



Bethesda Hospital

BAPTIST HEALTH SOUTH FLORIDA

MEDICAL STAFF BYLAWS, RULES AND REGULATIONS

►PART I: MEDICAL STAFF BYLAWS

**PART II: MEDICAL STAFF RULES AND REGULATIONS
5/20/2016 (current; separate document)**

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BYLAWS OF THE MEDICAL STAFF: BETHESDA HOSPITAL (MAY 2018)

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BYLAWS OF THE MEDICAL STAFF

BETHESDA HOSPITAL

PREAMBLE

WHEREAS, BETHESDA HOSPITAL, INC. is a non-profit corporation organized under the laws of the State of Florida; and

WHEREAS, its purpose is to serve as a general type hospital providing patient care, education and research; and

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of medical care in the Hospital and must accept and discharge this responsibility, subject to the ultimate authority of the Hospital Governing Body, and that the cooperative efforts of the Medical Staff, the President of the Hospital or his or her designee, and the Governing Body are necessary to fulfill the Hospital's obligations to its patients;

THEREFORE, the physicians, dentists, podiatrists and clinical psychologists practicing in this Hospital hereby organize themselves into a Medical Staff in conformity with these Bylaws.

BYLAWS OF THE MEDICAL STAFF: BETHESDA HOSPITAL (MAY 2018)

DEFINITIONS

1. “**Accredited hospital**” means an acute care facility that has been accredited by The Joint Commission and licensed under Chapter 395, Florida Statutes
2. “**Admitting Physician**” means the physician who admits a specific patient to the Hospital.
3. “**Allied Health Professional**” means an individual trained and qualified in an allied health discipline as defined in Article VI of these Bylaws who participates in patient care under the direction of, or in collaboration with, a Sponsoring Physician in accordance with the Hospital’s delineation of clinical privileges.
4. “**Applicant**” refers to a health care practitioner who has formally applied to be a member of the Medical Staff.
5. “**Attending Physician**” means the same physician as the admitting physician UNLESS he or she has transferred responsibility of the case to another physician. The physician to whom the case has been transferred to then becomes the attending physician.
6. “**Bethesda Hospital Service Area**” is a geographical area defined as Southern Boulevard to the North, the Reserve Area to the West, the Atlantic Ocean to the East and to the South as follows: the Southernmost extent of the Reserve Area where it intersects with the Hillsboro Canal, eastward along the Hillsboro Canal until the canal intersects with the Palm Beach County line, then the Palm Beach County line eastward to the Atlantic Ocean.
7. “**Board Certified**” means all members who have completed training as specified by the American Board of their subspecialty and who have obtained certification for that Board and all podiatrists who have completed training as specified by the American Board of Podiatric Surgery and who have obtained certification from that Board.
8. “**Board Qualified**” means all members who have completed their formal specialty training and who will be, upon the completion of the necessary practice time requirements by their appropriate Boards, determined qualified by the appropriate Boards, to take the necessary examination for Board certification.
9. “**Chief of the Medical Staff**” (“Chief of Staff”) means the member of the Active Medical Staff elected to serve as chief administrative officer of the Medical Staff.
10. “**Clinical Privileges**” means those health care services authorized by the Governing Body to a health care practitioner according to the provisions of these Bylaws.
11. “**Clinical Psychologist**” means an individual holding a degree in clinical psychology from an accredited institution who has a current active license to practice clinical psychology issued by the Florida Board of Psychology.
12. “**Consulting Physician**” means a physician, other than the attending physician and usually of another specialty that provides consultation in the diagnosis and treatment of a patient.
13. “**Current Active License**” means a license in good standing issued by the appropriate Florida licensing board that governs that Practitioner.

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14. “**Dentist**” means an individual who holds a DDS or equivalent degree issued by a dental school approved at the time of issuance of such degree by a recognized accrediting body and also holds a current active license to practice dentistry issued by the Board of Dentistry of the state of Florida.
15. “**Department Chairman**” means the member of the Active Medical Staff elected to serve as the administrative head of a clinical or administrative department.
16. “**Distant Site Service Provider**” means a Medicare-participating hospital or qualified telemedicine entity at which Telemedicine Practitioners are granted clinical privileges to perform Telemedicine Services.
17. “**Emergency**” means a condition in which serious permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.
18. “**Governing Body**” means the Board of Trustees of the Hospital.
19. “**health care practitioner**” means a physician licensed under Chapter 458, Florida Statutes (F.S.), an osteopathic physician licensed under Chapter 459, F.S., a podiatrist licensed under Chapter 461, F.S., a dentist (D.M.D. or D.D.S.), licensed under Chapter 466, a clinical psychologist (psychologist) licensed under Chapter 490 F.S., and an Allied Health Professional as defined in ARTICLE VI of these Bylaws.
20. “**Hospital**” means Bethesda Hospital, Inc.
21. “**Hospital Administration**” means the management organization, headed by the Hospital President, which is charged by the Governing Body with responsibility for the overall day-to-day operation of the Hospital.
22. “**Medical Executive Committee**” means a committee including Members of the Medical Staff as specified in ARTICLE XIII of these Bylaws, which constitute the governing body of the Medical Staff pursuant and subject to s of these Medical Staff Bylaws.
23. “**Medical Staff**” means all doctors of medicine and doctors of osteopathy, dentists, oral maxillofacial surgeons, podiatrists and clinical psychologists holding current active licenses, who have been granted clinical privileges, other than temporary privileges, pursuant to s of these Bylaws.
24. “**Medical Staff Year**” means the period of time from the first day of July through the last day of June.
25. “**Member**” means, unless otherwise expressly limited, any physician (M.D., D.O.), dentist, oral maxillofacial surgeon, podiatrist, or clinical psychologist holding a current active license to practice within the scope of licensure who, as an appointee of the Medical Staff, has clinical privileges to attend patients within the Hospital pursuant to these Bylaws.
26. “**Notice**”, unless otherwise specifically defined in these Bylaws, means written notice sent by regular mail, postage pre-paid to the address on file in the Medical Staff Office for the person who is to receive the notice. Unless otherwise specified in these Bylaws, notice shall be deemed delivered when deposited in the U.S. mail.

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27. “**Oral Maxillofacial Surgeon**” means an individual who has successfully completed a postgraduate program in oral maxillofacial surgery accredited by a nationally recognized accrediting body and also holds a current active license to practice dentistry issued by the Board of Dentistry of the state of Florida.
28. “**Originating Site**” means the hospital/site where patients are physically located when receiving Telemedicine services.
29. “**Participation in the Hospital's Performance Improvement Program**” means participation in that portion of the Performance Improvement Program designed, approved and implemented by the Medical Staff and approved by the Governing Body.
30. “**Participation in utilization review activities**” means participation in the Hospital's Utilization Review Program as designed, approved and implemented by the Medical Staff and approved by the Governing Body.
31. “**Per year**”, For the purposes of Article IV, means each twelve (12) month period during the then current appointment to staff.
32. “**Physician**” means a doctor of medicine or doctor of osteopathy who holds a current active license to practice medicine issued by the Board of Medicine of the state of Florida and who, by virtue of education, training and demonstrated competence is granted clinical privileges to perform a specific diagnostic or therapeutic procedure.
33. “**Podiatrist**” means an individual who holds a DPM degree conferred by a school approved at the time of issuance of such degree by a recognized accrediting body and also holds a current active license to practice podiatry issued by the Board of Podiatry of the state of Florida.
34. “**President of the Hospital**” means the individual appointed by the Governing Body to act on its behalf in the overall administrative management of the Hospital. The person designated as President of the Hospital by the Governing Body may designate, in writing, the Executive Vice President or other officer to perform those functions required of the President of the Hospital by the Bylaws.
35. “**Telemedicine Practitioner**” means a duly qualified, credentialed and privileged physician holding a Florida medical license that provides Telemedicine Services pursuant to the contract with a Distant Site Entity or Hospital.
36. “**Telemedicine Services**” means the diagnostic and clinical treatment services provided to patients through exchange of data and information via telecommunication technology systems meeting state and federal standards. Telemedicine does not include the provision of health care services through an audio-only telephone, email message, text message, facsimile transmission, U.S. Mail or other parcel service.

BYLAWS OF THE MEDICAL STAFF: BETHESDA HOSPITAL (MAY 2018)

ARTICLE I - NAME

The name of this organization shall be the BETHESDA HOSPITAL MEDICAL STAFF.

ARTICLE II - PURPOSES AND RESPONSIBILITIES

2.1 PURPOSES

The purposes of this medical staff are:

- A. To be a formal organizational structure through which:
 - 1. The benefits of membership on the staff may be obtained by individual members, and
 - 2. The obligations of staff membership may be fulfilled.
- B. To endeavor to provide all patients treated in this Hospital appropriate medical care regardless of their race, color, religion, national origin, sex, age or disability;
- C. To strive to maintain and enhance the professional performance of members authorized to practice in the Hospital through the appropriate delineation of clinical privileges that each member may exercise in the Hospital and through an ongoing review and evaluation of the clinical performance of each Member of the Medical Staff in the Hospital;
- D. To support educational activities in the interest of improving patient care, the skills of persons providing health services and the promotion of the general health of the community;
- E. To initiate and maintain rules and regulations for the internal governance of the Medical Staff; and
- F. To provide a means whereby issues concerning the Medical Staff and the Hospital may be directly discussed by the Medical Staff with the Governing Body and the Administration.

2.2 RESPONSIBILITIES

To accomplish the above purposes, it is the obligation and responsibility of the organized Medical Staff:

- 2.2-1 To participate in the Hospital's Performance Improvement Program and to account for the quality and appropriateness of patient care rendered by all members authorized to practice in the hospital through the following measures:
 - A. A credentials program, including mechanisms for appointment and reappointment, and the matching of clinical privileges to be exercised or of specified services to be performed with the verified credentials and current demonstrated performance of the applicant and/or staff member;

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- B. An organizational structure that allows continuous monitoring of patient care practices with review and evaluation of the quality of patient care through a valid and reliable quality assessment procedure;
 - C. A utilization review program to allocate inpatient and outpatient medical and health services based upon specific determinations of individual medical needs; and
 - D. A continuing education program based in part on needs demonstrated through quality review and utilization management programs.
- 2.2-2 To make recommendations to the Governing Body regarding appointments, reappointments to the Medical Staff, including staff category, department assignments and clinical privileges of all health care practitioners.
- 2.2-3 To account to the Governing Body for the quality and appropriateness of patient care rendered to patients in the Hospital through regular reports and recommendations.
- 2.2-4 To participate in the Hospital's planning activities, to assist in identifying community health needs and to suggest to the Governing Body appropriate institutional policies and programs to meet those needs.
- 2.2-5 To develop, administer, recommend amendments to and enforce compliance with these Bylaws, its supporting manuals and the Rules and Regulations of the Medical Staff, and other patient care related hospital policies.
- 2.2-6 To exercise the authority granted by these bylaws as necessary to adequately fulfill the foregoing responsibilities.

ARTICLE III - MEDICAL STAFF MEMBERSHIP

3.1 NATURE OF MEDICAL STAFF MEMBERSHIP

Membership on the Medical Staff of Bethesda Hospital is a privilege that shall be extended only to professionally competent health care practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws.

3.2 GENERAL QUALIFICATIONS FOR MEMBERSHIP

3.2-1 Basic Qualifications:

Health care practitioners licensed to practice medicine, dentistry, podiatry or clinical psychology in the State of Florida shall be qualified for membership if they:

A. Non-Surgical Applicants:

Have actively practiced in an accredited hospital at least two of the past five years.

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B. Surgical Applicants:

Have actively practiced in an accredited hospital for at least eighteen (18) months out of the last twenty-four (24) months. The applicant must submit a procedure log listing all cases performed by the applicant during the most recent twelve (12) month period. If these reports do not support the clinical privileges requested, additional case logs must be submitted for the preceding twelve (12) months.

1. For newly-trained applicants, in addition to the procedure log as specified below, a signed affidavit is required from their training program director attesting to experience and competency in the procedures for which privileges are being requested.
2. For applicants who have completed their training prior to the most recent twelve-month period, and for those physicians in private practice during the most recent twelve (12) month period, the Medical Records Director of the hospitals and surgery centers in which the cases were performed shall certify the procedure log.

The logs will be listed in chronological order. There will be a separate log for each facility. The log must include at a minimum the following, unless otherwise requested:

- 1) Patient initials
- 2) MR number
- 3) Date of procedure
- 4) Name of procedure
- 5) Presence of any complication

In all cases where a complication occurred, a narrative including all details shall be submitted with the log. Detailed operative reports shall also accompany all cases in where there were complications and in all cases where the Hospital requests such reports.

If procedures requested are not reflected in the case log, a written explanation is required.

- C. Can document their training, experience, demonstrated ability and physical and mental health status, with sufficient adequacy to demonstrate to the Medical Staff and the Governing Body that they will provide care to patients at the generally recognized professional level of quality;
- D. All members applying for Medical Staff privileges shall either be Board Certified or Board Qualified (as defined in the "Definitions" Section of these Bylaws) in order to be appointed to the Medical Staff in a Provisional status.

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In order to be eligible for Medical Staff membership and privileges, an individual must be Board Certified or Qualified to sit for the Boards in the particular specialty for which he/she is applying, as accredited by the American Board of Medical Specialties (ABMS), AOA, ADA, or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, or the American Board of Podiatric Surgery.

Failure to become Board Certified in the specialty in which the member is practicing within sixty months (5 years) following the date of initial appointment to the Medical Staff will result in voluntary relinquishment of clinical privileges in that specialty without any further action on the part of the Medical Staff or the Board of Trustees. If the physician fails to become Board Certified within the required time frame, the member will voluntarily relinquish Medical Staff membership, and the member will not be eligible to re-apply until Board Certified.

If a member relinquishes or loses Medical Staff privileges during the sixty-month period, and then re-applies and is again appointed to the Medical Staff, the sixty-month period will have commenced on the date of the initial (first) appointment. That is, the sixty-month period will not extend more than five years from the first appointment date.

If Board Certification in a specialty requires a period of clinical practice, the sixty-month period during which the member must become Board Certified will begin after the required practice time period has been satisfied.

The sixty (60) month Board Certification requirement shall apply to all physicians joining the Medical Staff after January 1, 1999. However, in cases of extraordinary or special training or past experience or special expertise the Board Certification requirement may be waived if approved by the Board of Trustees and the Medical Executive Committee. The basis for such waiver may also include a determination by the Board of Trustees and the Medical Executive Committee that there exists a need for the specific skills of the member and that such need is not likely to be met by new or current members of the Medical Staff.

However, Affiliate, Teaching Faculty and Honorary Staff members, because of the limited clinical privileges granted to members of these categories, shall be exempt from the board certification requirement.

- E. Are determined, based on current attitude and documented performance, to be able to work with and relate to other medical staff members, hospital management, employees and patients in a cooperative professional manner; to adhere strictly to the ethics of their respective professions, and to be willing to participate in staff responsibilities;
- F. Have established or will have established within three (3) months of appointment to staff and then maintain, an office and a residence as follows except as otherwise specified within these Bylaws:

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1. Office location within the Bethesda Hospital Service Area as described in the Definitions section of these Bylaws, and:
 2. Residence location which enables the health care practitioner to demonstrate compliance with established response time requirements;
 3. Affiliate, Teaching Faculty and Honorary Staff members, because of the limited clinical privileges granted to members of these categories, shall be exempt from the office and residence location requirements.
- G. Can provide evidence of having met the physician financial responsibility requirements, not limited to obtaining and maintaining professional liability insurance coverage in the amount required by the State of Florida.
- H. When the Medical Executive Committee has reason to question the physical or mental status of an applicant or member, the applicant or member may be required to submit to an evaluation of their physical and/or mental health status by a physician or physician(s) acceptable to it, as a prerequisite to further consideration of his or her application for appointment or reappointment, to the exercise of previously granted privileges, or to maintenance of staff appointment. The Medical Executive Committee may use its discretion in referring the applicant or member to the Physician Advisory Committee on a case-by-case basis.
- I. Obstetrical privileges are contingent upon obtaining and maintaining current participation in Florida's Birth Related Neurological Injury Compensation Association (NICA). Physicians and Midwives seeking to obtain obstetrical privileges must demonstrate participation in NICA prior to the granting of such privileges by the Hospital. Furthermore, failure to maintain evidence of NICA participation will result in automatic suspension of obstetrical privileges until evidence of participation can be demonstrated

3.2-2 Effects of Other Affiliations

No health care practitioner is entitled to membership on the Medical Staff or to the exercise of particular clinical privileges solely because he or she is licensed to practice in this or in any other state, or because he or she is a member of any professional organization, or is certified by any clinical board, or presently or formerly held staff membership or privileges at another health care facility or in another practice setting.

3.2-3 Nondiscrimination

Staff membership or particular clinical privileges shall not be denied on the basis of sex, race, creed, color, national origin or any other criterion unrelated to the efficient delivery of patient care at the generally recognized professional level of quality in the community.

3.3 BASIC RESPONSIBILITIES OF STAFF MEMBERSHIP

Each member of the Medical Staff exercising any privileges under these Bylaws shall:

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

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- B. abide by the Medical Staff Bylaws and all other reasonable and lawful standards, policies, and rules of the Hospital;
- C. discharge such staff functions for which the member may reasonably be responsible by appointment, election or otherwise;
- D. prepare and complete in a timely and legible manner the medical and other required records for all patients he or she admits or in any way provides care to in the Hospital;
- E. participates in continuing medical education activities that relate, in part, to clinical privileges granted, and as required by the State of Florida;
- F. abide by generally recognized standards of professional ethics;
- G. provide for continuous care of his or her patients; refrain from delegating the responsibility for diagnosis or care of hospitalized patients to a member who is not qualified to undertake this responsibility; seek consultation whenever necessary;
- H. Disclose to the Chief of Staff by notifying the Medical Staff Office within seven (7) calendar days:
 - 1. any voluntary or involuntary revocation, relinquishment, limitation or suspension of any license or registration, including, the imposition of terms of probation or limitation of practice by any state agency,
 - 2. any voluntary or involuntary loss of staff membership or loss, restriction or reduction of privileges at any hospital or other health care institution, or the commencement of an investigation,
 - 3. any CMS audit or the filing of charges related to the practice of medicine, by any law enforcement agency or healthcare regulatory agency of the United States or the State of Florida,
 - 4. any previously successful or currently pending challenges to any licensure or registration, in any state or agency, and including the Drug Enforcement Administration,
 - 5. any voluntary or involuntary relinquishment of such licensure or registration by an applicant or member;
- I. promptly provide information regarding professional liability claims to the Chief of Staff as follows:

Applicant - all notices of filing of a claim alleging professional liability, and all final judgments or settlements

Staff Member - all final judgments or settlements

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3.4 CONDITIONS AND DURATION OF APPOINTMENTS

- 3.4-1 Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws. Appointment to the Medical Staff shall confer on the medical staff member only such clinical privileges as have been granted by the Governing Body in accordance with these Bylaws.
- 3.4-2 Initial appointments to the Medical Staff shall be on a provisional basis for not less than a period of one (1) year. Focused Professional Practice Evaluation (FPPE) will occur six (6) months from appointment.
- 3.4-3 Reappointments to the Medical Staff shall be for a period of twenty-four (24) months, unless a shorter time is otherwise specified in the notice of reappointment. In accordance with the purposes and responsibilities of the Medical Staff as stated in ARTICLE II of these Bylaws, members desiring reappointment must be able to provide evidence of current clinical competency at the time of requesting reappointment to the medical staff.
- 3.4-4 Any modification of appointment or clinical privileges shall be for the time remaining in the current appointment of said member.
- 3.4-5 Monitoring Performance of New Medical Staff Members:

A. Responsibilities During the Provisional Period:

The Chairman of the clinical department to which the newly appointed staff member is assigned shall implement observation and review of the performance of such staff member during the provisional period of one (1) year.

