NATIONWIDE CHILDREN'S HOSPITAL

COLUMBUS, OHIO

MEDICAL STAFF

ORGANIZATIONAL POLICY

Revised: 2/24/2023

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NATIONWIDE CHILDREN'S HOSPITAL
COLUMBUS, OHIO

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DEFINITIONS & DESIGNEES

The definitions set forth in the Medical Staff Bylaws shall apply to this Medical Staff Organization Policy unless otherwise provided herein.

Whenever an individual is authorized to perform a duty by virtue of his/her position (*e.g.,* the CEO, CMO, Medical Staff President, Department Chief, Section Chief, *etc.*), then reference to the individual shall also include the individual's designee.

ARTICLE I
CHIEF MEDICAL OFFICER, PHYSICIAN-IN-CHIEF, SURGEON-IN-CHIEF, DIRECTOR OF SURGICAL OPERATIONS

1.1. The Chief Medical Officer

1.1.1 The Chief Medical Officer shall be a Physician Member of the Medical Staff. He/she shall be employed by the Hospital and shall fulfill such duties as set forth in his/her Hospital position description. The appointment shall be made after consultation with the Medical Executive Committee.

1.1.2 The Chief Medical Officer shall have overall responsibility for the quality of patient care delivered throughout the Hospital and its related companies. The Chief Medical Officer shall have responsibility and authority for the medically related aspects of all clinical patient care programs; medical and medically related teaching programs; and the coordination of these programs with the Medical Staff through the President of the Medical Staff and the Medical Executive Committee. He/she shall be responsible for the scope and content as well as the functioning of the clinical organization of the Hospital, and shall keep, or cause to be kept, careful supervision of all the clinical work done in the Hospital. The Chief Medical Officer works closely with Hospital senior executive and Physician leaders to plan, develop, implement, and evaluate an integrated quality improvement and safety infrastructure for all patient care and clinical services. The Chief Medical Officer serves as the administrative liaison to the organized Medical Staff for quality improvement, Practitioner relations, and credentialing, and also oversees the Hospital's continuing medical education, graduate medical education, and professional and community education programs.

1.1.3 He/she shall receive and interpret the policies of the Board of Directors to the Medical Staff and report to the Board of Directors on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care. The Chief Medical Officer shall be involved in enforcement of the Medical Staff Bylaws and Policies.

1.2. Physician-in-Chief, Surgeon-in-Chief, and Director of Surgical Operations

1.2.1 The Physician-In-Chief, Surgeon-In-Chief, and Director of Surgical Operations shall be Physician Members of the active Medical Staff with or without Privileges. They shall be appointed by the Chief Medical Officer after consultation with the Medical Executive Committee and the Board of Directors. Their responsibilities are determined by the Chief Medical Officer.

1.2.2 The Physician-In-Chief, Surgeon-In-Chief, and Director of Surgical Operations will advise and assist the Chief Medical Officer in the conduct and coordination of the clinical patient care programs, medical teaching

programs, and research programs of the Hospital. They shall further assist the Chief Medical Officer in his/her direction of the clinical organization of the Hospital and in the supervision of clinical work.

1.2.3 The Physician-in-Chief and the Surgeon-in-Chief will be responsible for communicating pertinent information and disseminating relevant summaries of activities to respective medical/surgical Medical Staff Members.

ARTICLE II
MEDICAL STAFF DEPARTMENTS & SECTIONS

2.1. Departments and Sections

2.1.1 The Medical Staff Departments and Sections are as follows:

Department of Anesthesiology & Pain Medicine

Department of Cardiothoracic Surgery

Department of Dentistry
- Oral & Maxillofacial Surgery
- Orthodontics
- Pediatric Dentistry

Department of General Pediatric Surgery

Department of Hospital Medicine
- Adult Hospital Medicine
- Hospital Pediatrics

Department of Pathology and Laboratory Medicine
- Anatomical Pathology
- Clinical Pathology

Department of Ophthalmology

Department of Orthopedics

Department of Otolaryngology

Department of Pediatric Abdominal Transplant Surgery

Department of Pediatric & Adolescent Gynecology & Obstetrics
- Fetal Medicine
- Obstetrics & Gynecology

Department of Pediatric Colorectal and Pelvic Reconstructive Surgery

Department of Pediatric Neurosurgery

Department of Pediatric Plastic & Reconstructive Surgery

Department of Pediatric Urology

Department of Pediatrics
- Adolescent Medicine
- Allergy & Immunology
- Cardiology
- Child & Family Advocacy
- Clinical Informatics
- Complex Care
- Critical Care

- Dermatology
- Developmental & Behavioral Pediatrics
- Emergency Medicine
- Endocrinology
- Family Practice
- Gastroenterology, Hepatology & Nutrition
- General Pediatrics
- Genetic and Genomic Medicine
- Hematology & Oncology
- Infectious Diseases
- Neonatology
- Nephrology
- Neurology
- Physical Medicine
- Primary Care Pediatrics
- Pulmonary Medicine
- Regional Hospital Medicine
- Rheumatology
- Sports Medicine
- Toxicology

Department of Psychiatry & Behavioral Health

- Psychiatry
- Psychology

Department of Radiology

- Body Radiology
- Interventional Radiology
- Nuclear Medicine
- Neuro Radiology

2.2. Organization of Departments and Sections

2.2.1 Each Department shall be organized as a separate part of the Medical Staff and shall have a Chief whose functions are described in Section 2.5. Departments may be further divided into Sections led by Section Chiefs.

