

**MAINE MEDICAL CENTER
MEDICAL STAFF BYLAWS**

ARTICLE 1 – NAME

The name of this organization shall be THE MEDICAL STAFF OF THE MAINE MEDICAL CENTER.

ARTICLE 2 – PURPOSE

The Medical Staff is organized for these purposes:

- To create a structure which allows its members to provide care for all patients admitted to or treated in any unit of the Medical Center;
- To support education in medicine and related health sciences;
- To conduct research and contribute to the development of medical knowledge and other health sciences;
- To provide a means through which the Medical Staff may participate in the Medical Center policy-making and planning processes;
- To make recommendations to the Board of Trustees regarding appointment or reappointment to the Medical Staff and the granting of clinical privileges;
- To establish rules and procedures for Medical Staff administration and to specify officers and their responsibilities;
- To improve individual patient care, participate in the development of processes of care and objectively measure the quality of care provided;
- To balance efforts to protect patient needs with the judicious use of resources; and
- To enhance the ability of the Medical Center to achieve its mission.

ARTICLE 3 – MEDICAL STAFF MEMBERSHIP

3-1 INTRODUCTION:

No physician or dentist, including those engaged by the Medical Center in administrative positions, shall admit or provide medical services to patients until he or she is a member of the Medical Staff and has been granted privileges in accordance with the procedures set forth in these Bylaws and associated Manuals.

Appointment and reappointment to the Medical Staff is a privilege granted by the Maine Medical Center's Board of Trustees based on the applicant's ability to meet the qualifications, standards, and responsibilities set forth in these Bylaws, Rules and Regulations and associated manuals.

Appointment to, and membership on, the Medical Staff shall include staff category, department, and, when appropriate, divisional assignments and shall confer on the staff member only such clinical privileges and prerogatives in accordance with these Bylaws and approved by the Board of Trustees.

No aspect of Staff appointment or particular clinical privileges shall be denied on the basis of age, sex, sexual preference, race, religion, creed, color, national origin, a disability unrelated to the ability to fulfill patient care and required Staff obligations, or any other criterion unrelated either to the delivery of patient care in an efficient manner in the Medical Center facilities, to professional qualifications, to the Medical Center's purposes, needs and capabilities, or to community need.

No applicant shall be automatically entitled to appointment or to the exercise of particular clinical privileges merely because the applicant:

1. Is licensed to practice in this or in any other state; or,
2. Is certified by any clinical board; or,
3. Is a member of any professional organization; or,
4. Is a member of a professional school faculty; or,
5. Had, or presently has, a staff appointment or privileges at another health care facility or in another practice setting; or,
6. Had, or presently has, a Staff appointment or those particular privileges at Maine Medical Center; or,
7. Is, or is about to become, affiliated in practice with a practitioner who has or with a group of practitioners one or more of whose members has Staff appointment or privileges at the Maine Medical Center.

3-2 BASIC QUALIFICATIONS FOR MEMBERSHIP:

3-2.1 Basic Qualifications:

Membership shall be granted to the physician or dentist licensed to practice in the State of Maine, who:

- A. Documents his or her experience, background, training, and ability to perform the privileges requested to sufficiently demonstrate to the Medical Staff and the Board of Trustees that he or she will provide care for patients at the generally recognized professional level of quality, in an efficient manner, taking into account patients' needs, the available Medical Center facilities and resources, and utilization standards in effect at the Medical Center; and
- B. Provides evidence of professional liability insurance coverage in an amount determined by the Board of Trustees, with such coverage to be in effect upon appointment to the Medical Staff and at all times thereafter while a member of the Staff, in the form of an insurance policy issued by a company with a certificate of authority from the Maine Superintendent of Insurance to issue such insurance coverage within the State of Maine. Physicians who do not have clinical privileges at Maine Medical Center do not have to provide evidence of professional liability insurance.
- C. As a physician, documents:

1. The successful completion of a specialty residency program approved by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or completion of another accredited post-doctoral medical training program comparable to that of an accredited ACGME or AOA program, e.g. an accredited Canadian program; and
2. Other qualifications sufficient to satisfy the requirements in effect on the date of application for examination and subsequent certification in his or her approved medical specialty. Approved medical specialty shall mean any currently recognized medical specialty boards or such future medical specialty boards as may be recognized by the American Board of Medical Specialties and the Council on Medical Education of the American Medical Association. Approved medical specialty shall also include any medical specialty board in the same specialty area as an ABMS board, plus neuromuscular medicine, and recognized by the American Osteopathic Association, or any similar foreign specialty board that conducts comparable reviews of residency or fellowship training with examination to achieve certification; and
3. Other qualifications sufficient to satisfy the requirements in effect on the date of application for examination and subsequent certification in his or her approved medical specialty.

A physician already certified in an approved medical specialty at the time of application shall not be affected by subsequent changes in certification requirements. Members of the Courtesy, Active Medical Staff appointed prior to July 1, 1986 may seek and obtain reappointment without meeting the requirements of Subsection C.1 and C.2 above. Physicians who have failed to obtain board certification in an approved medical specialty within five (5) years of qualifying for examination shall not be eligible to apply for appointment to the Active Medical Staff, or to be re-appointed. A deadline for Board certification may be extended or waived by the Board of Trustees upon written recommendation of each of the Department Chief (or the Chief's designee, who is identified by the Chief), the Chief Medical Officer, the Medical Staff Credentials Committee and the Medical Executive Committee, only if the applicant possesses outstanding credentials as demonstrated by superior clinical training and performance, or there are compelling circumstances justifying such extension or waiver. In the event that the Board certification requirement has been waived or extended for a given applicant, his or her application will otherwise remain subject to the same review criteria and approval process as would apply if there were no waiver.

D. Documents, as a dentist seeking oral surgical privileges, the successful completion of an oral surgery residency program approved by the American Dental Association Commission on Dental Accreditation sufficient to satisfy the current certification eligibility requirements in effect on the date of application. A dentist already certified in his or her approved dental specialty at the time of application shall not be affected by subsequent changes in certification requirements. Oral surgeons who have failed to obtain board certification within five (5) years of qualifying for examination shall not be eligible to apply for appointment to the Active medical staff, or to be reappointed.

3-3 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP:

3-3.1 Each Member of the Medical Staff Shall:

- A. Provide care for his or her patients at the generally recognized professional level of quality and efficiency;

- B. Abide by the Medical Staff Bylaws, Rules and Regulations, and by all other established standards, policies and rules of the Medical Center;
- C. Abide by the Principles of Medical Ethics adopted from time to time by the American Medical Association or the appropriate medical specialty society, the American Osteopathic Association, or the American Dental Association, whichever is applicable;
- D. Participate in the coordination of care, treatment and services among the practitioners involved in a patient's care, treatment and services.
- E. Discharge such Medical Staff, Department, Division, Committee, and Medical Center functions for which he or she is responsible by appointment, or election;
- F. Recognize his or her obligation to protect the quality of patient care provided within the Medical Center;
- G. Recognize his or her duty to responsibly and efficiently use Medical Center resources to benefit and protect all patients;
- H. Prepare, complete legibly, and in compliance with the Medical Staff Rules and Regulations, the medical and other records required of him or her for all patients he or she admits or provides care for in the Medical Center or its outpatient facilities;
- I. 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;
- J. Agree to actively participate, as requested, in the quality improvement, utilization management and risk management programs to evaluate the performance of both practitioners and institution;
- K. Notify the Chief Medical Officer, in writing:
 - 1. Immediately after the revocation or suspension of his or her professional license;
 - 2. Immediately after the imposition of terms of probation or limitation of practice by any state;
 - 3. Immediately after loss or suspension of staff membership at any hospital or other health care institution;
 - 4. Immediately upon entering, either voluntarily or by mandate, a substance abuse or impaired physician program;
 - 5. Immediately after any action adverse to the physician by any managed care organization;
 - 6. 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;

7. Immediately after the commencement of a formal investigation or the filing of charges by the Board of Licensure in Medicine, Board of Osteopathic Examination and Registration or any health regulatory agency or the filing of criminal charges by any federal or state law enforcement agency, excluding civil violations, traffic infractions, fisheries and wildlife offenses, and marine resources' offenses;
8. Promptly after the filing with any administrative agency seeking relief alleging employer or personal misconduct (e.g., sexual harassment) and any filing of a civil action in any state, federal, or foreign court in which medical malpractice is alleged to have been committed by said medical staff member but excluding any notice of claim such as required under 24 M.R.S.A 2903 filed prior to the commencement of a civil suit; and
9. Promptly after the payment or agreement to pay on his or her behalf or for his or her 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;
- K. Provide services in the Medical Center consistent with his or her clinical privileges to all patients regardless of their age; sex; sexual preference; race; religion; creed; color; national origin; or economic status.
- L. Attend general Medical Staff meetings as required by Article 10. Attend other staff, Department, Division or committee meetings as required by category of appointment or staff membership.
- M. Work cooperatively and harmoniously with others so that patients at the Medical Center will receive quality care and that the Medical Center and the Medical Staff will be able to operate in an orderly, efficient manner.
- N. Agree to comply with all applicable State and Federal Laws and to render care to patients that is consistent with applicable professional standards of quality and appropriateness.
- O. Refrain from personal or professional conflicts of interest in fulfilling any of the functions of the Medical or Professional Staffs, and in the provision of patient care.

3-4 BASIC PREROGATIVES OF MEDICAL STAFF MEMBERSHIP:

3-4.1 Each Member of the Medical Staff May:

- A. Admit patients to the hospital in accordance with the physician's privileges;
- B. Exercise such clinical privileges as are granted to him or her by the Board;
- C. May participate in the educational programs of the Medical Center;
- D. May attend general and special meetings of the medical staff.

ARTICLE 4 – APPOINTMENT TO THE MEDICAL STAFF

4-1 STAFF CATEGORIES:

4-1.1 The Medical Staff Shall be Divided into the Following Categories Which Shall be Determined at the Time of Appointment and Each Reappointment:

- A. Active Medical Staff
- B. Courtesy Medical Staff
- C. Telemedicine Medical Staff
- D. Retired Medical Staff

4-2 ACTIVE MEDICAL STAFF:

4-2.1 Qualifications:

The Active Medical Staff shall consist of physicians and dentists, who shall be known as Attendings, each of whom:

- A. Meets the Basic Qualifications set forth in Article 3-2;
- B. Has made prior arrangements with another member or members of the Active Medical Staff with appropriate clinical privileges, to ensure that timely, adequate and efficient care will be provided to applicant's patients at the Medical Center during times when applicant is not physically present or close enough to provide such care. Such arrangements must be in writing and on file in the Medical Staff Office;
- C. Be regularly involved in patient care involving the clinical privileges requested with sufficient volume of such patients at Maine Medical Center and other hospitals to demonstrate current clinical competence and provide adequate monitoring of current competence in accordance with standards recommended from time to time by the chief of the appropriate department; and/or education, or research at the Medical Center or is employed by the Medical Center in an administrative capacity whose job responsibilities demand active participation in the medical staff.