For the limited and sole purpose of monitoring the quality of care and treatment provided by new Medical Staff members, each practitioner shall be required to have a minimum of six (6) patient encounters during the one (1) year provisional period. For purposes of quantifying patient activity for conclusion of the provisional period, a patient encounter is defined as an initial consultation, a hospital admission, or a procedure personally performed by the Medical Staff member. If the provisional period is extended for any reason, the member must have at least six (6) patient encounters during the subsequent extension period.

The Medical Executive Committee reserves the right, when in the best interest of patient care, the community and the Hospital, to waive the provisional period requirement of six (6) patient encounters.

During the provisional period, a member of the Medical Staff shall be required to attend at least fifty percent (50%) of all the general Medical Staff meetings, and at least fifty percent (50%) of all the meetings of the Department to which he or she is assigned, held each year, and shall have such other prerogatives and be subject to such other restrictions for the category of

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the staff to which he or she has been appointed as are set forth in these Bylaws.

B. Conclusion of the Provisional Period:

At the end of this one (1) year provisional period, if a review of a member's performance by the Chairman of the clinical department to which the member has been assigned indicates it is not necessary to continue such special observation and review, the clinical department Chairman will forward the recommendation for conclusion of the provisional period to the Medical Executive Committee.

C. Extension of the Provisional Period:

If however, at the end of this one (1) year provisional period, the review of the member's performance by the Chairman of the clinical department to which the member has been assigned indicates that special observation and review should be continued, a written recommendation for continuance of the provisional status will be forwarded by the clinical department Chairman to the Medical Executive Committee. Such extension shall not extend beyond 24 months from the date of initial appointment.

If the provisional period is extended, the involved member shall be promptly notified, in writing, of the reasons for and terms of the extension of the provisional period, and advised of the right to schedule an interview with the Medical Executive Committee to discuss the reasons for and terms of the extension. After such voluntary interview, the Medical Executive Committee shall uphold the recommendation to continue the provisional appointment or shall grant conclusion of the provisional period, as in Section B above.

D. Automatic Termination of Medical Staff Membership During the Provisional Period:

In no case shall the provisional period of a staff member exceed twenty-four months. If review of the Medical Staff member's performance by the Chairman of the clinical department to which the member has been assigned and by the Medical Executive Committee does not qualify the member for successful conclusion of the provisional period within twenty-four months, for reasons other than quality, the privileges of that staff member will be automatically terminated by the Medical Executive Committee. Such a termination shall not constitute "adverse action", will not give rise to any "Fair Hearing" rights and is not reportable to the National Practitioner Databank. The member shall be advised of his or her right to schedule an interview with the Medical Executive Committee to discuss the reasons for the termination. The President of the Hospital or designee, shall promptly so notify the member as provided in Article X, Section 10 3-1.

3.4-6 Health Care Practitioners Providing Contractual Services

- A. Application for Initial Appointment -
Application for initial appointment or for clinical privileges related to hospital facilities or services covered by exclusivity agreements will

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otherwise not be accepted or processed unless submitted in accordance with the existing contract or agreement with the Hospital and will be processed in accordance with these Bylaws for initial appointment.

- B. Qualifications -
An applicant or member who is or will be providing specified professional services pursuant to a contract or a letter of agreement with the Hospital must meet the same qualifications, must be processed in the same manner, and must fulfill all the obligations of his or her appointment category as any other applicant or staff member.
- C. Effect of Staff Appointment Termination or Limitation of Privileges-
Because practice at the Hospital is always contingent upon continued staff appointment and is also constrained by the extent of clinical privileges enjoyed, a member's right to use hospital facilities is automatically terminated when his staff appointment expires or is terminated. Similarly, the extent of his clinical privileges is automatically limited to the extent the pertinent clinical privileges are diminished.

3.4-7 Leave of Absence

A. Leave Status

A staff member who has successfully completed the provisional period of appointment shall be considered eligible to request a Leave of Absence.

A staff member may request a voluntary leave of absence from the staff of not less than six (6) weeks or more than one (1) year by submitting a written request to the Medical Executive Committee, which states the period of time for the leave and reason for the request.

Such leave of absence request may be granted at the discretion of the Medical Executive Committee for such reasons as but not limited to professional education, illness or military service and may be subject to such conditions or limitations as the Medical Executive Committee shall deem appropriate. During the period of a leave, the Staff Member's privileges and prerogatives shall not be exercised.

B. Extension of a Leave of Absence

At least thirty (30) days prior to the termination of the leave, the Staff Member may request, in writing, an extension of the leave of absence for an additional period of time not to exceed one (1) year and state the reason for the request of such extension. Such extension of a leave of absence may be granted at the discretion of the Medical Executive Committee.

C. Termination of Leave

At least thirty (30) days prior to the termination of the leave, or at any earlier time, the Staff Member may request reinstatement of his privileges and prerogatives by submitting written notice to that effect to the Chief of Staff for transmittal to the Medical Executive Committee.

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The Staff Member shall submit a written summary of his relevant activities during the leave, if the Medical Executive Committee or the Governing Body so requests. The Medical Executive Committee shall make a recommendation to the governing body concerning the reinstatement of the member's privileges and prerogatives. Failure, without good cause, to request reinstatement or to provide a requested summary of activities as above provided before termination of the leave may result in recommendation for termination of staff membership, privileges and prerogatives by the Medical Executive Committee, without right of hearing or appellate review.

A request for staff membership subsequently received from a staff member so terminated shall be submitted and processed in the same manner specified for applications for initial appointment.

3.4-8 Resignation from Medical Staff

- A. Any member who desires to resign from the Medical Staff must submit a letter of resignation, through the Chief of Staff, to the Medical Executive Committee, and to the President of the Hospital or designee, stating this request. The Medical Executive Committee shall forward its recommendation to the Governing Body, which shall take the final action.
- B. A request for resignation shall not be considered until all Medical Staff obligations to the Hospital have been satisfactorily met by the member, including but not limited to completion of all medical records, coverage of posted Emergency Room On Call coverage and attending patients currently hospitalized, or until arrangements satisfactory to the Medical Staff and Hospital have been made regarding these obligations.
- C. Any member not complying with the sub-section of the Medical Staff Bylaws shall be considered as having resigned from the Staff with prejudice and not in good standing. This status will be appropriately recorded and will be reported to all future requests for reference.

ARTICLE IV - CATEGORIES OF THE MEDICAL STAFF

4.1 CATEGORIES

The categories within the Medical Staff shall be Active, Consultant, Courtesy, Affiliate, Teaching Faculty and Honorary.

4.2 ACTIVE CATEGORY

All requests for appointment to the Active Category shall be submitted in writing to the appropriate clinical Department Chairman. The Clinical Department Chairman will review the performance of the member while serving in his current staff category and compliance with the responsibilities for that category and will forward a recommendation for appointment to the Active Category to the Medical Executive Committee.

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The Medical Executive Committee will evaluate the recommendation and compliance with the qualifications for the Active Category and then make its recommendation regarding appointment to the Active Category to the Governing Body.

Continuing membership in the Active Category shall be reviewed by the Clinical Department Chairman and the Medical Executive Committee as part of the reappointment process and this review will include but not be limited to, compliance with the qualifications and responsibilities for this category as stated in 4.3-1 and 4.3-3.

4.2-1 Qualifications

The Active category shall consist of members each of whom:

- A. Meets the basic qualifications set forth in Section 3.2-1;
- B. Has successfully completed the provisional period of appointment; and
- C. Has demonstrated a continuing willingness to participate in Medical Staff affairs through active participation in committee assignments, patient care evaluations, and leadership roles.

4.2-2 Prerogatives

The prerogatives of a member of the Active category shall be to:

- A. Admit patients without limitation, except as otherwise provided in these Bylaws;
- B. Exercise such clinical privileges as are granted to him pursuant to Article VIII;
- C. Vote on all matters presented at general and special meetings of the Medical Staff, and of the department and committees to which he or she is appointed; and
- D. Hold departmental and Medical Staff elected or appointed offices and sit on or be the chairman of any committee, unless otherwise specified elsewhere in these Bylaws.

4.2-3 Responsibilities

- A. Each member of the Active category shall:
- B. Meet the basic responsibilities set forth in Section 3.3;
- C. Contribute to the organizational and administrative affairs of the Medical Staff;
- D. Participate in Medical Staff activities including Performance improvement and other monitoring activities; in reviewing medical Staff Members during their provisional period; and in discharging other staff functions as may be required from time to time;
- E. Satisfy the requirements set forth in Articles XIV and XV for attendance at regular and special meetings of the Medical Staff, department and committee of which he or she is a member unless otherwise stated in these Bylaws;

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- F. Provide medical care or services which are appropriately documented in the medical record. For the limited and sole purpose of monitoring the quality of care and treatment provided by Active Staff members to evaluate current clinical competency, the member shall satisfy the patient care activity requirements as specified in Section 7.5-4.
- G. Pay all dues and assessments promptly; and
- H. Serve on the Emergency Department call roster, except as excused by the Medical Executive Committee.

4.3 CONSULTANT CATEGORY

4.3-1 Qualifications

The Consultant category shall consist of members each of whom:

- A. Meets the basic qualifications set forth in Section 3.2-1 except is not required to maintain an office or residence in the Bethesda Hospital service area; and
- B. Is a member of a staff category at another accredited hospital where he or she is subject to Performance improvement and utilization management activities similar to those required of the members of the medical staff of this hospital.

Issuance of applications, review of applications and specific appointments to the Consultant category shall be considered by the Medical Staff Executive Committee only when that committee determines that there exists in the Hospital a current need for the specific subspecialty skills of the consultant and that these needs are not likely to be met in the near future by new or current Active Medical Staff members.

Applicants requesting privileges on the Consultant category shall submit to the appropriate clinical department a specific request for only those services and procedures which the applicant can document and/or demonstrate training and proficiency which are satisfactory to the clinical department under which the member shall serve.

Members appointed to the Consultant category shall serve a provisional period of at least one (1) year as set forth in Article 3.4, sections 3.4-2 and 3.4-5.

Continuing membership in the Consultant category shall be reviewed by the Medical Staff Executive Committee annually in June at the last meeting of this Committee, and this review will include, but not be limited to, compliance with the qualifications of this category as stated in 4.5-1 A and B, and an appraisal of the member's contributions to the Medical Staff and unique expertise.

If the Medical Executive Committee determines that the need for such consulting services no longer exists or is being met by the Active staff membership and does not recommend reappointment to this category, the member of the Consultant category shall be immediately notified by the President of the Hospital or

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designee. This member of Consultant category may apply for membership on staff in another category within sixty (60) days of such notice. Failure to apply for such a change in staff category with sixty (60) days of such notice will be considered a voluntary resignation from staff.

Members of the Consultant category who desire membership on staff in another category shall be required to submit a request for change in staff category and complete and submit an updated application which shall be processed through the regular Credentialing procedure as set forth in Article VII of these Bylaws.

4.3-2 Prerogatives

The prerogatives of a member of the Consultant category shall be to:

Provide consultant services as requested by regular staff members on a routine or emergency basis and exercise such clinical privileges as are granted to them pursuant to Article VIII, except shall not admit patients.

All patients of the Consultant Staff members shall have a member of the Active or Courtesy Medical Staff who will act as the attending physician.

4.3-3 Responsibilities

Each member of the Consultant category shall:

- A. Meet the basic responsibilities set forth in Section 3.3;
- B. Participate in clinical presentations and discussions when requested by their departmental chairperson or the Medical Executive Committee;
- C. Pay all dues and assessments promptly;
- D. Provide medical care or services which are appropriately documented in the medical record.

Members of the Consultant category shall not be required to serve on the Emergency Department call roster but shall be required to provide consultative services as requested on an emergency basis. They shall not be required to attend meetings of the general staff or the clinical department to which they are assigned. They shall not be eligible to vote, and shall not be eligible to serve as chairman of any committee or department or hold office in the staff organization.

4.4 COURTESY CATEGORY

All requests for appointment to the Courtesy Category shall be submitted in writing to the appropriate clinical Department Chairman. The Clinical Department Chairman will review the performance of the member while serving in his current staff category and compliance with the responsibilities for that category and will forward a recommendation for appointment to the Courtesy Category to the Medical Executive Committee.

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The Medical Executive Committee will evaluate the recommendation and compliance with the qualifications for the Courtesy Category and then make its recommendation regarding appointment to the Courtesy Category to the Governing Body.

Continuing membership in the Courtesy Category shall be reviewed by the Clinical Department Chairman and the Medical Executive Committee as part of the reappointment process and this review will include, but not be limited to, compliance with the qualifications and responsibilities for this category as stated in 4.4-1 and 4.4-3.

4.4-1 Qualifications

Members of the Courtesy category shall consist of members each of whom:

- A. Meets the basic qualifications set forth in Section 3.2-1;
- B. Has been a member of the Medical Staff in another category for a minimum of one (1) year and has satisfactorily completed the terms of his provisional appointment period;
- C. Has chosen to limit his or her participation at this Hospital but is a member of a staff category at another accredited hospital where the member is subject to ongoing professional practice evaluation and utilization management activities similar to those required of the Active category of this Hospital; and

4.4-2 Prerogatives

The prerogatives of a member of the Courtesy category shall be to:

- A. Admit, consult on, or perform procedures upon twelve (12) or fewer patients at this Hospital per Medical Staff year, excluding those admissions resulting from participation on the Emergency Room call roster; Members shall be required to have a minimum of 3 patient encounters during the two-year reappointment period; and
- B. Exercise such clinical privileges as are granted to him pursuant to Article VIII.

Members of this category may attend staff and department meetings and any Medical Staff educational programs. However, they are not eligible to vote or hold office.

4.4-3 Responsibilities

Each member of the Courtesy category shall:

- A. Meet the basic responsibilities set forth in Section 3.3;
- B. Participate in Medical Staff activities including ongoing professional practice evaluation and other monitoring activities and in discharging other staff functions as may be required from time to time;
- C. Participate in clinical presentations and discussion when requested by their departmental chairperson or the Medical Executive Committee;

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- D. Serve on the Emergency Department call roster as deemed necessary or appropriate by the Medical Executive Committee; and
- E. Provide medical care or services which are appropriately documented in the medical record. For the limited and sole purpose of monitoring the quality of care and treatment provided by Courtesy Staff members to evaluate current clinical competency, the member shall satisfy the patient care activity requirements as specified in Section 7.5-4.
- F. Pay all dues and assessments promptly.

Members of the Courtesy Category shall not be required to attend meetings of the general staff or the clinical department to which they are assigned except as previously stated in item C of this section.

4.5 AFFILIATE CATEGORY

All requests for appointment to the Affiliate Category shall be submitted in writing to the appropriate clinical Department Chairman. The Clinical Department Chairman will review the qualifications of the requesting physician and will forward a recommendation for appointment to the Affiliate Category to the Medical Executive Committee.

The Medical Executive Committee will evaluate the recommendation and qualifications for the Affiliate Category and then make its recommendation regarding appointment to the Affiliate Category to the Governing Body.

Appointment to the Affiliate Staff is intended for the purpose of coordination of care and appropriate follow-up of the Affiliate Staff member's patients who are treated at Bethesda Hospital East or Bethesda Hospital West.

Continued membership in the Affiliate category shall be reviewed by the Medical Executive Committee as part of the reappointment process, and this review will include, but not be limited to, compliance with these Bylaws as stated in Article IV.

4.5-1 Qualifications

The Affiliate Staff shall consist of physicians who have an office-based practice, who maintain an active Florida Medical License, are Board Qualified as defined in these Bylaws, and who refer patients for inpatient services or to procedural areas at Bethesda Hospital East or Bethesda Hospital West.

4.5-2 Prerogatives

The prerogatives of a member of the Affiliate Staff shall include the ability to request from Bethesda Health Information Management Department "read only" access to their patients' medical records on a case by case basis; they may not write orders or make entries of any kind in the medical record.

Members of the Affiliate Staff are not eligible for admitting privileges or any other clinical privileges at Bethesda Hospital East or Bethesda Hospital West.

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Members of the Affiliate Staff are not eligible to serve on the Emergency Department Call Roster.

Members of the Affiliate Staff are not eligible to vote on matters presented at departmental meetings or at general staff meetings and are not eligible to serve as officers or chairmen of any committee or department in the staff organization.

Members of the Affiliate Staff may attend clinical conferences, seminars, and educational programs, as well as Medical Staff and Department meetings.

4.5-3 Responsibilities

A. Applicants to the Affiliate Staff must disclose, and existing members must notify the Chief of Staff within two days, the following:

- Voluntary or involuntary revocation or suspension of professional license, or the imposition of terms of probation or limitation of practice, by any state;
- Voluntary or involuntary loss of staff membership or loss, restriction or reduction of privileges at any hospital or other health care institution;
- Commencement of an investigation, or the filing of charges related to the practice of medicine by any law enforcement agency or health regulatory agency of the United States or the State of Florida, or of any previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration) or the voluntary or involuntary relinquishment of such licensure or registration by an applicant or member;
- Applicants to the Affiliate Staff shall disclose any existing claims and notices of intent to file a claim alleging professional liability as well as all final judgments or settlements. Existing Affiliate Staff members shall notify the Chief of Staff of all pending claims and notices of intent and all final judgments or settlements in the past three years.

B. Members of the Affiliate Staff shall pay all dues and assessments promptly.

4.6 TEACHING FACULTY CATEGORY

4.6-1 Qualifications

Membership in this category shall be limited to teaching faculty assigned to the Hospital by a teaching institution engaged in a formal contract or agreement with the Hospital to instruct medical students or residents of the teaching institution.