2.2.2 Criteria to Qualify as a Medical Staff Department

A. The following criteria shall apply in making Medical Staff Department designations:

(1) The area of practice represents a major general or distinct field of medical practice at the Hospital.

(2) The level of clinical activity at the Hospital is substantial enough to warrant imposing the responsibility to accomplish the functions assigned to the Department and Department Chief.

(3) Practitioners to be assigned to the Medical Staff Department agree to and, in fact, carry out the meeting, review, and other activities required of Departments at the Hospital.

2.2.3 Criteria to Qualify as Medical Staff Section

A. The following criteria shall apply in making Medical Staff Section designations:

(1) The area of practice is an established, professionally recognized, discrete specialty/subspecialty field within the general field of the Department and is a significant area of practice at the Hospital. For purposes of this provision, the term "significant" means that specialists in that area devote a substantial portion of their time to that specialty and the numbers and/or activity level in that area are such as to require designation of a Section Chief specifically responsible for coordination of services, quality control, and day-to-day problem resolution.

(2) The level of clinical activity is substantial enough to warrant imposing the responsibility to accomplish the functions assigned to the Section and Section Chief.

(3) The Practitioners to be assigned to the Section agree to and, in fact, carry out the meeting, review, and other activities required of Medical Staff Sections at the Hospital.

2.2.4 Each Department and Section, where appropriate, shall have meetings at the discretion of the Chief.

2.2.5 Departments and Sections may be reorganized, new Departments and Sections may be created, and inactive Departments and Sections eliminated by action of the Chief Medical Officer following a recommendation from the Medical Executive Committee.

2.3. Functions of Departments and Sections

2.3.1 Each Department and Section shall establish its own criteria, consistent with the Medical Staff Bylaws and Credentials Policy, for the granting of Clinical Privileges. These criteria will be incorporated into the applicable Clinical Privilege sets.

2.3.2 Each Department and Section shall be responsible for providing an effective mechanism to evaluate the quality and appropriateness of patient care and the clinical performance of all individuals with delineated Clinical Privileges in each such Department/Section in accordance with the Hospital's Quality Improvement Plan.

2.3.3 At Department and Section meetings, certain Medical Staff functions shall be discussed as specified in the Quality Improvement Plan of the Hospital.

2.3.4 When problems regarding patient care and/or clinical performance (or opportunities to improve care/performance) are identified, actions shall be taken, and the effectiveness of the actions taken shall be evaluated. The findings from and conclusions of monitoring, evaluation, and problem-solving activities shall be documented and reported. The actions taken to resolve problems and improve patient care, and information about the impact of the actions taken, shall be documented and reported to the Medical Executive Committee.

2.3.5 Each Department and Section may establish written rules and regulations as recommended by the Department and Section Chief(s). Department/Section rules and regulations may not conflict with the Medical Staff Bylaws or Policies and will be subject to the approval of the Chief Medical Officer, the Bylaws Committee, and the Medical Executive Committee. Department/Section rules and regulations will be available in the Medical Staff Office.

2.4. Appointment of Department and Section Chiefs

2.4.1 The qualifications to serve as a Department/Section Chief are set forth in the Medical Staff Bylaws. Each Department/Section Chief shall be available for daily consultation on administrative matters pertaining to their Section and/or Department. They shall also be deemed to be acting on behalf of the applicable Hospital and/or Medical Staff Peer Review Committees.

2.4.2 A Search Committee may be formed prior to appointment of a new (not an interim) Department/Section Chief. The Search Committee will be appointed by the Chief Medical Officer or by one of the following with the consent of the Chief Medical Officer:

A. Physician-in-Chief/Chief of Pediatrics

B. Surgeon-in-Chief

2.4.3 The Search Committee shall be composed of no less than five (5) members (unless the Chief Medical Officer determines that a smaller number is appropriate) with at least one (1) member being an experienced senior Medical Staff leader.

2.4.4 The Chief Medical Officer shall recommend the appointment of Department Chiefs to the Board after approval by the Medical Executive Committee and consultation with the Dean of the College of Medicine or the Dean of the College of Dentistry, as appropriate. Each Department Chief shall be appointed by the Board.

2.4.5 The Chief Medical Officer shall recommend the appointment of Section Chiefs to the Board after consultation with the applicable Department Chief and approval of the Medical Executive Committee. Each Section Chief shall be appointed by the Board.

2.4.6 The following action shall be taken in the event of a vacancy in a Department/Section Chief position:

A. If a Department Chief position becomes vacant at any time during the Department Chief's term, the Chief Medical Officer shall appoint an interim acting Department Chief, with approval of the Medical Executive Committee, until such time as a new Department Chief is selected in accordance with the procedure set forth in Section 2.4.4. The Chief Medical Officer will report an interim Department Chief appointment to the Board at its next meeting.

