4.B.3. Service Line Chief:

Each Service Line has a member of the Active Physician/Dentist Medical Staff in the leadership role of Service Line Chief.

- 4.B.3.a. The qualifications of the Service Line Chief include but are not limited to: discipline-specific certification by an appropriate specialty board or comparable competence affirmatively established through the credentialing process.
- 4.B.3.b. The functions of the Service Line Chief shall include such responsibilities as are specified in the Service Line Chief position description, as outlined in the

Organization Manual; provided that the Service Line Chief shall not perform any of the functions of the Department Chair or Division Chief specified in Sections 4.B.1.b and 4.B.2.b, except pursuant to a written delegation receiving the prior approval of the MEC in accordance with Section 4.B.

4.C. APPOINTMENT

4.C.1. Department Chair:

The President of the Medical Staff and Chief Medical Officer (CMO) shall agree on the composition of a search committee and the Committee Chair for Department Chair position(s), and the MEC must approve the search committee's composition and Chair. The President of the Medical Center, CMO, Chief Academic Officer (CAO) and President of the Medical Staff shall be *ex officio* members of the search committee, with committee vote. A search committee shall recommend a candidate or candidates for Department Chair to the MEC.

The search committee's recommendation for appointment of Department Chair shall be forwarded to the MEC for approval. If the MEC, CMO and President of the Medical Center all concur in the recommendation, the President of the Medical Center shall forward the recommendation to the Board. Absent concurrence, the search committee shall recommend another candidate or candidates, and the President of the Medical Staff and CMO jointly may, but are not required to, reconstitute the search committee for this purpose, in accordance with the procedures set forth in this section.

The President of the Medical Center may remove a Department Chair from the position as Chair, for good cause, as determined by the President of the Medical Center, in conjunction with the Board. When the position of Department Chair is vacant, by reason of such action, or by resignation, or otherwise, the CMO shall expeditiously recommend an Interim Chair to the MEC and the President of the Medical Staff. If the MEC, CMO and the President of the Medical Staff all concur in the recommendation, the CMO will forward the recommendation to the President of the Medical Center for approval, and a search committee shall be constituted to recommend a permanent Chair, in accordance with the procedures set forth in this section.

4.C.2. Division Chief:

The Division Chief shall be appointed by the Department Chair or the Chair's designee after consultation with the CMO, and with the approval of the MEC. The Department Chair may remove a Division Chief from the position as Division Chief, for good cause, as determined by the Department Chair, after consultation with the CMO.

4.C.3. Service Line Chief:

The President of the Medical Staff, or designee from the MEC, shall sit on a Search Committee assembled for the selection of Service Line Chiefs at Maine Medical Center.

ARTICLE 5

MEDICAL EXECUTIVE COMMITTEE

5.A. MEDICAL EXECUTIVE COMMITTEE (MEC)

5.A.1. Composition and Terms/Length of Service:

5.A.1.a.1 Subject only to Section 5.A.1.a.3 of these Bylaws, the MEC will comprise the following persons with vote:

- (i) President, President-Elect and Secretary-Treasurer of the Medical Staff;
- (ii) Four Chairs of Clinical Departments;
- (iii) Ten at-large members (8 Active Physician/Dentists and 2 Active APPs or Active Affiliates);
- (iv) Chairs of Medical Staff Committees: Pharmacy & Therapeutics, Health Information Management, Transfusion, Provider Health and Resilience, Bylaws if applicable, and any other Medical Staff Committee that shall be approved by the MEC; and
- (v) Chief Medical Officer (CMO), Chief Academic Officer (CAO), VP of Quality and Safety, and President of the Medical Center.

5.A.1.a.2. Terms (Length) of Service for MEC Members under Section 5.A.1.a.1:

- (i) With the exception of one physician and one APP nearing the end of their almost third (3rd) year term, all current members of the MEC serving on MEC as of January 1, 2023 shall continue to serve on MEC through the earlier of September 30, 2024 and/or the successful merger of the Maine Medical Center (MMC) and Southern Maine Health Care (SMHC) referenced under Section 5.A.1.a.3 of these Bylaws, in order to provide continuity of MEC for such merger. Any open and/or vacant MEC positions in September of 2023 including of the departing APP and 3 physicians/dentists shall be open to fulfillment by election.
- (ii) Effective October 1, 2024, if the merger between MMC and SMHC as referenced under Section 5.A.1.a.3 of these Bylaws has not occurred, then annual elections of MEC members shall be held as appropriate to provide for MEC members in the following positions to serve the following terms:
 - (a) Chairs of Clinical Departments shall serve two-year terms, with the Chairs to be elected prior to alternating fall annual meetings and with the Chairs to serve until their successors are elected and qualified;

- (b) At-large members (8 Active Physician/Dentists and 2 Active APPs or Active Affiliates) shall serve two-year terms, the voting for whom shall be staggered so that no more than four Active Physician/Dentists and one Active APP or Active Affiliate shall be elected via standard procedure each fall. Elected members will serve until their successors are elected and qualified;

For the first year of 2024, it is understood that the annual election may take place after the usual September voting frame, due to the allowance of up to an October 1, 2024 MMC/SMHC merger date under Section 5.A.1.a.2 below.