4.6-2 Prerogatives

Members of this category may make rounds with designated students for whom they are responsible and access Hospital medical records as needed during the course of those rounds, may attend staff and department meetings and any staff educational programs. They shall sign the Hospital's confidentiality agreements (including a Patient Information Access Agreement) and other documents as needed. They shall wear a Hospital-issued photo identification badge while on Hospital premises.

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However, such members are not eligible to admit patients to the Hospital, or to write in the medical record, or to exercise clinical privileges in the Hospital, or to vote, hold office or to serve on Medical Staff Committees. Members in this category shall not be required to pay Medical Staff dues or assessments.

4.7 HONORARY CATEGORY

4.7-1 Qualifications

Membership in this category shall be limited to health care practitioners recommended for inclusion as follows:

- A. Members who, upon retirement from the active practice of medicine at this Hospital, are approved by the Medical Executive Committee for this status in recognition of long-standing service to the Hospital or other noteworthy contributions to its activities; or
- B. Individuals who are approved by the Medical Executive Committee by reason of outstanding reputation or professional achievement are honored by an emeritus position.

4.7-2 Prerogatives

Members of this category may attend staff and department meetings and any staff educational programs.

However, such members are not eligible to admit patients to the Hospital, or to exercise clinical privileges in the Hospital, or to vote, hold office or to serve on Medical Staff Committees. They shall not have to pay dues or assessments.

ARTICLE V - HOSPITAL BASED PHYSICIANS

5.1 HOSPITAL BASED PHYSICIANS

Hospital based physicians shall consist of Emergency Department Physicians, Neonatologist Associates, Obstetricians/Gynecologists (contracted services), Prenatal Diagnosis Specialists, Anesthesiologists, Pathologists, Radiologists, Radiation Oncologists, and Hospital Based Primary Care Physicians (Hospitalists).

The applicants as noted above must submit a staff application requesting specific privileges desired in compliance with Article VII.

Hospital based physicians appointed to staff shall serve provisional period of at least one (1) year and be subject to the conditions and duration of appointment as set forth in Article 3.4.

5.1-1 Emergency Department Physicians

- A. Qualifications:
Applicants -

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Meet the basic qualifications set forth in Section 3.2-1 except are not required to maintain an office or residence in the Bethesda Hospital service area.

Members - Affiliate Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

Members - Active Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

B. Prerogatives:

Members - Affiliate Category

Shall have the same prerogatives of this category as set forth in Article IV except shall not have admitting privileges.

Members Active Category

Shall have the same prerogatives of this category as set forth in Article IV except shall not have admitting privileges.

C. Responsibilities:

Members - - Affiliate Category

Shall meet the same responsibilities of this category as set forth in Article IV.

A representative of the Emergency Medicine group shall attend the meetings of the Department of Medicine to satisfy the requirements for attendance at department meetings as set forth in Article XV. A representative of the Emergency Medicine group is not required to attend the regular or special meetings of the Medical Staff.

Members - Active Category

Shall meet the same responsibilities of this category as set forth in Article IV including meeting the individual meeting attendance requirements as specified in Articles XIV and XV of these Bylaws.

D. Members of the Emergency Medicine group who desire to change their Medical Staff status as hospital based physicians must resign their current Medical Staff membership and submit an application requesting the specific privileges desired in compliance with Article VII.

5.1-2 Neonatologists

A. Qualifications:

Applicants -

Meet the basic qualifications set forth in Section 3.2-1 except are not required to maintain an office or residence in the Bethesda Hospital service area.

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Members - Affiliate Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

Members - Active Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

- B. Prerogatives:
Members - Affiliate Category
Shall have the same prerogatives of this category as set forth in Article IV.

Members - Active Category

Shall have the same prerogatives of this category as set forth in Article IV.

- C. Responsibilities
Members - Affiliate Category
Shall meet the same responsibilities of this category as set forth in Article IV.

Neonatology Affiliates shall have the choice of meeting with the Department of Obstetrics/Gynecology OR with the Department of Pediatrics and shall indicate the Department of choice in writing at the beginning of each Medical Staff year. A representative of Neonatologist Affiliates shall attend the meetings of the designated department to satisfy the requirements for attendance at department meetings as set forth in Article XV. A representative of the Neonatology Affiliates is not required to attend regular or special meetings of the Medical Staff.

Members - Active Category

Shall meet the same responsibilities of this category as set forth in Article IV including meeting the individual meeting attendance requirements as specified in Articles XIV and XV of these Bylaws.

- D. Members of the Neonatology group who desire to change their Medical Staff status as a hospital based physician must resign their current Medical Staff membership and submit an application requesting the specific privileges desired in compliance with Article VII.

5.1-3 Obstetricians/Gynecologists

- A. Qualifications:
Applicants -
Meet the basic qualifications set forth in Section 3.2-1 except are not required to maintain an office or residence in the Bethesda Hospital service area.

Members - Affiliate Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

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Members - Active Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

- B. Prerogatives:
Members - Affiliate Category
Shall have the same prerogatives of this category as set forth in Article IV
- C. Responsibilities
Members - Affiliate Category
Shall meet the same responsibilities of this category as set forth in Article IV.

Members - Active Category

Shall meet the same responsibilities of this category as set forth in Article IV including meeting the individual meeting attendance requirements as specified in Articles XIV and XV of these Bylaws.

5.1-4 Prenatal Diagnosis Specialists

- A. Qualifications:
Applicants -
Meet the basic qualifications set forth in Section 3.2-1 except are not required to maintain an office or residence in the Bethesda Hospital service area.

Members - Affiliate Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

Members - Active Category

Meet the qualifications of this category as set forth in Article IV except are not required to maintain an office or residence in the Bethesda Hospital service area.

- B. Prerogatives:
Members - Affiliate Category
Shall have the same prerogatives of this category as set forth in Article IV. except shall not have admitting privileges. All patients are referred to the prenatal diagnosis specialist through Genetic Services by their primary physician.

Members - Active Category

Shall have the same prerogatives of this category as set forth in Article IV except shall not have admitting privileges. All patients are referred to the prenatal diagnosis specialist through Genetic Services by their primary physician.

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- C. Responsibilities
Members - Affiliate Category
Shall meet the same responsibilities of this category as set forth in Article IV.

Members of the Prenatal Diagnosis Specialists are not required to attend meetings unless they are members of the Active Category.

Members - Active Category
Shall meet the same responsibilities of this category as set forth Article IV including meeting the individual meeting attendance requirements as specified in Articles XIV and XV of these Bylaws.

- D. Members of the Prenatal Diagnosis Specialists group who desire to change their Medical Staff status as hospital based physicians must resign their current Medical Staff membership and submit an application requesting the specific privileges desired in compliance with Article VII.

5.1-5 Anesthesiologists

- A. Qualifications:
Applicants -
Meet the basic qualifications set forth in Section 3.2.1.

Members - Affiliate Category
Meet the qualifications of this category as set forth in Article IV.

Members - Active Category
Meet the qualifications of this category as set forth in Article IV.

- B. Prerogatives:
Members - Affiliate Category
Shall have the same prerogatives of this category as set forth in Article IV.

Members - Active Category
Shall have the same prerogatives of this category as set forth in Article IV.

- C. Responsibilities:
Members - Affiliate Category
Shall meet the same responsibilities of this category as set forth in Article IV.

Members - Active Category
Shall meet the same responsibilities of this category as set forth in Article IV.

- D. The anesthesiologists shall be members of the Department of Surgery and shall attend the meetings of this clinical department to satisfy the requirement for attendance at departmental meetings as set forth in Article XV of these Bylaws.

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5.1-6 Pathologists

A. Qualifications:

Applicants -

Meet the basic qualifications set forth in Section 3.2-1.

Members - Affiliate Category

Meet the qualifications of this category as set forth in Article IV.

Members - Active Category

Meet the qualifications of this category as set forth in Article IV.

B. Prerogatives:

Members - Affiliate Category

Shall have the same prerogatives of this category as set forth in Article IV except shall not have admitting privileges.

Members - Active Category

Shall have the same prerogatives of this category as set forth in Article IV except shall not have admitting privileges.

C. Responsibilities:

Members - Affiliate Category

Shall meet the same responsibilities of this category as set forth in Article IV.

Members - Active Category

Shall meet the same responsibilities of this category as set forth in Article IV.

D. The pathologists shall be members of the Department of Surgery and shall attend the meetings of this clinical department to satisfy the requirement for attendance at departmental meetings as set forth in Article XV of these Bylaws.

5.1-7 Radiologists

A. Qualifications:

Applicants -

Meet the basic qualifications set forth in Section 3.2-1.

Members - Affiliate Category

Meet the qualifications of this category as set forth in Article IV.

Members - Active Category

Meet the qualifications of this category as set forth in Article IV.

B. Prerogatives:

Members - Affiliate Category

Shall have the same prerogatives of this category as set forth in Article IV.

Members - Active Category

Shall have the same prerogatives of this category as set forth in Article IV.

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- C. Responsibilities:
 - Members - Affiliate Category
Shall meet the same responsibilities of this category as set forth in Article IV.
 - Members - Active Category
Shall meet the same responsibilities of this category as set forth in Article IV.
- D. The radiologists shall be members of the Department of Surgery and shall attend the meetings of this department to satisfy the requirement for attendance at departmental meetings as set forth in Article XV of these Bylaws.

5.1-8 Radiation Oncologists

- A. Qualifications:
 - Applicants -
Meet the basic qualifications set forth in Section 3.2-1.
 - Members - Affiliate Category
Meet the qualifications of this category as set forth in Article IV.
 - Members - Active Category
Meet the qualifications of this category as set forth in Article IV.
- B. Prerogatives:
 - Members - Affiliate Category
Shall have the same prerogatives of this category as set forth in Article IV.
 - Members - Active Category
Shall have the same prerogatives of this category as set forth in Article IV.
- C. Responsibilities:
 - Members - Affiliate Category
Shall meet the same responsibilities of this category as set forth in Article IV.
 - Members - Active Category
Shall meet the same responsibilities of this category as set forth in Article IV.
- D. The radiation oncologists shall be members of the Department of Surgery and shall attend the meetings of this clinical department to satisfy the requirement for attendance at departmental meetings as set forth in Article XV of these Bylaws.

5.1-9 Hospital Based Primary Care Physicians (Hospitalists)

Note: Primary Care Physicians who maintain an outside office for clinical practice shall not be considered hospital based physicians.

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- A. Qualifications:
Applicants -
Meet the basic qualifications set forth in Section 3.2-1, except are not required to maintain an office within the Bethesda Hospital service area. The member must remain within the residence requirement area set forth in 3.2-1 (D) at all times while on duty at Bethesda Hospital.
- Members - Affiliate Category
Meet the qualifications of this category as set forth in Article IV, except are not required to maintain an office within the Bethesda Hospital service area. The member must remain within the residence requirement area set forth in 3.2-1 (D) at all times while on duty at Bethesda Hospital.
- Members - Active Category
Meet the qualifications of this category as set forth in Article IV, except are not required to maintain an office within the Bethesda Hospital service area. The member must remain within the residence requirement area set forth in 3.2-1 (D) at all times while on duty at Bethesda Hospital.
- B. Prerogatives: Affiliate Category
Shall have the same prerogatives of this category as set forth in Article IV.
- Members - Active Category
Shall have the same prerogatives of this category as set forth in Article IV.
- C. Responsibilities:
Members Affiliate Category
Shall meet the same responsibilities of this category as set forth in Article IV.
- Members - Active Category
Shall meet the same responsibilities of this category as set forth in Article IV.
- D. The Hospitalists shall be members of the Department of Medicine and shall attend the meetings of this clinical department to satisfy the requirement for attendance at departmental meetings as set forth in Article XV of these Bylaws. Hospital Based Primary Care Physicians will be responsible for assuring that all patients discharged from their service are assigned appropriate follow-up office care.

5.1-10 Telemedicine Practitioners

- A. Scope of Telemedicine Services
The Medical Staff shall make recommendations to the Board of Trustees regarding which clinical services are appropriately delivered via Telemedicine, and the scope of such services.

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B. Telemedicine Credentialing

1. Telemedicine Practitioners providing Telemedicine Services to Hospital patients shall be credentialed and granted privileges to do so through one of the following mechanisms:

(a) The Practitioner shall be credentialed and granted privileges by the Hospital in accordance with the Hospital's credentialing and privileging procedures set forth in its Bylaws and Section 1.7 of the Medical Staff Credentialing Procedures Manual.

(b) Credentialing by Proxy The Practitioner shall be credentialed and privileged by the Hospital in accordance with the applicable procedures set forth in these Bylaws. However, the credentialing information or privileging decision from the Distant Site may be relied upon, in whole or in part, by the Medical Staff and Board in making its decision, provided there is a written agreement between the Hospital and the Distant Site Service Provider that complies with the Telemedicine credentialing provisions of The Joint Commission and Medicare Conditions of Participation, and provided the following requirements are met:

(i) The written agreement specifies, in the case of a:

Medicare participating hospital, that the distant site hospital's credentialing program is the responsibility of its governing body who are obligated to ensure it meets all applicable Conditions of Participation and Joint Commission requirements related to Credentialing and Telemedicine Services including 42 C.F.R. 485.616 (c)(1)(i)-(vii).

Qualified Telemedicine Entity that as contractors of the Hospital's services, all contracted services must be furnished in a manner that permits the Hospital to comply with applicable Conditions of Participation.

(ii) The individual Practitioner is privileged by the Distant-Site Service Provider for the services to be provided to Hospital and the Hospital is provided with a current list of his/her privileges at the distant site.

(iii) The individual distant site Practitioner holds an appropriate license issued by the Florida Board of Medicine.

(iv) The Hospital maintains documentation of its internal review of the Practitioner's performance and sends such performance information to the Distant Site for its periodic

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appraisal of the distant site Practitioner. At a minimum, this information must include: a) any adverse events resulting from the services provided; and, b) any complaints the Hospital receives about the distant site Practitioner.

C. Telemedicine Privileges

1. Application: No less than ninety (90) days before the addition of any new Telemedicine Practitioner, the Telemedicine applicant shall submit the following to the Hospital:
 - (a) A completed signed application for Medical Staff appointment, privileging and credentialing materials, and evidence of the Distant-Site Service Providers' compliance with applicable standards for Telemedicine Services;
 - (b) The distant-site entity's or distant-site hospital's approved delineation of privileges; and
 - (c) Evidence that the Practitioner meets Florida's Physician Financial Responsibility requirements, not limited to a policy of professional liability insurance coverage that meets the requirements of the written agreement.
2. At minimum, the Hospital will verify the Telemedicine Practitioner's medical and DEA licensure, Medicare/Medicaid eligibility, conduct a National Practitioner Data Bank query, and confirm the Practitioner has not been sanctioned or excluded from any government programs.
3. Once credentialed, the Telemedicine Practitioner shall be appointed to the consultant staff category of the Medical Staff and required to comply with all provisions of the Medical Staff Bylaws, Rules and Regulations, and the policies of the Medical Staff and departments. The Telemedicine Practitioner may not admit patients to the Hospital but may:
 - (a) Exercise such clinical privileges as are specifically granted him/her:
 - (b) Attend Staff, Hospital, or Department/Service educational programs and meetings related to his/her specialty.

D. Procedural Due Process Rights

The Telemedicine Practitioner is not entitled to the procedural due process rights afforded to full members of the Medical Staff and any denial of a Practitioner's application for privileges, credentialing or re-credentialing, shall not give rise to the Fair Hearing rights and procedures set forth in

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Article X of the Medical Staff Bylaws, the Medical Staff Fair Hearing Plan, or any other appellate remedy.

Upon expiration or termination of any Telemedicine agreement under which the Telemedicine Practitioner provides Telemedicine services, or upon the removal of the Telemedicine Practitioner from a panel providing Telemedicine services, the Telemedicine Practitioner's Medical Staff Membership and clinical privileges will automatically terminate. The termination of Staff Membership and clinical privileges pursuant to this section will not be subject to the Fair Hearing procedures set forth in the Medical Staff Fair Hearing Plan or Article X of these Bylaws or any other appellate remedy and will not be reportable to the National Practitioner Data Bank or any State licensing agency.

ARTICLE VI - ALLIED HEALTH PROFESSIONALS

6.1 ALLIED HEALTH PROFESSIONALS

Privileges to serve as an Allied Health Professional will be granted by the Governing Body upon recommendation of the Medical Executive Committee only after an application has been completed and the qualifications, training, experience, license of the applicant have been reviewed, and found to be acceptable.

6.1-1 General

A. Allied Health Professionals shall:

1. Consist of persons trained and qualified in allied health disciplines who participate in Hospital patient care and are not employees of the Hospital;
2. Be appointed and reappointed and granted privileges according to the procedures provided in Article VII and VIII of these Bylaws;
3. Be subject to the provisions of these Bylaws pertaining to Hospital privileges, duties and the ethical practice of their professions;
4. Not be considered members of the Medical Staff and shall not be entitled to vote and to the rights of hearing or appeal afforded to the members of the Medical Staff;
5. Furnish evidence of professional liability insurance coverage of not less than \$100,000/\$300,000 (on an occurrence-made basis);
6. Not admit or discharge patients; and
7. Be divided into two (2) categories: Independent and Dependent.

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B. Independent Allied Health Professionals

This category of Allied Health Professionals will consist of health care practitioners who have a current active license to practice psychiatric social work, mental health counseling and/or marriage and family therapy.

Independent Allied Health Professionals may provide patient care services within the limits of their professional skills and abilities. The degree of participation of independent Allied Health Professionals in patient care shall be determined according to protocol or privileges recommended by the Medical Executive Committee and approved by the Governing Body.

1. Independent Allied Health Professionals shall:

- a. Participate directly in the management and care of patients, subject to any licensure requirements or other limitations, under the general supervision or direction of a member of the medical staff who shall have the ultimate responsibility for patient care.
- b. Record reports and progress notes on the patients' records and writes orders for treatment, provided that such orders are within the scope of his license, certificate or other legal credentials.
- c. Not admit or discharge patients.
- d. Be assigned to a clinical department of the Medical Staff by the Medical Executive Committee and shall be responsible to the Chairman of that clinical department.

A physician member of the Medical Staff must perform a basic medical appraisal for each patient of an independent Allied Health Professional and be responsible for the care of any medical problem that may be present on admission or that may arise during the hospitalization.

2. Applications for privileges as an independent allied health professional and requests to perform specific patient care services shall be generally processed in accordance with the procedure set forth in Article VII and Article VIII of these Bylaws.

C. Dependent Allied Health Professionals

1. This category of Allied Health Professionals shall consist of physicians, physician and non-physician first assistants, certified nurse midwives, certified registered nurse anesthetists, certified physician's assistants, nurse practitioners, registered nurses, licensed practical nurses, and those clinical technicians, all of whom are either employed or sponsored by a member of the Medical Staff.