B. If a Section Chief position becomes vacant at any time during the Section Chief's term, the Chief Medical Officer shall appoint an interim acting Section Chief, after consultation with the appropriate Department Chief and approval of the Medical Executive Committee, until such time as a new Section Chief is selected in accordance with the procedure set forth in Section 2.4.5. The Chief Medical Officer will report an interim Section Chief appointment to the Board at its next meeting.

C. In the event that the Chief Medical Officer and Medical Executive Committee do not agree upon the appointment of an interim Department/Section Chief, then such interim appointment will be provided to the Board for review and action.

2.4.7 Section Chiefs shall be responsible to the Department Chiefs for the clinical work, medical teaching, and research performed within their Section's specialty.

2.4.8 A Department Chief or Section Chief may resign at any time by giving written notice to the Chief Medical Officer. Such resignation shall take effect on the date of receipt or at any later time specified in the written notice.

2.4.9 A Department/Section Chief may be removed in the same manner in which he/she is selected. Grounds for removal include:

A. failure to continuously satisfy the qualifications for the position.

B. knowing failure to comply with the Medical Staff Bylaws or Policies.

C. failure to perform the duties of the position held in a timely and appropriate manner.

D. conduct detrimental to the interests of the Medical Staff and/or the Hospital.

E. an infirmity that renders the Department/Section Chief incapable of fulfilling the duties of the position.

F. the imposition of a summary suspension, an automatic suspension, or automatic termination, or any corrective action undertaken against the Department Chief or Section Chief that results in a final Adverse decision.

2.5. Functions of Department and Section Chiefs

2.5.1 Each Department/Section Chief shall have the duties set forth in the Medical Staff Bylaws.

2.5.2 Additionally, each Department/Section Chief shall:

A. be responsible for communicating to their respective Department or Section members pertinent developments concerning Medical Staff policy/structure, Hospital policy/structure, as well as other matters relevant to the operation of the Hospital.

B. be responsible for the overall supervision of the clinical teaching and medical research work within the Department or Section and accountable to the Chief Medical Officer for the overall performance of the Department or Section.

C. assure the implementation and maintenance of a continued, planned, and systematic process for monitoring and evaluating the quality and appropriateness of the care and treatment of patients served by the Department or Section and the clinical performance of all individuals with Clinical Privileges in that Department or Section.

D. provide guidance on the overall medical policies of the Hospital and make specific recommendations and suggestions regarding his/her own Department or Section in order to assure quality patient care.

E. maintain continuing surveillance of the professional performance of all persons with Privileges in his/her Department or Section including, but not limited to, monitoring adherence to Medical Staff, Hospital, and Department and Section policies and procedures for obtaining consultation, alternate coverage, unexpected patient care management events, patient safety, and adherence to sound principles of clinical practice. When it becomes apparent there is a deficiency or if there is a question regarding the ability of a Practitioner or APP to safely and competently exercise the Privileges granted, it is

the responsibility of the Department and/or Section Chief(s) to take appropriate action.

F. be responsible for enforcement of the Hospital's Code of Regulations and of the Medical Staff Bylaws and Policies and rules and regulations within the Department or Section.

G. be responsible for implementation within the Department or Section of actions taken by the Medical Executive Committee.

H. recommend revisions to Department or Section rules and regulations for approval by the Chief Medical Officer, Bylaws Committee, and the Medical Executive Committee.

I. recommend revisions to Department or Section Delineation of Privileges subject to review by the Surgeon-in-Chief (if applicable), Chief Medical Officer, and Credentials Committee, and approval of the Medical Executive Committee.

J. transmit to the Credentials Committee, via the Chief Medical Officer, the recommendations concerning the appointment status, the reappointment, and the Clinical Privileges for all Practitioners/APPs in his/her Department or Section.

K. participate in every phase of administration of the Department or Section through cooperation with the President of the Medical Staff, Chief Medical Officer, Chief Nursing Officer, and the Chief Executive Officer in matters affecting patient care including personnel, supplies, special requirements, and techniques.

L. be responsible for the preparation of reports pertaining to the Department or Section as may be required by the President of the Medical Staff, the Chief Medical Officer, the Chief Executive Officer, or the Board.

M. be responsible to complete medical records on behalf of their respective departing or deceased Practitioners/APPs. The Department Chief may delegate this responsibility to the appropriate Section Chief.

2.6. Assignment to Departments/Sections

2.6.1 The Medical Executive Committee shall, based upon the recommendation of the appropriate Department/Section Chief as transmitted through the Credentials Committee, recommend initial Department/Section assignments for all Practitioners granted Clinical Privileges at the Hospital.

2.6.2 Assignment to more than one Department and/or Section may be made upon request of the applicant or the Department and/or Section Chief(s) or the Credentials Committee subject to approval of the Medical Executive Committee. The appropriateness of assignments to a Medical Staff Department/Section will be assessed by the applicable Section and/or Department Chief(s) and the Credentials Committee. The applicant must be qualified for assignment to each Department and/or Section by the virtue of his/her training, experience, and/or board certification.

