

**GETTYSBURG HOSPITAL**  
**MEDICAL STAFF BYLAWS**

As Amended July, 2009

## Table of Contents

	<u>Page</u>
<b>DEFINITIONS</b>	4
<b>PREAMBLE</b>	6
<b>ARTICLE I. NAME</b>	7
1.1 NAME	7
<b>ARTICLE II. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF</b>	7
2.1 PURPOSES	7
2.2 RESPONSIBILITIES	7
<b>ARTICLE III. APPOINTMENT</b>	8
3.1 GENERAL QUALIFICATIONS	8
3.2 NONDISCRIMINATION	10
3.3 BASIC RESPONSIBILITIES OF INDIVIDUAL STAFF APPOINTEES	11
3.4 TERM OF APPOINTMENT	11
3.5 PROFESSIONAL SERVICES PROVIDED PURSUANT TO CONTRACT	12
<b>ARTICLE IV. MEDICAL STAFF CATEGORIES AND ALLIED HEALTH PROFESSIONALS</b>	12
4.1 CATEGORIES	12
4.2 ACTIVE CATEGORY	13
4.3 AFFILIATE CATEGORY	14
4.4 HONORARY CATEGORY	15
4.5 MOONLIGHTING OR ROTATING PHYSICIAN RESIDENTS AND FELLOWS	15
4.6 ALLIED HEALTH PROFESSIONALS	16
4.7 SECTIONS FOR ALLIED HEALTH PROFESSIONS	17
4.8 ADDITIONAL ALLIED HEALTH PROFESSIONALS	17
<b>ARTICLE V. DELINEATION OF CLINICAL PRIVILEGES</b>	17
5.1 EXERCISE OF PRIVILEGES	17
5.2 DELINEATION OF PRIVILEGES IN GENERAL	17
5.3 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONALS	18
5.4 TEMPORARY PRIVILEGES	19
5.5 EMERGENCY PRIVILEGES	21
5.6 DISASTER PRIVILEGES	21
5.7 PROVISIONAL PERIOD	21
5.8 DEPARTMENTAL DELINEATION OF PRIVILEGES GUIDELINES	22
<b>ARTICLE VI. OFFICERS</b>	22
6.1 OFFICERS OF THE MEDICAL STAFF	22
6.2 DUTIES OF OFFICERS	25
6.3 VICE PRESIDENT OF MEDICAL AFFAIRS	26
<b>ARTICLE VII. STAFF CLINICAL DEPARTMENTS</b>	26

7.1 ORGANIZATION OF DEPARTMENTS	26
7.2 ASSIGNMENT OF DEPARTMENTS	27
7.3 FUNCTIONS OF DEPARTMENTS	27
7.4 DEPARTMENTAL RULES AND REGULATIONS	28
7.5 DEPARTMENT CHAIRMEN, VICE CHAIRMAN, AND DIVISION CHIEFS	28
<b>ARTICLE VIII. COMMITTEES AND FUNCTIONS</b>	31
8.1 GENERAL	31
8.2 MEDICAL EXECUTIVE COMMITTEE	33
8.3 CREDENTIALS COMMITTEE	35
8.4 BYLAWS COMMITTEE	35
8.5 MEDICAL RECORDS REVIEW COMMITTEE	36
8.6 MEDICAL STAFF HEALTH COMMITTEE	37
8.7 DISASTER COMMITTEE	38
8.8 INFECTION CONTROL COMMITTEE	38
8.9 PERFORMANCE IMPROVEMENT COMMITTEE	39
8.10 PHARMACY AND THERAPEUTICS COMMITTEE	41
8.11 RADIATION SAFETY COMMITTEE	41
8.12 SPECIAL CARE COMMITTEE	42
8.13 TISSUE AND TRANSFUSION COMMITTEE	43
<b>ARTICLE IX. PROCEDURAL RIGHTS</b>	44
9.1 ADVERSE ACTIONS	44
9.2 WHEN DEEMED ADVERSE	44
9.3 ACTIONS NOT DEEMED ADVERSE	45
<b>ARTICLE X. MEETINGS</b>	45
10.1 MEDICAL STAFF YEAR	45
10.2 MEDICAL STAFF MEETINGS	45
10.3 DEPARTMENT AND COMMITTEE MEETINGS	46
10.4 ATTENDANCE REQUIREMENTS	46
10.5 MEETING PROCEDURES	47
<b>ARTICLE XI. GENERAL PROVISIONS</b>	49
11.1 MEDICAL STAFF RULES AND REGULATIONS AND MANUALS	49
11.2 MEDICAL STAFF DUES	49
11.3 SPECIAL ASSESSMENTS	49
11.4 CONSTRUCTION OF TERMS AND HEADINGS	49
<b>ARTICLE XII. ADOPTION AND AMENDMENT</b>	50
12.1 MEDICAL STAFF RESPONSIBILITY	50
12.2 METHOD OF ADOPTION AND AMENDMENT	50
12.3 EFFECTIVE DATE	51
12.4 ADOPTION	51

**BYLAWS OF THE MEDICAL STAFF  
OF  
GETTYSBURG HOSPITAL**

**DEFINITIONS**

1. ACCOMPANYING MANUALS includes the Credentials Policy and Procedures Manual and the Corrective Action Procedures and Fair Hearing Plan.
2. ALLIED HEALTH PROFESSIONAL means an individual, other than a physician or dentist, who exercises independent judgment within the areas of his professional competence or who is qualified to render medical or surgical care under the supervision of a physician or dentist.
3. ANNUAL MEETING means the meeting of the Medical Staff held during the last week of June.
4. APPLICANT means an applicant for medical staff membership, clinical privileges, or both, as the context permits.
5. BOARD means the Board of Directors of Gettysburg Hospital.
6. BOARD CERTIFIED, BOARD QUALIFIED, and BOARD ELIGIBLE refers to medical, dental, or osteopathic specialty boards.
7. PRESIDENT means the individual appointed by the Board to act on its behalf in the overall administrative management of the Hospital.
8. CLINICAL PRIVILEGES or PRIVILEGES means the rights granted to a physician or dentist to provide those diagnostic, therapeutic, teaching, research, medical, surgical, or dental services specifically delineated to him. The rights granted shall include rights of access to the Hospital equipment, facilities, and personnel that are necessary to the exercise of the privileges conferred, except to the extent a right of access is affected by a contract entered into with the Hospital.
9. CREDENTIALING means the process of granting authorization by the Board to provide specific patient care and treatment services in the Hospital, within defined limits, based on an individual's license, education, training, experience, competence, physical and mental ability to perform the activities which form the basis for privileges requested, and judgment.
10. EX OFFICIO means service as an appointee of a body by virtue of an office or position held. This may be with or without voting rights.

11. FAVORABLE ACTION or FAVORABLE RECOMMENDATION means an action or recommendation that is not adverse to the Practitioner as that term is defined in Article IX of these Bylaws.
12. HOSPITAL means Gettysburg Hospital, Gettysburg, Pennsylvania.
13. INDIVIDUAL REQUIREMENTS OF CONSULTATION OR SUPERVISION means individually applied consultation or supervision requirements.
14. MEDICAL EXECUTIVE COMMITTEE means that group of active Appointees of the Medical Staff chosen to represent and coordinate all activities and policies of the Medical Staff and its departments and divisions.
15. MEDICAL STAFF or STAFF is the designation to be given to all physicians and dentists who have clinical privileges in the Hospital.
16. PHYSICIAN means an individual with an M.D. or D.O. degree who is licensed to practice medicine in the Commonwealth of Pennsylvania.
17. PRACTITIONER means, unless otherwise expressly limited, any physician, dentist, or Allied Health Professional applying for or exercising clinical privileges or rights to perform patient care services in the Hospital.
18. RIGHTS TO PERFORM PATIENT CARE SERVICES means the rights granted to an Allied Health Professional to provide those diagnostic, therapeutic, teaching, or research services specifically delineated to him. The rights granted shall include rights of access to the Hospital equipment, facilities, and personnel that are necessary to the exercise of the rights conferred, except to the extent a right of access is affected by a contract entered into with the Hospital.
19. SALARIED DEPARTMENT CHAIRMAN means a Department Chairman who is paid by the Hospital to perform the duties of Department Chairman as set forth in Section 7.5-5 of these Bylaws.
20. SPECIAL NOTICE means written notification sent by certified mail to address of record, return receipt requested.

## **PREAMBLE**

WHEREAS, Gettysburg Hospital is a nonprofit corporation organized under the Laws of the Commonwealth of Pennsylvania; and

WHEREAS, the Hospital's purpose is to serve as a general community Hospital providing patient care, education, and community service; and

WHEREAS, federal and state regulations and accreditation standards required the Hospital to have a Medical Staff organized to serve the interests of the Hospital and its patient population; and

WHEREAS, the governance of the Hospital is vested in the Board, and

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of patient care in the Hospital and is both accountable to and subject to the ultimate responsibility and authority of the Board, and that the cooperative efforts of the Medical Staff, the President, and the Board are necessary to fulfill the Hospital's obligations to its patients; and

WHEREAS, the Hospital's Board and Administration require a source of collective advise from the professionals practicing at the Hospital in aid of institutional policy formulation and enforcement, planning coordination of services, and governance;

THEREFORE, the physicians and dentists practicing in the Hospital hereby comprise the Medical Staff in conformity with these Bylaws, Rules and Regulations, and accompanying manuals, and the Articles of Incorporation and Bylaws of the Hospital.

## **ARTICLE I. NAME**

### **1.1 NAME**

The name of the staff shall be “The Medical Staff of Gettysburg Hospital”.