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2. Applications for privileges as a dependent allied health professional shall be generally processed in accordance with the procedures set forth in Article VII and Article VIII of these Bylaws.

The employing or sponsoring Medical Staff member of the individual who is seeking approval as a dependent Allied Health Professional shall present a written statement of the clinical duties and responsibilities of said individual to be included with the application for privileges in this category.

3. A Dependent Allied Health Professional shall be assigned to the same Clinical Department as the employing or sponsoring Medical Staff member.

4. The employing or sponsoring Medical Staff member of the dependent Allied Health Professional shall assume full responsibility, and be fully accountable for the conduct of said individual within the Hospital. It is the further responsibility of the employing or sponsoring Medical Staff member of the dependent Allied Health Professional to acquaint said individual with the applicable rules and regulations of the Medical Staff and the Hospital.

5. The clinical duties and responsibilities of the dependent Allied Health Professional within the Hospital shall terminate:

- a. If the Medical Staff appointment of the employing or sponsoring member of the Medical Staff is terminated for any reason; or
- b. If the employing or sponsoring Medical Staff member's clinical privileges are curtailed to the extent that the professional services of said individual within the Hospital are no longer necessary or permissible to assist the employer or sponsor; or
- c. If the dependent Allied Health Professional is no longer employed or sponsored by a member of the Medical Staff.

6.1-2 Terms of Appointment and Reappointment

- A. Appointment to this category will be provisional for a period of not less than one (1) year.
- B. The Chairman of the Clinical Department to which the newly appointed Allied Health Professional has been assigned shall implement observation and review of the performance of such Allied Health Professional member during the provisional period. At the end of the provisional period, if review of the Allied Health Professional's performance by the Chairman of the appropriate clinical department is satisfactory, the Allied Health Professional member will be eligible for reappointment.

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- C. Upon satisfactory completion of the provisional period and upon completion of a request for reappointment, a recommendation for reappointment to this category will be made by the Medical Executive Committee to the Governing Body in accordance with Article VII of these Bylaws, and shall be for a period of twenty-four (24) months, unless a shorter term is otherwise specified in the notice of reappointment.

6.1-3 Removal Procedures and Status

- A. Allied Health Professionals are not members of the Medical Staff and accordingly, have none of the prerogatives of Medical Staff members.
- B. The Hospital retains the right, either through the Hospital management or upon recommendation of the Medical Executive Committee, to suspend or terminate any or all privileges or functions of any category of Allied Health Professional without recourse on the part of such person(s) or others to the review and appeal procedures of the Medical Staff Bylaws.
 - 1. Independent Allied Health Professionals who are terminated or curtailed shall be told the reasons for such action and, if they so request, shall be entitled to have such action reviewed by the Medical Executive Committee. At such review meeting, the individual shall be present and allowed to fully participate.
 - 2. When a dependent Allied Health Professional is terminated or privileges are curtailed, the employing or sponsoring Medical Staff member shall be notified as to the reasons for such action and be afforded an opportunity of review by the Medical Executive Committee.

ARTICLE VII - PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

7.1 GENERAL PROCEDURE

The Medical Staff, with the assistance of the Hospital management, through its designated departments, committees and officers, shall investigate and consider each application for appointment or reappointment to the staff and each request for modification of staff membership status and shall adopt and transmit recommendations thereof to the Governing Body.

7.2 APPLICATION FOR INITIAL APPOINTMENT

7.2-1 Application Form

Each application for appointment to the Medical Staff shall be in writing, on the form prescribed by the Governing Body, and signed by the applicant.

The President of the Hospital or designee, upon written request, will furnish an application form to health care practitioners in the manner specified in the applicable section of the Credentialing Policy and Procedure Manual. A copy of the Medical Staff Bylaws, Rules and Regulations shall be furnished to each such person.

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7.2-2 Content

The application form shall include such provisions as are necessary to secure information useful for evaluation of the applicant. In addition the form shall include the statement that the applicant has been furnished a copy of the Medical Staff Bylaws, Rules and Regulations, and that he or she agrees to be bound by the terms thereof during the time the application is under consideration and, if staff appointment is granted, while a member of the staff.

7.3 EFFECT OF APPLICATION

The applicant must sign the application and in so doing:

- A. Signifies his willingness to appear for interviews in regard to his application.
- B. Authorizes Hospital representatives to consult with others who have been associated with him and/or who have information bearing on his competence and qualifications.
- C. Consents to inspection by Hospital representatives of all records and documents that may be material to an evaluation of their professional qualifications and competence to carry out the clinical privileges he or she requests, of the member's physical and mental health status and of his or her professional ethical qualifications.
- D. Releases from any liability all Hospital representatives for their acts performed in good faith and without malice in connection with evaluation of him or of his credentials.
- E. Releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to Hospital representatives in good faith and without malice, concerning the applicant's ability, professional ethics, character, physical and mental health, emotional stability, and other qualifications for staff appointment and clinical privileges.
- F. Agrees that any lawsuit brought by the applicant against an individual or organization providing information to a Hospital representative, or against the Hospital representative, shall be brought in a court, federal or state, in the state in which the defendant resides or is located.
- G. Signifies that he or she has read the current Medical Staff Bylaws and agrees to abide by their provisions in regard to his application for appointment to the medical staff.

For purposes of this Section, the term "Hospital representatives" includes the governing body, its directors and committees; the President of the Hospital or designee; the medical staff organization and all medical staff members; clinical departments and committees which have responsibility for collecting and evaluating the applicant's credentials or acting upon his application; and any authorized representative of any of the foregoing.

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7.4 PROCESSING THE APPLICATION

7.4-1 Applicant's Burden

The applicant shall have the burden of producing adequate information for the proper evaluation of his experience, professional ethics, background, training, demonstrated ability, and upon request of the Medical Executive Committee or of the Governing Body, physical and mental status, and of resolving any doubts about these or any other basic qualifications specified in 3.2-1.

7.4-2 Transmittal for Evaluation

The applicant shall deliver his application form to the President of the Hospital or designee, who shall, after determining that the application is complete and all pertinent materials have been secured, transmit in a timely fashion, the completed application form and all supporting materials to the Credentials Committee.

The Credentials Committee shall post the name of the applicant in the designated Medical Staff Bulletin Board, along with a notice requesting any staff member with information pertinent to evaluation of the applicant to provide such information orally or in writing to the Credentials Committee.

7.4-3 Verification of Information

Upon receipt of the application form and required supporting materials, the Credentials Committee shall seek to collect or verify the references, licensure, DEA status, and other qualification evidence submitted as provided for in the Credentialing Policy and Procedure Manual. The Chairman of the Credentials Committee shall promptly notify the applicant of any failures in such collection or verification efforts.

Upon completion of the verification process, the Credentials Committee shall forward the completed application and all supporting materials to the Chairman of each clinical department in which the applicant seeks privileges.

7.4-4 Action of the Clinical Department Chairman

The Chairman of each clinical department in which the applicant seeks privileges shall review the application, the supporting documentation, and such other information available that may be relevant to consideration of the applicant's qualifications for staff category, department and clinical privileges requested as provided for in the Credentialing Policy and Procedure Manual.

After such review, the clinical department chairman shall transmit to the Credentials Committee on the prescribed form, a written report and recommendations as to staff appointment and, if appointment is recommended, as to staff category, department, clinical privileges to be granted, and any special conditions to be attached to the appointment. The reason for each recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the Chairman, all of which shall be transmitted with the report.

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7.4-5 Credentials Committee Action

Within 120 days after receipt of the completed application for membership from the President of the Hospital or designee, the Credentials Committee shall review the application and supporting materials including the written report of the department chairman and make a written report of its investigation to the Medical Executive Committee. The report will include recommendations as to staff appointment, and, if appointment is recommended, as to the staff category, department, clinical privileges to be granted, and any special conditions to be attached to the appointment. The reason for each recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the committee, all of which shall be transmitted to the Medical Executive Committee with the report.

7.4-6 Medical Executive Committee Action

At its next regular meeting after receipt of the report of the Credentials Committee, the Medical Executive Committee shall consider the report and such other relevant information as is available to it. The committee shall then forward to the Governing Body a written report and recommendations on the prescribed form as to staff appointment, and if appointment is recommended, as to staff category, department affiliations, clinical privileges to be granted, and any special conditions to be attached to appointment.

The Medical Executive Committee may also defer action on the application pursuant to Section 7.4-7 A.

7.4-7 Effect of Medical Executive Committee Action

- A. **Deferral:** Action by the Medical Executive Committee to defer an application for further consideration must be followed up within sixty (60) days with a subsequent recommendation for appointment with specific clinical privileges, or for rejection for Medical Staff membership.
- B. **Favorable Recommendation:** When the recommendation of the Medical Executive Committee is favorable to the applicant, the President of the Hospital or designee, shall promptly forward it, together with all supporting documentation to the Governing Body.
- C. **Adverse Recommendation:** When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges as provided in Article X, Sections 10.2-1 and 10.2-2, the President of the Hospital or designee, shall promptly so notify the applicant by certified mail, return receipt requested as provided in Article X, Section 10.3-1.

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7.4-8 Governing Body Action

- A. The Governing Body shall adopt or reject, a favorable recommendation of the Medical Executive Committee, or refer the recommendation back to the Medical Executive Committee for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation shall be made.
- B. When the decision of the Governing Body is adverse to the applicant either in respect to appointment or clinical privileges as provided in Article X, Sections 10.2-1 and 10.2-2, the President of the Hospital or designee, shall promptly so notify the applicant by certified mail, return receipt requested as provided in Article X, Section 10.3-1.
- C. In the case of an adverse Medical Executive Committee recommendation pursuant to Section 7.4-7 or an adverse Governing Body decision pursuant to Section 7.4-8, the Governing Body shall take final action in the matter only after the applicant has exhausted or has waived his procedural rights as provided for in Article X.

7.4-9 Conflict Resolution

Whenever the Governing Body's proposed decision is contrary to the last recommendation of the Medical Executive Committee, the Governing Body shall submit the matter to the Joint Conference Committee for review and recommendation and shall consider such recommendation before making its decision and giving notice of final decision as required by Section 7.4-8.

7.4-10 Notice of Final Decision

- A. Notice of the Governing Body's final decision shall be given to the Chief of Staff and the Chairman of each Department concerned, and to the applicant by means of special notices.
- B. A decision and notice to appoint shall include:
 - (1) The staff category to which the applicant is appointed;
 - (2) The clinical department to which the member is assigned;
 - (3) The clinical privileges the member may exercise; and
 - (4) Any special conditions attached to the appointment.

7.5 REAPPOINTMENT PROCESS

7.5-1 Information Form for Reappointment:

On or before three (3) months prior to the expiration date of the present staff appointment of each staff member, such staff member shall be provided with a reappointment form prescribed by the Governing Body for use in considering reappointment.

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Each staff member who desires reappointment shall, at least sixty (60) days prior to such expiration date, submit the reappointment form to the President of the Hospital or designee, as provided for in the Credentialing Policy and Procedure Manual.

Any member who fails to file a completed application for reappointment by the Reappointment Due date specified on the reappointment application will be immediately notified of this delinquency by certified mail, return receipt requested.

Failure, without good cause, to so return a completed reappointment application after Notice shall constitute a resignation of staff membership effective at the expiration of the member's current term, without entitlement of the procedural rights provided in Article X.

7.5-2 Verification of Information:

The President of the Hospital or his designee shall, in timely fashion, transmit the reappointment application form to the Credentials Committee. The Credentials Committee shall seek to collect or verify the additional information made available on each reappointment application and to collect any other materials or information deemed pertinent, including information regarding the staff member's professional activities, performance and conduct in the Hospital and a recommendation from the Chairman of the clinical department to which the member is assigned.

The Credentials Committee, after reviewing each reappointment form and all other relevant information available to it, shall forward in writing, its report and recommendation that appointment be either renewed, renewed with modified staff clinical privileges, category, and/or clinical department, or terminated.

The Medical Executive Committee shall review all pertinent information available on each staff member for periodic appraisal, for the purpose of determining its recommendations for reappointments to the Medical Staff and for the granting of clinical privileges for the ensuing period.

At least thirty (30) days before the expiration of the member's term of appointment, the Medical Executive Committee shall make written recommendations to the Governing Body, through the President of the Hospital or designee, concerning reappointment, and/or clinical privileges of each Staff member then scheduled for periodic appraisal. Each such report shall satisfy the requirements of Section 7.5-4.

7.5-3 Final Processing and Board Action:

Thereafter, the procedure provided in Sections 7.4-6 through 7.4-9 shall be followed. For the purposes of reappointment, the terms "applicant" and "appointment" as used in those sections shall be read, respectively, as "staff member" and "reappointment."

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7.5-4 Basis for Recommendation:

Each recommendation for reappointment and clinical privileges granted shall be based upon the periodic appraisal of the member's professional ability and clinical judgment; professional ethics and conduct; physical and mental capabilities; attendance at Medical Staff meetings and discharge of staff obligations; compliance with the Hospital Bylaws and the Medical Staff Bylaws, Rules and Regulations; cooperation with Hospital personnel; use of the Hospital's facilities for patients; relations with other health care practitioners; and general attitude toward patients, the Hospital and the public.

Each practitioner shall be required to provide the number of patient encounters, as indicated below by Staff Category, during the periodic appraisal period immediately preceding reappointment:

A. Active Staff:

Members shall be required to have a minimum of 12 patient encounters during the two-year reappointment period.

B. Courtesy Staff:

Members shall be required to have a minimum of 3 patient encounters during the two-year reappointment period. In addition, the member shall maintain privileges at another accredited hospital and be subject to Performance improvement and utilization management activities similar to those required at Bethesda Hospital, as specified in Section 4.4-1.

C. Affiliate Staff:

There shall be no minimum activity requirements for this category.

D. Teaching Faculty

There shall be no minimum activity requirements for this category.

E. Consultant Staff:

There shall be no minimum activity requirements for this category. As specified in Section 4.5-1, the member shall maintain privileges at another accredited hospital and be subject to Performance improvement and utilization management activities similar to those required at Bethesda Hospital.

For purposes of quantifying patient activity requirements for reappointment, a patient encounter is defined as an initial consultation, a hospital admission, or a procedure personally performed by the Medical Staff member.

Medical Staff members who do not have the number of patient encounters required for their current Staff Category will be eligible for reappointment only to the Category corresponding to their level of patient activity. With the exception of Consultant Staff members, Medical Staff members with less than three patient encounters during the two-year reappointment period, if otherwise qualified, will be reappointed to Courtesy Staff. However, failure to again have at least three patient encounters during the subsequent two-year reappointment period will

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constitute a voluntary resignation of staff membership effective at the expiration of the member's current term, without entitlement to the procedural rights provided in Article X. Such resignation shall be without prejudice.

The Medical Executive Committee reserves the right, when in the best interest of patient care, the community and the Hospital, to make an exception to the above minimum activity requirements, or to the requirements for Courtesy and Consultant Staff members to maintain privileges at another hospital.

For purposes of evaluating performance (regardless of whether the member has satisfied the above patient care activity requirements), any member whose patient care contacts in the Hospital during the last term of appointment are not sufficient to evaluate performance will be required to provide a patient care activity report and clinical competency evaluation from the hospital(s) where the member is more active. If this information does not exist, the member will submit an explanation as to why, and may instead provide the following:

- (1) Three (3) letters of attestation regarding current clinical competency from physician members of the Medical Staff, at least one of which is the same specialty. Each of these letters shall be from physicians who have had the opportunity to evaluate the quality of care being rendered by the involved member. Members of the Affiliate Staff are required to submit letter(s) of attestation from a Medical Staff member(s) who has admitted or managed the Affiliate Staff member's patients in the Hospital.
- (2) Medical records from the member's office practice may be requested.

7.5-5 Time Periods for Processing:

Transmittal of the reapplication form to the staff member and his return of it shall be carried out in accordance with Section 7.5-1 and the **Credentialing Policy and Procedure Manual**.

Thereafter, except for good cause, all actions by the Medical Executive Committee and the Governing Body shall be completed prior to the expiration date of the staff membership of the member being considered for reappointment.

If the processing of a reappointment has not been completed by the date of the expiration of the staff member's current appointment, such appointment shall remain in effect until such processing has been completed. However, if the staff member is under suspension or a restriction of privileges previously imposed, such suspension or restriction shall continue in effect until such processing has been completed and a final decision made by the Governing Body.

7.6 REQUESTS FOR MODIFICATION OF TERMS OF APPOINTMENT

A staff member may, either in connection with reappointment or at any other time, request modification of his staff category, department assignment, or clinical privileges by submitting a written request to the President of the Hospital or designee on the prescribed form as provided for in the **Credentialing Policy and Procedure Manual**. Such request shall be processed in substantially the same manner as provided in Section 7.5 for reappointment.

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If a staff member requesting modification of clinical privileges fails to furnish the information necessary to evaluate the request within ninety (90) days of receipt of a request to provide such information, the request for modification shall automatically lapse without entitlement of the procedural rights provided in Article X.

7.7 REAPPLICATION AFTER ADVERSE DECISION

A health care practitioner seeking appointment or reappointment who has received a final adverse decision shall not be eligible to reapply to the staff for a period of two (2) years, unless the decision provides otherwise. Such request for reappointment shall be processed as an initial application, and the applicant shall submit such additional information as the staff and Governing Body may require in demonstration that the basis for the earlier adverse action no longer exists.

ARTICLE VIII - DETERMINATION OF CLINICAL PRIVILEGES

8.1 EXERCISE OF PRIVILEGES

Every health care practitioner providing clinical services at this Hospital by virtue of Medical Staff membership or otherwise shall, in connection with such practice and except as provided in Sections 8.5 and 8.6, be entitled to exercise only those privileges granted to him by the Board of Trustees.

8.2 DELINEATION OF PRIVILEGES IN GENERAL

8.2-1 Requests:

Each application for appointment or reappointment to the staff must contain a request for specific clinical privileges desired by the applicant. Specific requests must also be submitted for temporary privileges.

A request by a staff member pursuant to Article VII, Section 7.6 for a modification must be supported by documentation of training and/or experience supportive of the request.

8.2-2 Basis for Privileges Determination:

Requests for clinical privileges shall be evaluated on the basis of the health care practitioner's education, training, experience and demonstrated competence, ability and judgment.

The basis for privileges determination to be made in connection with periodic reappraisal, reappointment or a requested change in privileges shall include observed clinical performance and documented results of the Performance improvement and utilization review activities. Determinations regarding privileges will also be based on pertinent information from other sources, including but not limited to, other health care institutions and health care settings where clinical privileges are exercised.

The information will be added to and maintained in the Medical Staff file established for the staff member.

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8.2-3 System and Procedure for Delineating Privileges:

The procedure by which requests for clinical privileges are processed and the specific qualifications for the exercise of privileges are provided in the appropriate departmental rules and regulations and in the **Credentialing Policy and Procedure Manual**.