5.A.1.a.3. Notwithstanding Article 5, Section 5.A.1.a.1 of these Bylaws, if there is a successful merger of the Maine Medical Center and Southern Maine Health Care provider number/CMS certification numbers and Maine hospital licenses on or before October 1, 2024 such that there is one, surviving Hospital, the Maine Medical Center, and one, surviving Medical Staff, that being the Maine Medical Center Medical Staff, then the MEC shall be comprised of the following persons with vote, and Section 5.A.1.a.1. shall not apply:

Voting Members from MMC Pre-Merged Staff, With MMC Merged Staff Titles

- (i) President, President-Elect, and Secretary-Treasurer of the Medical Staff;
- (ii) Three Chairs of Clinical Departments, whom will serve two-year terms, (the Chairs shall be elected prior to alternating fall annual meetings for terms of two years and shall serve until their successors are elected and qualified);
- (iii) Eight at-large members (four Active Physician/Dentist and 2 Active APP or Active Affiliate), the voting for whom shall be staggered so that no more than three Active Physician/Dentists and one Active APP or Active Affiliate shall be elected via standard procedure each September. Elected members will serve two years until their successors are elected and qualified; and
- (vi) Chief Medical Officer (CMO), VP of Quality and Safety, and President of the Medical Center.

Voting Members from SMHC Pre-Merged Staff, or Otherwise Allocated to SMHC, With MMC Merged Staff Titles, through the elections in September 2026

- (i) Eight at-large members (eight Members of the Active Medical Staff, at least one of whom is an Active APP or Active Affiliate), which members as of time of Merger have been appointed and identified by the prior SMHC Medical Staff and were members of the former SMHC Medical Executive Committee. The voting for at large members shall be staggered so that no more than four Active Medical Staff Members shall be elected via standard procedure each

September. Elected members will serve two years until their successors are elected and qualified.

For all purposes of Article 5, Section 5.A.1.a.3, all voting members of the merged Medical Staff shall maintain their incumbents as of the time of Merger through the later of September 30, 2025, or their usual rotation out date. For SMHC merged voting members, their “usual rotation out date” shall be based on a two (2) year rotation out date measured from the date the SMHC member was last voted into the former (pre-merged) SMHC MEC.

5.A.1.b.1 Subject only to Paragraph 5.A.1.b.2 of these Bylaws, the MEC will comprise the following persons without vote:

- (i) Legal Counsel for the Medical Center, Chief Academic Officer (CAO), Chief Wellness Officer (CWO), Chief Nursing Officer (CNO), Associate CMO, or designee and the Chief Operating Officer (COO).

5.A.1.c. The Chair of the Board may attend meetings of the MEC.

5.A.1.d. Other individuals may be invited to MEC meetings as guests.

5.A.1.e. The President of the Medical Staff will serve as Chair of the MEC.

5.A.1.b.2. Notwithstanding Article 5, Section 5.A.1.b.1, if there is a successful merger of the Maine Medical Center and Southern Maine Health Care provider number/CMS certification numbers and Maine hospital licenses on or before October 1, 2024 such that there is one, surviving Hospital, the Maine Medical Center, and one, surviving Medical Staff, that being the Maine Medical Center Medical Staff, then in addition to those persons identified in Article 5 Section 5.A.1.b.1, the MEC shall also comprise the following persons without vote:

- (i) Associate CMO, Sanford and Biddeford Campuses
- (ii) Medical Staff Specialist, Sanford and Biddeford Campuses

5.A.2. Duties:

The MEC is delegated primary authority over activities related to the Medical Staff and to performance improvement activities, including as related to all competency matters whether based on clinical care, professionalism concerns, wellness, or other matters as related to a Medical Staff Applicant’s or Members’ ability meet MMC Medical Staff commitments as detailed in these Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center. This authority may be removed or modified by amending these Bylaws. The MEC is responsible for the following:

- 5.A.2.a. acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the Officers are empowered to act in urgent situations between MEC meetings);
- 5.A.2.b. recommending directly to the Board on at least the following:
 - (i) Medical Staff structure;
 - (ii) mechanism used to review credentials and to delineate clinical privileges;
 - (iii) applicants for Medical Staff appointment and reappointment;
 - (iv) delineation of clinical privileges for each eligible individual;
 - (v) participation of the Medical Staff in Medical Center performance improvement activities and the quality of professional services being provided by the Medical Staff;
 - (vi) mechanism by which Medical Staff appointment may be restricted, suspended, terminated or otherwise adversely affected;
 - (vii) hearing procedures;
 - (viii) reports and recommendations concerning Medical Staff professional conduct, interpersonal communication and/or behaviors falling outside of Medical Staff expectations and requirements as set forth in these Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center;
 - (ix) Reports and recommendations from Medical Staff Committees, Departments, and other groups, as appropriate.
- 5.A.2.c. consulting with Administration on quality-related aspects of contracts for patient care services;
- 5.A.2.d. providing support and guidance with respect to continuing medical education activities;
- 5.A.2.e. reviewing or delegating the review of quality indicators to facilitate uniformity regarding patient care services;
- 5.A.2.f. providing leadership in activities related to patient safety;
- 5.A.2.g. providing oversight in the process of analyzing and improving patient satisfaction;
- 5.A.2.h. ensuring that, at least every three years, the Bylaws and applicable policies are reviewed and updated;
- 5.A.2.i. providing and promoting an effective liaison among the Medical Staff, Administration, and the Board;
- 5.A.2.j. recommending clinical services, if any, to be provided by telemedicine;

- 5.A.2.k. reviewing and approving all standing orders for consistency with nationally recognized and evidence-based guidelines;
- 5.A.2.l. promoting the well-being of Medical Staff members; and
- 5.A.2.m. performing any other functions as are assigned to it by these Bylaws, the Credentialing Manual or other applicable policies.

5.A.3. Meetings:

The MEC will meet at least eight times a year and more often if necessary to fulfill its responsibilities, and will maintain a permanent record of its proceedings and actions.