## **ARTICLE II. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF**

### **2.1 PURPOSES**

The purposes of the Medical Staff are as follows:

- 2.1.1 To make reasonable efforts to see that the quality of patient care provided under the auspices of the Hospital is maintained at a generally recognized level including oversight of the quality and safety of patient care, treatment and services provided by individual Practitioners;
- 2.1.2 To constitute a professional body, providing mutual educational, consultative, and professional support;
- 2.1.3 To provide a defined structure through these Bylaws, Rules and Regulations, and accompanying manuals which defines the responsibility, authority, and accountability of each organizational component and individual Appointee of the Medical Staff;
- 2.1.4 To provide a mechanism for accountability to the Board regarding delineation of clinical privileges and rights to perform patient care services in the Hospital and regarding the ongoing evaluation of performance of all Practitioners authorized to practice in the Hospital; and
- 2.1.5 To provide a means by which Appointees of the Medical Staff can formulate recommendations for the Hospital’s policies and plans, and through which such policies and plans are communicated to the Medical Staff.

### **2.2 RESPONSIBILITIES**

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

- 2.2.1 To participate in the Hospital’s Performance Improvement program by:
  - (a) evaluating Practitioners and institutional performance;
  - (b) ongoing monitoring of patient care practices and enforcement of Medical Staff and Hospital policies

- (c) evaluating Practitioners' credentials for initial and continuing Medical Staff appointment and for the delineation of clinical privileges or rights to perform patient care services in the Hospital;
  - (d) maintaining a continuing education program based in part on needs demonstrated through quality review and evaluation programs; and
  - (e) maintaining a sound system of utilization review; and
  - (f) actively participating in patient safety program.
- 2.2.2 To make recommendations to the Board regarding appointments and reappointments to the Medical Staff, including Staff category, Department and Division assignments, and clinical privileges or rights to perform patient care services in the Hospital.
- 2.2.3 To assist in the Board's planning activities, to assist in identifying community health needs, and to suggest to the Board appropriate institutional policies and programs to meet those needs;
- 2.2.4 To develop, administer, and recommend amendments to these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, and to exercise the authority granted by them;
- 2.2.5 To assure compliance with these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, and all other standards, policies and rules of the Staff and the Hospital.
- 2.2.6 To develop, participate in, and monitor Medical Staff educational and training programs; and
- 2.2.7 To establish, maintain, and enforce sound professional practices, and to initiate and pursue corrective action when warranted.

## **ARTICLE III. APPOINTMENT**

### **3.1 GENERAL QUALIFICATIONS**

Every Practitioner who seeks or enjoys Medical Staff appointment, clinical privileges, or rights to perform patient care services in the Hospital must at the time of appointment and continuously thereafter demonstrate the qualifications set forth in the Credentials Policy and Procedure Manual, as well as the following minimum qualifications:

#### **3.1.1 Licensure**

A valid current license issued by the Commonwealth of Pennsylvania to practice medicine or dentistry or to provide the patient care services applied for and meet continuing education obligations required by law.

### 3.1.2 Performance

Professional education, training, experience, ability, competence, and judgment, demonstrating a continuing ability to provide quality and efficient patient services and to contribute to the attainment of the Hospital's institutional objectives.

### 3.1.3 Attitude/Ethics

A willingness and capability to:

- (a) work with and relate to other Medical Staff appointees, Allied Health Professionals, Hospital Administration and employees, visitors, and the community, in a cooperative and professional manner, and treat all individuals in the Hospital, including but not limited to all patients, employees, volunteers, Medical Staff appointees and Allied Health Professionals, with courtesy, respect, and dignity in order to promote the provision of high quality care;
- (b) abide by the Medical Staff Bylaws, Rules and Regulations, and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital.
- (c) discharge such Hospital, Medical Staff, Department, and committee functions for which he is responsible by appointment, election, or otherwise, and obligations appropriate to his staff category;
- (d) adhere to applicable standards of professional ethics and
- (e) put forth reasonable effort and devote sufficient time toward assuring the continuing development of quality and efficient patient care services in the Hospital, and good teaching programs.
- (f) has not been suspended or excluded from a state or federal health care program.

### 3.1.4 Professional Liability Insurance

Provide evidence of current professional liability insurance, in effect, in the minimum amount as required by the Commonwealth of Pennsylvania or amounts as may be required by the Board in consultation with the Medical Executive Committee.

### 3.1.5 Disability

Freedom from any physical, mental or behavioral impairment which, even with reasonable accommodation, interferes with or substantially limits the Practitioner's ability to perform the privileges granted or to comply with any of the qualifications set forth above.

After determining that the Practitioner is qualified for appointment and privileges, the Credentials Committee may require the applicant to undergo a physical and/or or mental examination, including diagnostic testing and testing of blood and/or urine, by a physician or physicians satisfactory to the Credentials Committee if there is any question about the applicant's ability to perform the privileges requested and the responsibilities of appointment. The results of any such examination shall be made available to the Credentials Committee for its consideration. Failure of the Practitioner to undergo such an examination when requested in writing by the Credentials Committee shall constitute an automatic withdrawal of the application for appointment and clinical privileges by the Practitioner and all processing of the application shall cease.

### 3.1.6 Criminal Background Reports

Has never been convicted or entered a plea of guilty or no contest (including receiving probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition) in the disposition of any felony charge, or in the disposition of any misdemeanor charge related to controlled substances, illegal drugs, insurance or health care fraud or abuse, violence, or moral turpitude unless upon the recommendation of the Credentials Committee, the Board determines that the practitioner currently possesses the character and skills necessary to serve as a member of the Medical Staff.

(a) to verify satisfaction of this qualification, a criminal background check will be performed for all applicants to the Medical Staff at the time of application for initial appointment, and may be performed, if deemed to be reasonably necessary, at the time of application for reappointment or during any period of appointment. If a Practitioner fails to satisfy this qualification, or fails to cooperate with the performance of a criminal background check, the Practitioner may be ineligible for appointment or reappointment to the Medical Staff and may be subject to removal from the Medical Staff.

## 3.2 NONDISCRIMINATION

No aspect of Medical staff appointment, assignment to Staff category, delineation of clinical privileges, or delineation of rights to perform patient care services in the Hospital shall be denied on the basis of age, sex, race, creed, color, or national origin.

### **3.3 BASIC RESPONSIBILITIES OF INDIVIDUAL STAFF APPOINTEES**

Each Appointee of the Medical Staff, each practitioner exercising temporary privileges under these Bylaws, and each Allied Health Professional performing patient care services in the Hospital shall:

- (a) provide his patients with care at a generally recognized professional level of quality and efficiency;
- (b) abide by the Medical Staff Bylaws, Rules and Regulations, and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital;
- (c) discharge such Hospital, Medical Staff, Department, and committee functions for which he is responsible, and discharge obligations appropriate to his Staff category, if any;
- (d) prepare and complete, in a timely fashion the medial and other required records for all patients he admits or in any way provides care to in the Hospital;
- (e) participate in continuing education activities as required by individual Departments; and
- (f) abide by applicable standards of professional ethics; and
- (g) regularly communicate (verbally, in writing, and electronically) with other members of the Medical Staff, Hospital leadership, patients, and other staff, as needed.

### **3.4 TERM OF APPOINTMENT**

#### **3.4.1 Appointment**

All initial appointments to the Medical Staff, all initial delineations of privileges or rights to perform patient care services in the Hospital, and all grants of increased privileges or increased rights to perform patient care services, will be for a provisional period of not less than six (6) months, nor more than one (1) year, unless extended pursuant to Section 2.2 of the Credentials Policy and Procedure Manual.

#### **3.4.2 Reappointment**

Reappointments to any category of the Medical Staff will be for a period of up to two (2) years. In the event that Practitioner's application for a reappointment is not finalized prior to the expiration of his term, the Practitioner's appointment to the Medical Staff and clinical privileges will continue on a month to month basis until final action is taken, all of which is subject to Board approval.

3.4.3 Procedures for Appointment and Reappointment

The procedures for appointment and reappointment to the Medical Staff are outlined in Articles I and III of the Credentials Policy and Procedure Manual and are incorporated herein.

**3.5 PROFESSIONAL SERVICES PROVIDED PURSUANT TO CONTRACT**

The provisions of Article V of the Credentials Policy and Procedure manual regarding contracts with the Hospital govern access to and the use of certain Hospital equipment, facilities, and personnel by Medical Staff Appointees. If a Practitioner has a contract with the Hospital, the effect of expiration or termination of that contract on the Practitioner's appointment status and clinical privileges is controlled by the Practitioner's contract with the Hospital, unless the contract is silent on the matter. If the contract is silent on the matter, then the contract expiration or other termination will not automatically cause the termination of the Practitioner's Medical Staff appointment, clinical privileges, or rights to perform patient care services.

**ARTICLE IV. MEDICAL STAFF CATEGORIES AND ALLIED HEALTH PROFESSIONALS**

**4.1 CATEGORIES**

4.1.1 General

The Medical Staff shall be divided into the following categories:

- (a) active staff;
- (b) affiliate staff;
- (c) honorary staff

4.1.2 Allied Health Professionals

Allied Health Professionals may be permitted to perform patient care services in the Hospital as provided for in Section 4.6 of these Bylaws.

4.1.3 Other Qualification

In addition to the general qualifications, prerogatives, and responsibilities for all Medical Staff applicants and Appointees and Allied Health Professionals set forth in these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, the following qualifications, prerogatives, and responsibilities shall apply to each respective category.

## 4.2 ACTIVE CATEGORY

### 4.2.1 Qualifications for Active Category

An Appointee to this category must:

- (a) be located sufficiently close to the Hospital (office and residence) in order to fulfill his patient care obligations;
  - i. Each department chairman will determine, subject to approval by the Medical Executive Committee, what constitutes “sufficiently close”.
- (b) admit or refer to the Hospital (including its clinics and ambulatory centers), or otherwise be involved in the care at the Hospital (including its clinics and ambulatory centers), of at least twenty (20) patients per year. (It is the Appointee's responsibility to maintain records sufficient to demonstrate his required usage of the Hospital.)