4-2.2 Prerogatives:

The prerogatives of an Active Medical Staff member shall be to:

- A. Admit patients to, or care for patients at, the Medical Center in accordance with his or her privileges;
- B. Perform such administrative functions as necessary to support and participate in medical staff activities.

4-2.3 Responsibilities:

Each member of the Active Medical Staff shall:

- A. Meet the basic responsibilities set forth in Article 3-3;
- B. Maintain skill in his or her areas of professional competence;
- C. Retain responsibility for the care and supervision of his or her patients in the Medical Center until that patient is discharged or transferred to another medical service;
- D. Participate in call coverage at the discretion of the Department chief, and as set forth by that department's specific policy;
- E. Attend and vote on matters presented at general and special meetings of the Medical Staff and of the Department, Division, and Committees of which he or she is a member;
- F. Participate in his or her Department's ACGME approved residency programs, medical student programs, and other programs sponsored by the Department as his or her interests, skills, and availability dictate, and as determined appropriate by the Department Chief;
- G. Meet continuing medical education requirements;
- H. Abide by the Medical Staff Bylaws, Rules and Regulations, and by all other established standards, policies and rules of the Medical Center;
- I. Abide by the Principles of Medical Ethics adopted from time to time by the American Medical Association, American Osteopathic Association, or the appropriate medical specialty society, or the American Dental Association, whichever is applicable;
- J. Notify in writing the Chief Medical Officer of the various actions or events specified in Article 3-3.1, Paragraph J; and
- K. Pay dues and assessments as determined by the Medical Staff.

4-3 COURTESY MEDICAL STAFF

4-3.1 Qualifications:

The Courtesy Medical Staff shall consist of practicing physicians and dentists who have a close professional relationship to the Medical Center or the Medical Staff, or who participate in the educational or research programs of the Medical Center and who do not have clinical privileges. Members of the Courtesy staff shall:

- A. Meet the basic qualifications set forth in Article 3-2 except they need not meet the professional liability insurance, residency training and Board eligibility requirements set forth in Article 3-2.1, B and C.

4-3.2 Prerogatives:

The Courtesy Medical Staff members:

- A. Shall not have clinical privileges either to admit or treat patients in the Medical Center;
- B. May visit patients in the Medical Center with whom they have a current and continuing physician-patient relationship, and review the medical records of such patients, subject to such restrictions as may be established by the Medical Center or any clinical department thereof; and
- C. May attend, but not vote, on matters presented at general and special meetings of the medical staff.

4-3.3 Responsibilities:

Each member of the Courtesy Medical Staff shall:

- A. Abide by the Medical Staff Bylaws, Rules and Regulations, and by all other established standards, policies and rules of the Medical Center;
- B. Abide by the Principles of Medical Ethics adopted from time to time by the American Medical Association, American Osteopathic Association, or the appropriate medical specialty society, or the American Dental Association, whichever is applicable;
- C. Notifies in writing the Chief Medical Officer of the various actions or events specified in Article 3-3.1, Paragraph J; and
- D. Pay dues and assessments as determined by the Medical Staff.

4-4 TELEMEDICINE MEDICAL STAFF

4-4.1 Qualifications:

The Telemedicine Medical Staff shall consist of licensed independent practitioners who provide medical information to MMC via electronic communication, for the health and education of the patient or health care provider, and for the purpose of improving patient care, treatment and services. Telemedicine Staff members shall have a contract with Maine Medical Center that describes the services to be provided. These practitioners shall be privileged relying on the credentialing and privileging decision of the Maine Medical Center.

The Telemedicine Staff shall consist of physicians, each of whom:

- A. Meets the basic qualifications set forth in Article 3-2;
- B. Is a party to, or employed by a party to a contract for provision of telemedicine services at MMC; and
- C. Is legally licensed to practice medicine in the State of Maine.

4-4.2 Prerogatives:

The Telemedicine Staff members:

- A. May exercise such clinical privileges as are granted pursuant to the telemedicine contract;
- B. Are not eligible to admit patients to the Medical Center, to vote, or to hold office.

4-4.3 Responsibilities:

Each member of the Telemedicine Staff shall:

- A. Provide care for his or her patients at the generally-recognized professional level of quality and efficiency;
- B. Abide by all Medical Staff established standards, policies and procedures, rules and regulations.

4-5 RETIRED MEDICAL STAFF

4-5.1 Qualifications:

The Retired Medical Staff shall consist of physicians and dentists who were formerly members of any former or current category of the Medical Staff and who have retired from the active practice of medicine or dentistry. Members of the Medical Staff in this category can have no clinical privileges. Members of the Retired Medical Staff may be appointed by letter of request without completing the application form.

Prerogatives:

The prerogatives of Retired Medical Staff members shall be to attend educational programs and attend, without vote, general and special meetings of the Medical Staff.

Responsibilities:

Each member of the Retired Medical Staff shall continue to abide by the Medical Staff Bylaws, Rules and Regulations, where applicable, and abide by the ethical principles of his or her profession. Retired Medical Staff members will not be required to pay dues.

The prerogatives set forth under each Medical Staff category are general in nature and may be subject to limitation by special condition attached to a physician's or dentist's Staff appointment, or other Articles of these Bylaws, by the Rules and Regulations of the Medical Staff, or by policies of the Medical Center.

4-5.2 Emeritus Status:

Members of the Retired Medical Staff who are recognized for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous long-standing service to the Medical Center are eligible for Emeritus Status. Appointment to the Emeritus Status shall be by nomination from the appropriate Department Chief or Chief's designee and election by the Executive Committee, and reported to the Board of Trustees.

4-6 TERMS OF APPOINTMENT:

All appointments and reappointments to the Medical Staff shall be made by the Board of Trustees for a period not to exceed two (2) years.

4-7 ASSIGNMENTS TO DEPARTMENTS AND DIVISIONS:

Each member of the Medical Staff shall be assigned membership in a department and, if appropriate, in a division of that department.

ARTICLE 5: LEAVE STATUS:

5-1 LEAVE OF ABSENCE:

A medical staff member may obtain a voluntary leave of absence, for good cause, by giving written notice through the Medical Staff Office to the Executive Committee which will in turn forward the request and a recommendation to the Board for its final action. The notice must state the approximate period of time of the leave which may not exceed one (1) year, except for military service. The staff member may not exercise his or her clinical privileges, prerogatives and responsibilities during the period of the leave.

5-2 REINSTATEMENT FOLLOWING LEAVE:

At least thirty (30) days prior to the expiration of the leave, the Staff member must request reinstatement of his or her privileges prerogatives and responsibilities by submitting a written notice to that effect to the Medical Staff Office. The Staff member shall submit a written summary of his or her relevant activities during the leave and provide evidence of current licensure, DEA registration, professional liability insurance coverage and ability to exercise the privileges requested. Unless good cause exists not to re-instate the member, the Executive Committee shall recommend to the Board of Trustees the re-instatement of the member's privileges, prerogatives and responsibilities. If the recommendation of the Executive Committee is to deny reinstatement, or if the Board, after receipt of a recommendation from the Executive Committee to grant reinstatement, denies reinstatement, the practitioner shall be entitled to the procedural rights provided in the Fair Hearing Plan. Failure, without good cause, to request reinstatement before the expiration of the leave or to provide a requested summary of activities shall be deemed a voluntary relinquishment of Medical Staff membership, privileges and prerogatives. A request for Staff membership subsequently received from a Staff member so terminated shall be submitted and processed in the manner specified for applications for initial appointment.

ARTICLE 6 – CREDENTIALING & PRIVILEGING

6-1 GENERAL CONDITIONS OF APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF:

- A. As a condition of consideration for appointment or reappointment to the Medical Staff, and as a condition of maintaining Medical Staff membership, every applicant for appointment and reappointment to the Medical Staff specifically agrees to the responsibilities and requirements as described in the Bylaws and Associated Manuals.
- B. Practitioners requesting membership on the Medical Staff, and/or clinical privileges, are subject to the credentialing and privileging process described in detail in the Credentialing

& Privileging Manual appended to these Bylaws. The criteria and qualifications for Medical Staff membership and privileges are described in Articles 3 and 4 of these Bylaws.

- A. Individuals seeking appointment and reappointment have the burden of producing information deemed adequate by the Medical Center for a proper evaluation of current competence, character, ethics and other qualifications, and for resolving any doubts about the applicant's qualifications for appointment or re-appointment.
- B. All applications will be deemed complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all relevant information has been verified. An application will become incomplete if the need arises for new, additional, or clarifying information at any time before final action by the Board of Trustees, and as described more particularly in the Credentialing Manual, Section 1-5, until such additional requested information is provided.
- C. An incomplete application will not be processed.

6-2 EXERCISE OF PRIVILEGES:

All staff members, providing clinical services at the Medical Center, shall be entitled to exercise only those privileges granted by the Board of Trustees. Privileges may be granted in more than one department. The exercise of those privileges within each department shall be subject to the rules and regulations therein and to the authority of the Chief of that department.

6-2.1 Request:

Each applicant for appointment or reappointment to the Medical Staff must submit a request to the Medical Staff Office for clinical privileges. This request shall be made in the standard form required by the department or departments from which the applicant seeks clinical privileges.

6-2.2 Criteria for Obtaining Clinical Privileges:

Clinical privileges shall be granted in accordance with prior and continuing education and training, prior and current experience, ability to perform the privileges requested and demonstrated current competence and judgment as documented in each applicant's credentials file. Additional factors which may be considered in determining privileges are patient care needs, ability of the Medical Center to support the type of privileges requested, and the availability of qualified coverage in the practitioner's absence. Review of quality assurance information from other hospitals may be used to make privilege determinations.

Documented results of the medical staff's quality review, utilization review and risk management activities, will also be considered for reappointment and renewal of existing privileges. In the case of additional privileges requested, evidence of appropriate training and experience will be considered.

6-2.3 Granting Clinical Privileges:

The procedures by which requests for clinical privileges are processed are provided in the Credentialing Procedures Manual.