5.A.4. Removal:

Removal of an elected At-Large Member of the MEC may be effectuated by a two-thirds vote of the Medical Staff, by the Board, or by a three-fourths vote of the MEC for reasons that the MEC determines in its discretion to warrant removal, including but not limited to any of the following:

- 5.A.4.a. failure to comply with the MMC Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center;
- 5.A.4.b. failure to perform the duties of the position held;
- 5.A.4.c. conduct detrimental to the interests of the Medical Staff or the Medical Center; and/or
- 5.A.4.d. a condition that renders the individual incapable of fulfilling the essential duties of that office with or without reasonable accommodation.

Prior to scheduling a MEC special meeting to consider removal of an elected At-Large Member, the Medical Staff President will meet with and inform the individual of the reasons for the proposed removal proceedings. The individual will be given at least ten days special notice of the date of the MEC meeting at which removal is to be considered. The individual will be afforded an opportunity to address the MEC, as applicable, prior to a vote on removal. Removal will be effective upon Medical Staff, Board or MEC approval.

ARTICLE 6

PERFORMANCE IMPROVEMENT FUNCTIONS

6.A. PERFORMANCE IMPROVEMENT FUNCTIONS

- 6.A.1. All members of the Active Medical Staff shall be actively involved in continuous performance improvement activities within their clinical practice, and shall participate when requested, or when included within the scope of their clinical responsibilities or administrative duties, in patient safety and quality improvement; including, but not limited to these mandates:
- 6.A.1.a. assisting in adverse and sentinel event reporting, root cause analyses, intensive reviews, failure modes and effects analyses, culture of safety surveys, and in the implementation of associated action plans;
 - 6.A.1.b. facilitating the assembly of data and reporting of the Medical Center's and individual practitioners' performance;
 - 6.A.1.c. participating in medication safety activities, including review of significant adverse drug reactions, medication errors and the use of investigational drugs and procedures, as well as opioid prescribing and pain management;
 - 6.A.1.d. adhering to protocols intended to promote the appropriate utilization of blood and blood components, including review of significant transfusion reactions;
 - 6.A.1.e. participating in programs to improve the safety and efficacy of operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
 - 6.A.1.f. evaluating the appropriateness of clinical practice patterns, and adherence to clinical practice guidelines;
 - 6.A.1.g. complying with criteria for post-mortem examinations;
 - 6.A.1.h. adhering to protocols and actively cooperating with efforts to prevent healthcare associated infections;
 - 6.A.1.i. facilitating efforts to improve patient experience, including participation in action plans resulting from analyses of patient experience surveys, and measures to improve the education of patients and their families regarding patients' medical conditions and treatment;
 - 6.A.1.j. adhering to protocols and standards that are intended to prevent unnecessary procedures or treatments, or to prevent avoidable morbidity and mortality;

- 6.A.1.k. following protocols and standards to achieve appropriate resource utilization to minimize costs of care while maintaining care quality;
 - 6.A.1.l. active involvement in the coordination of care, treatment, and services with other practitioners and Medical Center personnel;
 - 6.A.1.m. accurate and timely completion of patients' medical records in compliance with the content and quality of history and physical examinations requirements, as well as the time frames required for completion, as set forth in Article 11 of these Bylaws, and more specifically, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center;
 - 6.A.1.n. actively participate in ongoing and focused professional practice evaluation activities that are relevant to an individual's performance, in the review of such an evaluation and in steps recommended by such an evaluation; and
 - 6.A.1.o. facilitating in the communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.
- 6.A.2. A description of the Committees that carry out monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organizational Manual.

ARTICLE 7

CHIEF MEDICAL OFFICER

7.A. CHIEF MEDICAL OFFICER (CMO)

There shall be a Chief Medical Officer (CMO) as authorized by the Board, who shall have Medical Staff accountability to the President of the Medical Center.

7.A.1. Qualifications:

The CMO shall be and remain a member in good standing of the Active Physician/Dentist Staff and be able to discharge faithfully the functions of the office.

7.A.2. Appointment:

The President of the Medical Center and the President of the Medical Staff shall agree on the composition of a search committee and the Committee Chair for purposes of CMO selection, and

the MEC must approve the search committee's composition and Chair. The President of the Medical Center and the President of the Medical Staff shall be ex officio members of the search committee, with vote. A search committee shall recommend a candidate or candidates for CMO to the Medical Executive Committee (MEC) for approval. If the MEC and the President of the Medical Center concur in the recommendation, the President of the Medical Center shall forward the recommendation to the Board. Absent concurrence, the search committee shall recommend another candidate, or candidates, and the President of the Medical Center and the President of the Medical Staff may, but are not required to, reconstitute the search committee for this purpose, in accordance with the procedures set forth in this section.

7.A.3. Duties:

The CMO shall:

- 7.A.3.a. represent and communicate the views, policies and needs of the Medical Staff to the President of the Medical Center, President of the Medical Staff and the Board;
- 7.A.3.b. represent and communicate on the activities and areas of concern of the Medical Staff to the President of the Medical Center, President of the Medical Staff and the Board;
- 7.A.3.c. act, in conjunction with the President of the Medical Staff, as a medical liaison between:
 - (i) the governing, administrative bodies and the Medical Staff;
 - (ii) the Medical Center and applicable regulatory and accrediting agencies;
 - (iii) the Medical Center and the Medical Staff to oversee, implement and enforce Medical Staff compliance with Medical Staff Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center; and
 - (iv) the Medical Center and MEC to coordinate and implement the recommendations of the MEC.
- 7.A.3.d. serve to maintain and improve patient care by:
 - (i) overseeing Department Chairs;
 - (ii) overseeing Service Line Chiefs as it pertains to these Bylaws;
 - (iii) coordinating with the Vice President of Quality and Safety to maintain quality assurance, risk management and peer review activities;
 - (iv) coordinating with the Chair of the Credentials Committee in connection with Medical Staff process for credentialing and delineating privileges for applicants seeking appointment or reappointment to the Medical Staff;
 - (v) coordinating peer review, Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE), each/all

including as related to clinical care, competence and professional conduct of medical staff members in connection with their obligations under the MMC Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center;

- (vi) coordinating patient care activities through Department Chairs;
 - (vii) coordinating census management with Nursing Services; and
 - (viii) coordinating physician service contracts.
- 7.A.3.e. collaborate with the Chief Academic Officer (CAO) and President of the Medical Center in building and maintaining undergraduate, graduate and post-graduate medical education programs;
- 7.A.3.f. collaborate with the CAO and President of the Medical Center in building and maintaining medical research programs; and
- 7.A.3.g. perform other duties and responsibilities specified in these Bylaws.
- 7.A.3.h. collaborate and work with hospital leaders to ensure care and education are standardized throughout all MMC campuses and facilities where providers are privileged.