### 4.2.2 Prerogatives of Active Category

An Appointee to this category may:

- (a) exercise such clinical privileges as are granted to him;
- (b) hold office at any level of the Medical Staff organization and sit on or be the chairman of any Medical Staff committee;
- (c) vote on all matters presented at general and special meetings of the Medical Staff and of Departments and committees to which he is appointed; and
- (d) attend Hospital or Medical Staff educational programs.

### 4.2.3 Responsibilities of Active Category

An appointee to this category must:

- (a) contribute to the organizational and administrative affairs of the Medical Staff, if requested;
- (b) actively participate in recognized functions of the Medical Staff, including Performance Improvement and other monitoring activities, supervising initial Appointees during their provisional period, and discharging such other Staff functions as may be required from time to time;
- (c) attend regular and special meetings of the Medical Staff and of Departments and committees to which he is appointed as required by Section 10.4 of these Bylaws;
- (d) pay all dues and assessments promptly.
- (e) participate, unless excused for good cause by the relevant Department Chairman and the Vice President of Medical Affairs, and formally approved by the MEC, in on-call schedules developed by the Hospital in

order to ensure that patients who require emergency services and are located on-site at the Hospital's main campus receive evaluations and treatment necessary to stabilize their emergency medical conditions, without regard to the patient's ability to pay, in compliance with applicable regulatory requirements (including EMTALA). When called, the Appointee shall respond within the time periods established by applicable Hospital or regulatory requirements and, if requested, shall respond in person on-site at the Hospital's main campus;

(f) participate as needed in caring for indigent patients.

#### 4.2.4 Term of Service

After having reached the age of 60 or having been an Appointee of the Medical Staff for at least 30 years, the Staff meeting attendance and payment of dues requirements for Appointees of the active category shall be waived.

### 4.3 AFFILIATE CATEGORY

#### 4.3.1 An Appointee to this category must:

- (a) be located sufficiently close to the Hospital (office and residence) in order to fulfill his patient care obligations.
  - i. Each department chairman will determine, subject to approval by the Medical Executive Committee, what constitutes "sufficiently close".

#### 4.3.2 Prerogatives of Affiliate Category

An Appointee to this category may:

- (a) exercise such clinical privileges as are granted;
- (b) not hold office at any level of the Medical Staff organization or be the chairman of any Medical Staff committee; and
- (c) not vote on matters presented at general and special meetings of the Medical Staff and of Departments and committees to which he is appointed; and
- (d) attend meetings and educational programs of the Hospital, Medical Staff, and the Department to which he is appointed (but may not vote at such meetings or hold office).

#### 4.3.3 Responsibilities of Affiliate Category

An Appointee to this category must:

- (a) pay all dues and assessments promptly;

- (b) cooperate with Hospital in its maintenance of a record of Appointee's Hospital utilization (including inpatient admissions to the Hospital)
- (c) actively participate in recognized functions of the Medical Staff, including Performance Improvement and other monitoring activities and discharging such other Staff functions as may be required from time to time.

#### 4.3.4 Term of Service

After having reached the age of 60 or having been an Appointee of the Medical Staff for at least 30 years, the Staff meeting attendance and payment of dues requirements for Appointees of the affiliate category shall be waived.

### **4.4 HONORARY CATEGORY**

#### 4.4.1 Qualifications for Honorary Category

An Appointee to this category must be a physician or dentist who, immediately prior to seeking appointments to the honorary category, was a member of the Medical Staff in the active or affiliate category, and has voluntarily retired from the active practice of medicine at the Hospital and has permanently relinquished all clinical and admitting privileges.

#### 4.4.2 Prerogatives of Honorary Category

An Appointee to this category may:

- (a) attend meetings of the Medical Staff and Departments to which he is appointed (but may not vote at such meetings); and
- (b) attend Hospital or Medical Staff educational programs
- (c) and shall pay no dues or assessments.

### **4.5 MOONLIGHTING OR ROTATING PHYSICIAN RESIDENTS AND FELLOWS**

4.5.1 Residents and fellows may render professional medical services, or participate in training rotations in the appropriate departments of the Hospital, subject to the policies approved by the department to which they are assigned and the Medical Staff and Hospital Policies and Procedures.

4.5.2 Any department wishing to utilize a resident or fellow on a moonlighting basis must establish a policy covering their use, the scope of work and recommended training and experience required for granting privileges. Those recommendations must be approved by the Credentials Committee, the MEC and the Board.

- 4.5.3 Moonlighting physicians and rotating residents and fellows must make a written request to the department chairman for privileges. That request must sufficiently establish the physician's qualifications for privileges sought and shall include documentation of approval by the director of the resident's current residency program.
- 4.5.4 Unless prohibited by department policy, privileged moonlighting and rotating residents and fellows may admit patients to the service of a medical staff member with admitting privileges.
- 4.5.5 Moonlighting and rotating residents and fellows are not members of the medical staff and are not entitled to the Fair hearing Process. Due process for this group of physicians is delineated in the Policies and Procedures of the Medical Staff.

## **4.6 ALLIED HEALTH PROFESSIONALS**

### **4.6.1 General**

- (a) Allied Health Professionals shall consist of licensed or certified health professionals in the Commonwealth of Pennsylvania other than physicians or dentists, who are not Appointees of the Medical Staff but who, by virtue of their training, experience, and demonstrated competence, are eligible to provide certain patient care services in the Hospital.
- (b) The types of Allied Health Professionals currently approved by the Board are podiatrists, psychologists, nurse practitioners, physician assistants, certified nurse midwives, and certified registered nurse anesthetists.

### **4.6.2 Qualifications for Allied Health Professionals**

An Allied Health Professional must be located sufficiently close to the Hospital (office and residence) in order to fulfill his patient care obligations.

### **4.6.3 Prerogatives of Allied Health Professionals**

An Allied Health Professional may:

- (a) perform such patient care services as he is legally authorized to perform and as are granted to him (currently Allied Health Professionals are not eligible to admit patients to the Hospital, except for podiatrists, and certified nurse midwives, both of whom are eligible to co-admit patients.);
- (b) sit on Medical Staff committees as specified in Article VIII of these Bylaws;
- (c) attend meetings of the Medical Staff and section to which he is appointed (but may not vote at the Medical Staff meetings); and

- (d) attend Hospital or Medical Staff educational programs.

#### 4.6.4 Responsibilities of Allied Health Professionals

An Allied Health Professional must:

- (a) actively participate in recognized functions of the Medical Staff, including Performance Improvement and other monitoring activities and discharge such other Staff functions as may be required from time to time.
- (b) pay all dues and assessments promptly; and
- (c) participate as needed in caring for indigent patients.

### 4.7 SECTIONS FOR ALLIED HEALTH PROFESSIONALS

Allied Health Professionals shall be organized into sections. The current sections are Podiatry, Psychology, Certified Registered Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists. The Medical Staff departments listed below will have administrative responsibility for the sections, though members of the Section may be delegated the responsibility to aid in the evaluation of credentials of currently approved Allied Health Professionals, the delineation of the scope of permitted activities and the performance of quality assessment and utilization review.

Podiatry – Department of Surgery

Psychology – Department of Medicine

Nurse Practitioner – Department of Attending Physician who provides oversight

Physician Assistants – Department of Attending Physician who provides oversight

Certified Nurse Midwives – Department of Surgery, Division of Perinatal

Certified Nurse Anesthetists – Department of Surgery, Division of Anesthesia

### 4.8 ADDITIONAL ALLIED HEALTH PROFESSIONALS

The Board may from time to time, after consultation with the Medical Executive Committee, approve additional types of Allied Health Professionals and create appropriate Allied Health Professionals Sections.

## ARTICLE V. DELINEATION OF CLINICAL PRIVILEGES

### 5.1 EXERCISE OF PRIVILEGES

A Practitioner may exercise only those clinical privileges or rights to perform patient care services granted to him by the Board as specified in Section 5.5 of these Bylaws.

### 5.2 DELINEATION OF PRIVILEGES IN GENERAL

### 5.2.1 Requests

Each application for appointment or reappointment to the Medical Staff for clinical privileges, or for rights to perform patient care services in the Hospital, must contain a request for specific privileges or rights desired by the applicant. Specific requests also must be submitted for temporary privileges and for modifications of privileges in the interim between reappointments.

### 5.2.2 Basis for Privileges Determinations

Requests for clinical privileges or rights to perform patient care services in the Hospital will be evaluated on the basis of professional education, training, experience, ability, competence, and judgment; other qualifications set forth in the Bylaws and the Credentials Policy and Procedure Manuals; and guidelines developed pursuant to Section 5.8 of these Bylaws. Privilege determinations made with respect to Practitioners who have practiced at the Hospital shall be based on, among other things, observed conduct and clinical performance, documented results of the Medical Staff's Performance Improvement program activities and pertinent information from other sources, including other institutions and health care settings where the Practitioner exercises or has exercised clinical privileges. Privilege determinations made with respect to applicants for appointment to the Medical Staff for clinical privileges, or for rights to perform patient care services, will be based on pertinent information from other sources, especially other institutions and health care settings where the applicant exercises or has exercised clinical privileges. The information will be added to and maintained in the credentials file established for each Practitioner.

### 5.2.3 Procedure

The procedures for processing requests for clinical privileges and rights to perform patient care services in the Hospital are set forth in Article I and III of the Credentials Policy and Procedure Manual, and are incorporated herein.