6-2.4 Granting Clinical Privileges Pending Appointment:

Upon request, an individual who has submitted a complete application for Medical Staff membership which has already received a favorable recommendation from the Credentials

Committee may be granted Interim privileges. These privileges will be extended only until the Board has acted on the recommendation of the Executive Committee at the next regularly scheduled Board meeting.

6-3 CLINICAL PRIVILEGES THAT CROSS SPECIALTY LINES

6-3.1 *Similar Clinical Procedures Performed in Different Departments:*

Physicians in different specialties have the ability to perform similar clinical procedures. The clinical privilege to perform such procedures may be recommended for physicians in different departments by their respective chiefs or a chief's designee. The Credentials Committee shall ascertain that appropriate standards are used to develop recommendations regarding the minimum education, training and experience necessary to perform the privileges requested and the extent of monitoring and supervision required. These recommendations will be forwarded to the Executive Committee and then to the Board for final action. Once established the minimum threshold qualifications will be applied in considering the request of the specified clinical privileges without regard to the specialty of the applicant.

6-3.2 *Privileges in More Than One Department*

A physician in one department may request privileges in another department. The Chief of each involved department(or the Chief's designee) must assess the individual's request for privileges and submit a report to the Credentials Committee. The request for clinical privileges is then processed in accordance with the procedures outlined in the Credentialing Procedures Manual.

6-4 TEMPORARY PRIVILEGES:

Upon request, an individual who has submitted a complete application for Medical Staff membership which has already received a favorable recommendation from the Credentials Committee may be granted temporary privileges. Temporary privileges may be granted only in the circumstances listed below. Under all circumstances, the practitioner requesting temporary privileges shall agree to abide by the Bylaws and related manuals, rules and regulations and policies of the medical staff and the Medical Center. Temporary privileges may be granted by a minimum of two members of the Board of Trustees in the following circumstances:

6-4.1 *Educational Need:*

A physician who is not an applicant for membership, but who will be performing medical procedures as a part of a course of instruction in the Medical Center, may be granted temporary privileges for a period limited to one month provided that:

- A. An abbreviated application is deemed complete and has been primary source verified;
- B. The Chief or the Chief's designee of the department in which the temporary privileges are to be exercised confirms in writing that the individual has the appropriate training, experience, and competence;
- C. Active Maine license is verified or has an unrestricted license to practice in another state, with no Maine restriction on the right to practice in the State of Maine;
- D. Current professional liability insurance is verified;

E. Query is submitted to the National Practitioner Data Bank.

6-4.2 *Locum Tenens:*

An individual serving as a locum tenens may be granted temporary privileges for a period not to exceed ninety (90) days provided that:

- A. An application has been deemed complete and has been primary source verified;
- B. The Chief (or the Chief's designee) of the department in which the clinical privileges are to be exercised confirms that the individual has the appropriate training, experience, and competence;
- C. Active Maine license is verified.
- D. Current professional liability insurance is verified.
- E. Query is submitted to the National Practitioner Data Bank.

One ninety (90) day extension may be granted upon written request from the practitioner and provision of documentation of continuing need and acceptable level of performance.

6-4.3 *Unmet/Urgent Patient Need:*

A practitioner may be granted temporary privileges to meet unmet/urgent patient need, not to exceed beyond the next Credentials Committee meeting without its approval at such meeting, provided that:

- A. An abbreviated or full application has been deemed complete and has been primary source verified;
- B. The Chief (or the Chief's designee) of the department in which the temporary privileges are to be exercised confirms that the individual has the appropriate training, experience, and competence to perform the functions for which privileges are granted;
- C. Active Maine license is verified;
- D. Current professional liability insurance is verified;
- E. Query is submitted to the National Practitioner Data Bank.

F. Such granting of temporary privileges by the Chief Medical Officer and the Chair of the Credentials Committee, Medical Staff President, or Immediate Past President, shall not extend beyond the next meeting of the Credentials Committee without its approval at such meeting.

6-4.4 *Emergency Privileges*

In the case of an emergency, any physician or other member of the Medical Staff, to the degree permitted by his or her license, shall be permitted and assisted by hospital personnel to do everything possible to save the life or limb of a patient or to save a patient from serious harm. This includes calling for any consultation necessary or desirable. When an emergency situation no longer exists, (or up to a period of 72 hours), such physician or other staff member must request the privileges necessary to continue to treat the patient(s). In the event that such privileges are

denied or he or she does not desire to request privileges, the patient(s) shall be assigned by the Appropriate Department Chief (or Chief's Designee), Chief Medical Officer or Physician Service Line Leader to an appropriate member of the Medical Staff. In no circumstances may emergency privileges be renewed. For the purpose of this section, an "emergency" is defined as a condition in which the life or limb of a patient is in immediate danger and any delay in administering treatment would add to that danger.

6-4.5 Emergency/Disaster Privileges

Emergency/disaster privileges may be granted when the following two conditions are present: the hospital's emergency management plan has been activated and the hospital is unable to handle immediate patient needs.

- A. The hospital CEO, CMO or Medical Staff President or their designee may grant emergency privileges on a case-by-case basis and at his or her discretion, based on patient care needs. Emergency disaster privileges may be granted on presentation of at a minimum, a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
 - 1. A current photo hospital ID
 - 2. A current license to practice
 - 3. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT)
 - 4. Identification indicating that the individual has been granted authority of render patient care in emergency circumstances, such authority having been granted by a federal, state, or municipal entity
 - 5. Presentation by a current hospital or Medical Staff member(s) with personal knowledge regarding the practitioner's identity.
- B. Practitioners granted emergency disaster privileges will be issued an emergency identification badge.
- C. The physician is responsible to the appropriate Department Chief or Chief's designee, who will assign the practitioner to patient care responsibilities.
- D. The hospital will initiate the verification of credentials within 72 hours as outlined in the Human Resources Policy 2-C-01, "Credentialing of LIPs and other categories of practitioners in the event of an emergency/disaster."
- E. Termination of emergency/disaster privileges will be as outlined in the Human Resources Policy 2-C-01, "Credentialing of LIPs and other categories of practitioners in the event of an emergency/disaster."

6-5 TERMINATION OF TEMPORARY PRIVILEGES:

The President of the Medical Center, CMO or Medical Staff President or their designee may, after consultation with the Department Chief and/or Division Director (or Chief's designee) responsible for supervision, terminate any or all of a practitioner's temporary privileges, provided that nothing herein shall be deemed to prevent any authority entitled to impose precautionary suspension under these Bylaws from doing so under the circumstances set forth in Article 7 of these Bylaws.

In the event of such termination, the practitioner's patients then in the Medical Center will be assigned to another practitioner by the Department Chief or the Chief's designee. The wishes of the patient will be considered in choosing a substitute practitioner.

6-6 RIGHTS OF THE PRACTITIONER:

An individual shall not be entitled to the procedural rights afforded by the Fair Hearing Plan because of his or her inability to obtain temporary privileges or because of any termination or suspension of temporary privileges.

ARTICLE 7 – ACTION RELATED TO QUESTIONS REGARDING CLINICAL COMPETENCE OR CONDUCT

7-1 INTRODUCTION:

Whenever questions arise regarding clinical competence or the conduct of a member of the Medical Staff which could be detrimental to the quality of patient care or disruptive to Medical Center operations, the medical staff shall assess the situation and take appropriate action, if necessary.

7-2 INFORMAL PEER REVIEW PROCEEDINGS

7-2.1 Nothing in these Bylaws shall preclude collegial or educational informal efforts to address questions or concerns relating to an individual's practice or conduct at the hospital. Collegial steps are specifically encouraged when there is a reasonable likelihood that such steps may correct a pattern/concern before it requires formal investigation. All efforts of Medical Staff Leaders and hospital management in this regard are intended to be, and are, part of the hospital's quality improvement and professional review activities.

7-2.2 The goal of such efforts is to arrive at voluntary, responsive action by the individual. These efforts involve counseling and educating colleagues when questions arise concerning their clinical practice or professional conduct and include but are not limited to:

- A. Educating and advising colleagues of all applicable policies;
- B. Following up on any questions or concerns raised about the clinical practice and/or conduct of medical staff members and recommending such steps as proctoring, monitoring, consultation and letters of guidance;
- C. Sharing with individuals comparative quality, utilization and other relevant information in order to assist those individuals to conform their practices to appropriate norms within the hospital.

7-2.3 The affected individual shall be afforded the opportunity to respond in writing to any written communications and the response shall be maintained in the individual's file along with the original communication. Such collegial efforts are encouraged but are not mandatory and shall be within the discretion of the appropriate medical staff leaders depending on the circumstances. Such efforts shall be considered confidential peer review activities, but shall not, in and of themselves, give rise to any procedural rights.

7-3 INFORMAL PEER REVIEW INQUIRY

7-3.1 Criteria for Initiation:

The President of the Medical Staff, the President of the Medical Center, Chief Medical Officer, or the Chief of the practitioner's Department or the Chief's designee, may initiate an inquiry into questions or concerns relating to clinical competence or professional behavior. Specific activities which constitute the grounds for the inquiry are the reasonable belief that;

- A. The activities or professional conduct of the individual are detrimental to patient safety or inconsistent with the efficient delivery of patient care at the generally recognized professional level of quality;
- B. The individual is disruptive of Medical Center operations;
- C. The individual is in violation of these Bylaws, Rules and Regulations, departmental rules, or other Medical Center policies.

The inquiry shall be sufficient to determine whether the concern or question raised is credible. As part of the preliminary review, the Chief or the Chief's designee may, but is not required to, meet with the individual or may meet with the individual, the Chief Medical Officer, and, at the individual's request, the President of the Medical Staff. At such meeting, which shall not constitute a hearing, the individual shall be invited to discuss and explain the activities under review.

7-3.2 Findings:

All findings of such inquiry shall be submitted in writing to the Chief Medical Officer within ten (10) working days of concluding the inquiry and supported by reference to the conduct or activities which constituted the grounds for the inquiry.

7-4 FORMAL PEER REVIEW INVESTIGATION:

If the Executive Committee determines a formal investigation is necessary, the President of the Medical Staff will appoint an ad hoc Committee of no less than three (3) nor more than five (5) individuals to conduct the investigation. Despite the status of any investigation, at all times the Executive Committee or Board shall retain authority and discretion to recommend or take, respectively, whatever action may be warranted by the circumstances, including suspension or termination of the investigative process.

In the event the Executive Committee elects not to conduct a formal investigation, the Board may, in its discretion, direct that a formal investigation concerning the questions of clinical competence or professional behavior be undertaken in accordance with Article 7-4.1. The Board Chair will appoint the Ad Hoc Committee of no less than three (3) nor more than five (5) individuals to conduct the investigation.