ARTICLE 8

MEETINGS

8.A. GENERAL

8.A.1. Meetings:

Except as provided in these Bylaws or the Associated Manuals including the Credentials Manual and the Medical Staff Organizational Manual, each Department, Division, Service Line and Medical Staff Committee, as applicable, will meet as often as needed to perform their designated functions.

8.A.2. Regular Meetings:

- 8.A.2.a. The President of the Medical Staff, Department Chairs, Division Chiefs, Service Line Chiefs and Medical Staff Committee Chairs will schedule regular meetings.
- 8.A.2.b. The Medical Staff will hold a minimum of two meetings annually in the course of the Medical Staff year, which runs from October 1 through September 30.

8.A.3. Special Meetings:

- 8.A.3.a. A special meeting of the Medical Staff may be called by the President of the Medical Staff, the CMO, a majority of the Medical Executive Committee (MEC), the President of the Medical Center, Chair of the Board, or by a petition signed by at least 25 members of the Active Medical Staff.
- 8.A.3.b. No business will be transacted at any special meeting except that stated in the meeting notice.

8.B. PROVISIONS COMMON TO ALL MEETINGS

8.B.1. Prerogatives of the Presiding Officer:

- 8.B.1.a. The Presiding Officer of each meeting is responsible for setting the agenda for any regular or special meeting of the Medical Staff, Department, Service Line, Division, or Medical Staff Committee.
- 8.B.1.b. The Presiding Officer has the discretion to conduct any meeting in person, by telephone conference, videoconference or any other secure virtual or electronic means.
- 8.B.1.c. The Presiding Officer shall have the authority to rule definitively on all matters of procedure. While Robert's Rules of Order may be used for reference, in the discretion of the Presiding Officer, it shall not be binding. Rather, specific provisions of these Bylaws and Medical Staff, Department, Division, Service Line or Medical Staff Committee custom shall prevail at all meetings.

8.B.2. Notice:

- 8.B.2.a. Medical Staff Members will be provided with notice of regular meetings of the Medical Staff and regular meetings of Departments, Service Lines, Divisions and Medical Staff Committees, as applicable. Notice will be provided via regular United States mail, Medical Center mail, e-mail or other electronic communication, at least 14 days in advance of the meeting whenever possible.
- 8.B.2.b. When a special meeting of the Medical Staff, Department, Division, Service Line or Medical Staff Committee is called, the notice period will be no less than 72 hours whenever possible. Notice will be provided via email or other electronic means.
- 8.B.2.c. Notices will state generally the business, date, time, and place of the meetings.
- 8.B.2.d. The attendance of any individual at any meeting will constitute a waiver of that individual's notice of the meeting.

8.B.3. Quorum and Voting for Medical Staff Meetings:

- 8.B.3.a. For any regular or special meeting of the Medical Staff, a minimum of 25 eligible voting members will constitute a quorum.
- 8.B.3.b. Once a quorum is established, the business of the meeting may continue and actions taken will be binding.
- 8.B.3.c. In the event it is necessary to vote on an issue, that issue will be determined by a majority of the eligible voting members.
- 8.B.3.d. As an alternative to a formal meeting, the eligible voting members of the Medical Staff may also be presented with a question including voting by e-mail, other approved electronic means, hand-delivery, or telephone, and their votes returned to the Presiding Officer by the method and date designated in the notice. No fewer than 25 members will constitute a quorum. The question raised will be determined in the affirmative and will be binding if a majority of the responses returned has so indicated.
- 8.B.3.e. Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.
- 8.B.3.f. There shall be no proxy voting.
- 8.B.3.g. One or more members of the Medical Staff may participate in a meeting by telephone, video conference or any other approved secure virtual or electronic means, if available.

8.B.4. Minutes:

- 8.B.4.a. Minutes will include a record of the attendance of members and the recommendations made.
- 8.B.4.b. Minutes of meetings of the Medical Staff will be forwarded to the members of the MEC.
- 8.B.4.c. The Board will be kept apprised of and act on the recommendations of the Medical Staff.
- 8.B.4.d. A permanent file of the minutes of meetings will be maintained by the Medical Staff Office.

8.B.5. Confidentiality:

- 8.B.5.a. Medical Staff business conducted including by Medical Staff Leaders, Officers, Departments, Divisions, Service Lines and Committees and/or Members

thereof is considered confidential and peer review protected, such that it is not subject to disclosure including pursuant to the protections of the Maine Health Security Act and Health Care Quality Immunity Act. All Medical Staff business is considered peer review and proprietary pursuant to applicable policies and law and should be treated as such.