## **5.3 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONALS**

Requests from Allied Health Professionals for rights to perform patient care services in the Hospital shall be processed in the manner specified in Article I of the Credentials Policy and Procedure Manual. An Allied Health Professional may, subject to any licensure requirements or other limitations, exercise independent judgment within the areas of his professional competence and participate directly in the medical management of patients under the supervision of a physician or dentist who has been accorded privileges to provide such care. Surgical procedures performed by an Allied Health Professional shall be under the overall supervision of the Chairman of the Department of Surgery. An Appointee of the Medical Staff must perform a History and Physical prior to admission for each patient of an Allied Health Professional and must be ultimately responsible for the care of any medical

problem that may be present on admission or that may arise during treatment at the Hospital.

## **5.4 TEMPORARY PRIVILEGES**

### **5.4.1 Granting of Temporary Privileges**

Temporary privileges of no more than one hundred twenty (120) days in length will be granted only in rare and extraordinary circumstances and may be granted only in the circumstances described in Section 5.4.2 below. Temporary privileges may be granted only when available information reasonably shows that the requesting Practitioner has the qualifications to exercise the privileges requested including a valid and unrestricted license to practice in the Commonwealth of Pennsylvania; and only after the Practitioner has satisfied the professional liability insurance requirement set for in Section 3.1.4 of these Bylaws. Individual requirements of consultation and reporting may be imposed by the Department Chairman responsible for supervision. Temporary privileges will not be granted unless the Practitioner has agreed in writing to abide by these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, and all other standards policies and rules of the Staff and the Hospital, in all matters relating to his temporary privileges.

### **5.4.2 Circumstances**

Upon written concurrence of the Chairman of the Department where the privileges will be exercised, the Chairman of the Credentials Committee, the President of the Medical Staff, and the President of the Hospital or designee may grant temporary privileges or rights to perform patient care services in the following circumstances.

- (a) Pendency of Application: after receipt of an application for appointment to the Medical Staff for clinical privileges, or for rights to perform patient care services in the Hospital, which application includes a request for specific temporary privileges and does not raise any concern regarding competency or qualifications, for an initial period of ninety (90) days, with subsequent renewals not to exceed an additional thirty (30) days. (The Hospital will not routinely grant temporary privileges to Practitioners during the pendency of their applications; it is the responsibility of each Practitioner to fill his application sufficiently in advance of his contemplated practice at the Hospital so that the application can be fully processed by that time.);
- (b) Care of Specific Patients: upon receipt of a request, either written or via telephone, for specific temporary privileges to fulfill an important patient care, treatment, or service need for one or more specific patients from a physician, dentist, or Allied Health Professional who is not an applicant for appointment to the Medical Staff;

- (c) Locum Tenens: upon receipt of a written request for specific temporary privileges from a physician or dentist who is servicing as a locum tenens for an Appointee of the Medical Staff but is not applying for appointment to the Staff, or a period not to exceed one hundred twenty (120) consecutive days. (Locum tenens privileges are limited to treatment of the patients of the Staff Appointee for whom the applying physician or dentist is serving as locum tenens and do not entitle him to admit his own patients to the Hospital); and
- (d) Moonlighting Privileges for Residents and Fellows:
  1. Residents and fellows may render professional medical services in certain hospital departments subject to policies approved by the department involved, the Staff and the Hospital. All residents and fellows approved for such “moonlighting” shall be credentialed according to the procedures set forth in the applicable policies.
  2. Any department wishing to utilize a resident or fellow on a moonlighting basis must establish a policy covering the use of the resident and recommend the training and experience required for granting privileges. Such policy and credentials recommendations must be approved by the medical Staff and Hospital.

#### 5.4.3 Revocation

The Vice President of Medical Affairs, after consultations with the President of the Medical Staff and the appropriate Department Chairman must, on the discovery of any information which raises questions about a Practitioner’s professional qualifications or ability to exercise any or all of the temporary privileges granted, and may at any other time, revoke any or all of a Practitioner’s temporary privileges. Where determined to be in imminent danger to the health of any individuals, the revocation may be effected by any person entitled to impose Precautionary Suspension under Section 1.2.1 of the Corrective Action Procedures and Fair Hearing Plan. In the event of any revocation of temporary privileges, the Practitioner’s patients then in the Hospital will be assigned to another Practitioner by the appropriate Department Chairman or his designee. If the Practitioner is a member of a group practice, his patients will be assigned to another member of his group if possible. The wishes of the patient shall be considered, where feasible, in choosing a substitute Practitioner.

#### 5.4.4 Rights of Practitioners with Temporary Privileges

A Practitioner is not entitled to the procedural right afforded by these Bylaws and accompanying manuals including, but not limited to a fair hearing, in the event his request for temporary privileges is refused or all or any part of this temporary privileges are revoked or suspended.

## **5.5 EMERGENCY PRIVILEGES**

In case of an emergency which could result in serious harm to a patient, or in which the life of a patient is in immediate danger, any Medical Staff Appointee or Practitioner who has the right to perform patient care services in the Hospital is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the Practitioner's license, but regardless of Department or Division affiliation, category, or level or privileges. A Practitioner exercising emergency privileges is obligated to summon all consultative assistance considered necessary and to arrange appropriate follow-up care.

## **5.6 DISASTER PRIVILEGES**

A disaster is defined as a natural or manmade event that significantly disrupts the environment of care, significantly disrupts care, treatment, and services. Disaster is further defined as a natural disaster, national emergency, bioterrorism, act of war, or other similar mass emergency. Following activation of the Hospital emergency management plan, the President of the Medical Staff, the Chief Executive Office, or their designees, may grant disaster privileges to a medical practitioner whose skills and services are necessary to treat Hospital patients utilizing the process identified in the Credentials Policy 1.9.

## **5.7 PROVISIONAL PERIOD**

### **5.7.1 Duration**

The duration of the provisional period is set forth in Section 3.4.1 of these Bylaws, and is incorporated herein.

### **5.7.2 Effect on Exercise of Privileges**

During the provisional period, a Practitioner may exercise all of the prerogatives, and must fulfill all of the obligations of his category, and he may exercise the clinical privileges granted to him and perform the patient care services that he has been authorized to perform.

### **5.7.3**

During the provisional period, a Practitioner's performance will be specifically observed, evaluated and documented in writing by the Chairman of the Department (or his designee) with which the Practitioner has his primary affiliation, and by the Chairman of the Department (or his designee) of each other Department in which the Practitioner exercises his initial or increased privileges or rights. It is the Practitioner's responsibility to assure that he makes sufficient use of the Hospital to enable the appropriate Department Chairman (men) (or his/their designee(s)) to make a recommendation as to whether the provisional period should be concluded.

5.7.4 Procedure for Concluding or Extending the Provisional Period

The mechanism for concluding and extending the provisional period is outlined in Article II of the Credentials Policy and Procedure Manual, and is incorporated herein.

**5.8 DEPARTMENTAL DELINEATION OF PRIVILEGES GUIDELINES**

There may be attached to any granting of clinical privileges or rights to perform patient care services in the Hospital, individual requirements for consultation as a condition to the exercise of particular privileges or rights.

5.8.1 Initial Guidelines

Each Department shall establish guidelines for the granting of clinical privileges or rights to perform patient care services in the Department or Division and privileges or rights delineation forms for use in the credentialing process. These guidelines and forms shall become effective only after approval by the Medical Executive Committee and the Board.

5.8.2 Changes in Guidelines

Each Department shall, at least on an annual basis, review and, if warranted, recommend changes to the guidelines for the granting of clinical privileges or rights to perform patient care services in the Department or Division and the privileges or rights delineation forms developed pursuant to Section 5.8.1 above. Any changes to guidelines or forms shall become effective only after approval by the Medical Executive Committee and the Board.

**ARTICLE VI. OFFICERS**

**6.1 Officers of the Medical Staff**

6.1.1 Identification

The officers of the Medical Staff shall be

- (a) President; and
- (b) Vice President

6.1.2 Other Officials of the Medical Staff

Other officials of the Medical Staff include Department Chairmen, Division Chiefs, and such other officials as may be selected pursuant to these Bylaws. To the extent that any such official performs any clinical function, he must become

and remain an Appointee of the Medical Staff. In all events, he is subject to these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals; and all other applicable standards, policies and rules of the Staff and Hospital.

#### 6.1.3 Medical Staff Appointees To the Board

The Medical Staff Appointees to the Hospital Board of Directors shall be the President, the Vice President and the immediate Past President.

#### 6.1.4 Qualifications

Officers of the Medical Staff must be Appointees of the Active category at the time of nomination and election and must remain Appointees of the Active category in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

#### 6.1.5 Nominations by Nominating Committee

- (a) Nominating Committee: The Medical Staff Nominating Committee shall consist of:
  - i. two (2) immediate Past Presidents willing and able to serve; and
  - ii. three (3) Medical Staff Appointees of the active category elected by the Staff. These three (3) Staff Appointees shall be elected at the quarterly meeting preceding the annual meeting of the Staff. Nominations shall be from the floor.
  - iii. The Chairman shall be chosen by the members of the Nominating Committee.
- (b) Nominations: The Nominating Committee shall convene at least thirty (30) days before the annual meeting of the Medical Staff and shall submit to the President of the Staff one (1) or more qualified nominees for the positions of Vice President. As soon thereafter as it reasonably practical, but in any event before the annual meeting of the Staff, the names of such nominees shall be reported to the Staff.

#### 6.1.6 Nominations by Petition

Nominations also may be made by petition signed by at least twenty percent (20%) of the Appointees of the active category and submitted to the President of the Medical Staff at least fifteen (15) days before the annual meeting of the Staff. As soon thereafter as is reasonably practical, but in any event before the annual meeting of the Staff, the names of these additional nominees shall be reported to the Staff.

6.1.7 Nominations by Other Means

If, before the election, any of the individuals nominated for an office pursuant to Section 6.1.5 or 6.1.6 above shall refuse, be disqualified from, or otherwise be unable to accept the nomination, then the Nominating Committee shall submit one (1) more substitute nominee at the annual meeting of the Medical Staff. Nominations also shall be accepted from the floor during the annual meeting of the Staff.