8.3 PRIVILEGES FOR ORAL MAXILLOFACIAL SURGEONS AND DENTISTS:

- A. Requests for clinical privileges from oral maxillofacial surgeons and dentists are processed in accordance with the procedure set forth in this Article and in Article VII of these Bylaws. Surgical procedures performed by oral maxillofacial surgeons and dentists are under the overall supervision of the Chairman of the Department of Surgery.
- B. All dental patients must receive an admission history and physical examination the same as patients admitted to other surgical services. The medical evaluation will be done by a physician member of the Medical Staff or by an oral maxillofacial surgeon with privileges to perform a history and physical examination.
- C. An oral maxillofacial surgeon with the requisite qualifications may be granted the privilege of performing the admission history and physical examination and assessing the medical risks of the proposed procedure to the patient but only in those instances where the patient has no known current medical problems.
- D. When significant medical abnormality is present, the final decision on whether to proceed with the surgery must be agreed upon by the oral maxillofacial surgeon or dentist and the physician consultant. The Chairman of the Department of Surgery will decide the issue in the case of dispute.

8.3-1 ORAL MAXILLOFACIAL SURGEONS AND DENTISTS

- A. An oral maxillofacial surgeon without privileges to perform an admission history and physical examination and a dentist:
 - (1) Shall not admit or discharge patients.
 - (2) May initiate the process for scheduling surgery.
 - (3) Shall assure that a physician member of the Medical Staff, by preadmission arrangements, performs an admission history and physical evaluation for each patient to determine the risk of any proposed surgical or special procedure on the total health status of the patient, and is responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization.
 - (4) Shall be responsible for the dental care of the patient, including the dental history and the dental physical examination as well as all appropriate elements of the patient's medical record.
- B. An oral maxillofacial surgeon with privileges to perform an admission history and physical examination on patients with no known current medical problems:

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- (1) May perform an admission history and physical examination on his own patient with no known current medical problems to determine the ability of the patient to undergo the oral surgical procedure proposed.
- (2) May admit or discharge patients with no known current medical problems.
- (3) Shall not admit or discharge a patient with a known current medical problem. In such instance, the conditions for the admission, care and discharge of the patient as specified in 8.3-1, A of this ARTICLE shall be followed..
- (4) Shall be responsible to obtain a consultation with an appropriate member of the Medical Staff in the event that a medical problem arises during the hospitalization of the patient.

8.4 PRIVILEGES FOR PODIATRISTS AND CLINICAL PSYCHOLOGISTS:

A request for clinical privileges for a podiatrist or clinical psychologist is processed in accordance with the procedure set forth in this Article and in Article VII of these Bylaws.

8.4-1 PODIATRISTS -

- A. All patients of podiatrists will receive an admission history and physical examination by a physician member of the Medical Staff and that physician will also be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization.
- B. The scope and extent of the surgical procedures that may be performed will be specifically delineated and granted in the same manner as all other surgical procedures. Surgical procedures performed will be under the overall supervision of the Chairman of the Department of Surgery.
- C. When significant medical abnormality is present the final decision on whether to proceed with the surgery must be agreed upon by the podiatrist and the physician consultant. The Chairman of the Department of Surgery will decide the issue in the case of dispute.
- D. A Podiatrist:
 - (1) Shall not admit or discharge a patient.
 - (2) May initiate the process for scheduling surgery.
 - (3) Shall assure that a physician member of the Medical Staff, by preadmission arrangements, performs a basic medical appraisal for each patient to determine the risk of any proposed surgical or special procedure on the total health status of the patient, and is responsible for the care of any medical problem that may be present at admission or that may arise during hospitalization.
 - (4) Shall be responsible for the podiatric care of the patient, including the podiatric history and the podiatric physical examination as well as all appropriate elements of the patient's medical record.

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8.4-2 CLINICAL PSYCHOLOGISTS:

- A. A patient of a clinical psychologist must receive an admission history and physical examination by a physician member of the Medical Staff. A physician member of the Medical Staff will also be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization.
- B. A Clinical Psychologist:
 - (1) Shall not admit or discharge a patient.
 - (2) May write orders for treatment and progress notes, and record reports on the patients' records, provided that such orders are within the scope of his license, certificate or other legal credentials.
 - (3) Shall be assigned to a clinical department of the Medical Staff by the Medical Executive Committee and shall be responsible to the Chairman of that clinical department.

8.5 TEMPORARY PRIVILEGES

8.5-1 Conditions

Temporary privileges may be granted only in the circumstances described in Section 8.5-2, only to an appropriately licensed health care practitioner, only when available information reasonably supports a favorable determination regarding the requesting health care practitioner's qualifications, ability, and judgment to exercise the privileges requested, and only after the health care practitioner has satisfied the professional liability insurance requirement of these Bylaws.

Special requirements of consultation and reporting may be imposed by the clinical department Chairman responsible for supervision. During the period of temporary privileges, these Bylaws, Rules and Regulations and policies control all matters relating to the exercise of clinical privileges.

8.5-2 Circumstances

Upon written concurrence of the Chief of Staff or the Chairman of the Clinical Department where the privileges will be exercised, the President of the Hospital or designee, may grant temporary privileges in the following circumstances:

Documentation of verbal medical staff concurrence with a grant of temporary privileges hereunder may be obtained after the fact.

- A. Care of Specific Patients:
Upon receipt of a request, either written or verbal, from a member of the Medical Staff, for specific temporary privileges for the care of one or more specific patients.
- B. Locum Tenens:
Upon receipt of a written request for specific temporary privileges, an appropriately licensed health care practitioner of documented competence who is serving as a locum tenens in place of a member of the Medical

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Staff may, without applying for appointment on the staff, be granted temporary privileges for an initial period of sixty (60) days.

Privileges of a Locum tenens are limited to management of the patients of the staff member for whom this health care practitioner is serving as locum tenens. A locum tenens is not entitled to admit his own patients to the Hospital.

Upon approval by the Medical Executive Committee, initial locum tenens privileges may be extended for a period not to exceed sixty (60) days.

- C. **Medical/Surgical Residents or Medical School Students:**
In approved training programs acting under the supervision of a member of the Medical Staff and/or affiliated teaching faculty, in accordance with Medical Staff approved student manuals, policies and procedures.
- D. **Applicants to the Medical Staff:**
Temporary privileges can be considered for approval by the Chief of Staff together with the President of the Hospital, upon concurrence of the Chairman of the Credentials Committee and the Chairman of the Clinical Department where the privileges would be exercised, only after formal review and recommendation by the Credentials Committee of the Medical Staff unless otherwise stated in these Bylaws.
- E. **Dependent Allied Health Professionals:**
In urgent situations, as determined by the appropriate Clinical Department Chairman, should a member of the Medical Staff be unable to obtain Dependent Allied Health coverage to assist him in the delivery of his specialty, Temporary Privileges may be granted as follows: Upon the written recommendation of the appropriate Clinical Department Chairman or the Chief of Staff, the President of the Hospital or his designee may grant Temporary Privileges to Dependent Allied Health Professionals, which Category is defined in these Bylaws. Such Temporary Privileges will be granted for a period not to exceed 90 days. The above can only be acted upon after the following circumstances have been met:
 - 1) Sponsoring or Employing Medical Staff Member is already a member in good standing of the Medical Staff, and
 - 2) The Dependent Allied Health Professional has completed formal application for permanent membership to the Allied Health Professional Staff, and documentation of current licensure and of professional liability insurance, as specified in these Bylaws, has been received. Temporary Privileges may be granted only when available information favorably supports the Allied Health Professional's qualifications, ability, and judgement to exercise the privileges requested.

After temporary privileges are granted, the responsibilities and requirements of the Allied Health Member and of the sponsoring Medical Staff Member will be the same as for Members with permanent privileges.

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8.5-3 Termination of Temporary Privileges

Upon determining that one of the following events has occurred:

- A. Discovery of any information pertinent to the health care practitioner's qualifications or ability to exercise any or all of the temporary privileges granted, or
- B. Occurrence of any event of professionally questionable nature, or
- C. Violation of the Medical Staff Bylaws, Rules and Regulations,

The President of the Hospital or designee, with the concurrence of the Chief of Staff, or the Clinical Department Chairman responsible for supervision, may terminate any or all of the temporary privileges of the health care practitioner.

Where the life or well-being of a patient is determined to be endangered by continued treatment by the health care practitioner, the termination may occur in accordance with the provisions for summary suspension under these Bylaws. In the event of any such termination, the patients of the health care practitioner then in the Hospital will be assigned to another member of the Medical Staff by the Chairman responsible for supervision. The wishes of the patient shall be considered, where feasible, in choosing a substitute member of the Medical Staff. The terminated health care practitioner shall confer with the substitute member to the extent necessary to safeguard the patient.

8.5-4 Rights of a Health Care Practitioner with Temporary Privileges

A health care practitioner who has been granted temporary privileges is not entitled to the procedural rights afforded by these Bylaws in Article VI, Article IX and Article X because his request for temporary privileges is refused or because all or any part of his temporary privileges are terminated or suspended.

8.6 Emergency Disaster Privileges

Any Medical Staff member with clinical privileges is permitted to provide any type of patient care, treatment, or services necessary as a life-saving measure or to prevent serious harm, regardless of Medical Staff status or clinical privileges, provided that the care, treatment or services are within the scope of the individual's license.

Under conditions of extreme natural disaster, when the emergency management plan has been activated and the Hospital is unable to handle immediate patient needs, the Chief of Staff or the President of the Hospital, or their designee(s), has the option to grant disaster privileges to licensed physicians. Such person(s) are not required to grant privileges to any individual and will make such decisions on a case-by-case basis.

Any physician granted emergency disaster privileges must present a current certificate of licensure to practice and a valid photo ID issued by a State, Federal, or Regulatory Agency. The care, treatment, and services performed by the physician granted emergency disaster privileges will be overseen by a member or members of the Medical Staff by direct observation or medical record review.

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Prior to exercising such emergency privileges, physicians shall report to the Medical Staff Entrance on the Lower Level. There, they will sign in or out and will be issued an identification wristband. Emergency care within the Hospital will be coordinated by the Vice President of Medical Affairs or his designee.

When an emergency situation no longer exists, and a physician granted emergency disaster privileges does not wish to continue to treat an existing patient, the patient shall be assigned to an appropriate member of the Medical Staff.

However, such physician can request privileges to continue to treat any existing hospitalized patient(s). Such privileges may be granted by the Chief of Staff or designee(s) on a case by case basis. In the event privileges are denied, the physician is not entitled to the procedural rights of these Bylaws in Article IX and Article X, and the patient shall be assigned to an appropriate member of the Medical Staff.

ARTICLE IX - CORRECTIVE ACTION

9.1 CORRECTIVE ACTION

9.1-1 Criteria for Initiation

Any person may provide information to the medical staff about the conduct, performance, or competence of its Members. When reliable information indicates a Member may have exhibited acts, demeanor, or conduct, reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the hospital; (2) unethical; (3) either disruptive to the operations of the Hospital, its medical staff or Hospital employees; (4) contrary to the medical staff bylaws and rules or regulations; or (5) below applicable professional standards, a request for an investigation or action against such Member may be initiated by the Chief of Staff, a Department Chairman, the Medical Executive Committee, or the President of the Hospital (or in the President's absence, the President's designee on call).

9.1-2 Initiation

A request for an investigation must be in writing, submitted to the Medical Executive Committee, and supported by reference to specific activities or conduct alleged. If the Medical Executive Committee initiates the request, it shall make an appropriate recordation of the reasons.

9.1-3 Investigation

If the Medical Executive Committee concludes an investigation is warranted, the Medical Executive Committee shall direct an investigation to be undertaken. The Medical Executive Committee may conduct the investigation itself, or may assign the task to an appropriate medical staff officer, medical staff department, or standing or ad hoc committee of the medical staff. If the investigation is delegated to an officer or committee other than the Medical Executive Committee, such officer or committee shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the Medical Executive Committee as soon as practicable. The report may include recommendation for

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appropriate corrective action. The Member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved, however, such investigation shall not constitute a "hearing" as that term is used in Article X, nor shall the procedural rules with respect to hearings or appeals apply. Despite the status of any investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.

9.1-4 Medical Executive Committee Action

As soon as practicable after the conclusion of the investigation, the Medical Executive Committee shall take action which may include, without limitation:

- (a) determining no corrective action be taken and, if the Medical Executive Committee determines there was no credible evidence for the complaint in the first instance, removing any adverse information from the member's s file.
- (b) deferring action for a reasonable time where circumstances warrant.
- (c) issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude Department heads from issuing information, written or oral, warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed in the member's file.
- (d) recommending the imposition of terms of probation or special limitation upon continued medical staff membership or exercise of clinical privileges, including without limitation, requirements for co-admissions, mandatory consultation, or monitoring.
- (e) recommending reduction, modification, suspension or revocation of clinical privileges.
- (f) recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care.
- (g) recommending suspension, revocation or probation of medical staff membership.
- (h) taking other actions deemed appropriate under the circumstances.

9.2 SUMMARY RESTRICTION OR SUSPENSION

9.2-1 Criteria for Initiation

Whenever a member's conduct appears to require that immediate action be taken to protect the life or well-being of patient(s) or to reduce a substantial and imminent likelihood of significant impairment of the life, health, safety of any patient, prospective patient, or other person, either the Chief of Staff, or the head

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of the Department in which the Member holds privileges in conjunction with the President of the Hospital (or in the President's absence, the President's designee on call) may summarily restrict or suspend the medical staff membership or clinical privileges of such Member. Unless otherwise stated, such summary restriction or suspension shall become effective immediately upon imposition, and the President of the Hospital or designee, shall promptly give written notice to the Member, the Medical Executive Committee, and the Governing Body. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until final action is taken as set forth herein. Unless otherwise indicated by the terms of the summary restriction or suspension, the member's patients shall be promptly assigned to another Member by the Department Chairman or by the Chief of Staff, considering where feasible, the wishes of the patient in the choice of a substitute member.

9.2-2 Medical Executive Committee Action;

As soon as practicable after such summary restriction or suspension has been imposed, but in no event later than fourteen (14) days after the imposition of the summary restriction or suspension, a meeting of the Medical Executive Committee shall be convened to review and consider the action. The Member shall be invited to attend and discuss the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose, although in no event shall any meeting of the Medical Executive Committee, with or without the Member, constitute a "Hearing" within the meaning of Article X, nor shall any procedural rules apply. The member's failure without good cause to attend any Medical Executive Committee meeting upon request shall constitute a waiver of his or her rights under Article X. The Medical Executive Committee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the Member with notice of its decision.

9.2-3 Procedural Rights

Unless the Medical Executive Committee terminates the summary restriction or suspension within 14 days from its imposition, the Member shall be entitled to the procedural rights afforded by Article X.

9.3 SUBSEQUENT ACTION

9.3-1 Where a request for an investigation or action is made to the Medical Executive Committee, pursuant to 9.1-1 or medical staff membership or clinical privileges are summarily suspended, pursuant to 9.2, the Medical Executive Committee's recommendation shall be transmitted to the Governing Body, subject to the following:

- (a) If adverse action described in Section 10.2 is taken or recommended by the Medical Executive Committee, the Member shall have the right to notice, a hearing and appeal pursuant to Article X.
- (b) If the Member does not timely request a hearing, the Medical Executive Committee's recommendation shall be transmitted to the Governing Body, at the expiration of the time period within which the Member could

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request a hearing under Section 10.3-2. The Governing Body shall then render its decision within forty-five (45) days of its receipt of the Medical Executive Committee's recommendation.

- (c) If the Medical Executive Committee's recommendation is favorable to the Member, the Medical Executive Committee's recommendation shall be transmitted to the Governing Body. If this favorable recommendation is not later confirmed by the Governing Body, the Member shall then have the right to request a hearing. In that case, the Judicial Review committee shall be appointed according to the provisions of Article X, Section 10.3-5 (b) and the hearing shall be conducted as set forth in Article X.

9.4 AUTOMATIC SUSPENSION OR LIMITATION

In the following instances, the health care practitioner's privileges or membership may be suspended or limited as described, which action shall be final without a right to hearing or further review, except where a bona fide dispute exists as to whether the circumstances have occurred. It shall be the duty of the Chief of Staff to cooperate with the President of the Hospital or designee, in enforcing all automatic suspensions.

9.4-1 Licensure

- (a) **Revocation and Suspension:** Whenever a health care practitioner's license or other legal credential authorizing practice in this State is revoked or suspended, medical staff membership and clinical privileges shall be automatically revoked or suspended as of the date such action becomes effective.
- (b) **Probation:** Whenever a 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.

9.4-2 Controlled Substances

- (a) Whenever a member's DEA certificate is revoked, limited or suspended, the Member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.
- (b) **Probation:** Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of probation, as of the date such action becomes effective and throughout its term.

9.4-3 Failure to Satisfy Special Appearance Requirement

- (a) At the discretion of the chairman or presiding officer, in situations other than 9.4-4, when a member's practice or conduct is scheduled for discussion at a regular department or committee meeting, the member may be requested to attend. If a suspected deviation from standard clinical practice is involved, the notice shall be given at least seven (7) days prior

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to the meeting and shall include the time and place of the meeting and a general indication of the issue involved. Failure of a Member to appear at any meeting with respect to which he or she was given such notice, unless excused by the Medical Executive Committee upon a showing of good cause, shall be a basis for corrective action.

- (b) A Member who fails without good cause to appear and satisfy the requirements of 9.4-3(a) shall automatically be suspended from exercising all or such portion of clinical privileges as may be specified in accordance with the provisions of that section.

9.4-4 Medical Records:

1. Automatic suspension for medical records is defined as suspension of elective admitting, surgical scheduling, and consulting privileges. The suspended physician shall maintain responsibility for Emergency Department call as assigned, including emergency consultations. The member shall continue to take care of currently hospitalized patients. If the suspended physician is on E.D. call, emergency admissions through the E.D. shall be permitted but shall be subsequently reviewed.
2. Reinstatement of privileges will not occur until completion of all medical records, including all dictations and signatures.
3. Physicians who violate the terms of automatic suspension as stated above may be subject to further corrective action as determined by the Medical Executive Committee.
4. Physicians suspended more than thirty (30) consecutive days shall appear at the next regularly scheduled Medical Executive Committee meeting. The member will be given the opportunity to explain the putative neglect of duty to the Committee. If, in the opinion of the Committee, a satisfactory explanation is not given, the suspension will be reported to the Florida Board of Medicine. The Committee may recommend to the Governing Body suspension of Medical Staff membership. Failure to appear before the Medical Executive Committee when requested to do so, except in extraordinary circumstances as determined by the Committee, shall be considered admission of neglect of duties; and the Committee shall recommend to the Governing Body prompt and total severance of Medical Staff membership. The member may continue, at the discretion of the Medical Executive Committee, the care of hospitalized patients admitted prior to such disciplinary action.