- 8.B.5.b. Members of the Medical Staff who have access to, or are the subject of, credentialing, privileging, or other peer review process or information including but not limited to as it may relate to FPPE, OPPE, or medical staff inquiry, investigations, recommendations or processes related to clinical concerns, competency concerns, and/or professionalism concerns in relationship to medical staff obligations and/or matters must agree to maintain the confidentiality of the information.
- 8.B.5.c. Credentialing, privileging, and/or other peer review process or information including as described under Article 8.B.5.b must not be disclosed to any individual outside of the peer review context in which it arises and consistent with these Bylaws, the Credentials Manual, the Organizational Manual, applicable policie(s) and law.
- 8.B.5.d. A breach of confidentiality may result in referral to the MEC, Department Chair, or Service Line Chief for appropriate corrective action.

8.C. ATTENDANCE

8.C.1. Regular and Special Meetings:

- 8.C.1.a. Members of the Medical Staff are encouraged to attend Medical Staff and applicable Department, Division, Service Line and Medical Staff Committee meetings.
- 8.C.1.b. Members of Medical Staff Committees are required to attend at least 50% of the regular meetings. Failure to attend the required number of meetings may result in replacement of the member.

ARTICLE 9

MEDICAL STAFF APPOINTMENT, REAPPOINTMENT AND CORRECTIVE ACTION

The details associated with Medical Staff appointment and reappointment as well as collegial intervention and corrective action are contained in the Medical Staff Credentials Manual in a more expansive form.

9.A. QUALIFICATIONS

To be eligible to apply for initial appointment, reappointment and/or clinical privileges if applicable, an applicant must demonstrate at minimum all of the following, which are further detailed in the Credentials Manual: appropriate education, training, experience, current clinical competence, professional conduct, active licensure and ability to safely and competently perform the clinical privileges requested.

9.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

- 9.B.1. Completed applications for appointment and privileges, if requested, will be transmitted to the applicable Department Chair or designee, who will review the individual's file and make recommendations to the Credentials Committee as to the applicant's appointment and privileges if applicable.
- 9.B.2. Completed applications for reappointment and privileges, if requested, will be transmitted to the applicable Department Chair or designee, who will review the individual's file and make recommendations to the Credentials Committee as to the applicant's appointment and privileges if applicable.
- 9.B.3. The Credentials Committee will review the Chair's or designee's recommendation(s), and in turn make recommendations as to requested appointment(s), reappointment(s) and privileges as applicable to the Medical Executive Committee (MEC) for review and recommendation to the Board.
- 9.B.4. Temporary or Interim Privileges: Temporary or Interim privileges will be granted by the Board in processes defined in the Credentials Manual.
- 9.B.4. Telemedicine Appointment and Telemedicine Privileges By Proxy: Requests for initial or renewed Telemedicine Staff appointment/credentialing and/or for telemedicine privileges only (not associated with any other privileges or Staff appointment) may be processed either through the standard medical staff appointment, credentialing and privileging processes or through, as appropriate:
 - (a) a streamlined Proxy process, so long as: (i) there is a written agreement in place between MMC as the Originating Site Hospital and a Distant Hospital Site or Distant Telemedicine Site that meets the requirements of 42 C.F.R. §482.12, 482.22, and 485.616 as applicable to MMC; (ii) the Distant Site Hospital and/or Distant Site Telemedicine Entity employs an appointment/credentialing and privileging process that conforms to the provisions of 42 C.F.R. §§482.12(a)(8) and (a)(9), 482.22(a)(3) and (a)(4) or (ii) and 485.616(c) as applicable under such Agreement; and (iii) the Distant Site Hospital or Distant Site Telemedicine Entity provides to MMC the following:

- (i) confirmation that the practitioner is currently and actively licensed in the state where the Original Site Hospital (MMC) is located and as applicable to the privileges to be exercised;
- (ii) a current list of privileges granted to the practitioner;
- (iii) information indicating that the applicant has actively exercised the relevant privileges during the previous 12 months and has done so in a competent manner;
- (iv) a signed attestation that the applicant satisfies all of the Distant Site Hospital's or Distant Site Telemedicine Entity's qualifications for the clinical privileges granted;
- (v) a signed attestation that all information provided by the Distant Site Hospital or Distant Site Telemedicine Entity is complete, accurate, and up-to-date; and
- (vi) any other attestations or information required by the agreement or requested by the Original Site Hospital.

When a Proxy Process is used under Article 9.B.4 (a) above, the information received under Article 9.B.4.(a)(i-vi) about the practitioner requesting telemedicine appointment/credentials and/or privileges will be provided to the MMC Credentials Committee and MEC for review and recommendation and to the Board for final action consistent with the application and privileging procedures of these Bylaws and of the Credentials Manual as applicable.

When a Proxy Process is used under Article 9.B.4(a) above, MMC will comply with obligations of its own, as applicable, to conduct its own National Practitioner Data Bank query and/or license verification(s) for the initial and/or reappointment Proxy applicant.

When a Proxy Process is used under Article 9.B.4(a) above, telemedicine appointment/credentials and/or privileges, if granted, shall be granted co-terminus with the written agreement between the Originating Site Hospital and the Distant Hospital Site or Distant Telemedicine Site. Any expiration of such written agreement, therefore, and/or any termination or cancellation of the telemedicine provider's services under such agreement, shall result in the auto-termination of the practitioner's appointment/credentials and privileges with the Originating Site (MMC), which action(s) shall not give rise to any fair hearing or due process rights including under these By Laws and/or MMC's Credentials Manual.

Even where the Proxy Process under Article 9.B.4(a) above is used, MMC as the Originating Site Hospital may determine that an applicant for telemedicine appointment/credentialing and/or privileges is otherwise ineligible for appointment/credentialing and/or or clinical privileges by Proxy or otherwise if the applicant fails to satisfy other qualifying criteria including threshold eligibility criteria.