7-4.1 Conduct of Investigation by the Ad Hoc Committee:

The individual who is under investigation shall be given a copy of the initial findings which led to the formal investigation and will be required to appear before the Ad Hoc Committee to discuss, explain, or refute the findings. Such meeting shall be informal in nature, not constitute a hearing, shall be preliminary in nature, and none of the procedural rights with respect to hearings or appeals apply. The practitioner will be given special notice of the meeting at least

five (5) working days prior to the meeting. The notice shall include the date, time and place, a statement of the issues involved, and a statement that the practitioner's appearance is mandatory. Failure by the practitioner to appear, unless excused by the Executive Committee for good cause, will result in suspension of all or such portion of the practitioner's clinical privileges as the Executive Committee may direct. Such suspension, unless rescinded by the Executive Committee, will remain in effect pending final action of the Board.

The ad hoc committee shall have available the full resources of the Medical Staff and the Medical Center as well as the authority to use outside consultants as deemed necessary and approved by the President of the Medical Center.

In making its recommendations, the investigating committee shall strive to achieve a consensus as to what is in the best interests of patient care and the smooth operation of the Hospital, while balancing fairness to the individual, recognizing that fairness does not require that the individual agree with the recommendation. Specifically, the committee may consider, as appropriate:

1. Relevant literature and clinical practice guidelines;
2. All of the opinions and views that were expressed throughout the review, including report(s) from any outside review(s);
3. Any information or explanations provided by the individual under review.

Within twenty (20) working days after the completion of the investigation, the Ad Hoc Committee shall forward a written report of the investigation to either the Executive Committee or to the Board, as applicable. The report may include recommendations for appropriate corrective action. Within thirty (30) days of receipt of the report, the body commissioning the report shall meet to consider the findings and further action.

7-4.2 Action by the Executive Committee:

The Executive Committee shall either determine that no corrective action need be taken or recommend imposition of any of the types of corrective action described in Article 7-4.4.

The Chief Medical Officer shall notify the practitioner of the Executive Committee's recommendations and shall transmit the recommendation and all supporting information to the Board. If the Executive Committee's recommendation is adverse to the practitioner, the Chief Medical Officer will inform the practitioner of his or her right to a Fair Hearing and will include in the notice the information as required in the Fair Hearing Plan Article 2.3. If the practitioner does not request a Fair Hearing after the Executive Committee's recommendation, the Board shall consider such recommendation at its next regular meeting.

7-4.3 Action by the Board of Trustees:

The Board shall either determine that no corrective action need be taken or impose any of the types of corrective action described in Article 7-4.4.

7-4.4 Types of Corrective Action:

Corrective actions which may be imposed include any one or more of the following;

- A. Issuance of a warning, letter of admonition, or letter of reprimand;

- B. Additional education or training;
- C. Requirement of prior consultation or direct supervision;
- D. Conditions on continued medical staff membership or continuation of specific privileges that address quality, safety or behavioral performance concerns or fitness to practice concerns identified during an investigation or hearing or by outside consultants;
- E. Probation;
- F. Reduction, suspension, or revocation of clinical privileges;
- G. Suspension or revocation of Medical Staff membership.

Initiation of corrective action pursuant to Article 7-4 does not preclude imposition of precautionary suspension as provided for in Article 7-5, nor does it require the prior imposition of such a suspension.

7-4.5 Effect of Board Decision:

If the Board is in accord with the recommendation of the Executive Committee for no corrective action or chooses to modify the action to one that is less adverse to the practitioner, it becomes effectively immediately as the final decision.

If the Board chooses to modify the Executive Committee recommendation to an action more adverse to the practitioner, this Board decision will be regarded as a separate and new action. The Chief Medical Officer will inform the practitioner of his or her right to Fair Hearing and will include in the notice the information as required in the Fair Hearing Plan Article 2.3. The decision of the Board shall take effect and become final action ten (10) days after the individual has received notification unless the individual within that time requests a hearing, in which case, the final decision shall be determined in accordance with the Fair Hearing Plan.

7-5 OUTSIDE REVIEWS

An outside review consultant or agency may be used for informal and/or formal peer review proceedings whenever a determination is made by the CMO or the investigating committee that:

1. The clinical expertise needed to conduct the review is not available on the Medical Staff; or
2. The individual under review is likely to raise, or has raised, questions about the objectivity of other practitioners on the Medical Staff; or
3. The individuals with the necessary clinical experience would not be able to conduct a review without risk of allegations of bias, even if such allegations are unfounded.

7-6 MONITORING OF PROFESSIONAL REVIEW ACTIONS

When applicable, any recommendations or actions that are the result of an investigation of hearing and appeal shall be monitored by Medical Staff leaders on an ongoing basis through the Hospital's performance improvement activities or pursuant to the applicable policies regarding conduct, as appropriate.

7-7 PRECAUTIONARY SUSPENSION OF PRIVILEGES:

7-7.1 Criteria and Initiation:

The President of the Medical Staff, the Chief Medical Officer, the Chief of his or her Department or the Chief's designee, or the President of the Medical Center shall have the authority to suspend all or any portion of the clinical privileges of such individual whenever failure to take such action may result in the imminent likelihood of danger to the health and/or safety of any individual in the Medical Center or to continued effective operation of the Medical Center. Such precautionary suspension shall be deemed an interim step in the professional review activity related to the ultimate professional review action that may be taken with respect to the suspended individual, but it is not a complete professional review action in and of itself. It shall not imply any final finding of responsibility for the situation that caused the suspension.

Such precautionary suspension of privileges shall become effective immediately upon imposition, and remain in effect unless or until modified by the President of the Medical Center or the Executive Committee. The Chief Medical Officer shall immediately give notice of this action to the Medical Staff member, President of the Medical Staff, Chief of his or her Department or the Chief's designee, and the President of the Medical Center.

Within seven (7) days after a precautionary suspension is imposed, the Executive Committee will meet to review and consider the action taken. The Executive Committee may recommend modification, continuation or termination of terms of the suspension. An action recommended by the Executive Committee to continue the suspension or take any other adverse action as defined in Article 1.2 of the Fair Hearing Plan, entitles the practitioner, upon timely and proper request, to the procedural rights contained in the Fair Hearing Plan. The terms of the precautionary suspension as originally imposed remain in effect pending a final decision by the Board.

An action recommended by the Executive Committee to terminate the suspension or modify it to a lesser sanction not giving rise to procedural rights is transmitted immediately, together with all supporting documentation, to the Board. The practitioner's privileges will be reinstated pending final decision of the Board.

Within seven (7) days after referral from the Executive Committee, the Board of Trustees shall meet to review and consider the Executive Committee recommendation. The Board may adopt or reject, in whole or in part, the recommendation of the Executive Committee or refer the matter back to the Executive Committee for further consideration stating the reasons for such referral and setting a time limit within which a subsequent recommendation must be made.

If the Board's action on an initial or subsequent recommendation is favorable to the practitioner, it is effective as the final decision. If the Board chooses to modify the Executive Committee recommendation to an action more adverse to the practitioner, this Board decision will be regarded as a separate and new action. The Chief Medical Officer will inform the practitioner of his or her right to Fair Hearing and will include in the notice the information as required in the Fair Hearing Plan Article 2.3. The decision of the Board shall take effect and become final action ten (10) days after the individual has received notification unless the individual within that time requests a hearing, in which case, the final decision shall be determined in accordance with the Fair Hearing Plan.

7-8 AUTOMATIC RELINQUISHMENT OR REVOCATION:

Whenever any of the actions specified in Article 7-8.1 occur, the practitioner must immediately notify the Chief Medical Officer or designee. Failure to do so, without good cause, is grounds for automatic and permanent revocation of medical staff appointment and clinical privileges.

The Chief Medical Officer or designee shall automatically limit the privileges or membership of a Medical Staff member in the instances and manner described below. The Chief Medical Officer or designee shall notify the Medical Staff member of the automatic relinquishment or revocation.

7-8.1 Reasons for Automatic Suspension or Revocation:

A. LICENSURE:

1. Revocation: Whenever the license or other legal credential of a Medical Staff member authorizing him or her to practice in this State is revoked, or otherwise terminated, the individual's Medical Staff membership and clinical privileges shall be automatically revoked as of the date such action becomes effective.
2. Suspension: Whenever the license or other legal credential of a Medical Staff member authorizing him or her to practice in this State is suspended, the practitioner's medical staff membership and clinical privileges shall be deemed to be automatically relinquished effective on and at least for the terms of the suspension.
3. Restriction: Whenever such license or other legal credential of a Medical Staff member is limited or restricted by the applicable licensing or certifying authority, the practitioner's clinical privileges previously granted at the Medical Center which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
4. Probation: Whenever a Medical Staff member is placed on probation by the applicable licensing or certifying authority, his or her membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation, as of the date such action becomes effective and throughout its term.

As soon as practical, but in any event, no longer than 30 days after the initiation of action listed above, the Executive Committee shall convene to review and consider the facts under which the above action was taken. The Executive Committee may then recommend such further corrective action as is appropriate to the facts. Further corrective action may be deemed adverse and entitles the practitioner, upon timely and proper request, to the procedural rights contained in the Fair Hearing Plan.

B. CONTROLLED SUBSTANCES:

1. Revocation, Limitation, and Suspension: Whenever a DEA certificate of a Medical Staff member is revoked, limited, or suspended, the individual shall automatically and correspondingly be divested of the right to prescribe medications affected by the change in the status of his or her certificate.
2. Probation: Whenever a DEA certificate of a Medical Staff member is subject to probation, the individual's right to prescribe such medications shall automatically become subject to the terms of the probation throughout its term.

As soon as practical, but in any event, no longer than 30 days after the initiation of action listed above, the Executive Committee shall convene to review and consider the facts under which the

above action was taken. The Executive Committee may then recommend such further corrective action as is appropriate to the facts. Further corrective action may be deemed adverse and entitles the practitioner, upon timely and proper request, to the procedural rights contained in the Fair Hearing Plan.

C. CONVICTION OF A FELONY:

Upon a finding of guilt for any felony by any court of record, Federal or State, of a Medical Staff member under these Bylaws, Rules and Regulations, such person shall immediately and automatically be deemed to have relinquished all privileges within the Medical Center until and unless such finding shall be reversed by a court of competent jurisdiction. Upon exhaustion of appeals after such finding of guilt, such person's Medical Staff appointment and clinical privileges shall automatically be revoked. Revocation pursuant to this Article of the Bylaws does not preclude the person from subsequently applying for Medical Staff appointment or clinical privileges or both. The practitioner shall not be eligible to reapply to the Medical Staff for a period of two (2) years. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Staff or the Board may require in demonstration that the basis for the revocation no longer exists.