2.6.3 Practitioners/APPs assigned to multiple Departments/Sections will be required to fulfill Department/Section meeting attendance requirements, if any, in all Departments and/or Sections of which they are a member.

2.7. Periodic Review of Departments/Sections

2.7.1 Departments/Sections may be subject to periodic review. A review may be performed when there is a change in the Department/Section Chief and a written request for review is submitted to the Medical Executive Committee by a majority of the voting members of the Department/Section; or, otherwise at the discretion of the Chief Medical Officer.

2.7.2 A Department/Section may be reviewed as to patient care, teaching, research, and administrative functions.

2.7.3 To the extent a Department/Section is reviewed:

(1) Such review shall be performed by a committee appointed by the Chief Medical Officer with the approval of the President of the Medical Staff. The review committee shall be composed of no less than three (3) Medical Staff Members.

(2) The review committee's report will be submitted, in writing, within three (3) months to the Chief Medical Officer, the President of the Medical Staff, and the respective Department/Section Chief.

ARTICLE III
MEDICAL STAFF COMMITTEES

3.1. Standing Medical Staff Committees

3.1.1 The standing Medical Staff committees shall include the following:

A. Bylaws Committee

B. Credentials Committee

C. Medical Executive Committee

D. Nominating Committee

E. Practitioner/APP Wellness Committee

F. Practitioner/APP Review and Effectiveness Committee

G. Advanced Practice Provider Credentials and Quality Committee

3.1.2 Administrative duties of Medical Staff committees reside with the Medical Staff Office.

3.2. Scope and Authority of Medical Staff Committees

3.2.1 The composition, duties, and meeting requirements with respect to the MEC are set forth in the Medical Staff Bylaws.

A. Voting for the elected MEC representatives at-large will take place every two years with a three consecutive term limit.

3.2.2 Nominating Committee

A. The composition of the Nominating Committee shall be as described in Sections 8.3-2 and 8.3-3 of the Medical Staff Bylaws.

B. The Nominating Committee will select nominees:

(1) For the slate of Medical Staff officers

(2) For the slate of elected at-large representatives to the MEC

(3) To serve as the appointed at-large representative to the MEC to the extent requested to do so by the Medical Staff President.

The Nominating Committee will have such additional duties, if any, as may be set forth in the Medical Staff Bylaws.

C. The Nominating Committee shall meet as needed, at the call of the committee chair, to fulfill its duties. The Nominating Committee shall maintain meeting minutes and report to the Medical Executive Committee.

3.2.3 The composition, duties, and meeting requirements with respect to the following standing Medical Staff committees are set forth in the applicable Scope and Authority document attached hereto, as such documents may be modified from time to time:

A. Bylaws Committee

B. Credentials Committee

C. Practitioner/APP Wellness Committee

D. Practitioner/APP Review and Effectiveness Committee

E. Advanced Practice Provider Credentials and Quality Committee

3.3. Peer Review Committees

3.3.1 The Medical Staff as a whole and each committee provided for by the Medical Staff Bylaws and Policies is hereby designated as a peer review committee as that term is defined in Ohio Revised Code §2305.25 *et seq.* The Medical Staff, through its committees, shall be responsible for evaluating, maintaining, and/or monitoring the quality and utilization of the Hospital's health care services.

3.3.2 In carrying out his/her duties under the Medical Staff Bylaws and Policies, whether as a committee member or chair, medical director, Medical Staff officer, Department/Section Chief, Medico-Administrative Officer, or otherwise, each Practitioner shall be acting in his/her capacity as a peer review committee member and designated agent of the Medical Staff.

3.3.3 Such peer review committees and its designated agents may, from time to time and/or as specifically provided herein, appoint Hospital administrative personnel as their agent in carrying out such peer review duties.

3.4. Appointment to Medical Staff Committees

3.4.1 Unless otherwise provided in the Medical Staff Bylaws or Policies, chairpersons and members of standing Medical Staff committees shall be appointed by the President of the Medical Staff.

3.4.2 Unless otherwise provided in the Medical Staff Bylaws or Policies, all Medical Staff committee chairpersons and committee members shall be either (i) Members in Good Standing of the active (with or without Privileges),

administrative, retired, emeritus, or honorary Medical Staff; or (ii) Advanced Practice Providers. Unless otherwise provided in the Medical Staff Bylaws or Policies, all Practitioner members of a Medical Staff Committee shall be a Member in Good Standing of one of the following Medical Staff categories: active (with or without Privileges), administrative, retired, emeritus, honorary, or affiliate; provided, however, that an affiliate Medical Staff Member may only serve on a Medical Staff committee as an Ex-Officio (non-voting) member.

3.4.3 Advanced Practice Providers are not Members of the Medical Staff but may serve on a Medical Staff committee, with or without the right to vote, as specified in the composition of the applicable Medical Staff committee set forth in this Policy or as designated by the Medical Staff President at the time of selection to an *ad hoc* committee pursuant to Section 3.4.4.