6.1.8 Selection

Officers shall be elected every three (3) years at the annual meeting of the Medical Staff. Only Appointees of the Active category shall be eligible to vote. Voting shall be by written or electronic ballot, and voting by proxy shall not be permitted. A nominee shall be elected upon receiving over fifty percent (50%) 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 at the same meeting between the two (2) candidates receiving the highest number of votes. If there is a single nominee for each office, the ballot may be waived and the nominee may be elected by voice affirmation.

6.1.9 Automatic Succession

The Vice President shall, upon the completion of his term of office in that position, immediately succeed to the office of President.

6.1.10 Each elected office shall serve a three (3) year term, commencing on the first day following his election. Each officer shall serve until the end of his term and thereafter until a successor is elected, unless he shall sooner resign or be removed from office.

6.1.11 Removal of Elected Officers

Except as otherwise provided, removal of an elected officer of the Medical Staff may be initiated by two-thirds vote of the Appointees of the Active category. Removal may be based upon failure to have the qualifications for or to perform the duties of the position held as described in these Bylaws or for other good cause.

6.1.12 Vacancies in Elected Office

If there is a vacancy in the office of President, the Vice President shall serve out the remaining term. He then may assume his own three (3) year term as President; provided, however, that his cumulative term as President shall not exceed five (5) consecutive years. If there is a vacancy in the position of Vice

President, the vacancy will be filled by a special election at the next quarterly meeting of the Medical Staff that is reasonably practical, from among nominees submitted by the existing Nominating Committee.

#### 6.1.13 Stipends for Medical Staff Leaders

The President and Vice President of the Medical Staff may be paid an annual stipend as compensation for the administrative services they perform as Medical Staff leaders. The amount and funding sources for such compensation shall be determined from time to time by the Medical Executive Committee in conjunction with the Vice President of Medical Affairs and as approved by the Hospital Board of Directors.

## 6.2 DUTIES OF OFFICERS

### 6.2.1 President

As the principal elected officer of the Medical Staff, the President shall:

- (a) aid in coordinating the activities and concerns of the Hospital Administration and of the nursing and other patient care services with those of the Medical Staff;
- (b) communicate and represent the opinions, policies, concerns, needs and grievances of the Medical Staff to the Board, the President and the Vice President of Medical Affairs, the Hospital Administration, and other officials of the Staff;
- (c) be responsible, in conjunction with the Vice President of Medical Affairs, for the enforcement of the Medical Staff Bylaws, Rules and Regulations, and accompanying manuals; for implementation of sanctions where indicated; and for the Medical Staff's compliance with procedural safeguards where corrective action has been requested against a Practitioner;
- (d) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff;
- (e) serve as Chairman of the Medical Executive Committee, and as an ex officio member on all other Medical Staff committees; and
- (f) perform such additional duties as may be assigned to him by the Medical Executive Committee or the Board.

### 6.2.2 Vice President

The Vice President shall:

- (a) be responsible for coordinating an annual review of the medical Staff Bylaws, Rules and Regulations, and accompanying manuals, and reporting the results of that review to the Medical Executive Committee;

- (b) supervise the preparation of the annual budget of the Medical Staff;
- (c) serve as a member of the Medical Executive Committee;
- (d) in the absence of the President, or if it is otherwise necessary, assume all the duties and have the authority of the President; and
- (e) gain experience on both the Performance Improvement and Credentials committees during his term as Vice President by participating as a member on each of those committees (e.g. one year on the PI committee and 2 years on the Credentials committee); and
- (f) perform such additional duties as may be assigned to him by the President, the Medical Executive Committee, or the Board.

## **6.3 VICE PRESIDENT OF MEDICAL AFFAIRS**

### **6.3.1 Duties**

The Vice President of Medical Affairs (who is an officer of the Hospital) shall be a Physician, appointed by the Board, in consultation with the Medical Executive Committee and representatives of the Medical Staff selected by the Board. The Vice President of Medical Affairs shall serve as a liaison between the Medical Staff and the Hospital and has overall responsibility for medical education and the quality of medical care at the Hospital, all Medical Staff administrative functions, and Medical Staff development.

## **ARTICLE VII. STAFF CLINICAL DEPARTMENTS**

### **7.1 ORGANIZATION OF DEPARTMENTS**

#### **7.1.1 General**

The Medical Staff shall be organized into Departments and Divisions, each of which shall have a Chairman or Chief who has the authority, duties, and responsibilities set forth in this Article.

Each appointee of the Medical Staff shall be assigned to at least one primary Department, but may (upon request) be assigned to and granted clinical privileges in one or more secondary Departments. The Medical Executive Committee shall, after consideration of the recommendations of the Chairpersons of the appropriate Department(s) and the Credentials Committee, recommend the primary Department (and, if requested by the appointee, the secondary Departments) membership assignment for all appointees in accordance with their qualifications.

Appointees who are assigned to secondary Departments may actively participate in the affairs of the secondary Departments, and shall be permitted to vote, but not hold elected office (in more than one department) or serve as a Department

representative in the secondary Departments. In the event of any conflicts or concerns, the Rules and Regulations from the primary Department take precedence.

#### 7.1.2 Current Departments and Divisions

The current Departments, encompassing the following subspecialty divisions, are as follows.

- (a) Department of Medicine
  - Division of Emergency Medicine
  - Division of Radiology
  - Division of Pathology
  
- (b) Department of Surgery
  - Division of Perinatology
  - Division of Anesthesia

### **7.2 ASSIGNMENT OF DEPARTMENTS**

Each Appointee of the Medical Staff shall be appointed to only one Department. Appointees may be granted clinical privileges in one or more of the other Departments. The exercise of clinical privileges within any Department shall be subject to the Rules and Regulations of that Department and the authority of the Department Chairman.

### **7.3 FUNCTIONS OF DEPARTMENTS**

The primary responsibility delegated to each Department is to implement and conduct review and evaluation activities that contribute to the preservation and improvement of the quality, safety, and efficiency of patient care provided in the Department. To carry out this responsibility, each Department shall:

- (a) conduct Performance Improvement and quality of care activities for the purpose of evaluating clinical work performed under its jurisdiction;
- (b) establish guidelines for the granting of clinical privileges and rights to perform patient care services and privileges within the Department and privileges and rights delineation forms for use in the credentialing process, and establish procedures for the submission of the recommendation required, under these Bylaws and the Credentials Policy and Procedure Manual, regarding the clinical privileges each Appointee or applicant may exercise; provided, however, that any Appointee or applicant may, by the filing or a written request with the Department Chairman and/or the Vice President of Medical Affairs, request that the appropriate Department, Medical Executive Committee and/or Hospital Board conduct a review of any guidelines which are adopted for the granting of clinical privileges

- and rights to perform patient care services and privileges within the Department;
- (c) conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state-of-the-art and to findings of review, evaluations, and monitoring activities;
  - (d) monitor, on a continuing and concurrent basis, adherence to:
    - i. Medical Staff and Hospital policies and procedures;
    - ii. Requirements for alternate coverage and for consultations; and
    - iii. Sound principles of clinical practice;
  - (e) coordinate the patient care provided by Department Appointees with nursing and ancillary patient care services and with administrative support services;
  - (f) submit written reports to the medical Executive Committee on a regularly scheduled basis concerning:
    - i. findings of the Department's review, evaluation, and monitoring activities, actions taken thereon, and the results of such actions;
    - ii. recommendations, if warranted, for maintaining and improving the quality of care provided in the Department and Hospital; and
    - iii. such other matters as may be required from time to time by the Medical Executive Committee;
  - (g) meet at least quarterly each year 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 or Staff functions; and
  - (h) establish such committees or other mechanisms as are necessary and desirable to perform properly in the functions assigned to it.

## **7.4 DEPARTMENTAL RULES AND REGULATIONS**

Each Department shall develop Department Rules and Regulations as necessary for the conduct of its affairs and discharge of its responsibilities and such Rules and Regulations shall be included in "Rules of the Staff" as that term is used throughout these Bylaws and accompanying manuals. Departmental Rules and Regulations shall not be inconsistent with these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, and all other standards, policies, and Rules of the Staff and the Hospital. The initial Departmental Rules and Regulations, and all amendments thereto, shall be subject to Medical Executive Committee and Board approval. Copies of all Departmental Rules and Regulations, and all amendments thereto, shall be promptly submitted to the Vice President of Medical Affairs for filing.

## **7.5 DEPARTMENT CHAIRMEN, VICE CHAIRMEN, AND DIVISION CHIEFS**

- 7.5.1 Each Department Chairman, Vice Chairman, and Division Chief shall be an Appointee of the Active category, shall be board certified in the specialty of that

Department or Division (except in areas for which no board exists or where an exception has been granted by the Gettysburg Hospital Board of Directors), and shall be willing and able to discharge faithfully the functions of his office.

#### 7.5.2 Selection and Appointment

- (a) Board of Directors: Upon recommendation of the Vice President of Medical Affairs, the Board shall have the authority to appointment or remove all Department Chairmen, Vice Chairman and Division Chiefs.
- (b) Department Chairman
  - i. the President of the Hospital, in consultation with the Medical Executive Committee, will nominate a candidate for the position of Department Chairman. The candidate's name will be presented to the Vice President of Medical Affairs who will present the recommendation to the Board for its final action.
  - ii. The Vice President of Medical Affairs will review the performance of the Department Chairmen, including surveying members of the Department about the operations of the Department. The survey shall be in written form and shall be confidential. The aggregate results of the survey will be shared with the Department Chairman as part of his annual evaluation.
- (c) Vice Chairman

The Department Chairman, after consultation with the members of the Department, will annually nominate a candidate for the position of Vice Chairman. The candidate's name will be presented to the Vice President of Medical Affairs who will present the recommendation to the Board for its final action.
- (d) Division Chiefs

The Department Chairman, after consultation with the members of the Division, will annually nominate a candidate for the position of Division Chief. The candidate's name will be presented to the Vice President of Medical Affairs who will present the recommendation to the Board for its final action.