A practitioner under suspension by operation of this section is not entitled to the procedural rights provided in these Bylaws or the Fair Hearing Plan.

D. MEDICAL RECORDS:

After written warning of failure to complete medical records in a timely fashion as required in the Rules and Regulations of the Medical Staff, a practitioner may receive an "administrative withdrawal of privileges" as provided for under the Rules and Regulations of the Medical Staff Part 5.14. A practitioner whose privileges have been withdrawn by operation of this section is not entitled to the procedural rights provided in these Bylaws or the Fair Hearing Plan.

E. MALPRACTICE INSURANCE:

If a practitioner shall have his or her professional liability coverage lapse or terminate, or if he or she shall at any time fail to maintain such insurance through an approved insurance company, then all his or her privileges shall be deemed to have been automatically relinquished as of the date such lapse or termination of such insurance occurred. If such professional liability insurance coverage shall be restored within ten (10) days of such discovery, his or her privileges shall be restored. If such coverage is not restored within such time, his or her Medical Staff appointment and all clinical privileges will be automatically revoked.

A practitioner whose privileges have been relinquished by operation of this section is not entitled to the procedural rights provided in these Bylaws or the Fair Hearing Plan.

7-10 CONTINUITY OF PATIENT CARE:

Upon the imposition of precautionary suspension or the occurrence of automatic relinquishment of membership or privileges, the President of the Medical Staff, the Chief of the Department or the Chief's designee to which the Staff member is assigned, or the Chief Medical Officer or designee, shall, when necessary, arrange for alternative coverage for the Staff member's patients in the Medical Center. The wishes of the patient shall be considered in choosing a substitute practitioner. The Staff member shall confer with the substitute practitioner to the extent necessary to safeguard the patient.

ARTICLE 8 – CLINICAL ORGANIZATION

8-1 Chief Medical Officer:

There shall be a Chief Medical Officer as authorized by the Board of Trustees who shall report administratively to the President of the Medical Center.

8-1.1 Qualifications:

The Chief Medical Officer shall be and remain a physician member in good standing of the Active Staff and be able to discharge faithfully the functions of his or her office.

8-1.2 Appointment:

The recruitment and recommendations concerning the Chief Medical Officer shall be the function of a Search Committee appointed by the President of the Medical Center and the President of the Medical Staff. This Committee shall include appropriate members of the department Chiefs, Active Medical Staff, and Administration. The recommendation of the Search Committee shall be forwarded to the President of the Medical Center who will be responsible for the appointment of the Chief Medical Officer upon approval of the Board of Trustees. If the President of the Medical Center disagrees with the findings of the Search Committee, the President may either direct the Search Committee to continue its efforts or disband the Committee.

8-1.3 Duties:

The Chief Medical Officer shall:

- A. Act, in conjunction with the President of the Medical Staff, as medical liaison between:
 1. The governing and administrative bodies and Medical Staff;
 2. The institution and certain regulatory and accrediting agencies;
 3. The Medical Center and the Medical Staff to supervise, implement and enforce Medical Staff compliance with Medical Staff Bylaws, Rules and Regulations, and related manuals, and policies, as well as institutional Bylaws and policies;
 4. The Medical Center and Executive Committee of the Medical Staff to coordinate and implement the recommendations of the committee.
- B. Serve to maintain and improve patient care by:
 1. Coordinating with the Vice President of Quality and Safety to maintain quality assurance, risk management, and peer review activities;
 2. Coordinating with the Chairman of the Medical Staff Credentials Committee, the Medical Staff process for credentialing and delineating privileges for applicants seeking appointment or reappointment to the Medical Staff;
 3. Coordinating patient care activities through departmental chiefs; and
 4. Coordinating census management with Nursing Services.

- C. Coordinate and facilitate undergraduate, graduate, and post graduate medical education programs.
- D. Coordinate and facilitate medical research programs.

8-2 OFFICERS:

The elected officers of the Medical Staff shall be the President, President-elect, and Secretary-Treasurer. The Immediate Past President or the first available predecessor, if still a member of the Active Medical Staff, shall also be an officer of the Medical Staff.

8-2.1 Election:

All newly elected officers shall be announced at the Fall Annual Meeting for terms of two (2) years and shall serve until their successors are elected and ratified and approved by the Board of Trustees. The President and the President-Elect shall each be elected to the same office for no more than one (1) term. The President-elect shall automatically succeed to the office of President. At-Large members may serve multiple terms.

The Nominating Committee will consist of the Immediate Past President of the Medical Staff, who shall serve as Chair, President of the Medical Staff, President-Elect of the Medical Staff, and four (4) Medical Staff Members. The committee shall solicit the names of eligible nominees from the Medical Staff. The Nominating Committee will then review the list of nominees and determine eligibility, willingness, and availability to serve. A roster of candidates will then be presented by the Nominating Committee to all voting members of the Medical Staff for election. The voting shall be complete before, but no more than 60 days before the Annual Fall Meeting via electronic or paper ballot. The outcome of the election shall be determined by a plurality of votes received.

8-2.2 Qualifications for Officers:

Each officer must:

- A. Be a member of the Active Staff at the time of nomination and election and remain a member in good standing continuously during the applicable term of office.
- B. Be recognized as having a high level of clinical competence.
- C. Have demonstrated a high degree of interest in and support of the Medical Staff as evidenced by level of activity at the Medical Center.
- D. Be board certified by an organization formed for the purpose of specialty certification and recognized for such purpose by the American Board of Medical Specialties and the Council on Medical Specialty Societies of the American Medical Association or American Osteopathic Association or any similar foreign specialty board that conducts comparable reviews of residency or fellowship training with examinations to achieve certification.
- E. Not be presently serving as a medical staff or corporate officer or department chief at another hospital and shall not so serve during the term of office.

8-2.3 Duties of Officers

President: The President shall call and preside at all meetings of the Medical Staff and shall be an ex-officio member of all Medical Staff Committees. He or she shall attend the monthly meetings of the Board of Trustees. He or she shall serve as Chair of the Executive Committee.

President-elect: In the absence of the President, the President-elect shall assume the duties and authority of the President. If the office of the President becomes vacant, the President-elect shall become President for the balance of the unexpired term and the full succeeding term as President. During his or her term as President-elect, he or she shall serve as Chair of the Credentials Committee, a member of the Executive Committee, and as a member of other medical staff committees as may be determined by the President of the Medical Staff. He or she may also be recommended by the President of the Medical Staff to the Board Chair for membership on the Finance Committee and other appropriate committees of the Board.

Past President: The immediate Past President, or the first available predecessor, if still a member of the Active Medical Staff, shall serve on the Executive Committee of the Medical Staff, Credentials Committee, and such other committees as may be determined by the President of the Medical Staff.

Secretary-Treasurer: The secretary-treasurer shall keep accurate and complete minutes of the meetings of the general Medical Staff, call meetings on order of the President, attend to correspondence, shall serve on the Executive Committee and perform such other duties as ordinarily pertain to this office. The Secretary-Treasurer shall insure that a true and accurate accounting of the financial transactions and condition of the Medical Staff is made and that such accounting is presented to and made available to the Executive Committee.

8-2.4 Vacancy:

A vacancy in the office of Secretary-Treasurer shall not be filled until the scheduled election at the next annual staff meeting. The President shall assign the functions of the vacant office to an elected member of the Executive Committee. In the event of a vacancy in the office of President-elect or if the offices of President and President-elect are vacant at the same time, a special election will be held within sixty (60) days from a list of candidates submitted by the Nominating Committee.

8-2.5 Resignation from Office:

Any Staff officer may resign at any time by giving written notice to the Executive Committee. Such resignation takes effect on the date of receipt or at such later time mutually agreed upon by the resigning officer and the Executive Committee.

8-2.6 Removal from Office:

Removal of an elected officer may be effected by a two-thirds vote, by secret written ballot, of Active Staff members in good standing present at a special staff meeting called for that purpose. This staff action must be ratified by the Board.

An Officer of the Medical Staff can be removed from office for one of the following reasons:

1. For not responsibly and faithfully fulfilling the duties of the office as stated in these Bylaws; and / or

2. For violating the Bylaws or Rules and Regulations of the Medical Staff that results in disciplinary action against the officer.

Removal of an elected officer may also be effected by the Board of Trustees. When the Board is contemplating action to remove an officer, it may, in its discretion, refer the matter to a special combined advisory committee composed of three (3) Board members appointed by the Chairman of the Board, one member of whom shall serve as Chair, and three (3) Active Staff members chosen by the highest ranking medical staff officer not the subject of the removal action. The President of the Medical Center and Chief Medical Officer also sit with the special committee as ex officio members without vote.

As soon as practical, but in any event within fourteen (14) days after appointment, the Special Advisory Committee will convene to review the alleged grounds for removal from office and prepare a written report for the Board of Trustees. As soon as is reasonably practical after convening, the Special Advisory Committee will submit its report to the Board. Board action is the final decision in the matter.

8-2.7 Members' Rights

Each staff member in the Active (voting) category has the right to initiate a recall election of a Medical Staff officer by following the procedure outlined in Section 8-2.6 of these Bylaws, regarding removal and resignation from office.

8-2.8 Authority of Officers to Obligate Medical Staff

It is the responsibility of the Medical Staff Executive Committee to manage the finances of the Medical Staff in a manner consistent with its Bylaws and in the interest of the Medical Staff.

An annual budget will be proposed by the Medical Staff President and Treasurer to the MEC for approval.

The budget will follow MMC's Fiscal year beginning October 1 and ending September 30 of each year.

Income – recommended by the MEC and set by a vote of the Medical Staff (simple majority of those who vote) (Article 15)

- Annual Dues
- Initial Application Fees
- Reappointment Fees

Funds are held by the Medical Center in an SPF for the use of and by the Medical Staff.

Expenses may include: salaries and associated taxes, stipends for elected officers and committee chairs, staff members, professional fees, office supplies, books for Medical Staff Office, library support, Medical Staff lounge, newspaper subscriptions, food, printing, travel for Medical Staff business, education, catering, external and internal, MMC Medical Professional Health Program, intern reception, nursing scholarship, support of APP conference, medical school donations, speakers, discretionary.