- (b) Practitioners appointed, credentialed and/or privileged by Proxy under Article 9.B.4(a) shall be subject to MMC's (Originating Site Hospital) peer review activities to monitor ongoing telemedicine practitioner performance. The results of such peer review activities, including adverse events and complaints filed or reported about a practitioner providing telemedicine services by or from patients, other practitioners and/or staff, will be shared and reported periodically with the Distant Site Hospital(s) or Distant Site Entity(ies) providing telemedicine services for use in their appraisal(s) of the telemedicine practitioner.
- (c) Telemedicine appointment, credentials and/or privileges, if granted, shall be for a period of not more than two years.

9.B.5. Modified Process Under Emergency Operations Plan: When the emergency operations plan has been implemented, the President of the Medical Center or Chief Medical Officer (CMO) may use a modified credentialing process to grant clinical privileges. This process is outlined in the Credentials Manual.

9.C. COLLEGIAL CONVERSATION AND PROGRESSIVE STEPS

- 9.C.1. Medical Staff members occasionally experience challenges in meeting their Medical Staff obligations including but not limited to professionalism responsibilities and respectful interpersonal communications with patients, colleagues, leadership and/or care team members. When this occurs, collegial conversation efforts and progressive steps are part of the Medical Center's efforts to understand and address the underlying issues, with the goal of preventing recurrence and ensuring provider success. Peer review protected inquiries and actions may include discussing applicable policies, counseling, mentoring, monitoring, proctoring, consultation, and education; sharing data, communicating expectations for professionalism; informational letters of guidance, Performance Improvement Plans, and corrective action steps, designed to be progressive if/as appropriate. These processes are more specifically defined in the Credentials Manual and in the Maine Medical Center Provider Professionalism Committee Summary Policy.
- 9.C.2. Collegial conversation efforts and progressive steps, including informal steps to address matters that, if unaddressed, repeated or exacerbated, could give rise to a need for professional review action or administrative withdrawal of privileges, are not required but are encouraged. The goal of those efforts is to arrive at voluntary, responsive actions by the individual to resolve an issue. Such informal efforts are not encouraged for matters that may warrant precautionary suspension.

9.D. PROFESSIONAL REVIEW ACTIONS

As more detailed in the MMC Credentials Manual, the MMC Medical Executive Committee or an Investigating Committee on its behalf may undertake an investigation concerning any complaint or concern of a Medical Staff member not meeting their Medical Staff member obligations under these Bylaws, Code(s) of Conduct, Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center. Such complaints or concerns may involve patient care and/or safety, competency, professionalism and/or interpersonal communications or actions of the provider, ethical concerns, wellbeing, conduct that is considered lower than the standards of the Medical Center or disruptive to the orderly operation of the Medical Center or its Medical Staff, and/or other concerns.

Following conclusion of such Investigation(s), MEC may make recommendations regarding the Medical Staff member's appointment, privileges, and/or Medical Staff membership, including recommendations of restriction, suspension, or revocation of appointment, privileges, or membership.

Fair Hearing Rights, if any, resulting from certain MEC recommendations are discussed in the Credentials Manual.

9.E. INDICATIONS AND PROCESS FOR AUTOMATIC ADMINISTRATIVE WITHDRAWAL OF APPOINTMENT AND/OR PRIVILEGES

9.E.1. Appointment or clinical privileges may be administratively withdrawn if a provider:

9.E.1.a. fails to do any of the following, as further detailed in the Credentials Manual:

- (i) timely complete medical records;
- (ii) satisfy threshold eligibility criteria indicated in 9.A. and the Credentials Manual;
- (iii) complete and comply with educational or training requirements;
- (iv) provide requested information;
- (v) attend a mandatory meeting to discuss issues or concerns;
- (vi) comply with request for fitness for practice evaluation or other appropriate medical assessment;
- (vii) comply with request for competency assessment;
- (viii) notify the President of the Medical Staff or the CMO of any change in any non-demographic information on the appointment or reappointment application; or
- (ix) pay annual dues;

9.E.1.b. is arrested, charged, indicted, convicted, or pleads guilty or no contest pertaining to any felony; or any misdemeanor including, but not limited to:

- (i) controlled substances;

- (ii) illegal drugs or alcohol;
- (iii) theft;
- (iv) Medicare, Medicaid, or insurance or health care fraud or abuse; or
- (v) violence;

9.E.1.c. remains absent on leave for longer than one year or otherwise fails to notify the Medical Staff Office of the need for leave to extend beyond one (1) year prior to expiration of the one-year period

9.E.1.d. in the case of an Active Advanced Practice Provider (APP), fails, for any reason, to maintain an appropriate supervision/collaborative relationship with a Supervising/Collaborating Active Physician/Dentist as defined in the Credentials Manual.

9.E.2. Administrative withdrawal will take effect immediately and will continue until the matter is resolved, if applicable. Refer to MMC Credentials Manual.

9.E.3. Administrative withdrawals do not give rights to Fair Hearing.

9.F. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

Whenever failure to take action may result in imminent danger to the health and/or safety of any individual within MMC's discretion, the President of the Medical Center, the President of the Medical Staff, the relevant Department Chair or Service Line Chief, the CMO, the MEC, or the Board Chair is authorized to:

- (1) afford the individual an opportunity to voluntarily refrain from exercising clinical privileges while the matter is being reviewed; or
- (2) suspend or restrict all or any portion of an individual's clinical privileges.

For purposes of this Article 9.F., the "health and/or safety of any individual" shall be deemed to include the physical, emotional and/or mental health and/or the personal or workplace safety of any patient, Medical Center personnel/staff and/or any Medical Staff Member, including but not limited to the Medical Staff member at issue.

9.F.1. A precautionary suspension is effective immediately and will remain in effect unless it is lifted or modified by the President of the Medical Center, CMO, President of the Medical Staff or MEC.