3.4.4 Special or *ad hoc* committees may be appointed by the President of the Medical Staff, the Chief Medical Officer, or the Chief Executive Officer to perform specified tasks and shall be dissolved automatically upon completion of its assignment. Recommendations from these special or *ad hoc* committees that affect medical practice shall be reviewed and approved by the appropriate standing Medical Staff committee and the Medical Executive Committee. Unless otherwise provided in the Medical Staff Bylaws or Policies, members of special or *ad hoc* committees shall be appointed in the same manner as set forth in Section 3.4.1 for appointment of members to standing Medical Staff committees.

3.4.5 Except as otherwise specified in the Medical Staff Bylaws or Policies, only Medical Staff Members will have voting privileges.

3.4.6 The CEO, CMO, and Medical Staff President shall be entitled to attend all meetings (including executive sessions) of any Medical Staff committee. The CEO, CMO, and Medical Staff President shall serve as voting members of those Medical Staff committees to which they are appointed as designated in the composition of the applicable Medical Staff committee.

3.4.7 The Chief Executive Officer/Chief Medical Officer, in consultation with the President of the Medical Staff, shall recommend administrative, nursing, and other Hospital representatives to serve as members on various Medical Staff committees.

3.5. Term of Medical Staff Committee Members/Chairs

3.5.1 Unless otherwise provided in the Medical Staff Bylaws or Policies, members and chairs of Medical Staff committees shall be appointed for a term of two (2) years and shall serve until the end of this period or until a successor is appointed, unless the member or chair sooner resigns or is removed from the committee.

3.5.2 Unless otherwise provided in the Medical Staff Bylaws or Policies, members and chairs of Medical Staff committees may be removed at any time by the President of the Medical Staff, in consultation with the other officers of the Medical Staff, if good cause exists. A successor may be selected, at the discretion of the President of the Medical Staff, in the same manner in which the original Medical Staff committee member or chair was selected. Otherwise, vacancies on the Medical Staff committee shall be filled during the next committee appointment process.

3.6. Integrated Committees (Hospital Committees with Medical Staff Representatives)

3.6.1 The Chief Medical Officer and the Chief Executive Officer shall be responsible for keeping the Medical Staff officers appraised of the formation and activities of Hospital committees which may directly impact the Medical Staff.

3.6.2 The following integrated Hospital committees are under the jurisdiction of the Chief Medical Officer:

A. Ethics

B. Pharmacy & Therapeutics

C. Infection Control

D. Quality Improvement Program

E. Library

F. Radiation Safety

G. Transfusion

3.6.3 All actions taken by integrated Hospital committees are required to be approved by the Chief Medical Officer and the Medical Staff President.

3.6.4 A quarterly summary or minutes of actions taken by the integrated Hospital committees may be forwarded to the Medical Executive Committee for information. Integrated Hospital committee chairs may be asked to attend the Medical Executive Committee meeting to present their quarterly summary or at other times as requested by the Chief Medical Officer or the Medical Staff President.

3.6.5 Integrated Hospital committees shall be chaired by a Physician (and may also have a non-Physician co-chair) who is appointed for a term of two (2) years by the Chief Medical Officer, or his/her designate, and who shall serve

until the end of this period or until a successor is appointed, unless the chair sooner resigns or is removed from the committee.

3.6.6 The medical chair/co-chair of integrated Hospital committees with advisement and oversight from the Medical Staff officers and approval by the Chief Medical Officer will be responsible for the appointment of members to these committees for a term of two (2) years. Such members shall serve until the end of this period or until a successor is appointed, unless the member sooner resigns or is removed from the committee.

3.6.7 All committee members present for any given meeting of an integrated Hospital committee have the right to vote at that meeting.

3.6.8 Meetings are scheduled at the discretion of the chair(s).

3.6.9 Administrative duties reside with the chair/co-chair of the integrated Hospital committee with support from the Chief Medical Officer as needed.

3.7. Board Joint Conference Committee

3.7.1 The Joint Conference Committee is a Board committee. The composition and duties of the Joint Conference Committee are set forth in the Hospital's Code of Regulations as such Code may be amended from time to time.

3.7.2 In the event the provisions regarding the Joint Conference Committee are changed from time to time in the applicable section(s) of the Hospital's code of regulations this section will be deemed to be likewise automatically amended.

ARTICLE IV
MEETINGS

4.1. Medical Staff Meetings

4.1.1 Regular Medical Staff meetings may be scheduled at the discretion of the current Medical Staff President and/or Medical Staff officers.

4.2. Department/Section Meetings

4.2.1 Each Department and Section shall meet at the discretion of the Department/Section Chief to discuss clinical work. Business meetings may also be held when needed.

4.3. Medical Staff Committee Meetings

4.3.1 Medical Staff committee meetings shall be held as described in the Scope and Authority document.

4.4. Special Meetings

4.4.1 Special meetings of the Medical Staff, Departments, Sections, or Medical Staff committees may be called at any time by the President of the Medical Staff, by the Chief of a Department/Section, chair of a Medical Staff committee, or by the written request of one-fourth of the voting members, specifying the purpose of the meeting.