8-3 ORGANIZATION OF CLINICAL DEPARTMENTS AND DIVISIONS:

The medical staff shall be divided into clinical departments. Each department shall have a chief selected and entrusted with the authority, duties, and responsibilities specified in Article 8-4.4. The chief has the ability to designate certain functions to other members of the department as needed. A department may be further divided, as appropriate, into divisions which shall be directly responsible to the department within which it functions, and which shall have a division director selected and entrusted with the authority, duties, and responsibilities specified in Article 8-5.3. Those functions may also be delegated as needed.

8-3.1 Changes in Departments and Divisions:

- A. The Executive Committee may recommend to the Board of Trustees the creation, elimination, or modification of any department. Prior to submitting its recommendation, the Executive Committee shall request from the Chief Medical Officer a review of the proposal which shall include comments from the Chief/ or Chief's Designee of the affected department.
- B. When appropriate, the Chief or Chief's Designee of a department may recommend to the Executive Committee creation, elimination, or modification of a division within his or her department.

8-3.2 Functions of Departments:

Each department shall:

- A. Review performance improvement, risk management and utilization data and findings within the Department. Each department shall review the clinical services provided under its jurisdiction.
- B. Develop and maintain satisfactory working relations with clinical and non-clinical departments.
- C. Provide clinical expertise in developing guidelines for the granting of clinical privileges within the department.
- D. Conduct medical education programs.
- E. Support research activities.

8-3.3 Functions of Divisions:

All divisions will have the following responsibilities:

- A. To conduct medical education programs,
- B. To support research activities.

8-4 CHIEFS OF DEPARTMENTS

8-4.1 Qualifications:

Each Chief must meet the same qualifications as set forth in Article 8-2.2 for Staff Officers. In addition, each chief shall be and remain a physician member in good standing of the Department,

shall have demonstrated ability in at least one of the clinical areas covered by the department, and shall be willing and able to discharge faithfully the functions of his or her office.

8-4.2 Appointment:

The recruitment of, and recommendations concerning, a Chief of a clinical department shall be the function of a search committee appointed by the President of the Medical Staff and the Chief Medical Officer with the advice and concurrence of the Executive Committee. This committee shall include appropriate members of the involved department, members of other clinical departments substantially interacting with that department, and representatives from Nursing and Administration. The President of the Medical Center, the Chief Medical Officer, and the President of the Medical Staff shall serve as ex-officio members with vote.

Recommendations of the search committee shall be forwarded to the Executive Committee of the Medical Staff which may approve the findings and with the concurrence of the President of the Medical Center forward them to the Board of Trustees which shall be responsible for the appointment of the Chief of any clinical department. Should the Executive Committee disagree with the findings of the search committee, the Executive Committee shall either direct the search committee to continue its efforts, disband the committee, or request the appointment of a new committee. All Chiefs of departments shall serve at the pleasure of the President of the Medical Center.

8-4.3 Vacancy:

Upon a vacancy in the office of department Chief, the Chief Medical Officer, after consultation with representatives of the department and the Executive Committee, shall appoint an Acting Chief of the department until a successor is appointed.

8-4.4 Duties:

Each Chief shall:

- A. Be responsible for the clinically and administratively related functions and/or activities of his or her department.
- B. Develop and implement programs which provide for continuing medical education, support of research activities, and review of the quality of care provided by members of the department.
- C. Be responsible for continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges.
- D. Recommend to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the Department.
- E. Recommend clinical privileges for each member of the Department.
- F. Assess and recommend to the relevant hospital authority off-site sources for needed patient care, treatment, and services not provided by the Department or the hospital.
- G. Be responsible for the integration of the department or service into the primary functions of the hospital.
- H. Be responsible for the coordination and integration of inter-departmental and intra-departmental services.
- I. Be responsible for the development and implementation of policies and procedures that guide and support the provision of care, treatment, and services.
- J. Be responsible for recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services.

- K. Be responsible for determination of the qualifications and competence of department or service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services, *who are privileged through the Medical Staff process*.
- L. Be responsible for the continuous assessment and improvement of quality of care, treatment, and services.
- M. Be responsible for the maintenance of quality control programs, as appropriate.
- N. Be responsible for the orientation and continuing education of all persons in the Department or service.
- O. Be responsible for recommending space and other resources needed by the Department or service.
- P. Appoint such committees as are necessary to conduct the functions of the department specified in Article 8-3.2.
- Q. Enforce within his or her department, the Medical Center and Medical Staff Bylaws, rules, policies, and regulations, including investigation of clinical performance, and inquiry into questions or concerns regarding clinical competence or professional behavior.
- R. Provide a process which includes, at a minimum, on a yearly basis, relevant documented provider-specific clinical performance improvement feedback to each member of the Medical and Professional Staff who participates in patient care.
- S. Submit written reports to the Service Line Leadership Council on a regularly scheduled basis concerning the department's review and evaluation activities, and recommendations for maintaining and improving the quality of care provided in the department and the Medical Center.
- T. Participate as requested in planning with respect to the Department's personnel, equipment, facilities, services and budget.
- U. Report administratively to the Chief Medical Officer; and
- V. Perform such duties commensurate with his or her office as may, from time to time, be reasonably requested of him or her by the Chief Medical Officer, or the President of the Medical Staff.

8-4.4 Authorized Delegation of Functions:

Where these Bylaws authorize the Chief to delegate certain functions of the Chief to a designee, the Chief may make such delegation only through a writing that identifies the designee and the scope of the delegation, and the writing shall be signed by the Chief and the delegate. A copy of the signed delegation shall be furnished to the Chief Medical Officer and President of the Medical Staff. The Chief Medical Officer or Chief may modify or terminate the delegation or its scope at any time. Notwithstanding such delegation, the Chief may perform any delegated function at any time. Notwithstanding such delegation, the Chief shall remain responsible for the faithful performance of such duties assigned to the Chief under these Bylaws.

8-5 DIVISION DIRECTORS

8-5.1 Qualifications:

Each Division Director must meet the same qualifications as set forth in Article 8-2.2 for Staff Officers. In addition, each Division Director shall be a member of the Division which he or she directs. He or she shall be qualified by training, experience, interest, and shall demonstrate current ability in a clinical area covered by the Division.

8-5.2 Selection:

The Division Director shall be appointed by the Chief or the Chief's designee after consultation with the Chief Medical Officer and the Executive Committee. In all instances, the Division Director shall serve at the pleasure of the Chief.

8-5.3 Duties:

Each Division Director shall:

- A. Account to the Chief (or Chief's Designee) of his or her department for the effective operation of his or her division and for the division's discharge of all tasks delegated to it including those described in Article 8-3.2;
- B. Develop and implement programs to carry out continuing medical education functions; and
- C. Perform such other duties commensurate with his or her office as may from time to time be reasonably requested of him by the Chief (or Chief's Designee) of his or her department.

Each division director shall transmit regular reports to the department Chief or the Chief's designee on the conduct of its assigned functions.

ARTICLE 9: FUNCTIONS AND COMMITTEES

9-1 FUNCTIONS OF THE STAFF

The required functions of the Medical Staff are as specified and described in Part 2 of the Medical Staff Organization Manual.

9-2 PRINCIPLES GOVERNING COMMITTEES

9-2.1 Executive Committee and Other Committees:

There is an Executive Committee and such other standing and special committees of the Staff, a Department, or Division as are necessary and desirable to perform any of the functions listed in Part 2 of the Medical Staff Organization Manual and elsewhere in these Bylaws or any of the related manuals. The composition, functions, reporting, and meeting requirements of the Executive Committee are set forth in Section 9.3 of these Bylaws. The composition, functions, reporting, and meeting requirements of the other standing Staff-wide committees are set forth in Part 3 of the Professional Staff Organization Manual. Any committee, whether Staff-wide or Department or other clinical unit based, or whether standing or special, that is carrying out all or any portion of a function or activity required by these Bylaws and the related manuals pertaining to the maintenance or improvement of the quality or efficiency of patient care in the Medical Center is deemed a duly appointed and authorized review committee of the Medical Staff and Medical Center.

9-2.2 Representation on Hospital Committees and Participation in Certain Hospital Deliberations:

Medical Staff functions and responsibilities relating to liaison with the Board and Management, accreditation, licensure and certification, disaster planning, facility and services planning, financial management, and functional and physical plant safety which require participation of, rather than

direct monitoring by, the Medical Staff shall be discharged in part by various officers and organizational components of the Staff as described in these Bylaws and the related manuals and in part by Medical Staff representation on Medical Center committees established to perform such functions. The Medical Staff, through its general and Department officers or their respective designees or through other organizational components, will be represented and participate in any Medical Center deliberations affecting the discharge of Medical Staff responsibilities.

9-3 EXECUTIVE COMMITTEE OF THE MEDICAL STAFF

9-3.1 Composition:

The Executive Committee shall consist of:

- A. Officers of the Medical Staff;
- B. Chief Medical Officer;
- C. The President of the Medical Center
- D. Eight (8) At Large Members of the Medical Staff, Four (4) of whom shall be elected at each Annual Meeting for terms of two (2) years and shall serve until their successors are elected and qualified; and
- E. The Chairs of the Medical Staff Committees: Pharmacy & Therapeutics, Medical Records, Transfusion, and Practitioner Health & Resilience Committee; and other Medical Staff committees that may be approved by the Medical Executive Committee.
- F. Four (4) Chiefs of Clinical Departments, two (2) of whom will serve two-year terms, and the Chiefs of Medicine and Surgery as permanent members. The two rotating Chiefs shall be elected at alternating Annual Meetings for terms of two (2) years and shall serve until their successors are elected and qualified; and
- G. The Chief Operating Officer, the Vice President for Nursing/Patient Services, the Vice President for Finance, the Vice President for Operations, the Vice President for Planning, the General Counsel, and those other individuals as requested by the President of the Medical Staff shall be invited to attend meetings without vote.
- H. Members of the MEC can be removed from the Medical Executive Committee for one of the following reasons:
 - For not responsibly and faithfully fulfilling the duties of membership as stated in these Bylaws; and/or
 - For violating the Bylaws or Rules and Regulations of the Medical Staff that results in disciplinary action against him or her.

9-3.2 Duties of the Executive Committee

The duties of the Executive Committee shall include, but not be limited to, the following:

- A. To represent and act on behalf of the Medical Staff between meetings of the organized Medical Staff, within the scope of its responsibilities as defined by the organized Medical Staff, subject to such limitations as may be imposed by the Bylaws.