#### 7.5.3 Term of Office

- (a) Department Chairman, Vice Chairman, and Division Chiefs shall be appointed on an annual basis.

#### 7.5.4 Removal From Office

The Board may remove a Department Chairman, Vice Chairman or Division chief from office during his term, either by its own initiative after consultation with the Medical Executive Committee, or upon the recommendation of a Department based upon two-thirds of the Department members eligible to vote upon

departmental matters in the Department involved voting in favor of removal. The vote may be conducted by mail ballot. Removal may be based only upon a failure to have the qualifications for or to perform the duties of the position held as described in these Bylaws.

#### 7.5.5 Duties of Department Chairman

Each Department Chairman shall:

- (a) be accountable to the medical Executive Committee, the Director of Performance Improvement, the President, the Vice President of Medical Affairs, and the Board for professional and administrative activities within his Department, for the quality and safety of patient care rendered by Appointees of the Department, and for the clinically related activities of the Department including effective conduct of the patient care audit and other quality review, quality control, evaluation and monitoring functions delegated to his Department; and further be accountable for the administratively related activities of the Department unless otherwise provided by the Hospital;
- (b) develop and implement departmental programs in cooperation with the Vice President of Medical Affairs for ongoing monitoring of practice, credentials review and privileges delineation, medical education, and utilization review and the ongoing assessment and improvement of quality care, treatment and services;
- (c) maintain continuing review and surveillance of the professional performance of all Practitioners in the Department who have delineated clinical privileges, and report regularly thereon to the Vice President of Medical Affairs and to the Medical Executive Committee;
- (d) transmit to the appropriate authorities, as required by these Bylaws and the Credentials Policy and Procedure Manual, his recommendations concerning appointment and classification, reappointment, delineation of clinical privileges, and corrective action with respect to Practitioners in his Department;
- (e) appoint such committees as are necessary to conduct the functions of the Department as specified in this Article and designate a chairman of each such committee;
- (f) enforce the Medical Staff Bylaws, Rules and Regulations and accompanying manuals, and all other standards, policies, and rules of the Staff and the Hospital, within his Department, including initiating investigations and initiating and pursuing corrective action and ordering consultations to be provided or to be sought, when warranted;
- (g) implement within his Department actions taken by the Medical Executive Committee and by the Board.
- (h) participate in every phase of administration of his Department through cooperation with the nursing service and the Hospital Administration in

- matters affecting patient care including coordination and appropriate integration of interdepartmental and intradepartmental services;
- (i) assist in the preparation of such annual reports, including budgetary planning, pertaining to his Department as may be required by the Medical Executive Committee, the Vice President of Medical Affairs, or the Board;
  - (j) recommend to the Staff the criteria for clinical privileges that are relevant to the care provided in the Department;
  - (k) assess and recommend to the appropriate Hospital authority off-site sources for needed patient care, treatment, and services not provided by the Department or Hospital;
  - (l) develop and implement policies and procedures that guide and support the provision of care, treatment, and services;
  - (m) recommend sufficient numbers of qualified and competent persons to provide care, treatment, and service;
  - (n) provide orientation and monitor continuing education of all persons in the Department;
  - (o) recommend for space or other resources needed to provide quality patient care services in the Department; and
  - (p) perform such other duties commensurate with his office as may from time to time be reasonably requested of him by the Vice President of Medical Affairs, the Medical Executive Committee, or the Board.

#### 7.5.6 Stipends for Department Chairmen and Vice Chairmen

Each Department Chairman and Vice Chairman may be paid an annual stipend as compensation for the administrative services they perform as Medical Staff leaders. The amount and funding sources for such compensation shall be determined from time to time by the Medical Executive Committee in conjunction with the Vice President of Medical Affairs and as approved by the Hospital Board of Directors.

#### 7.5.7 Duties of Division Chiefs

Each Division Chief shall be responsible to the Chairman of the Department and shall assist the Chairman, when requested, in education, Performance Improvement, credentialing, and other matters as they pertain to the Division of which he is Chief.

## **ARTICLE VIII. COMMITTEES AND FUNCTIONS**

### **8.1 GENERAL**

#### 8.1.1 Categories

Medical Staff Committees shall be Standing, Special, or Ad Hoc. System Committees and Administrative Committees are not Medical Staff Committees, but members of the Active, Affiliate, and Allied Health Professionals may be requested to serve as members or chairmen, and actively participate.

### 8.1.2 Composition and Appointment

- (a) Standing and Special Committees: Standing and Special Committees shall be composed of at least three (3) Appointees of the active category and may include Appointees of other categories; Allied Health Professionals; and representatives from Hospital Administration, nursing services, medical records, pharmaceutical services, social services, and such other Departments as are appropriate. Unless otherwise specifically provided in these Bylaws, the President of the Medical Staff will appoint a committee chairman and oversee the appointment of the individual committee members by the committee chairman. The President, or his designee, shall appoint an administrative representative to serve ex officio on each Standing and Special Committee of the Medical Staff. The President of the Medical Staff and the President, or their designees, shall serve as ex officio members on all Medical Staff committees. Voting on committees is extended to all committee members unless otherwise provided in these Bylaws.
- (b) Ad Hoc Committees: Ad Hoc Committees may be appointed by the President of the Medical Staff as the occasion arises.
- (c) System/Administrative Committees: The active and affiliate Members of the Gettysburg Hospital Medical Staff and Allied Health Professionals may be requested to serve as members or participate in System and Administrative committees (regardless of the names of such committees) that perform one or more of the following functions: Pharmacy and Therapeutics; Infection Control; Tissue and Transfusion Review; Utilization Review; Ethics; Cancer. Although these System and Administrative committees are not Medical Staff Committees, they shall report their activities to the Gettysburg Hospital Performance Improvement Council, Medical Executive Committee, Medical Staff Departments and other appropriate entities. If appropriate, one or more relevant Departments of the Medical Staff may be requested and delegated with the responsibility to perform any of these functions.

### 8.1.3 Committee Chairmen

Only Appointees of the Active category shall be eligible to serve as committee chairmen.

All committee chairmen who act on behalf of the Hospital in professional activities pursuant to the Bylaws are indemnified to the fullest extent permitted by law, as long as they have been approved or appointed by the Board.

#### 8.1.4 Term and Prior Removal

Unless otherwise provided, a Medical Staff committee member (other than one serving ex officio) shall continue as such for one (1) year or thereafter until his successor is elected or appointed, unless he shall sooner resign or be removed from the committee. A Medical Staff committee member, other than one serving ex officio, may be removed by a majority vote of the Medical Executive Committee.

#### 8.1.5 Vacancies

Unless otherwise specifically provided, vacancies on any Medical Staff committee shall be filled at the discretion of the committee chairman.

#### 8.1.6 Meetings

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

### **8.2 MEDICAL EXECUTIVE COMMITTEE**

#### 8.2.1 Composition

The Medical Executive Committee shall consist of:

- (a) the President and Vice President of the Medical Staff;
- (b) at the option of each Department, which shall be exercised in July of each year in which there is a vacancy, one (1) Appointee of the active category representing each Division set forth from time to time in Article VII of these Bylaws.
- (c) the Chairman of each Department set forth from time to time in Article VII of these Bylaws;
- (d) From time to time, there might be the need for representation on the MEC from a group not identified in these subsets. At the discretion of the MEC, additional members of the Active staff could be added to the MEC to address such required representation.
- (e) The Vice President of Medical Affairs, the President, Vice President of Patient Care Services and the Vice President of Operations, all of whom shall serve on an ex officio basis without the right to vote.

#### 8.2.2 Duties

The duties of the Medical Executive Committee shall be to:

- (a) receive and act upon reports and recommendations from the Departments, committees of the Medical Staff, System, and Administrative committees;
- (b) coordinate the activities of and policies adopted by the Medical Staff, Departments, and committees;
- (c) implement the policies of the Medical Staff;
- (d) make recommendations to the Board in matters relating to Medical Staff appointments and reappointments, Staff category, Department and Division assignments, clinical privileges, rights to perform patient care services, and corrective action;
- (e) account to the Board for the overall quality and efficiency of patient care in the Hospital;
- (f) take reasonable steps to maintain professionally ethical conduct and competent clinical performance on the part of Medical Staff Appointees and Allied Health Professionals, including initiating investigations and initiating and pursuing corrective action, when warranted;
- (g) make recommendations to the President on medico-administrative and Hospital management matters;
- (h) inform the Medical Staff of the accreditation program and the accreditation status of the Hospital;
- (i) participate in identifying community health needs and Hospital goals and implementing programs to meet those needs;
- (j) represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;
- (k) formulate Medical Staff Rules and Regulations;
- (l) make such adjustments as may be necessary to the committee structure of the Medical Staff, including altering the membership of committees, creating new committees, eliminating unnecessary committees, and altering the functions of committees (All such changes to the committee structure may go into effect immediately, pending conforming amendment of these Bylaws pursuant to Article XII);
- (m) review the Performance Improvement functions, including:
  - i. studies designed to evaluate the appropriateness of admissions to the Hospital, lengths of stay, discharge practices, etc.;
  - ii. review and approve the Performance Improvement Plans;
  - iii. review summaries of Performance Improvement activities of Department, Service Lines, and committees to determine whether opportunities for improvement exist.
- (n) approve and recommend to the Board, Departmental Rules and Regulations developed pursuant to Section 7.4 of these Bylaws;
- (o) coordinate and recommend to the Board guidelines for delineation of clinical privileges and rights to perform patient care services and privileges and rights delineation forms initially developed by the Departments or Allied Health Professional Advisory Committees pursuant

- (p) to Sections 4.9 and 5.8 of these Bylaws; and
- (p) make recommendations, if warranted, to the Medical Staff and the Board, on at least an annual basis, concerning appropriate changes in these Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals.