4.4.2 At any special meeting no business shall be transacted except that stated in the notice calling the meeting.

4.5. Notice

4.5.1 Notice of the time and place of every regular and special meeting shall be given by mail/email at least one week prior to the time set for the meeting; provided, however, that notice of urgent meetings to be held in less than one week's time must be given by mail/email within 24 hours prior to the meeting time.

4.6. Quorum

4.6.1 Action may be taken at any meeting only when a quorum is present. Unless otherwise provided in the Medical Staff Bylaws or Policies:

4.6.2 Twenty percent (20%) of the voting Members shall constitute a quorum for the transaction of any business at a regular or special meeting of the Medical Staff.

4.6.3 With respect to Medical Staff Department/Section meetings, 20% of the voting members shall constitute a quorum.

4.6.4 50% of the voting members of a Medical Staff committee shall constitute a quorum.

4.7. Minutes

4.7.1 Minutes of each regular and special meeting of the Medical Staff, a Medical Staff committee, or a Medical Staff Department/Section shall be prepared and shall include a record of attendance, discussion/action items, and the vote taken on each matter. Minutes shall be signed by the presiding officer or secretary and approved by the voting members of the Medical Staff, Department, Section, or Medical Staff committee, as applicable.

4.7.2 A permanent file of Department/Section minutes shall be maintained by the respective Department/Section Chief.

4.7.3 A permanent file of Medical Staff committee minutes shall be maintained in the Medical Staff Office.

4.7.4 The Medical Executive Committee receives and acts on reports and recommendations from Medical Staff committees and Departments/ Sections, as required.

4.7.5 Minutes of all regular and special Medical Staff meetings shall be maintained in the Medical Staff Office**.**

4.8. Voting

4.8.1 Unless otherwise specified in the Bylaws or Policies, voting may occur in any of the following ways as determined by the chair of the respective committee, the Department/Section Chief; or, for voting by the Medical Staff, as determined by the Medical Staff President:

A. By hand or voice ballot at a meeting at which a quorum is present.

B. By written ballot at a meeting at which a quorum is present.

C. Without a meeting by written or electronic ballot provided such votes are received by the deadline date set forth in the notice advising of the purpose for which the vote is to be taken.

D. Absentee written ballots provided the ballot(s) are received prior to the deadline date set forth in the notice advising of the purpose for which a vote is to be taken.

4.9. Manner of Action with a Meeting

4.9.1 Unless otherwise specified in the Bylaws or Policies, the action of a majority of the voting members present at a Medical Staff, Department/Section, or Medical Staff committee meeting at which a quorum is present shall be the action of the applicable group.

4.10. Manner of Action without a Meeting

4.10.1 Except as otherwise provided in the Bylaws or Policies, any action that may be taken or authorized at a meeting of the Medical Staff, a Department/Section, or a Medical Staff committee may, at the discretion of the presiding officer, be taken or authorized without a meeting provided a majority of the ballot responses received from voting members by the deadline date set forth in the notice advising of the purpose for which the vote is to be taken are in favor of the proposed action.

4.10.2 Notwithstanding the above, the Credentials Committee may not make recommendations on applications for Medical Staff appointment and/or Privileges without holding a Credentials Committee meeting.

4.10.3 A recommendation by the MEC with respect to a formal corrective action investigation cannot be made by the MEC without a meeting.

4.11. Communication Equipment

4.11.1 Unless otherwise specified in the Bylaws or Policies, Practitioners may participate in and act at any meeting by conference call or other communication equipment through which all persons participating in the meeting can communicate with each other.

4.11.2 Participation by such means shall constitute attendance and presence in person at the meeting.

4.12. Conduct of Meetings

4.12.1 Conduct of meetings shall be carried out in a respectful and orderly manner. Common sense, as determined by the Medical Staff President, the Department/Section Chief, or chair of the Medical Staff committee, as applicable, shall be applied in the conduct of meetings.

ARTICLE V
PROCEDURE FOR DISBURSEMENTS FROM THE MEDICAL STAFF ACTIVITIES FUND

5.1. Medical Staff Activities Fund

5.1.1 The Medical Staff Activities Fund is a Hospital account that is the responsibility of the Medical Staff officers and Medical Executive Committee.

5.2. Medical Staff Dues/Application Fee

5.2.1 Current Medical Staff Members will be charged $200 for annual dues.

5.2.2 Processing of new applications for Medical Staff appointment and/or Privileges will be charged $200.

5.2.3 Funds are deposited into the Medical Staff Activities Fund.

5.2.4 Advanced Practice Providers do not pay an initial application fee or annual dues.

5.3. The Medical Staff Activities Fund provides a variety of support which includes, but is not limited to, the following:

5.3.1 Stipend for Medical Staff officers or any other Medical Staff leadership positions as approved by the Medical Executive Committee.

5.3.2 Charitable donations to the community (*e.g.,* non-profit organizations).

5.3.3 Reimbursement of Medical Staff leadership for attending Medical Staff development conferences.

5.3.4 Annual contribution to continuing medical education programs.

5.3.5 Annual contribution to the Library Fund.

5.3.6 Special projects to support Hospital programs.

5.3.7 Medical Staff Office access to the Council for Affordable Quality Healthcare (CAQH) service, a uniform online application for credentialing of Practitioners and Advanced Practice Providers.