9.4-5 Medical Executive Committee Deliberation

As soon as practicable after action is taken or warranted as described in Sections 9.4-1(b), 9.4-2, 9.4-3, or 9.4-4, the Medical Executive Committee shall convene to review and consider the facts, and may recommend such further corrective action as it may deem appropriate following the procedure generally set forth commencing at 9.1-3.

ARTICLE X - HEARINGS AND APPELLATE REVIEWS

10.1 GENERAL PROVISIONS

10.1-1 Exhaustion of Remedies

If adverse action described in Section 10.2 is taken or recommended, the applicant or member must exhaust the remedies afforded by these Bylaws before resorting to legal action.

10.2 GROUNDS FOR HEARING

10.2-1 Recommendations or Action:

Except as otherwise specified in these Bylaws any one or more of the following actions or recommended actions shall be deemed actual or potential adverse action and be grounds for a hearing:

- (a) denial of Medical Staff membership.
- (b) denial of Medical Staff reappointment.
- (c) suspension of staff membership.
- (d) revocation of Medical Staff membership including failure to successfully complete the provisional period of appointment after two (2) years where revocation is based upon concerns related to the Member's professional competence or professional conduct that adversely affected, or that could have adversely affected, the health or welfare of a patient.
- (e) denial of requested clinical privileges (excluding temporary privileges).
- (f) involuntary reduction of current clinical privileges (excluding temporary privileges).
- (g) suspension of clinical privileges (excluding temporary privileges).
- (h) termination of all clinical privileges (excluding temporary privileges).
- (i) involuntary imposition of significant consultation or monitoring requirements (excluding monitoring incidental to provisional status).

10.2-2 When Deemed Adverse

A recommendation or action listed in Section 10.2-1 shall be deemed adverse action only when it has been:

- (a) Recommended by the Medical Executive Committee; or
- (b) A suspension pursuant to Section 9.2 continued in effect after review by the Medical Executive Committee;
- (c) Taken by the Governing Body contrary to a favorable recommendation by the Medical Executive Committee under circumstances where no prior right to a hearing existed; or
- (d) An adverse decision by the Governing Body under Article IX, Section 9.3-1(c).

Until the final decision of the Governing Body is made, there will be no restriction or suspension of privileges except under the circumstances that justify a summary suspension as defined in ARTICLE IX, Section 9.2 of these Bylaws.

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10.3 REQUEST FOR HEARING

10.3-1 Notice of Adverse Recommendation Or Action

An applicant or member against whom adverse action has been taken pursuant to section 10.2-2 shall within ten (10) days of such action be given notice of that action by the President of the Hospital or his designee. The notice shall be personally delivered or sent by certified mail, return receipt requested and shall include:

- (a) the professional review action proposed to be taken;
- (b) the reason(s) for the proposed actions;
- (c) a statement that the applicant or member may request a hearing on the proposed action within 30 days of the receipt of the notice;
- (d) a summary of the applicant or member's rights in the hearing process.

10.3-2 Request for Hearing

The applicant or member shall have thirty (30) days following receipt of notice of such action to request a hearing. The request shall be in writing, delivered in person or sent by Chief of Staff.

In the event the applicant or member does not request a hearing within the time and manner described, the applicant or member shall be deemed to have waived any right to a hearing and the recommendation or action involved shall be deemed final.

10.3-3 Time and Place for Hearing

Upon receipt of a timely request for a hearing, the President of the Hospital or his designee shall promptly deliver such request to the Medical Executive Committee or to the Governing Body, depending on whose recommendation or action prompted the request for hearing.

Within fifteen (15) days, the President of the Hospital or his designee shall send the applicant or member Notice of Hearing stating the time, place and date of the hearing. The date of the commencement of the hearing shall be not less than forty-five (45) days, nor more than ninety (90) days from the date of receipt of the request for the hearing unless a specific written request is made by the involved applicant or member to extend the date of the hearing to a date not to exceed one hundred and eighty (180) days from the date of receipt of the request for the hearing.

However, if the member involved is under summary suspension, Notice of Hearing stating the time, place and date of the hearing shall be sent by the President of the Hospital or designee, to the member within ten (10) days of receipt of the request for the hearing. The date of the commencement of the hearing for a member under summary suspension shall be as soon as possible following receipt of the request for the hearing but shall not exceed forty-five (45) days from the date of receipt of the request, unless a specific request is made by the involved member to extend the date of the hearing to a date not to exceed one hundred and eighty (180) days from the date of receipt of the request for the hearing.

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10.3-4 Notice of Hearing

The Notice of Hearing shall contain a concise written statement of the reasons for the adverse action taken or recommended including the acts or omissions with which the applicant or member is charged, including the disclosure of any act or omission that has been used as a reason for the adverse action, a list of witnesses (if any) expected to testify at the hearing on behalf of the Medical Executive Committee or the Governing Body, whichever is applicable, and a statement as to the general subject matter of the expected testimony of each, and a list of the charts in question, where applicable.

10.3-5 Judicial Review Committee

(a) Medical Executive Committee

A hearing occasioned by a Medical Executive Committee recommendation pursuant to Section 10.2-2 (a),(b), shall be conducted by a Judicial Review Committee appointed by the Medical Executive Committee which shall be composed of not less than five (5) members of the Active Staff Category of the Medical Staff who shall not have actively participated in the consideration of the matter leading up to the recommendation or action, and who are not in direct economic competition with the applicant or member involved. Such appointment shall include designation of a Chairman of the Judicial Review Committee. Knowledge of the matter involved shall not preclude a member of the Medical Staff from serving as a member of the Judicial Review Committee.

In the event that it is not feasible to appoint a Judicial Review Committee from the members of the Active Staff Category of the Medical Staff, the Medical Executive Committee may appoint members from other staff categories or health care practitioners who are not members of the Medical Staff.

(b) By Governing Body

A hearing occasioned by action of the Governing Body pursuant to Section 10.2-2 (c) or pursuant to Section 9.3-1 (c) shall be conducted by a Judicial Review Committee. This committee shall consist of two (2) members chosen by the Governing Body, two (2) members of the Medical Staff appointed by the Medical Executive Committee, and a fifth member selected by the four (4) members previously described. None of the members of this review committee shall have actively participated in the consideration of the matter leading up to the recommendation or action or shall be in direct economic competition with the applicant or member involved. The Governing Body shall designate one of the members of the committee as Chairman of the Judicial Review Committee. Knowledge of the matter involved shall not preclude a member of the Medical Staff or a member of the Governing Body from serving as a member of the Judicial Review Committee. In the event that it is not feasible to make the Medical Staff appointments from members of the Active Staff Category, the Medical Executive Committee may appoint members from other staff categories or health care practitioners who are not members of the Medical Staff.

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10.4 HEARING PROCEDURE

10.4-1 Pre-Hearing Procedure

- (a) If the Medical Executive Committee or the Governing Body, whichever is applicable, requests in writing a list of witnesses (if any), from the applicant or member, the applicant or member shall, within fifteen (15) days of such request, furnish a written list of the names of the individuals, who are anticipated to give testimony or evidence in support of the applicant or member at the hearing, and a brief statement as to the general subject matter of the expected testimony of each. In order to minimize the burden placed upon any witness who is to testify orally or in writing at any hearing conducted pursuant to this Article, no witness for either party shall be subject to pre-hearing questioning or examination by the other party, its counsel, agents, or representatives. Nothing in this section shall be construed as limiting the ability of both parties to a hearing to call the same individual to testify. All parties have the right to supplement or amend their list of witnesses prior to or during the course of the hearing upon consent of the other party which shall not be unreasonably withheld.
- (b) While neither side in a hearing shall have any right to the discovery of documents or other evidence in advance of hearing, the hearing officer may confer with both sides to encourage an advance mutual exchange of documents which are relevant to the issues to be presented at the hearing.
- (c) It shall be the duty of the applicant or member and the Medical Executive Committee or the Governing Body, whichever is applicable, to exercise reasonable diligence in notifying the chairman of the Judicial Review Committee of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible, in order that decisions concerning such matters may be made in advance of the hearing. Objections to any pre-hearing decisions may be made at the hearing.

10.4-2 Representation

The hearings provided for in these Bylaws are for the purpose of inter-professional resolution of matters bearing on professional conduct, professional competency, or character. The applicant or member, and the Medical Executive Committee or the Governing Body, whichever is applicable, may be represented in any phase of the hearing by an attorney. Representation by legal counsel shall be noticed to the appropriate party as soon as practicable, but in no event later than ten (10) days before the hearing. In the absence of legal counsel, the applicant or member shall be entitled to be accompanied by and represented at the hearing by another person of the applicant or member's choice. The right to the hearing shall be forfeited if the applicant or member fails, without good cause, to appear. In the absence of legal counsel, the Medical Executive Committee or the Governing Body, whichever is applicable, may appoint a representative to present its action or recommendation, the materials in support thereof, examine witnesses and respond to appropriate questions from the Judicial Review Committee.

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10.4-3 The Hearing Officer

The Medical Executive Committee or the Governing Body as applicable, shall appoint a hearing officer to preside at the hearing. The hearing officer shall be an attorney qualified to preside over a quasi-judicial hearing (preferably a retired Judge). An attorney utilized by the Hospital within three (3) years preceding the hearing for legal advice regarding its affairs and activities shall not be eligible to serve as hearing officer. The hearing officer must not act as a prosecuting officer or as an advocate. The hearing officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings questions which pertain to matters of law, procedure or the admissibility of evidence. If the hearing officer determines that either side in a hearing is not proceeding in a efficient and expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances. If requested by the Judicial Review Committee, the hearing officer may participate in the deliberations of such committee and be legal advisor to it, but the hearing officer shall not be entitled to vote.

10.4-4 Record of the Hearing

A reporter shall be present to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriate by the hearing officer. The cost of attendance of the reporter shall be borne by the Hospital, but the cost of the transcript, if any, shall be borne by the party requesting it. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath administered by any person lawfully authorized to administer such oath.

10.4-5 Rights of the Parties

Within reasonable limitations, both sides at the hearing may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach the written or oral testimony of witnesses on any matter relevant to the issues, and otherwise rebut evidence, as long as these rights are exercised in an efficient and expeditious manner.

10.4-6 Miscellaneous Rules

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under this Article. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which reasonable persons customarily rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The Judicial Review Committee may interrogate the witnesses, or call additional witnesses if it deems such action appropriate. The applicant or member and the Medical Executive Committee or the Governing Body, whichever is applicable, may submit a written statement prior to or at the close of the hearing which shall become part of the hearing record.

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10.4-7 Burdens of Presenting Evidence and Proof

At the hearing, unless otherwise determined for good cause, the Medical Executive Committee or the Governing Body, whichever is applicable, shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The applicant or member shall have the opportunity but shall not be obligated to present evidence in response or testify as a witness. Throughout the hearing, the Medical Executive Committee or the Governing Body, whichever is applicable, shall bear the burden of persuading the Judicial Review Committee by the evidence presented that its action or recommendation was reasonable and warranted.

10.4-8 Adjournment and Conclusion

After consultation with the chairman of the Judicial Review Committee, the hearing officer may adjourn the hearing and reconvene the same without notice at such times and intervals as may be reasonable and warranted with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if requested, the hearing shall be closed.

10.4-9 Basis for Recommendation

The recommendation of the Judicial Review Committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

10.4-10 Recommendation of the Judicial Review Committee

Within thirty (30) days after final adjournment of the hearing, the Judicial Review Committee shall make a written report anonymously stating the majority, and minority report, if any, constituting its findings and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the body whose adverse recommendation or action occasioned the hearing. However, if the member involved is under summary suspension, the Judicial Review Committee shall make the written report and forward same within five (5) days of final adjournment of the hearing. A copy of said recommendation will be forwarded to the President of the Hospital or his designee, the Chief of Staff, and the applicant or member. The report shall contain a concise statement of the reasons in support of the recommendation.

- (a) If the action of the Medical Executive Committee occasioned the hearing, upon receipt of the recommendation of the Judicial Review Committee, the Medical Executive Committee shall then have fifteen (15) days to consider that recommendation and affirm, modify or reverse its recommendation or action on this matter and forward their final written recommendation to the Governing Body. A copy of said recommendation shall be forwarded to the President of the Hospital or his designee and the applicant or member. The Governing Body shall act upon this recommendation within thirty days of its receipt from the Medical Executive Committee, subject only to the applicant's or member's rights of appeal as described in Sections 10.4-11, 10.4-12 and 10.5 of these Bylaws.

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- (b) If the action of the Governing Body occasioned the hearing, upon receipt of the recommendation of the Judicial Review Committee, the Governing Body shall then have fifteen (15) days to consider that recommendation and affirm, modify or reverse its proposed action on this matter and to render its final written decision. If the member involved is under summary suspension the Governing Body shall have five (5) days to consider the recommendation of the Judicial Review Committee and affirm, modify or reverse its action on this matter. A copy of the recommendation of the Judicial Review Committee shall be forwarded to the Medical Executive Committee, the President of the Hospital or his designee and the applicant or member.

10.4-11 Recommendation of the Medical Executive Committee

If the recommendation of the Medical Executive Committee pursuant to Section 10.4-10 continues to be adverse to the applicant or member, in any of the respects listed in Section 10.2, notice shall be sent informing the applicant or member of his right to request an appeal as described in Section 10.5 of these Bylaws.

10.4-12 Recommendation of the Governing Body

If the recommendation of the Governing Body pursuant to Section 10.4-10 continues to be adverse to the applicant or member and embodies any action or recommendation listed in Section 10.2, notice shall be sent to the applicant or member informing the applicant or member of his right to appeal such recommendation pursuant to the provision of Section 10.5 of these Bylaws, or, at his option, in a court of competent jurisdiction. If the applicant or member chooses to appeal the recommendation of the Governing Body in a court of competent jurisdiction, the applicant or member shall provide written notice to that effect to the President of the Hospital or his designee along with a copy to the Governing Body, and upon receipt of that notice at the office of the President of the Hospital or his designee, the recommendation or action of the Board shall be deemed final and the remedies afforded by these Bylaws shall be considered exhausted.

10.5 APPEAL

10.5-1 Time for Appeal

Within ten (10) days after receipt of the recommendation of the Medical Executive Committee as described in 10.4-10 (a) or the decision of the Governing Body as described in 10.4-10 (b), whichever is applicable, the applicant or member may file a written request for an appellate review. Such request shall be made to the President in person or sent by certified mail. If a request for appellate review is not requested within such period, the action of the Governing Body shall thereupon become final, subject only to the provisions of Section 10.5-6 (c).

10.5-2 Grounds for Appeal

A written request for an appeal shall include an identification of the grounds for appeal, and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be:

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- (a) substantial non-compliance with the procedures required by these Bylaws or applicable law which has created demonstrable prejudice;
- (b) the decision was not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to Section 10.5-5.

10.5-3 Appeal Board

The Governing Body, with at least a quorum in attendance, shall sit as the Appeal Board. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person did not take part in a prior hearing on the same matter. The Appeal Board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

10.5-4 Time, Place and Notice

If an appellate review is to be conducted, the President of the Hospital or his designee shall, within fifteen (15) days after receipt of notice of appeal, schedule an appellate review date and give notice of the time, place and date of the appellate review to the applicant or member. The date of appellate review shall not be less than thirty (30) nor more than sixty (60) days from the date of receipt of the request for appeal at the office of the President of the Hospital or his designee provided, however, that when a request for appellate review concerns a member who is under suspension, the appellate review shall be held as soon as the arrangements may reasonably be made, not to exceed fifteen (15) days from the date of receipt of the request for the appeal at the office of the President of the Hospital or his designee. The time for appellate review may be extended by the Appeal Board for good cause at the written request of the applicant or member not to exceed ninety (90) days from the date of the receipt of the request for an appeal.

10.5-5 Appeal Procedure

The proceeding by the Appeal Board shall be in the nature of an appellate hearing based upon the recommendation of the Medical Executive Committee and the record of the hearing before the Judicial Review Committee. The Appeal Board may accept additional oral or written evidence subject to a foundational showing that such evidence was not made available to the Judicial Review Committee. Any new evidence offered by either party shall be subject to the same rights of the other party of cross-examination or confrontation provided at the Judicial Review Committee hearing. Each party shall have the right to personally appear or to be represented by legal counsel in connection with the appeal, and to present a written statement in support of its position on appeal. Following the Appellate Review hearing, the Appeal Board may conduct, at a time convenient to itself, deliberations outside the presence of the parties and their representatives.

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10.5-6 Decision

- (a) Within thirty (30) days after the conclusion of the appellate review proceeding, the Governing Body shall render a decision in writing and shall forward copies thereof to each side involved in the hearing.
- (b) The Governing Body may affirm, modify or reverse the decision of the Medical Executive Committee or remand the matter to the Medical Executive Committee for reconsideration. If the matter is remanded to the Medical Executive Committee that committee shall promptly conduct any such review and report its recommendation in writing to the Governing Body not more than twenty (20) days from the date of the Appellate Review hearing. Following receipt of the written recommendation of the Medical Executive Committee, the Governing Body shall render its final decision in writing no more than thirty (30) days from the date of the Appellate Review hearing. The Governing Body may affirm, modify or reverse the recommendation of the Medical Executive Committee. The Governing Body shall provide each party to the Appellate hearing a copy of its final decision by personal delivery, or sent by certified mail, return receipt requested.
- (c) In the event the decision of the Governing Body confirms the final recommendation of the Medical Executive Committee, that action shall become final. In the event the recommendation of the Medical Executive Committee is not confirmed by the Governing Body, it shall also become final unless the Medical Executive Committee elects within fifteen (15) days to submit the matter to the Joint Conference Committee; however, the Joint Conference Committee shall not be convened and shall not consider any matter previously submitted to the Joint Conference Committee. The Joint Conference Committee shall have access to the records from the hearing and appeal. The recommendation of the Joint Conference Committee shall be sent to the Governing Body and the Medical Executive Committee, in writing within forty five (45) days of receipt of the matter unless extended for good cause. The final decision of the Governing Body shall specify the reasons for the action taken and shall constitute final action. This final action shall be taken by the Governing Body within thirty (30) days of receipt of the Joint Conference Committee's written recommendation.
- (d) Subject to the provisions of the preceding subparagraph, the final decision of the Governing Body shall be effective as of the time and date that decision is rendered, and the medical staff membership and clinical privileges of the applicant or member shall be immediately modified in accordance with that decision.

10.5-7 Right To One Hearing

No applicant or member shall be entitled to more than one evidentiary hearing and one appellate review on any matter that shall have been the subject of adverse action or recommendation.