9.F.2. The individual will be provided a brief written description of the reason(s) for the precautionary suspension by the CMO or designee. The relevant Supervising/Collaborating Physician will be notified when the affected individual is a member of the Active APP Staff.

- 9.F.3. The MEC will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 14 days.
- 9.F.4. Prior to, or as part of, the review, the individual will be given an opportunity to meet with the President of the Medical Center, the President of the Medical Staff, the relevant Department Chair, or the CMO.
- 9.F.5. Further details regarding the Precautionary Suspension Process and its requirements are set forth in the MMC Credentials Manual.

9.G. FAIR HEARING AND APPEAL PROCESS

MMC Medical Staff applicants and members are entitled to elect a fair hearing subject to compliance with fair hearing process requirements and deadlines stated in these Bylaws and MMC's Credentials Manual when faced with certain adverse recommendations in connection with membership, appointment/credentialing and privileging. The Credentials Manual more extensively details fair hearing rights, and associated process.

Where a fair hearing is requested and granted:

- 9.G.1. The hearing will begin no sooner than 30 days after the notice of the hearing, unless an earlier date is agreed upon by the parties.
- 9.G.2. The hearing process will consist of the selection of a Hearing Panel with at least three members or there will be a Hearing Officer, selected by the President of the Medical Center, CMO and President of the Medical Staff.
- 9.G.3. The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- 9.G.4. A stenographic reporter will be present to make a record of the hearing.
- 9.G.5. Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer:
 - 9.G.5.a. to call and examine witnesses, to the extent they are available and willing to testify;
 - 9.G.5.b. to introduce exhibits;
 - 9.G.5.c. to cross-examine any witness;
 - 9.G.5.d. to have representation by counsel who may be present and who may call, examine, and cross-examine witnesses or present the case;

- 9.G.5.e. to submit a written statement at the close of the hearing; and
- 9.G.5.f. to submit proposed findings, conclusions and recommendations to the Hearing Panel or Hearing Officer.
- 9.G.6. If the individual who requested the hearing does not testify, they may be called and questioned.
- 9.G.7. The Hearing Panel (or Hearing Officer) may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- 9.G.8. The affected individual or the MEC may request an appeal of the recommendations of the Hearing Panel (or Hearing Officer) to the Board. Please see the Credentials Manual for further information on the hearing process.

ARTICLE 10

AMENDMENTS

10.A. REVIEW, REVISION, ADOPTION, AND AMENDMENT

Triennially, the Medical Staff shall have the responsibility to review and recommend, as applicable, amendments to the Medical Staff Bylaws. The Medical Staff may exercise this responsibility through direct vote of its membership, through a simple majority vote at a meeting or via e-mail provided, that quorum is met. A copy of the proposed amendment(s) must be provided by MEC to the Medical Staff members at least two week(s) in advance of the date for requested vote. Any recommended amendments shall become effective when approved by the Board. Triennially, the Medical Staff shall have the responsibility to review and recommend, as applicable, amendments to the Associated Manuals. The Medical Staff may exercise this responsibility through its elected and appointed Officers, or through a direct vote of its membership. A copy of the proposed amendment(s) must be provided to MEC member(s) at least 14 days in advance of the date of change/requested vote, to allow MEC members opportunity to submit written comments to such proposal(s). Any recommended amendments to the Associated Manuals shall become effective when approved by the Board. The Medical Staff may also make amendments to the Medical Staff Bylaws and Associated Manuals on an as needed basis consistent with this Paragraph.

Neither the Medical Staff nor the Board may unilaterally amend the Bylaws and Associated Manuals. Proposed amendments will be submitted by any member of the Active Medical Staff to the Medical Staff President and communicated to the Medical Staff prior to Board approval.

10.B. ENACTMENT

Board Approval of Amendments to Bylaws and/or Associated Manuals submitted to the Board in accordance with Section 10A shall not be unreasonably withheld. If the Board does not vote upon any such amendment within ninety (90) days of the first Board meeting at which a copy of the proposed amendment is presented, then the Board shall be deemed to have approved such proposed amendment.

10.C. TECHNICAL AND EDITORIAL AMENDMENTS

The MEC shall have the power to adopt such amendments to the Bylaws and Associated Manuals as are, in its judgment, technical corrections. Such amendments shall be effective immediately and shall be permanent, in the case of Bylaw amendments, if not disapproved by the Medical Staff or the Board within ninety (90) days of adoption by the MEC, and in the case of Associated Manual amendments, if not disapproved by the Board within ninety (90) days of adoption by the MEC. The action to amend may be taken by motion acted upon in the same manner as any other motion before the MEC. After MEC approval, such amendments shall be communicated to the Medical Staff and the Board.

10.D. URGENT AMENDMENTS

10.D.1. The MEC shall have the power to adopt urgent amendments to the Bylaws and Associated Manuals, to take immediate effect, and without prior approval by the Medical Staff or the Board, when urgently needed to comply with a law, regulation, condition of participation in governmental insurance programs or accreditation standards, or to facilitate the provision of necessary care in the event of natural disaster or significant operational emergency. Notice will be provided to each member of the Medical Staff as soon as possible. The Medical Staff will have thirty (30) days to review and provide comments on the amendments to the MEC. If there is no conflict between the Medical Staff and the MEC, the amendments will be forwarded to the Board for review and approval. If there is a conflict, the process for resolving conflicts set forth in Section 10.E will be implemented.

10.D.2. The Board shall have the power to adopt urgent amendments to the Bylaws and Associated Manuals, to take immediate effect, and without prior approval by the MEC or Medical Staff. Any such amendment shall thereafter be submitted to the MEC for its review and approval. If an amendment is made to Bylaws, the amendment shall also be submitted to the Medical Staff for vote. Any disagreement between the Board and the MEC or Medical Staff shall be resolved in accordance with Section 10.E.