### 8.2.3 Meetings

The Medical Executive Committee shall meet at least once a month and maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Staff in a timely fashion. The Medical Executive Committee shall have the right to meet in executive session without the presence of any or all ex-officio members. Any ex-officio members not in attendance shall receive a prompt report on any actions taken by the Medical Executive Committee meeting in executive session.

## **8.3 CREDENTIALS COMMITTEE**

### 8.3.1 Composition

The Credentials Committee shall consist of at least the following members:

- (a) six (6) Appointees of the active category, including one (1) dental representative; and
- (b) one (1) member of the Gettysburg Hospital Board of Directors; and
- (c) the Hospital President and Vice President of Medical Affairs, ex-officio with vote

### 8.3.2 Duties

The duties of the Credentials Committee shall be to:

- (a) review the credentials of all applicants; and
- (b) make recommendations to the Medical Executive Committee relating to Medical Staff appointments and reappointments, category, Department and Division assignments, clinical privileges, and rights to perform patient care services in the Hospital, after considering the recommendations from the Chairman of each Department in which the Practitioner requests or exercises privileges or the right to perform patient care services.

### 8.3.3 Meetings

The Credentials Committee shall meet as often as necessary to conduct its business, but not less than monthly, unless the Chairman determines that there is no business to be conducted by the committee. The Credentials Committee shall

maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Executive Committee in a timely fashion.

## **8.4 BYLAWS COMMITTEE**

### **8.4.1 Composition**

The Bylaws Committee shall consist of at least the following members:

- (a) at least two (2) Appointees of the active category;
- (b) Vice President of the Medical Staff;
- (c) Vice President of Medical Affairs (ex officio with vote);
- (d) President of the Hospital (ex officio with vote)

### **8.4.2 Duties**

The duties of the bylaws committee shall be to:

- (a) Conduct an annual review of the medical staff bylaws, as well as rules and regulations, credentials policies and procedures and Medical Staff Corrective Action and Fair Hearing Plan;
- (b) Submit recommendations to the MEC for changes in the items specified in paragraph (a) as necessary to reflect appropriate medical staff practices;
- (c) Receive and evaluate staff recommendations regarding bylaws changes in items specified in paragraph (a) for submission to the MEC; and,
- (d) Periodically review the regulatory agency and government regulations to assure that the bylaws are in compliance.

### **8.4.3 Meetings**

The Bylaws Committee shall meet as often as necessary at the call of its chair, but at least annually.

## **8.5 MEDICAL RECORDS REVIEW COMMITTEE**

### **8.5.1 Composition**

The Medical Records Review Committee shall consist of at least the following members:

- (a) one (1) Appointee of the active category representing each of the following Departments: Surgery, Medicine, Perinatology and Emergency Medicine;
- (b) the Director of Medical Records;
- (c) a representative from Pharmacy and Nursing;
- (d) representatives, as appropriate, from other Hospital departments

#### 8.5.2 Duties

The duties of the Medical Records Review Committee shall be to:

- (a) exercise review over the pertinence, legibility, and completeness of the medical records documenting the care of patients treated at the Hospital and other System entities; and
- (b) supervise and appraise the quality of the medical records throughout the System to ensure maintenance of their quality, storage, and accessibility of both inpatient and ambulatory medical records.

#### 8.5.3 Meetings

The Medical Records Review Committee shall meet at least on a quarterly basis and maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Executive Committee and other appropriate WellSpan Health entities in a timely fashion.

### **8.6 MEDICAL STAFF HEALTH COMMITTEE**

#### 8.6.1 Composition

The Medical Staff Health Committee shall consist of at least the following voting members: five active members of the Medical Staff, one member of the Allied Health Professionals. Because the committee functions in an advocacy role, no member of the committee may be a department chairman, active or ex officio member of the Medical Executive Committee, or a member of a departmental Performance Improvement committee.

#### 8.6.2 Duties

- (a) Promote education of the Medical Staff and other organization staff about wellness, prevention of illness and impairment issues specific to Physicians;
- (b) Self-referral by a Physician and referral by other organizational staff to the committee;
- (c) Referral of the affected Physician to the appropriate internal or external

- (d) resources for diagnosis and treatment of the condition or concern; Maintenance of the confidentiality of the Physician seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened.
- (e) Evaluation of the credibility of a complaint, allegation or concern.
- (f) Monitoring of the affected Physician and the safety of patients until the rehabilitation or any disciplinary process is complete; and
- (g) Reporting to the Medical Staff leadership instances in which a physician is providing unsafe treatment; and
- (h) Initiating appropriate actions when required programs are incomplete.

### 8.6.3 Meetings

The Medical Staff Health Committee shall meet as often as necessary to conduct its business, but not less than quarterly, unless the Chairman determines that there is no business to be conducted by the committee and shall maintain a permanent record of its proceedings and actions, these proceedings to be reported to the Medical Executive Committee in a timely fashion.

## **8.7 DISASTER COMMITTEE**

### 8.7.1 Composition

The Disaster Committee shall consist of the chairmen of the Departments of Surgery, Medicine, Radiology, and Emergency medicine, and the Vice President of Medical Affairs, as well as representatives of the Hospital administration and support departments to be appointed by the President of the Hospital.

### 8.7.2 Duties

- (a) Develop, evaluate, and revise the Hospital's disaster plan as necessary;
- (b) Conduct and evaluate rehearsals of the Hospital's external disaster plan each year based upon recommendations of the Joint Commission;
- (c) Cooperate with federal, state, and local authorities and to plan for a response to act of war or nationally emergencies; evaluate the hospital's ability to respond to bioterrorism and to recommend appropriate changes to safeguard patients; and to work, with the cooperation of the Infection Control Committee, when appropriate safeguards in the event of a bioterrorism attack affecting the community;
- (d) Meet as often as necessary to conduct its business and keep minutes of all such meetings.

## **8.8 INFECTION CONTROL COMMITTEE**

### 8.8.1 Composition

The Infection Control Committee shall consist of at least one physician member of the Active Medical Staff from each of the major clinical departments, the infection control coordinator, as well as representation from Hospital administration, nursing services, dietary, the Microbiology section of the laboratory and the operating room. Non-physician members of the committee shall be appointed by the President of the Hospital.

#### 8.8.2 Duties

- (a) Review infection potentials and make an analysis of actual infection;
- (b) Recommend corrective and preventative action based on records and reports of infections and infection potential among patients and Hospital personnel;
- (c) Review and evaluate all aseptic, isolation, and sanitation techniques employed in the Hospital;
- (d) Review infection control in all phases of the Hospital's activities including:
  - Operating room, delivery rooms, recovery rooms, and special care units;
  - Sterilization procedures by heat, chemicals, or otherwise;
  - Disposal of infectious material;
  - Ongoing review of all isolation procedures;
  - Prevention of cross-infection by anesthesia apparatus or inhalation therapy equipment;
  - Testing of hospital personnel for carrier status; and
  - Blood procurement, storage, and transfusion procedures.
- (e) Review and approved or deny all special infection control studies to be conducted throughout the Hospital;
- (f) Verify required reporting to the state and local health departments;
- (g) Institute, through its chairman, or his designee, any appropriate control measures or studies when there is reason to believe there may be a danger to any patient or personnel;
- (h) Cooperate with the disaster committee and instituting appropriate safeguards to be in place in the event of a bio terrorism attack affecting the community;
- (i) Act in such related matters as may be assigned to it by the Executive Committee or the Vice President of Medical Affairs; and
- (j) Meet at least bimonthly and keep minutes of all such meetings.

### **8.9 PERFORMANCE IMPROVEMENT COMMITTEE**

#### 8.9.1 Composition

The Performance Improvement Committee will be representative of both the Hospital and the Medical Staff with equal representation appointed by both the President of the Hospital and the President of the medical staff. The Committee will consist of one physician from each department of the Medical Staff appointed by the President of the Medical Staff, and may include physician members of the subspecialties. An equal number of non-physician members shall be appointed by the President of the Hospital and shall include representatives of nursing services, operations, performance improvement, and others. Any person who holds financial interest in the Gettysburg Hospital is not eligible for appointment to the committee. No person may participate in the review of any case in which they have been professionally involved. The Vice President of Medical Affairs shall also be a member. The chairman will be a long-standing member of the committee. The Vice-Chairman will be a Hospital employee appointed by the President of the Hospital.

#### 8.9.2 Duties

- (a) Recommend for approval by the executive committee, a hospital-wide performance improvement plan for maintaining quality patient care within the Hospital. These may include mechanisms to:
  - Establish systems to identify potential problems in patient care;
  - Set priorities for action on problem correction and take the required action;
  - Refer priority problems for assessment and corrective action to appropriate departments or committees;
  - Monitor the results of performance improvement activities throughout the hospital; and
  - Coordinate performance improvement activities.
- (b) Submit regular confidential reports to the Executive Committee on the quality of medical care provided and on quality improvement activities conducted;
- (c) Ensure that the findings, conclusions, recommendations, and actions taken to improve organization performance are communicated to appropriate Medical Staff members.
- (d) When findings of the assessment process are relevant to an individual practitioner's performance, determine their use in peer review as outlined in the peer review portion of the Rules and Regulations.
- (e) Provide ongoing monitoring of the performance improvement program by reviewing the quality and appropriateness of patient care provided by each department, the education of patient and family, the procedures with respect to surgical case review, drug usage evaluation, medical record review, blood usage review, laboratory medicine and pathology, the

pharmacy and therapeutics function and any other JCAHO required functions;

- (f) Establish and implement a risk management plan, which shall include, without limitation, procedures to identify major areas of potential clinical risk, criteria for identifying cases with unacceptable risk, and programs to reduce and correct clinical risks identified by risk management activities;
- (g) Perform other related functions delegated to it by the Executive Committee;
- (h) Act in such related matters as may be assigned to it by the Executive Committee or the Vice President of Medical Affairs;
- (i) Function in accordance with the approved utilization review plan of the Gettysburg Hospital as well as any revisions of said plan as may subsequently be approved. This approved utilization review plan shall be appended to the staff Rules and Regulations; and
- (j) Meet at least quarterly and keep minutes of all such meetings.