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10.6 EXCEPTIONS TO HEARING RIGHTS

10.6-1 Medical-Administrative Officers and Contract Members

Members who are directly under contract with the Hospital in a medical-administrative capacity or in a Special Hospital Department, shall be subject to the procedural rights specified in Article X:

- (1) to the extent that any contract modifications, or termination or restrictions of staff status or clinical privileges proposed by the Hospital deal with issues relating to professional character, performance, or competence, or
- (2) to the extent that the member's Medical Staff membership or clinical privileges which would otherwise exist independent of the contract are to be limited or terminated.

10.6-2 Automatic Suspension or Limitation of Practice Privileges

- (a) When a health care practitioner's license or legal credentials required to practice medicine have been revoked or suspended by the entity granting those credentials, there shall be a simultaneous revocation or suspension of medical staff membership and clinical privileges, and no hearing shall be required.
- (b) Upon reinstatement of health care practitioner's license or other legal credentials to practice medicine, the member may make written application to the Governing Body for reinstatement of medical staff membership and clinical privileges. The Governing Body shall respond to that request in writing within thirty (30) days of receipt of that application. If that application is denied, the action shall constitute actual adverse action by the Governing Body, entitling the member to the rights and remedies provided in this Article X.

ARTICLE XI - OFFICERS

11.1 GENERAL OFFICERS OF THE STAFF

11.1-1 Identification

The general officers of the Medical Staff shall be:

- A. Chief of the Medical Staff ("Chief of Staff")
- B. Vice Chief of Staff/Secretary-Treasurer
- C. Immediate-Past Chief of Staff

11.1-2 Qualifications

General officers must be members of the active category of the Medical Staff at the time of nomination; election; during the entire term of office; and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

Nominees for the office of Vice Chief of Staff must be members who have been in the Active category for a minimum of two (2) consecutive years.

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11.1-3 Nominations

- A. By Nominating Committee: The nominating committee shall convene at least sixty (60) days prior to the annual meeting and shall submit to the Vice Chief of Staff/Secretary-Treasurer one or more qualified nominees for each office each of whom have expressed a willingness to be nominated for said office. The names of such nominees shall be reported to the staff at least thirty (30) days prior to the annual meeting.
- B. By Petition: Nominations may also be made by petition signed by at least fifteen (15) percent of the members of the active category to which is attached a signed statement by the nominee indicating his willingness to be nominated for said office and filed with the Vice Chief of Staff/Secretary-Treasurer at least fifteen (15) days prior to the annual meeting. As soon thereafter as reasonably possible, the names of these additional nominees shall be reported to the staff.
- C. By Nomination from the Floor: Nominations may also be made from the floor. Nominations from the floor do not need a second. In the case of a nomination from the floor, the nominee must be present to confirm a willingness to be nominated for said office or have provided to the person placing the name in nomination, a signed written statement indicating a willingness to be nominated for said office. Such statement must be presented at the time the nomination is made.
- D. By Other Means: If, before the election, any of the individuals nominated for an office pursuant to Section 11.1-3,A shall refuse, be disqualified from, or otherwise be unable to accept nominations, then the Nominating Committee shall submit one or more substitute nominees at the annual meeting.

For the purposes of this section, the word "days" refers to calendar days.

11.1-4 Election

Officers shall be elected at the annual meeting of the staff. Only members of the Active Category of the Medical Staff shall be eligible to vote. Voting shall be by secret written ballot, and voting by proxy shall not be permitted.

Each office shall be voted on separately. A nominee shall be elected upon receiving a majority of fifty percent (50%) plus one (1) of the valid votes cast.

If no candidate for the office receives a majority vote on the first ballot, a runoff election shall be held promptly between the two (2) candidates receiving the highest number of votes.

11.1-5 Exceptions

Sections 11.1-3 and 11.1-4 shall not apply to the office of Chief of Staff. The Vice Chief of Staff shall, upon completion of his term of office in that position, immediately succeed to the office of the Chief of Staff.

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11.1-6 Term of Elected Office

Each General Officer shall serve a two (2) year term, commencing on the first day of the Medical Staff year following his election. Each General Officer shall serve until the end of his term and until a successor is elected, unless the member shall sooner resign or be removed from office.

11.1-7 Removal of Officers

Grounds for removal shall include, but not be limited to, mental and/or physical impairment or inability and/or unwillingness to perform the duties and responsibilities of the office.

Action directed towards removing an officer from office may be initiated by submission to the Medical Executive Committee of a petition seeking removal of an officer, signed by not less than twenty-five percent (25%) of the members of the active category.

Within forty-five (45) days of receipt of such petition by the Medical Executive Committee, a special meeting of the members of the Active Category of the Medical Staff shall be called in accordance with the provisions stated in Article XIV of these Bylaws. Removal of an officer of the Medical Staff shall require a sixty-six percent (66%) vote in favor of removal by the members of the Active Category present at the meeting. Voting shall be done by secret written ballot.

11.1-8 Vacancies in Office

Vacancies in offices shall be filled by the Medical Executive Committee. If there is a vacancy in the office of Chief of Staff, the Vice Chief of Staff shall serve out the remaining term. A vacancy in the office of Vice Chief of Staff shall be filled by a special election conducted as reasonably soon after the vacancy occurs as possible following the general mechanisms outlined in Section 11.1-3 and 11.1-4.

11.2 DUTIES OF GENERAL OFFICERS

11.2-1 Chief of Staff

The Chief of Staff serves as the chief administrative officer and principal elected official of the Medical Staff. As such, he or she shall:

- A. Aid in coordinating the activities and concerns of the Hospital management and of the nursing and other patient care services with those of the Medical Staff;
- B. Shall report to the Governing Body, in conjunction with the Medical Executive Committee, on the quality and efficiency of clinical services and performance within the Hospital and on the effectiveness of the Performance improvement and utilization review programs.
- C. Develop and implement, in cooperation with the Clinical Department and Committee Chairmen, methods for credentials review and for delineation of privileges, continuing education programs, utilization review, concurrent monitoring of practice, and quality assessment;

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- D. Appoint the Medical Staff representatives to Medical Staff and Hospital committees, and chairmen of Medical Staff committees, other than Performance Improvement and Credentials Committee Chairmen, unless otherwise expressly provided by these Bylaws;
- E. Communicate and represent the opinions, policies, concerns, needs and grievances of the Medical Staff to the Governing Body, the President of the Hospital or his designee and other officials of the staff;
- F. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a member;
- G. Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;
- H. Serve as chairman of the Medical Executive Committee, as an ex officio member without vote on all other staff committees unless otherwise specified as a voting committee member in the Committee Manual of the Medical Staff;
- I. Serve as a member of the Joint Conference Committee;
- J. Serve as a member of the Governing Body; and
- K. Serve as the spokesman of the Medical Staff in its external professional and public relations.

11.2-2 Vice Chief of Staff/Secretary-Treasurer

The Vice Chief of Staff/Secretary-Treasurer shall be a member of the Medical Executive Committee and his duties shall be to:

- A. Assume all the duties and have the authority of the Chief of Staff in the absence, temporary or permanent, of the Chief of Staff;
- B. Function as liaison with the Bylaws, Rules and Regulations Committee by serving as a member of that committee;
- C. Serve as a member of the Joint Conference Committee;
- D. Serve as an ex officio member of the Governing Body;
- E. Supervise the collection and accounting for any funds that may be collected in the form of staff dues, assessments, or other fees and maintain proper records of such funds; and
- F. Perform such other duties as ordinarily pertain to his office or as assigned by the Chief of Staff or the Medical Executive Committee.

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11.2-3 Immediate Past Chief of Staff

The Immediate Past Chief of Staff shall be a member of the Medical Executive Committee and his duties shall be to:

- A. Assume all the duties and have the authority of the Chief of Staff in the absence of the Chief of Staff and Vice Chief of Staff;
- B. Perform such additional duties as may be assigned to him by the Chief of Staff or the Medical Executive Committee.

11.3 DEPARTMENT OFFICERS

11.3-1 Department Chairmen

A. Qualifications

Each Department Chairman shall be and remain a member in good standing of the active category; shall be qualified by training, experience and ability; and shall be willing and able to discharge the functions of his office. Department Chairmen shall be board certified or have comparable competence as evidenced through the delineation of clinical privileges process.

B. Election

A Department Chairman shall be elected at the annual meeting of the Department in May.

C. Term Of Office

A Department Chairman shall serve a one (1) year term and shall serve until the end of his term and until a successor is elected, unless he or she shall sooner resign or be removed from office. A Department Chairman may be re-elected, but may serve no more than two consecutive one-year terms.

D. Duties

Each Clinical Chairman shall:

1. Be accountable to the Medical Executive Committee and to the Chief of Staff or all professional and administrative activities within his department;
2. Submit written reports to the Medical Executive Committee on a regularly scheduled basis concerning:
 - a. Findings of the department's review, evaluation and monitoring activities, actions taken thereon, and the results of such action;

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- b. Recommendations for maintaining and improving the quality of care provided in the department and the Hospital; and
 - c. Such other matters as may be required from time to time by the Medical Executive Committee.
3. Develop and implement departmental programs in cooperation with the Chief of Staff and consistent with the provisions of these Bylaws for retrospective patient care review, ongoing monitoring of practice, credentials review and privileges delineation, continuing medical education, orientation and utilization review.
3. Be a member of the Medical Executive Committee, give guidance on the medical policies of the Hospital, and make specific recommendations and suggestions regarding his own department.
4. Maintain continuing review of the professional performance of all members with clinical privileges and of all allied health professionals assigned to his department and report regularly thereon to Chief of Staff and to the Medical Executive Committee.
5. Transmit to the appropriate authorities as required by these Bylaws, his recommendations concerning appointment and classification, reappointment, delineation of clinical privileges or specified services, and corrective action with respect to practitioners in his department.
6. Recommendations for a sufficient number of qualified and competent persons to provide care, treatment and services in the department.
7. Recommend to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the department.
8. Appoint such committees as are necessary to conduct the functions of the department as specified in these Bylaws and designate chairmen of such committees.
9. Designate an Active Member of the Department to carry out his duties in his absence;
10. Enforce the Medical Staff Bylaws, Rules, Regulations and Policies within his department, including initiating corrective action and investigation of clinical performance.
11. Implement within his department actions taken by the Medical Executive Committee.
12. Participate in every phase of administration of the clinical department through cooperation with the nursing service and the Hospital management in matters affecting patient care.

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13. Assist in the preparation of such annual reports, including budgetary planning, pertaining to his department as may be required by the Medical Executive Committee.
14. 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 organization.
15. Perform such other duties commensurate with his office as may from time to time be reasonably requested of him by the Chief of Staff, the Medical Executive Committee or the President of the Hospital or his designee.

11.3-2 Removal of Department Officers

Grounds for removal shall include, but not be limited to, mental and/or physical impairment or inability and/or unwillingness to perform the duties and responsibilities of the position.

Action directed towards removing a departmental officer from office may be initiated by submission to the Medical Executive Committee of a petition seeking removal of such officer, signed by not less than twenty-five percent (25%) of the members of the active category of the affected department.

Within forty-five (45) days of receipt of such petition by the Medical Executive Committee, a special meeting of the members of the Active Category of the affected department shall be called by the Chief of Staff in accordance with the provisions stated in Article XV of these Bylaws. The presiding officer at this special meeting shall be the Chief of Staff or his designee. Removal of a departmental officer shall require a sixty-six percent (66%) vote in favor of removal by the members of the Active Category present at the meeting. Voting shall be done by secret written ballot.

ARTICLE XII - CLINICAL DEPARTMENTS

12.1 ORGANIZATION OF CLINICAL DEPARTMENTS

Each clinical department shall be organized as a separate part of the Medical Staff and shall have a Chairman who is selected and has the authority, duties and responsibilities as specified in Article XI.

12.2 DESIGNATION

Current Departments

The clinical departments shall consist of Family Medicine, Medicine, obstetrics/Gynecology, Pediatrics, Surgery and Cardiovascular and Thoracic Services.

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12.3 ASSIGNMENT TO CLINICAL DEPARTMENTS

Each Medical Staff member and each Allied Health Professional shall be assigned to one clinical department for the purposes of participating in the required functions of the Medical Staff and for fulfilling the obligations of staff membership. This assignment shall be to the clinical department in which the member's practice tends to be concentrated.

Each Medical Staff member may be granted clinical privileges or specified services in one or more of the other clinical departments in accordance with their training and experience. The exercise of clinical privileges or the performance of specified services within any clinical department shall be subject to the Rules and Regulations of that clinical department and the authority of the clinical department.

A Medical Staff member with privileges in more than one clinical department shall vote and attend meetings in the clinical department in which he or she holds primary privileges.

12.4 FUNCTIONS OF CLINICAL DEPARTMENTS

The primary responsibility delegated to each department is to implement and conduct specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in that department.

To carry out this responsibility, each department shall:

- A. Meet twice annually for the purpose of receiving, reviewing and considering patient care review findings and the results of the department's other review, evaluation and monitoring activities and of performing or receiving reports on other department and staff functions.
- B. Conduct special studies of care and specified monitoring activities, including mortality and surgical case review, for the purpose of evaluating clinical work performed under its jurisdiction.
- C. Establish guidelines for the granting of clinical privileges and the performance of specified services within the department and submit the recommendations required under Articles VII and VIII regarding the specific privileges each Medical Staff member or applicant may exercise and the specified services each allied health professional may provide.
- D. Conduct or participate in, and make recommendations regarding the need for continuing education programs pertinent to change in the state-of-the-art and to findings of review, evaluation and monitoring activities.
- E. Monitor, on a continuing and concurrent basis, adherence to:
 1. Medical Staff and Hospital policies and procedures;
 2. Requirements for alternate coverage and for consultations; and
 3. Sound principles of clinical practice.

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- F. Coordinate the patient care provided by the members of the department with nursing and ancillary patient care services.
- G. Submit written reports to the Medical Executive Committee on a regularly scheduled basis concerning:
 - 1. Findings of the department's review and evaluation activities, action taken thereon, and the result of such action;
 - 2. Recommendations for maintaining and improving the quality of patient care provided in the department and the Hospital; and
 - 3. Such other matters as may be requested from time to time by the Medical Executive Committee.
- H. Establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it.

ARTICLE XIII - COMMITTEES

13.1 DESIGNATION AND STRUCTURE

There shall be a Medical Executive Committee and such other standing and special committees of the staff responsible to the Medical Executive Committee as may from time to time be necessary and desirable to perform the staff functions listed in Section 13.3 and elsewhere in these Bylaws.

As Hospital interests and services expand, the Medical Staff shall develop committees as required to direct or monitor and review and analyze these services on a regular basis.

The Medical Executive Committee may establish a Medical Staff committee to perform one or more of the required Medical Staff functions.

Those functions requiring participation of, rather than direct oversight by the Medical Staff, may be discharged by the Medical Staff representation on such Interdisciplinary Hospital Committees.

13.2 COMMITTEES OF THE MEDICAL STAFF

13.2-1 Classification of Staff Committees

Classification of staff committees includes Administrative Committees, Patient Care Services Committees and Interdisciplinary Hospital Committees. The composition, duties and responsibilities of such committees shall be so stated in the **Committee Manual of the Medical Staff**.

13.2-2 Committee Manual of the Medical Staff

- A. Adoption
The **Committee Manual of the Medical Staff** shall be adopted by the Medical Staff and recommendation to the Governing Body.

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B. Amendment

The **Committee Manual of the Medical Staff** may be amended or repealed, in whole or in part by a resolution of Medical Executive Committee and adopted by the Governing Body.

13.2-3 Composition and Appointment

A Medical Staff administrative or patient care services committee established to perform one or more of the staff functions required by these Bylaws shall be composed of members of the Medical Staff and may include, where appropriate, allied health professionals and representation from Hospital management and such other departments as are appropriate to the function(s) to be discharged.

All Medical Staff members to serve on committees and as chairmen of committees shall be appointed by the Chief of Staff unless otherwise specified in these Bylaws; e.g., the Chairmen of the Credentials Committee and the P.I. Committee shall be appointed by the Medical Executive Committee.

All Hospital personnel, other than Medical Staff members, who are to serve on committees shall be appointed by the President of the Hospital or his designee.

The Chief of Staff shall appoint Medical Staff members to interdisciplinary Hospital committees.

13.2-4 Ex Officio Members

The Chief of Staff and the President of the Hospital or their respective designees shall serve as ex officio member without vote on all Medical Staff administrative and patient committees as stated in the **Committee Manual of the Medical Staff** or otherwise stated in these Bylaws.

13.2-5 Term and Prior Removal

Unless otherwise specifically provided, a committee member (other than one serving ex officio) shall continue as such for one year or until his successor is appointed, unless he or she shall sooner resign or be removed from the committee.

A Medical Staff committee member, other than one serving ex officio, may be removed by the Chief of Staff.

13.2-6 Vacancies

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

13.2-7 Meetings

A committee established to perform one or more of the Medical Staff functions required by these Bylaws shall meet as often as is necessary to discharge its assigned duties and shall:

1. Maintain a record of attendance at their meetings;

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2. Maintain a record of their procedures;
3. Submit timely reports of their activities to the Medical Executive Committee; and
4. Submit a summary report of its activities during the year at the annual meeting of the staff.

13.3 STAFF FUNCTIONS

Provision is hereby made in these Bylaws to perform, either through assignment to clinical departments, to Medical Staff committees, to Medical Staff officers or officials or to interdisciplinary Hospital committees, the following:

- A. Monitor and evaluate the quality and appropriateness of the patient care provided by all individuals with privileges. The results of this monitoring must be documented and reported as specified in the **Committee Manual of the Medical Staff**.
- B. Conduct, coordinate and review patient care reviews of quality and appropriateness and monitoring activities, including but not limited to blood usage, antibiotic and drug usage reviews, medical record, risk management and surgical case reviews.
- C. Develop policies and maintain surveillance of patient care practice including, but not limited to special care areas, drug utilization, infection control and patient care support services.
- D. Conduct, coordinate and review utilization review activities.
- E. Conduct, coordinate and review credentials investigations and recommendations regarding staff membership and grants of clinical privileges and specified services.
- F. Provide continuing education opportunities responsive to quality activity findings, new state-of-the-art developments and other perceived needs; and analyze the needs of the professional medical library services.
- G. Plan for Hospital growth and development; response to fire and other disasters; and for the provision of services required to meet the needs of the community.
- H. Direct staff organizational activities, including staff Medical Staff Bylaws, review and revision; staff officer nominations and committee assignments, liaison with the Governing Body and Hospital Management, and review and maintenance of Hospital accreditation.
- I. Coordinate the care provided by members with the care provided by the nursing service and with the activities of other Hospital patient care and administrative services.