10.E. CONFLICT RESOLUTION (BETWEEN THE MEDICAL STAFF AND THE MEC)

Any conflict between the Medical Staff and the MEC will be resolved using the mechanisms noted below. Any member of the Active Medical Staff may challenge any change to the Bylaws and Associated Manuals established by the MEC, through the following process:

- 10.E.1. Submission of written notification to the President of the Medical Staff of the challenge and the basis for the challenge, including any recommended changes to the Bylaws and Associated Manuals.
- 10.E.2. At the meeting of the MEC that follows such notification, the MEC shall discuss the challenge and determine if any changes will be made.
- 10.E.3. If changes are adopted, they will be communicated to the Medical Staff. Any member of the Active Medical Staff may submit written notification of any further challenge(s) to the Bylaws or Associated Manuals to the President of the Medical Staff.
- 10.E.4. In response to a written challenge to the Bylaws or Associated Manuals, the MEC may, but is not required to, appoint a task force to review the challenge and recommend potential changes to address concerns raised by the challenge.
- 10.E.5. If a task force is appointed, following the recommendation of such task force, the MEC will take final action on the Bylaws or Associated Manuals.
- 10.E.6. Once the MEC has taken final action in response to the challenge, with or without recommendations from a task force, any Active member of the Medical Staff may submit a petition signed by twenty-five percent (25%) of the Active Medical Staff requesting review and possible change of the Bylaws or Associated Manuals.
- 10.E.7. If the Active Physician/Dentist Medical Staff votes to recommend directly to the Board an amendment to the Bylaws and Associated Manuals that is different from what has been recommended by the MEC, the following conflict resolution process shall be followed:
 - 10.E.7.a. The MEC shall have the option of appointing a task force to review the differing recommendations of the MEC and the Active Physician/Dentist Medical Staff, and recommend language to the Bylaws or Associated Manuals that is agreeable to both the Active Physician/Dentist Medical Staff and the MEC.
 - 10.E.7.b. Whether or not the MEC adopts modified language, the Active Physician/Dentist Medical Staff shall still have the opportunity to recommend language directly to the Board. If the Board receives different recommendations for Bylaws or Associated Manuals from the MEC and the Active Physician/Dentist Medical Staff, the Board shall also have the option of appointing a task force to study the basis of the differing recommendations, and recommend appropriate Board action.

10.E.7.c. Whether or not the Board appoints such a task force, the Board shall have final authority to resolve differences between the Medical Staff and the MEC.

10.E.8. At any point in the process of addressing a disagreement between the Medical Staff and the MEC regarding the Bylaws or Associated Manuals, the Medical Staff, MEC, or Board shall each have the right to recommend utilization of an outside resource to assist in addressing the disagreement. The final decision regarding whether or not to utilize an outside resource, and the process that will be followed in so doing, is the responsibility of the Board.

10.F. UNIFIED MEDICAL STAFF PROVISIONS

10.F.1. Adoption of a Unified Medical Staff:

10.F.1.a. If the Board elects to adopt a single unified Medical Staff that includes the Medical Center, the voting members of the Medical Staff may approve or opt out of the unified Medical Staff structure by conducting a vote in accordance with the process outlined in Section 10.A for amending these Medical Staff Bylaws.

10.F.2. Bylaws and Associated Manuals of the Unified Medical Staff:

Upon approval of a unified Medical Staff structure, the unified Medical Staff will adopt Medical Staff Bylaws and Associated Manuals that:

10.F.2.a. take into account the unique circumstances of each participating hospital, including any significant differences in the patient populations that are served and the clinical services that are offered; and

10.F.2.b. address the localized needs and concerns of Medical Staff members at each of the participating hospitals.

10.F.3. Opt-Out Procedures:

If a unified Medical Staff structure is approved, the voting members of the unified Medical Staff may later vote to opt out of the unified Medical Staff. Any such vote will be conducted in accordance with the process outlined in the Medical Staff Bylaws in force at the time of the vote.

ARTICLE 11

HISTORY AND PHYSICAL

11.A. HISTORY AND PHYSICAL EXAMINATION

It is required that a medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration; and prior to operative or complex invasive procedures in either an inpatient or outpatient setting, or procedures requiring general anesthesia or regional anesthesia services in either an inpatient or outpatient setting. It is required that the medical history and physical examination be completed and documented by a physician (as defined in section 1861 (r) of the Social Security Act), or an oral maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

11.B. UPDATED HISTORY AND PHYSICAL EXAMINATION

It is required that an updated examination of the patient, including any changes in the patient's condition, be completed and a note be documented within 24 hours after admission or registration; and prior to operative or complex invasive procedures in the inpatient or outpatient setting, or procedures requiring general anesthesia or regional anesthesia services in either an inpatient or outpatient setting; when the medical history and physical examination are completed within 30 days before admission or registration. The updated examination of the patient, including any changes in the patient's condition, must be completed and the note must be documented by a physician (as defined in section 1861 (r) of the Social Security Act), an oral maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.

11.C. COMPLETE REQUIREMENTS FOR HISTORY AND PHYSICAL EXAMINATION

The complete requirements for a history and physical exam are outlined in the MMC Associated Manuals of the Medical Staff, and to the policies and procedures of the Medical Center.

ARTICLE 12

ADOPTION

These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any previous Medical Staff Bylaws and Associated Manuals, or Medical Center policies pertaining to the subject matter contained herein.

Revised MEC : 1/17/2020

Revised Full Medical Staff : 1/31/2020

Revised Local Board : 8/5/2020

Revised MEC: 8/18/2023

Revised Full Medical Staff: 9/8/2023

Revised Local Board: 11/1/2023