- B. To receive, consider, and act on reports, requests, and recommendations of Medical Staff Committees, Departments, or other members of the professional staff;
- C. To forward to the Board of Trustees regarding appointment and reappointment to the Medical Staff, assignment to Department, delineation of privileges, action related to questions of clinical performance or professional behavior and termination of Medical Staff membership and/or privileges;
- D. To make recommendations to the Medical Center Administration or Board of Trustees concerning medical or administrative matters, including, but not limited to: Medical Staff membership, the organized Medical Staff's structure, the process used to review credentials and delineate privileges, and the delineation of privileges for each practitioner privileged through the Medical Staff process, and the committee's review of, and actions on, reports of Medical Staff committees, departments, and other assigned activity groups.
- E. The MEC shall recommend Bylaws amendments to the Medical Staff for approval.
- F. The MEC shall recommend Rules and Regulations to the Board for approval after communication with the organized Medical Staff.
 - If the organized Medical Staff approves of the proposed Rule or Regulation, the MEC will forward the proposed rule or regulation to the Board noting approval by both the MEC and the organized Medical Staff.
 - If the organized Medical Staff does not approve of the proposed rule or regulation, the MEC will forward the proposed rule or regulation to the Board noting the approval of the MEC and the disapproval by the organized Medical Staff.

The MEC will review all Rules and Regulations proposed by the organized Medical Staff.

- If the MEC approves of the proposed rule or regulation, the MEC will forward the proposed rule or regulation to the Board noting approval by both the organized Medical Staff and the MEC.
- If the MEC does not approve of the proposed rule or regulation, the MEC will forward the proposed rule or regulation to the Board noting the approval by the organized Medical Staff and the disapproval by the MEC.

The MEC will enact policies and procedures and forward them, as information only, to the Board.

- If the organized Medical Staff disagrees with a policy or procedure enacted by the MEC, it can utilize the conflict resolution mechanism (9-3.4)

- G. To meet at the call of the Chairman as often as necessary, but at least ten (10) times per year.
- H. To organize the Medical and Professionals Staffs' performance improvement activities.

9-3.3 Quorum:

A quorum of the Executive Committee shall consist of one-third (1/3) of the voting members when in session.

9-3.4 Conflict Resolution (Between the Organized Medical Staff and the MEC)

Any conflict between the organized Medical Staff and the MEC will be resolved using the mechanisms noted below.

Each staff member in the Active (voting) category may challenge any rule or policy established by the MEC, through the following process:

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 rule or policy.
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 to the rule or policy.
3. If changes are adopted, they will be communicated to the Medical Staff, at such time each Medical Staff member in the Active (voting) category may submit written notification of any further challenge(s) to the rule or policy to the President of the Medical Staff.
4. In response to a written challenge to a rule or policy, 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.
5. If a task force is appointed, following the recommendation of such task force, the MEC will take final action on the rule or policy.
6. Once the MEC has taken final action in response to the challenge, with or without recommendations from a task force, any Medical Staff member may submit a petition signed by twenty-five percent (25%) of the Active (voting) category requesting review and possible change of a rule, regulation, policy or procedure. Upon presentation of such a petition, the adoption procedure outlined in Article 17 will be followed.

If the Medical Staff votes to recommend directly to the Board an amendment to the Bylaws or Rules and Regulations or a policy that is different from what has been recommended by the MEC, the following conflict resolution process shall be followed:

1. The MEC shall have the option of appointing a task force to review the differing recommendations of the MEC and the Medical Staff, and recommend language to the Bylaws, Rules and Regulations, or policy that is agreeable to both the Medical Staff and the MEC.
2. Whether or not the MEC adopts modified language, the Medical Staff shall still have the opportunity to recommend directly to the Board alternative language. If the Board receives different recommendations for Bylaws, Rules and Regulations, or a policy from the MEC and the Medical Staff, the Board shall also have the option of appointing a task force of the Board to study the basis of the differing recommendations to the recommend appropriate Board action.

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.

At any point in the process of addressing a disagreement between the Medical Staff and the MEC regarding the Bylaws, Rules and Regulations, or policies, the organized Medical Staff, MEC, or governing 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.

9-4 GENERAL CHARACTERISTICS AND PROCEDURES OF COMMITTEE MEETINGS:

9-4.1 Appointment:

Committee Chair and members will be appointed by the President of the Medical Staff with the advice of the Executive Committee unless otherwise provided by these Bylaws. Members of the Medical Executive Committee shall be elected using the process defined in Section 8-2.1 of these Bylaws. They shall be appointed for terms of two (2) years and shall serve until their successors are appointed and qualified. Both Chair and members may be reappointed unless otherwise specified in the individual committee structure.

9-4.2 Attendance:

Unless otherwise specified, any member of the Medical staff may attend any standing committee meeting, without vote.

9-4.3 Removal from Committee Membership:

If a member of a committee ceases to be a member in good standing of the Medical Staff, or if any other good cause exists, that member may be removed by the Executive Committee.

9-4.4 Vacancies:

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made.

9-4.5 Notice of Meetings:

The Chair of each committee shall notify committee members of scheduled meetings. The Chair may call a special meeting, notifying members three (3) days in advance and specifying the items that will be on the agenda.

9-4-6 Quorum:

Unless otherwise specified, the quorum required by a Committee to conduct business is the presence of three (3) voting members.

9-4.7 Minutes:

The Chair of the committee or designee shall assure that minutes are taken at every meeting. These minutes include, in a format prescribed by the Executive Committee, an attendance record, statement of issues discussed, and recommendations. These minutes shall be sent to the Executive Committee for review.

9-4.8 Conduct of Meetings:

Committee meetings shall be conducted in accordance with standard rules of parliamentary procedure. In order to permit open and free discussion of issues, such as peer review, and to maintain confidentiality, the Chair may call any Medical Staff Committee into executive session with only voting members of the committee, and such others as may be designated by the Chair, present.

9-4.9 Voting:

Each medical staff member appointed to a committee shall be entitled to vote. Other individuals appointed to medical staff committees may vote if so specified in the committee structure.

9-4.10 Institutional Committees:

The President of the Medical Staff will recommend Medical Staff members to institutional committees at the request of the Board of Trustees or Administration.

ARTICLE 10 – MEETINGS

10-1 MEETINGS OF THE MEDICAL STAFF

10-1.1 Annual Meeting:

There shall be an Annual Meeting of the Medical Staff to allow members of the medical staff to stay connected to one another, to other departments, and to administration. At this meeting, the retiring officers shall make or cause to be presented such reports as may be desirable; and officers for the ensuing year shall be elected at the appropriate intervals.

10-1.2 Regular Meetings:

Regular meetings of the Medical Staff shall be held with such frequency and at such times, places and manner as may be determined by the Medical Executive Committee, but at least two (2) times per year.

10-1.3 Special Meetings:

Special meetings of the Medical Staff may be called at anytime by the President of the Medical Staff or at the request of any twenty (20) members of the Active Staff.

10-1.4 Quorum and Voting:

Twenty-five (25) members of the Medical Staff who are eligible to vote shall constitute a quorum at any meeting. Each member of the Active Medical Staff shall be entitled to one vote.

10-1.5 Attendance:

Members of the Active Medical Staff shall be expected to participate in fifty (50) percent of the regular meetings of the medical staff.

10-1.6 Notice of Meeting:

Notice of any regular or special meeting shall be given at least seven (7) days prior thereto by written notice delivered personally or mailed to each Medical Staff member. Neither the business to be transacted at, nor the purpose of any regular meeting of the Medical Staff,

need be specified in the notice of such meeting. The purpose of any special meeting of the Medical Staff shall be specified in notice of such meeting.

10-2 DEPARTMENT MEETINGS

Departments responsible for performance improvement activities and reviewing quality of care data shall meet at least six (6) times per year to discuss.

ARTICLE 11: HISTORY & PHYSICAL

11-1 COMPLETION OF HISTORY & PHYSICAL EXAMINATION

1. A medical history and physical examination must be completed no more than thirty (30) days before, or twenty-four (24) hours after admission or registration, but prior to surgery and/or procedure requiring anesthesia services, or outpatient procedures that place the patient at risk, including but not limited to; angiographic procedures, endoscopy, bronchoscopy, and cardioversion. The medical history and physical examination must be completed and documented by a physician, an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy.
2. An updated examination of the patient, including any changes in the patient's condition, must be completed and documented within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, or outpatient procedures that put a patient at risk, when the medical history and physical examination are completed within thirty (30) days before admission or registration. The updated examination of the patient, including any changes in the patient's condition, must be completed and documented by a physician, an oral and maxillofacial surgeon, or other qualified licensed individual in accordance with State law and hospital policy. The history and physical examination may be delegated to a physician assistant, nurse practitioner or resident provided the supervising attending practitioner reviews and countersigns the documentation.
3. A comprehensive history and physical examination is required for all inpatients whose condition is not of a minor nature, and whose hospital stay is expected to exceed 48 hours. The documentation of the history and physical examination should include the chief complaint, details of the present illness, all relevant medical, social, and family histories, the patient's emotional, behavioral, and social status when appropriate, all pertinent findings resulting from the physical examination and appropriate review of systems, a diagnostic/therapeutic assessment and a plan. A pediatric history must also include developmental assessment.

The Active practitioner may use a short history and physical examination form in lieu of a comprehensive history and physical examination, as outlined above, for:

1. Procedures involving the use of general, spinal or epidural anesthesia, moderate or deep sedation, or those procedures involving an incision into or puncture of a body cavity, even in the absence of moderate or deep sedation or anesthesia for patient's whose intended postop stay will not exceed 48 hours.
2. Patients with problems of a minor nature whose hospital stay is not expected to exceed forty-eight (48) hours.

A short history and physical examination form may be Department-specific and must contain, at minimum, the indication for the procedure, significant medical/surgical history, medications, allergies, and appropriate physical examination.

If the patient remains hospitalized over forty-eight (48) hours, additional required elements of the comprehensive history and physical examination as per Section 5-2.2 must be documented in the medical record.

ARTICLE 12 – DUES AND ASSESSMENTS

12-1 REQUIREMENTS:

Members of the Medical Staff shall pay dues and assessments according to their staff category as described in Article 4. The amount of dues and assessments will be determined by the Executive Committee, contingent on approval by the Medical Staff.

12-2 EXCEPTIONS:

The Executive Committee may waive dues requirements for physicians because of leave of absence in accordance with these Bylaws, Article 5.

12-3 DELINQUENCY:

A member, not properly excused from payment, must pay all outstanding dues or assessments prior to reappointment. A practitioner's application for reappointment will not be processed until current dues and assessments are paid.