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13.4 MEDICAL EXECUTIVE COMMITTEE

13.4-1 Composition

The Medical Executive Committee shall be a standing committee consisting of the general (elected) officers of the Medical Staff, the Chairmen of each clinical department (Family Medicine, Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Cardiovascular and Thoracic Services), and the Chairmen of the Credentials Committee, the Emergency Department Committee and the Performance Improvement Committee. The President of the Hospital or his designee shall be an ex-officio member without vote. The Chief of Staff shall serve as chairman of the committee. The Committee may include other practitioners and any other individuals as determined by the organized Medical Staff.

13.4-2 Duties

The duties of the Medical Executive Committee shall be to:

- A. Receive or act upon reports and recommendations from the departments, committees and officers of the staff concerning patient care quality and appropriateness reviews, evaluation and monitoring functions and the discharge of their delegated administrative responsibilities and recommend to the Governing Body specific programs and systems to implement these functions.
- B. Coordinate the activities of and policies adopted by the staff, departments and committees.
- C. Recommend to the Governing Body all matters relating to appointments, reappointments, staff category, department assignments, clinical privileges and corrective action.
- D. Be responsible to the Governing Body and to the staff for the overall quality and efficiency of patient care in the Hospital.
- E. Take reasonable steps to insure professionally ethical conduct and competent clinical performance on the part of staff members including initiating investigations and initiating and pursuing corrective action, when warranted.
- F. Establish Medical Staff committees to perform one or more of the required staff functions.
- G. Review, at least annually, the Medical Staff Credentialing Policy and Procedure Manual and the Committee Manual of the Medical Staff; make recommendations regarding revisions and amendments to these manuals as needed to the Governing Body.
- H. Report at each general staff meeting.

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- I. Make recommendations on medico-administrative and Hospital management matters.
- J. Inform the Medical Staff of the accreditation program and the accreditation status of the Hospital.
- K. Participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs.
- L. Represent and act on behalf of the 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 these Bylaws.
- M. Formulate Medical Staff Rules and Regulations.
- N. Appoint the Chairmen of the P.I. Committee and the Credentials Committee.

13.4-3 Meetings

The Medical Executive Committee shall meet at least monthly and maintain a permanent record of its proceedings and actions.

ARTICLE XIV - MEDICAL STAFF MEETINGS

14.1 MEDICAL STAFF YEAR

The Medical Staff year will begin on July 1.

14.2 GENERAL STAFF MEETINGS

14.2-1 Regular Meetings

The Medical Staff shall hold regular staff meetings twice annually, in the months of May and November. The May meeting constitutes the annual meeting during which general officers for the following Medical Staff year shall be elected.

14.2-2 Special Meetings

Special meetings of the Medical Staff may be called at any time by the Chief of Staff, the Medical Executive Committee, or shall be called by the Chief of Staff within ten (10) days after receipt of a written request for a meeting, signed by not less than one-fourth (1/4) of the members of the Active Category. The request must state the purpose of such meeting.

The Chief of Staff shall designate the time and place of any special meeting.

Written or oral notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally or by mail, to each member of the Active Category. If personally delivered, it must be so delivered not less than

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one (1) nor more than fifteen (15) days before the date of such meeting. If mailed, it must be delivered not less than five (5) days nor more than fifteen (15) days before the date of such meeting and if mailed, the notice of the meeting shall be deemed delivered when deposited, postage prepaid, in the United States mail, addressed to each Medical Staff member at the address as it appears on the records of the Hospital. Notice may also be sent to members of other Medical Staff groups who have so requested. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

14.2-3 Quorum

The presence of one-third (33-1/3%) of the total members of the Active Category at any regular or special meeting shall constitute a quorum for all actions.

14.2-4 Attendance Requirements

Each member of the Active Category shall be required to attend fifty percent (50%) of all the general Medical Staff meetings held each year.

Compliance with this meeting attendance requirement will be reviewed annually.

Non-compliance with the meeting attendance requirement shall result in a mandatory review by the Medical Executive Committee. The annual Medical Staff dues for members who have not met the meeting attendance requirement shall be double for the following year. Consecutive years of non-compliance shall result in quadrupling of the regular dues assessment.

14.2-5 Order of Business and Agenda

The Chief of Staff shall determine the order of business at a regular meeting. The agenda shall include at least:

- A. Reading and acceptance of the minutes of the last regular and of all special meetings held since the last regular meeting;
- B. Administrative reports from the Chief of Staff, Departments and Committees, and the President of the Hospital or his designee;
- C. The election of general officers when required by these Bylaws;
- D. Reports by responsible officers, committees and departments on the overall results of the Performance improvement and utilization management programs and on the fulfillment of the other required staff functions;
- E. Recommendations for improving patient care within the Hospital;
- F. New business; and
- G. Adjournment

The order of business at special meetings shall be:

- A. Reading of the notice calling the meeting;
- B. Transaction of the business for which the meeting was called; and
- C. Adjournment

ARTICLE XV - DEPARTMENT AND COMMITTEE MEETINGS

15.1 DEPARTMENT AND COMMITTEE MEETINGS

15.1-1 Regular Meetings

Departments and committees may, by resolution, provide the time for holding regular meetings and no notice other than such resolution is required. Clinical departments must hold meetings twice annually. The frequency of committee meetings is as required by these Bylaws or stated in the Committee Manual of the Medical Staff.

15.1-2 Special Meetings

A special meeting of any department or committee may be called by the Chairman thereof, and must be called by the Chairman upon written request by the Chief of Staff, or by one-third of the group's then members but not less than two (2) members.

15.2 ATTENDANCE REQUIREMENTS

15.2-1 Clinical Department Meetings

Each member of the Active Category shall be required to attend fifty percent (50%) of all meetings of the clinical department of which he or she is a member held each year.

Compliance with this meeting attendance requirement will be reviewed annually.

Non-compliance with the meeting attendance requirement shall result in a mandatory review by the Medical Executive Committee. The annual Medical Staff dues for members who have not met the meeting attendance requirement shall be double for the following year. Consecutive years of non-compliance shall result in quadrupling of the regular dues assessment.

15.2-2 Committee Meetings

Each Medical Staff member of a committee shall be required to attend not less than fifty percent (50%) of all meetings of each committee of which he or she is a member held each year.

Any member who is compelled to be absent from a meeting of a committee of which he or she is a member may promptly submit to the regular chairman thereof, in writing, the reason for such absence.

Failure to meet the foregoing annual attendance requirements shall be reported by the Committee Chairman to the Medical Executive Committee for action.

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15.2-3 Special Appearances or Conferences

- A. A member whose patient's clinical course of treatment is scheduled for discussion at a staff, clinical department or committee meeting shall be so notified, invited to present the case and shall be expected to attend such meeting. If such member is not otherwise required to attend the meeting, the Chief of Staff shall give the member advance written notice of the time and place of the meeting at which his attendance is expected.

If the member shall make a timely request for postponement supported by adequate evidence that his absence will be unavoidable, such presentation may be postponed by the Chairman of the department, or by the Medical Executive Committee if the chairman is the member involved, until not later than the next regular departmental meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

- B. Whenever a staff or department educational program is prompted by findings of the Performance improvement activities, the Medical Staff member(s) whose performance prompted the program will be notified of the time, date and place of the program, of the subject matter to be covered and its special applicability to the member's practice. Except in unusual circumstances and unless excused by the Medical Executive Committee, he or she will be required to be present.

- C. Whenever an apparent or suspected deviation from standard clinical practice is identified, the Chief of Staff or the applicable clinical department Chairman may require the member to confer with him or with a standing or ad hoc committee that is considering the matter.

The member will be given special notice in writing either personally delivered or by certified mail of the conference at least seven (7) days prior to the conference. Such notice shall include the date, time and place, and a statement of the issue involved, and that the member's appearance is mandatory.

- D. Failure by a member to attend any meeting with respect to which he or she was given notice that attendance was mandatory, unless excused by the Medical Executive Committee upon a showing of good cause, may be a basis for corrective action as specified in Article IX, Section 9.4-3 of these Bylaws.

15.3 MEETING PROCEDURES

15.3-1 Notice of Meetings

Written or oral notice stating the place, day and hour of any regular meeting not held pursuant to resolution shall be delivered, either personally or by mail, to each member of the committee or department. If personally delivered, it must be so delivered not less than three (3) business days before the time of such meeting. If mailed, it must be delivered not less than five (5) days prior to the date of such meeting and if mailed, the notice of the meeting shall be deemed delivered when deposited in the United States mail, addressed to the member at his address as it appears on the records of the Hospital, with postage thereon prepaid.

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15.3-2 Quorum

- A. Department
The presence of one-third (33-1/3%) of the members of the Active Category of a department, but not less than two (2) members, shall constitute a quorum at any regular or special meeting.
- B. Committee
One-third (33-1/3%) of the members of the committee, but no less than two (2) members, shall constitute a quorum at any meeting.

15.3-3 Manner of Action

The action of a majority of the members present at a meeting at which a quorum is present shall be the action of a committee or department. Action may be taken without a meeting by unanimous consent in writing (setting forth the action so taken) signed by each member entitled to vote at such meeting.

15.3-4 Rights of Ex-Officio Members

Persons serving under these Bylaws as ex-officio members of a committee shall have all rights and privileges of regular members except they shall not be counted in determining the existence of a quorum and shall not have the right to vote.

15.3-5 Minutes

Minutes of each regular and special meeting of a committee or department shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the presiding officer and maintained in a permanent file in the Medical Staff Office.

15.3-6 Order of Business and Agenda

The order of business at a regular department or committee meeting shall be determined by the Chairman. The agenda shall include at least:

- A. Reading and acceptance of the minutes of the last regular and of all special meetings held since the last regular meeting;
- B. Unfinished Business;
- C. Review of reports and findings on the overall results of the Performance improvement and utilization management programs and on the fulfillment of the other required staff functions;
- E. New Business; and
- F. Adjournment

The order of business at special meetings shall be:

- A. Reading of the notice calling the meeting;

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- B. Transaction of the business for which the meeting was called; and
- C. Adjournment

ARTICLE XVI - CONFIDENTIALITY, IMMUNITY AND RELEASES

16.1 DEFINITIONS

For purposes of this Article, the following definitions shall apply:

- A. **INFORMATION** means any record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, actions, data, or any other disclosures or communications in written, electronic or oral form relating to any subject matter addressed in Section 16.3.
- B. **PRACTITIONER** means an applicant to, or member of the Medical Staff of Bethesda Hospital, including, without limitation, physicians, osteopaths, dentist, clinical psychologists and allied health professionals, or any other health care practitioner who applies for professional clinical privileges at the Hospital.
- C. **REPRESENTATIVES** means the Board of Trustees of the Hospital and any trustee, member or committee thereof; the Hospital President or his designee; any employees or agents of Hospital or any other organizations; any Medical Staff organization and any member, officer, clinical unit, or committee thereof; and any individual authorized by any of the foregoing to perform specific Information gathering, analysis, uses or disseminating functions.
- D. **THIRD PARTIES** means both individuals and organizations providing or receiving Information, and their Representatives.
- E. **HOSPITAL** means Bethesda Hospital, Inc. or any affiliate or successor corporation or organization.
- F. **MEDICAL STAFF** means the Medical Staff of Bethesda Hospital, Inc.

16.2 AUTHORIZATION AND CONDITION

By submitting an application for staff appointment or reappointment, or by applying for or exercising clinical privileges or providing specified patient care services in this Hospital, a Practitioner:

- A. Authorizes Representatives of the Hospital and the Medical Staff to solicit, provide and act upon Information bearing on his professional ability and qualifications;
- B. Agrees to be bound by the provisions of this Article and to waive all legal claim against any Representative who acts in good faith and without malice in accordance with the provisions of this Article and any applicable state or federal statutes.

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16.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any Practitioner submitted, collected or prepared by any Representatives of this or any other Hospital, organization, or Medical Staff for the purposes of evaluating and improving the quality of health care rendered by practitioners, reducing morbidity and mortality, or determining that health care services rendered are professionally indicated, performed competently, and in compliance with the applicable standards of care shall, to the fullest extent permitted by law, be confidential and shall not be used in any way except as provided herein or except as otherwise provided by law. Such confidentiality shall also extend to Information that may be provided by third parties. This Information shall not become a part of any particular patient's record.

16.4 IMMUNITY FROM LIABILITY

16.4-1 For Action Taken

No representative of the Hospital or Medical Staff, nor person acting as a witness, reporter, or investigator, shall be liable to a Practitioner for damages or other relief as long as they acts in good faith and without malice after a reasonable effort to ascertain the truthfulness of the facts and upon a reasonable belief that such action, is warranted by the facts.

16.4-2 For Providing Information

No representative of the Hospital or Medical Staff and no third party shall be liable to a Practitioner for damages or other relief by reason of providing Information, including otherwise privileged or confidential Information, provided that such Representative acts in good faith and without malice.

Information may be provided:

- (1) to another authorized individual for the purpose of conducting professional review activity;
- (2) as authorized by Hospital or Medical Staff policy; or
- (3) as authorized, in writing, by legal counsel to the Hospital.

16.5 ACTIVITIES AND INFORMATION COVERED

16.5-1 Activities

The confidentiality and immunity provided by this Article applies to all acts, communications, proceedings, interviews, reports, records, minutes, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions, or disclosures, performed or made in connection with the Hospital's or any other health care facility's or organization's activities concerning but not limited to:

- A. Applications for appointment to the Medical Staff, clinical privileges or specified services;
- B. Periodic appraisals for reappointment to the Medical Staff or for clinical privileges or specified services;

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- C. Corrective or disciplinary actions;
- D. Hearings and appellate reviews;
- E. Utilization and claims reviews;
- F. Performance improvement program activities;
- G. Profiles and profile analysis;
- H. Malpractice loss prevention;
- I. Other Hospital and Medical Staff activities related to monitoring and maintaining quality health care and appropriate professional conduct.

16.5-2 Information

The Information referred to in this Article may relate to a practitioner's professional qualifications, clinical ability, judgment, character, physical or mental health, emotional stability, professional ethics or any other matter that might directly or indirectly affect patient care.

16.6 RELEASES

Each practitioner shall, upon reasonable request of this Hospital, execute general and specific releases permitting Hospital or its Representatives to obtain or release Information in accordance with the tenor and import of this Article.

Failure to execute such releases shall not affect the immunity provisions to Representatives under this Article as well as under federal and state statutes and regulations.

ARTICLE XVII - GENERAL PROVISIONS

17.1 MEDICAL STAFF RULES AND REGULATIONS

17.1-1 ADOPTION

The Medical Executive Committee, as duly-elected representatives of the Medical Staff, shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found in these Bylaws, subject to the approval of the Governing body. These shall relate to the proper conduct of staff organization activities as well as embody the level of practice that is to be required of each Medical Staff member or allied health professional in the Hospital, shall be consistent with these Bylaws, and shall be reviewed at least every two (2) years.

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17.1-2 METHOD OF AMENDMENT

The Rules and Regulations can be amended or repealed at any regular meeting of the Medical Executive Committee at which a quorum is present, by a two-thirds vote of the members of the Medical Executive Committee present at the meeting. Such changes shall become effective when approved by the Governing Body.

In cases of a documented need for an urgent amendment to rules and regulations necessary to comply with law or regulation, the Medical Executive Committee, as delegated by the voting members of the organized Medical Staff, may provisionally adopt and the governing body may provisionally approve an urgent amendment without prior notification of the Medical Staff. In such cases, the Medical Staff will be immediately notified by the Medical Executive Committee. The Medical Staff has the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the organized Medical Staff and the Medical Executive Committee, the provisional amendment stands. If there is a conflict over the provisional amendment, the process for resolving conflict between the organized Medical Staff and the Medical Executive Committee is implemented. If necessary, a revised amendment is then submitted to the governing body for action.

17.2 DEPARTMENT RULES AND REGULATIONS

Subject to the approval of the Medical Executive Committee and the Governing Body, each department shall formulate its own Rules and Regulations for the conduct of its affairs and discharge of responsibility. Such Rules and Regulations shall not be inconsistent with these Bylaws, the general Rules and Regulations and manuals of the Medical Staff or other policies of the Hospital and shall be reviewed at least every two (2) years.

17.3 STAFF DUES

The Medical Executive Committee will establish the amount and manner of disposition of the annual dues.

All members of the Medical Staff, unless otherwise stated in Article IV of these Bylaws shall be required to pay dues. Funds so derived are to be used by the Medical Staff for educational purposes, to support the Medical Library, and for other purposes as the Medical Executive Committee shall determine.

Dues are payable at the beginning of each Medical Staff year. Failure, unless excused by the Medical Executive Committee for good cause, to tender payment within sixty (60) days of the receipt from the Secretary-Treasurer, after special notice of the delinquency, may result in corrective action as determined by the Medical Executive Committee including summary suspension of staff privileges.

17.4 FORMS

Application forms and any other prescribed forms required by these Bylaws for use in connection with staff appointments, reappointments, delineation of clinical privileges shall be adopted by the Medical Executive Committee and recommended to the Governing Body.

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17.5 CONSTRUCTION OF TERMS AND HEADINGS

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires.

ARTICLE XVIII - AMENDMENT PROCEDURE (BYLAWS)

18.1 MEDICAL STAFF RESPONSIBILITY

The Medical Staff shall have the responsibility to formulate, adopt and recommend to the Governing body, Medical Staff Bylaws and amendments thereto, which shall be effective when approved by the Governing Body. Such responsibility shall be exercised in good faith and in a reasonable, responsible and timely manner. The Bylaws, Rules and Regulations Committee shall review the Medical Staff Bylaws at least every two (2) years.

18.2 METHOD OF AMENDMENT

18.2-1 A change in these Bylaws or in the Rules and Regulations may be proposed at any time by the Medical Executive Committee, the Bylaws, Rules and Regulations Committee, or by a signed petition of ten (10%) percent or more of the members of the Active Staff Category and submitted at any regular or special meeting of members of the Active category of the Medical Staff.

18.2-2 Any such proposed change in the Medical Staff Bylaws shall then be submitted to the Bylaws, Rules and Regulations Committee, which shall review it and report its recommendations to the Medical Executive Committee. The Medical Executive Committee shall then present its recommendation at the next regular meeting of the members of the Active Category of the Medical Staff or at a special meeting of the members of the Active Category of the Medical Staff called for such purpose. The proposed change(s) shall be made available to all members of the Medical Staff by mail at least thirty (30) days prior to that Medical Staff meeting at which this matter would be voted upon.

18.2-3 Medical Staff Bylaws may be adopted, amended or repealed by the following action:

The affirmative vote of two-thirds (2/3) of the members of the Active Staff category eligible to vote on amendments to the Bylaws, when cast at a regular or special meeting, at which a quorum is present, provided that at least thirty (30) days written notice, accompanied by the proposed documents or amendments was given to each member of the Active Staff category eligible to vote thereon. Amendments so made shall be effective when approved by the Governing Body.