5.3.8 Gifts such as flowers or donations for Medical Staff Members and/or family members or non-Medical Staff that are hospitalized or deceased. Standard contributions to charities and/or floral arrangements for funerals are made at the discretion of the Medical Staff President.

5.3.9 Other expenditures that are consistent with these guidelines and approved by the Medical Executive Committee

5.4. Approvals

5.4.1 The Medical Executive Committee must approve all disbursements of funds except as specifically authorized herein. Approval from the Medical Executive Committee may be obtained at monthly meetings or by email.

5.4.2 The Medical Staff Office manager will automatically process disbursements for charitable donations or for flowers/remembrances up to $500 for individuals listed in Section 5.3.8 without prior approval from the Medical Executive Committee.

5.4.3 The Medical Executive Committee shall have the authority to determine the amount of Medical Staff assessments and/or annual dues.

5.4.4 The Medical Executive Committee will prospectively approve the Medical Staff annual budget.

5.4.5 An annual report of all expenses paid through the Medical Staff Activities Fund will be provided to the Medical Executive Committee.

5.5. Compliance Rules

5.5.1 Expenditures that are for the reimbursement of individual Medical Staff officers or Members of the Medical Staff, such as travel reimbursement, dinners, or seminars, shall be approved in the following manner:

Request:	Individual expenditures below $50 for a Medical Staff officer, or below $250 for any other Member of the Medical Staff.
Approval Process:	A Medical Staff officer other than the Medical Staff officer requesting reimbursement for the expenditure shall provide written approval.
Request:	Individual expenditures of $50 or more for a Medical Staff officer or above $250 for any other Member of the Medical Staff.
Approval Process:	Written approval of another Medical Staff officer and a disinterested Hospital executive.

5.5.2 General expenditures for or to support the library, continuing medical education activities, or charitable contributions (other than referred to in Section 5.3.8) shall be approved in the following manner:

Request: Expenditures less than $2,500.

Approval Process: Written approval by any two Medical Staff officers not directly associated with the expenditure request.

Request: Expenditures of $2,500 or more.

Approval Process: Medical Executive Committee.

5.6. Expense Reporting

5.6.1 The Medical Staff President shall provide quarterly and annual expense reporting for all Medical Staff activities/expenditures. These reports shall be approved by the Medical Executive Committee and made available to any Medical Staff Member upon request.

ARTICLE VI
Adoption and Amendment of Medical Staff Organization Policy

6.1. Adoption and Amendment of Medical Staff Policy

6.1.1 This Medical Staff Organization Policy shall be adopted and amended by the Medical Executive Committee and Board in accordance with the applicable procedure set forth in the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL

Adopted by the Medical Executive Committee on February 21, 2023.

Approved by the Board on February 24, 2023.

BYLAWS COMMITTEE
SCOPE AND AUTHORITY

Composition
The Bylaws Committee shall consist of the following members:

Voting:
Chair - Immediate Past Medical Staff President
Medical Staff President
Medical Staff Vice President
At least one (1) additional Past Medical Staff President
At least two (2) at-large Medical Staff Members
Chief Medical Officer
Chief Nursing Officer

Non-voting:
Representative from Legal Services (serves in an advisory capacity).

Duties
The Bylaws Committee shall:

Submit proposed recommendations with respect to adoption and amendment of the Medical Staff governing documents to the Medical Executive Committee and to the Board of Directors for final action.

Be responsible for reviewing Medical Staff Department/Section rules and regulations for consistency with the Medical Staff Bylaws and Policies.

Assess compliance of the Medical Staff governing documents with applicable state and federal laws, rules, and regulations, as well as accreditation standards.

Provide or seek clarification or interpretation of the Medical Staff governing documents as necessary.

Review the Medical Staff governing documents, as needed, to assure they are current.

Meetings
The Bylaws Committee shall meet as often as necessary, at the call of the committee chair, to carry out its duties. The committee shall maintain meeting minutes and report to the Medical Executive Committee.

CREDENTIALS COMMITTEE
SCOPE AND AUTHORITY

Composition
The Credentials Committee shall consist of the following members:

Voting:

At least five (5) members of the Medical Staff who represent various Medical Staff Departments/Sections
The officers of the Medical Staff.

Non-voting:
Senior Vice President of Legal Services

Duties
The Credentials Committee:

Will review and make recommendations on all applications for Medical Staff appointment and reappointment and for clinical privileges using the procedure described in the Medical Staff Bylaws and Credentials Policy (with respect to Practitioners) and in the APP Policy (with respect to APPs)..

May interview applicants for Medical Staff appointment and/or Clinical Privileges before transmitting a written recommendation to the Medical Executive Committee.

May grant an audience to any applicant for Medical Staff appointment and/or Privileges or any Practitioner or APP who requests permission to appear before this committee. This request must be made in writing to the chair of the Credentials Committee.