ARTICLE 13 – CONFIDENTIALITY, IMMUNITY, AND RELEASE

13-1 AUTHORIZATIONS:

By applying for, or exercising, clinical privileges within this Medical Center, a practitioner:

- A. Authorizes representatives of the Medical Center to solicit, provide and act upon information bearing on his or her professional ability and other qualifications for Medical Staff status and requested clinical privileges;
- B. Authorizes representatives of the Medical Center to provide, when requested by the practitioner, information bearing on his or her professional ability and other qualifications for Medical Staff status and requested clinical privileges to other hospitals or health related institutions;
- C. Authorizes representatives of other hospitals, insurance companies, and any others with information relevant to his or her professional ability and other qualifications for Medical Staff status and requested clinical privileges to provide such information to the Medical Center and representatives;
- D. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article; and

- E. Acknowledges that the provisions of this Article are expressed conditions to this application for, or acceptance of, Medical Staff membership, or his or her exercise of clinical privileges at this Medical Center.

13-2 CONFIDENTIALITY OF INFORMATION:

Information submitted with respect to any practitioner, which has been collected or prepared by any representative for the purposes of peer review, shall to the fullest extent permitted by law, be considered confidential. Such information shall not be disseminated by the Medical Center to anyone other than representatives of other health care facilities and organizations of health professionals, or governmental agencies engaged in an official, activity or regular proceedings for which the information is needed provided the confidentiality of such information is maintained to the extent feasible, nor shall such information be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided to the Medical Center by third parties. Such information shall not become part of any patient's record. It is expressly acknowledged by each practitioner that violation of the confidentiality provided herein is grounds for immediate and permanent revocation of Staff appointment and/or clinical privileges or specified services.

13-3 IMMUNITY FROM LIABILITY:

13-3.1 For Action Taken:

To the fullest extent permitted by law, no representative of the Medical Center or Medical staff shall be liable for damages or other relief for any action taken or statement or recommendation made within the scope of his or her duties as a representative.

13-3.2 For Providing Information:

To the fullest extent permitted by law, no representative of the Medical Center, no member of the Medical Staff, and no third party shall be liable for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of this Medical Center or to any other hospital or health-related institution concerning a practitioner who is or has been an applicant to or member of the Medical Staff or who has requested or exercised clinical privileges at this Medical Center.

13-4 ACTIVITIES AND INFORMATION COVERED:

13-4.1 Activities:

The confidentiality and immunity provided by this Article shall apply to all actions, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health-related institution's activities concerning, but not limited to:

- A. Applications for appointment, reappointment, or clinical privileges,
- B. Periodic reappraisals for reappointment or clinical privileges,
- C. Corrective action,
- D. Investigations, Fair Hearings, and appellate reviews,

- E. Quality Assurance activities,
- F. Utilization reviews, and
- G. Other Medical Center, department and division committees and subcommittees related to patient care, peer review or related activities by Medical Center or Medical Staff committees.

13-4.2 Information:

The information referred to in this Article includes the actions, communications, reports, recommendations, and other facts that relate to a practitioner's professional qualifications, clinical ability, judgment, character, physical and mental health (including alcohol and substance abuse), professional ethics, ability to work cooperatively with others, or any other matter that might directly or indirectly affect patient care or the efficient functioning of an institution or organization.

13-5 RELEASES:

Each practitioner shall upon request of the Medical Center execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements as may be applicable under the laws of Maine. Such releases may be submitted to third parties from whom information about a practitioner is sought. Execution of such releases shall not be deemed prerequisite to the effectiveness of this Article.

13-6 CUMULATIVE EFFECT:

Provisions in these Bylaws and in the application forms relating to authorizations, confidentiality of information, and immunities from liability shall be in addition to other protections by law and not in limitation thereof.

ARTICLE 14 – AMENDMENTS

14-1 REVIEW, REVISION, ADOPTION, AND AMENDMENT

The Medical Staff shall have the responsibility to formulate, review at least biennially, and recommend to the Board any Medical Staff Bylaws, rules, regulations, policies, procedures, and amendments as needed. Amendments to the Bylaws and Rules & Regulations shall be effective when approved by the Board. The Medical Staff must exercise this responsibility regarding Bylaws through direct vote of its membership. The Medical Staff can exercise this responsibility regarding Bylaws, rules and regulations and policies through its elected and appointed leaders or through direct vote of its membership. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner.

Neither the organized Medical Staff nor the governing body may unilaterally amend the Medical Staff Bylaws or Rules & Regulations.

Proposed amendments to these Bylaws or Rules and Regulations may be originated by the MEC or by voting members of the Medical Staff and submitted directly to the governing Board.

When proposed by the MEC, there will be communication of the proposed amendment to the organized Medical Staff before a vote is taken by the MEC. When proposed by the voting members of the Medical Staff, there will be communication of the proposed amendment to the MEC before a vote is taken by the organized Medical Staff.

If the MEC does not pass the proposed amendment, the organized Medical Staff can ask for a Medical Staff vote using the mechanisms noted in the conflict resolution process (Section 9-3.4).

When the MEC adopts a policy or amendment thereto, there will be communication of the policy or amendment to the organized Medical Staff.

14-2 ENACTMENT:

Upon approval of the Executive Committee, these Bylaws may be amended in full or in part by a two-thirds majority vote of those present at any regular or special meeting of the Medical Staff provided that a copy of the proposed amendment has been mailed to the members entitled to vote at least two (2) weeks before the meeting.

Upon approval of the Executive Committee, these Bylaws may also be amended in full or in part by two-thirds majority vote of those submitting written ballots on a proposed amendment including those not present at the meeting. Voting by written ballot may occur in conjunction with a meeting of the Medical Staff and shall follow a voting process determined by the Executive Committee that shall require ballots being delivered to voting members at the Medical Staff meeting and also available for members at or from the Medical Staff Office for a period of five (5) working days prior to the meeting. Voting by written ballot shall occur only if a copy of the proposed amendment approved by the Executive Committee has been mailed to members at least two (2) weeks before the meeting to discuss the amendment with or without notice of a vote by ballot.

The Executive Committee shall determine whether Bylaw amendments that it has approved shall be submitted to the Medical Staff for approval by vote of those present at a meeting or by written ballot. Amendments so adopted shall become effective upon approval of the Board of Trustees, which approval shall not be unreasonably withheld. If the Board of Trustees shall not vote upon any such amendment within ninety (90) days of the first meeting at which a copy of the proposed amendment is presented, then the Board shall be deemed to have approved such proposed amendment.

14-3 TECHNICAL AND EDITORIAL AMENDMENTS:

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

14-4 PROVISIONAL AMENDMENTS

The MEC and the Board may adopt such provisional amendments to these Bylaws and Rules and Regulations that are in the MEC's and Board's judgments necessary for legal or regulatory compliance. After adoption, these provisional amendments to the Bylaws and Rules and Regulations will be communicated to the organized Medical Staff for their review.

- If the organized Medical Staff approves of the provisional amendment, the amendment will stand.
- If the organized Medical Staff does not approve of the provisional amendment, this will be resolved using the conflict resolution mechanism noted in Article 15. If a substitute amendment is then proposed, it will follow the usual approval process.

ARTICLE 15 – RULES AND REGULATIONS

The Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work. These shall relate to the proper conduct of staff organizational activities as well as to the level of practice that is required of each Medical Staff member in the Medical Center. The procedure for amending the Rules and Regulations is described in Article 16 of these Bylaws. If there is a conflict between the Bylaws and the Rules and Regulations, the Bylaws shall prevail.

ARTICLE 16 – ASSOCIATED MANUALS

The procedures for credentialing, privileging, and appointment, fair hearing, and organization are described in separate manuals appended to these Bylaws. The manuals may be amended, or repealed, in whole or in part by a resolution of the Medical Executive Committee recommended to, and adopted by, the Board.

ARTICLE 17 – FAIR HEARING

The grounds for hearing, notice of procedure, and hearing committee composition are noted below. Fair hearings shall be conducted as described in the Fair Hearing Manual appended to these Bylaws.

17-1 Grounds for Hearing:

The following recommendations or actions shall, if deemed adverse pursuant to Article 1-2 of the Fair Hearing Manual, entitle the practitioner to a hearing:

- A. Denial of initial staff appointment,
- B. Denial of reappointment,
- C. Suspension of staff appointment,
- D. Revocation of staff appointment or termination of provisional staff appointment,
- E. Denial of clinical privileges, requested at the time of appointment or re-appointment,
- F. Reduction in clinical privileges,

- G. Suspension of clinical privileges,
- H. Revocation of clinical privileges,
- I. Terms of probation which limit or restrict clinical privileges,
- J. Imposition of a mandatory consultation requirement,
- K. Denial of re-instatement following leave of absence.

17-2 Notice Procedures

A practitioner shall have thirty (30) days following receipt of a notice pursuant to Article 1-3 of the Fair Hearing Manual to file a written request for a hearing from the Executive Committee or in the instance of Article 1-2 D (of the Fair Hearing Manual) from the Board. Such request shall be deemed to have been made when sent by special notice to the Chief Medical Officer.

17-3 Hearing Committee

The Hearing Committee shall be composed of not less than three members. The Hearing Committee shall be composed of Active Medical Staff members or Board members, depending upon whose recommendation has prompted the hearing, who have not actively participated in the consideration of the matter at any previous level. Such appointment shall include designation of a Chairperson.

Revised MEC 3-1-02
Revised Full Medical Staff 4-1-02
Approved BOT 4-11-02
Revised MEC 12-3-04
Approved BOT 2-2-05
Revised MEC 7-7-06
Revised Full Medical Staff 7-24-06
Approved BOT 8-2-06
Revised MEC 12-7-07
Revised Full Medical Staff 12-31-07
Approved BOT 1-9-08
Technical Revisions MEC 12-15-10
Approved BOT 1-5-11
Revised MEC 8-19-11
Approved Full Medical Staff 9-7-11
Approved BOT 10-5-11
Revised MEC 5-18-12
Approved Full Medical Staff 6-7-12
Approved BOT 7-11-12
Approved Full Medical Staff 8-28-13
Approved BOT 10-2-13
Approved Full Medical Staff 6-27-14
Approved BOT 7-9-14
Approved Full Medical Staff 8-26-14
Approved BOT 9-3-14
Approved Full Medical Staff 12-23-15
Approved BOT 2-3-16
Approved Full Medical Staff 5-25-16
Approved BOT 6-2-16
Approved Full Medical Staff 8-29-16
Approved BOT 9-7-16
Approved MEC (technical changes) 12-19-16
Approved BOT 2-1-17
Approved Full Medical Staff 10-26-17

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