Will receive all requests and make recommendations for changes in Medical Staff category or clinical privileges and leaves of absence in accordance with the applicable procedures set forth in the Medical Staff Credentials Policy or APP Policy.

Will review and make recommendations regarding new or proposed changes to Medical Staff Department and/or Section delineation of privileges.

The chair of the Credentials Committee shall review requests for temporary Privileges from Practitioners/APPs with a pending application in accordance with the procedure set forth in the applicable section(s) of the Medical Staff Credentials Policy or APP Policy. At the discretion of the chair, the Credentials Committee may review any temporary Privileges that have been requested during the month prior to the committee's meeting.

Will review and report on matters referred to the Credentials Committee regarding the qualifications, conduct, professional character, or competence of any Practitioner or APP.

Shall consistently implement the credentialing, appointment, and privileging procedures set forth in the Medical Staff Credentials Policy and APP Policy and make recommendations to the Bylaws Committee and MEC for amendments to the Credentials Policy or APP Policy as needed.

Shall perform such other functions as may be requested by the Medical Executive Committee.

Meetings
The Credentials Committee shall meet monthly or as otherwise necessary, at the call of the committee chair,

to carry out its duties. The committee shall maintain meeting minutes and report to the Medical Executive Committee.

PRACTITIONER/APP WELLNESS COMMITTEE
SCOPE AND AUTHORITY

Composition
The Practitioner/APP Wellness Committee will be composed of the Chief Medical Officer, the Medical Staff President, and the Medical Staff Vice President. The CNO will be invited to participate on the Practitioner/APP Wellness Committee in the event of suspected APP impairment.

Duties
The Practitioner/APP Wellness Committee shall:

Address issues of alleged Practitioner/APP impairment in accordance with the procedure set forth in the Practitioner/APP Impairment Policy.

Carry out such other duties (*e.g.,* education, *etc.*) as may be set forth in the Practitioner/APP Impairment Policy.

Meetings
The Practitioner/APP Wellness Committee shall meet as needed, at the call of the committee chair, to carry out its duties. The committee shall maintain meeting minutes and report to the Medical Executive Committee.

PRACTITIONER/APP REVIEW AND EFFECTIVENESS COMMITTEE
SCOPE AND AUTHORITY

Composition
The Practitioner/APP Review and Effectiveness Committee shall consist of the following members:

Voting:
Medical Staff Officers:

- Medical Staff President; Co-Chair
- Medical Staff Vice President
- Immediate Medical Staff Past President

Medical Administration:

- Chief Medical Officer; Co-Chair
- Medical Director of Quality
- Administrative Medical Director
- Associate Community Medical Director
- Associate Chief Medical Officer
- The CNO will be invited to participate in the event an APP is under committee review.

Non-voting:
Administration:

- Corporate Compliance Officer
- Senior In-House Legal Counsel
- Quality Improvement Services Director

Duties
The Practitioner/APP Review and Effectiveness Committee shall:

Review Practitioner/APP occurrence reports on a regular basis and address Practitioner/APP conduct issues in accordance with the procedure set forth in the Practitioner/APP Professional Conduct Policy.

Track and trend patient/family comments and concerns about individual Practitioners/APPs.

Maintain a data base of patient/family comments and concerns, reported Practitioner/APP interaction problems, and other occurrence reports for identified high risk Practitioners/APPs.

Review quality reports and complaints with respect to Practitioner/APP clinical care/competence as requested.

Carry out such other duties (*e.g.,* education, *etc.*) as may be set forth in the Practitioner/APP Professional Conduct Policy.

Meetings
The Practitioner/APP Review and Effectiveness Committee shall meet at least four (4) times a year and as otherwise needed, at the call of the co-chairs, to fulfill its duties. The committee shall maintain a record of its proceedings and actions and shall report to the Medical Executive Committee.

Administrative responsibilities with respect to the committee reside with the Medical Staff Office.

ADVANCED PRACTICE PROVIDER CREDENTIALS AND QUALITY COMMITTEE
SCOPE AND AUTHORITY

Composition
The Credentials and quality committee shall consist of the following members

Voting Members
Chair-APP leader
Chief Nursing Officer
APP leader
Professional Development Representative
At least five (5) at-large APP representatives who represent different practice specialties and departments in the organization

Non-voting Members
Representative from Legal Services (serves in an advisory capacity).

Duties
Will review and make recommendations on all APP applications to the Medical Staff Credentials committee for appointment and reappointment

Will review and make recommendations to Medical Staff Credentials regarding new or proposed changes to APP scope of practice or specific department/section changes to delineation of privileges

Will review and make recommendations to Medical Staff Credentials Committee on any APP practice guidelines such as Standard Care Arrangements, Supervisory Plans, or APP Policies

Shall consistently implement the credentialing, appointment, and privileging procedures set forth in the Medical Staff APP Policy and make recommendations to the Bylaws Committee and MEC for amendments as needed.

Meetings

The APP Credentials and Quality Committee shall meet monthly or as otherwise necessary, at the call of the committee chair, to carry out its duties. The committee shall maintain meeting minutes and report to the Credentials Committee.