## **8.10 PHARMACY AND THERAPEUTICS COMMITTEE**

### **8.10.1 Composition**

The Pharmacy and Therapeutics Committee shall consist of three physicians to be appointed by the President of the Medical Staff, the chief pharmacist, a dietitian, the infection control coordinator, and representatives from nursing services and Hospital administration to be appointed by the President of the Hospital.

### **8.10.2 Duties**

- (a) Assist in the formation of policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures, and all other matters relating to drugs in the Hospital;
- (b) Serve as an advisor group to the Medical Staff and the chief pharmacist on matters pertaining to the choice of available drugs;
- (c) Make recommendations concerning drugs to be stocked on the nursing unit and by other services;
- (d) Develop and review periodically a formulary or drug list for use in the Hospital;
- (e) Prevent unnecessary duplication and stocking of drugs and drugs in combination;
- (f) Evaluate clinical data concerning new drugs or preparations requested for use in the Hospital;
- (g) Establish and maintain a mechanism for defining, reviewing, and reporting adverse reactions to drugs, including antibiotics;
- (h) Perform clinical antibiotic usage assessment, as well as any statistical prevalence study of antibiotic usage, including review of the prophylactic

and therapeutic use of antibiotics for inpatient, ambulatory care patients, and emergency care patients;

- (i) Coordinate action on findings from the Medical Staff's review of the clinical use of antibiotics;
- (j) Assist the Hospital and Medical Staff committees in the evaluation of drug utilization, drug therapy, adverse drug reactions, and intravenous therapy through a review of medical records; and
- (k) Meet as often as necessary but at least quarterly and keep minutes of all such meetings.

## **8.11 RADIATION SAFETY COMMITTEE**

### **8.11.1 Composition**

The Radiation Safety Committee is composed of at least three Members of the Medical Staff and shall include the radiation safety officer, a pathologist, a Member of the Medical Staff at-large, a representative of Hospital administration and other representatives to be appointed in compliance with NRC regulations

### **8.11.2 Duties**

- (a) Recommend the establishment of rules for nuclear medicine procedures;
- (b) Monitor and implementation of establish rules and compliance therewith;
- (c) Review proposed therapeutic and diagnostic uses of sealed and unsealed radionuclides;
- (d) Perform such information gathering and reporting functions as may be appropriate to discharge its duties;
- (e) Develop rules for the use, transport, storage, and disposal of radioactive materials as well as rules governing contact with and discharge of patients receiving therapeutic dosages of unsealed radionuclides and the protection of patients, personnel, and the public during surgery or autopsy performed upon such patients;
- (f) Review all proposed diagnostic and therapeutic uses of unsealed radionuclides;
- (g) Evaluate the training and experience of practitioners desiring the award of privileges for the performance of nuclear medicine procedures and make recommendations to the Credentials Committee with respect thereto;
- (h) Recommend corrective action in the event of failure of practitioners or Hospital personnel to observe safety related rules; and
- (i) Meet at least every 6 months or more often as is required to conduct its business and keep minutes of all such meetings.

## **8.12 CRITICAL CARE COMMITTEE**

### **8.12.1 Composition**

The Critical Care Committee will consist of one representative from the Emergency Department, the Department of Medicine, the Department of Surgery, and the Anesthesia Services Department to be appointed by the Medical Staff President, the head nurse of the Critical Care Unit and head nurse of the Emergency Department, and at least one representative from Hospital Administration to be appointed by the President of the Hospital.

#### 8.12.2 Duties

- (a) Recommend the establishment of unit procedures for the Critical Care Unit;
- (b) Monitor the implementation of such unit procedures as are established;
- (c) Make recommendations to the Medical Staff and nursing staff evidence-based medicine practices, performance improvement initiatives and quality improvement initiatives;
- (d) Recommend unit procedures concerning medical coverage for, access to, and use of the Critical Care Unit;
- (e) Act in such related matters as may be assigned to it by the Executive Committee or the Vice President of Medical Affairs; and
- (f) Meet at least quarterly and keep minutes of all such meetings.

### **8.13 TISSUE AND TRANSFUSION COMMITTEE**

#### 8.13.1 Composition

The tissue and transfusion committee will be composed of at least one representative of the Pathology Department, two representatives from the Department of Surgery representing different surgical specialties, two members of the Active Staff at-large, and a representative of the Hospital Administration. Additional members may be appointed to the committee by the President of the Medical Staff if such appointment seems warranted.

#### 8.13.2 Duties

- (a) Review on a monthly basis all surgical cases in which a specimen was removed as well as those in which no specimen was removed;
- (b) Study the indications for surgery in all cases in which there is a major discrepancy between the preoperative and postoperative diagnoses;
- (c) Prepare written minutes reflecting all evaluations performed and all actions taken as well as the follow-up on all findings;
- (d) Perform quarterly review of blood utilization with particular emphasis on the review of blood transfusions which should include the use of whole blood versus component blood elements, the evaluation of each actual or suspected transfusion reaction, the amount of blood requested, the amount used and the amount of wastage;

- (e) Prepare blood utilization reports documenting the findings of the committee and all follow-up;
- (f) Review the timeliness and completeness of autopsy reports, based on established autopsy criteria listed in the Rules and Regulations; and
- (g) Monitor of the departments review of surgical cases in which a specimen (tissue or non-tissue) is removed, as well as those cases in which no specimen is removed. In the latter case, however, a screening mechanism based upon pre-established criteria may be established. The review shall include the indications for surgery and all cases in which there is a major discrepancy between the preoperative and postoperative (including pathologic) diagnosis. Following the recommendation of the surgical departments, the Executive Committee may describe a system by which the function of the Performance Improvement Committee, with respect to tissue review, shall be coordinated with departmental surgical case review.
- (h) Meet at least quarterly and keep minutes of all such meetings.

## **ARTICLE IX. PROCEDURAL RIGHTS**

### **9.1 ADVERSE ACTIONS**

The following recommendations or decisions are considered adverse when made under the circumstances described in Section 9.2 of these Bylaws, except as provided in Section 9.3 of these Bylaws:

- (a) Denial of initial Medical Staff appointment;
- (b) Denial of Medical Staff reappointment;
- (c) Suspension of Medical Staff appointment;
- (d) Revocation of Medical Staff appointment;
- (e) Denial of requested appointment to or advancement in Staff category;
- (f) Involuntary reduction of Staff category;
- (g) Denial of requested Department affiliation;
- (h) Denial of requested clinical privileges or rights to perform patient care services in the Hospital for which the Practitioner would otherwise be eligible based upon the Hospital's approved guidelines for the granting of clinical privileges and rights to perform patient care services;
- (i) involuntary reduction in clinical privileges or rights to perform patient care services in the Hospital;
- (j) suspension of clinical privileges or rights to perform patient care services in the Hospital;
- (k) revocation of clinical privileges or rights to perform patient care services in the Hospital; and
- (l) individual requirements of consultation or supervision except as set forth in 9.3(f).

### **9.2 WHEN DEEMED ADVERSE**

A Section 9.1 recommendation or decision is deemed adverse only:

- (a) when it has been recommended by the Medical Executive Committee;
- (b) in the case of automatic and precautionary suspensions that must be processed through the Medical Executive Committee pursuant to Section 1.2.3 of the Corrective Action Procedures and Fair Hearing Plan; or
- (c) when it has been taken by the Board under circumstances where no previous right to request a hearing existed.

When a Section 9.1 recommendation or decision is deemed adverse, the affected Practitioner is entitled to hearing and appellate review rights as set forth in the Corrective Action Procedures and Fair Hearing Plan, except as provided otherwise in these Bylaws, the Credentials Policy and Procedure Manual, and the Corrective Action Procedures and Fair Hearing Plan.

### **9.3 ACTIONS NOT DEEMED ADVERSE**

No recommendation, decision, or other action, except those specified in Section 9.1 of these Bylaws, shall be deemed adverse or entitle the Practitioner to any hearing or appellate review rights. Specifically, none of the following actions shall be deemed adverse or entitle the Practitioner to any hearing or appellate review rights:

- (a) issuance of a warning or a formal letter of reprimand;
- (b) imposition of a probationary period with a retrospective review of practice, without individual requirements of consultation or supervision;
- (c) a requirement to attend a course;
- (d) the denial, revocation, or reduction of temporary privileges;
- (e) an automatic suspension for failure to pay Medical Staff dues or assessments, failure to maintain professional liability insurance, or failure timely to complete medical records;
- (f) individual requirements of consultation or supervision imposed as a requisite for initial staff appointment, required for requested additional privileges or procedures Medical Staff Appointee or as part of an agreed upon proctoring program; or by a current imposition of Precautionary Suspension for a period of no longer than fourteen (14) days while an investigation is pending.

## **ARTICLE X. MEETINGS**

### **10.1 MEDICAL STAFF YEAR**

For the purposes of business of the Medical Staff, the business year will begin July 1.

### **10.2 MEDICAL STAFF MEETINGS**

#### 10.2.1 Regular Meetings

There will be quarterly meetings of the Medical Staff, with the annual meeting of the Staff held during the last week of June. The Medical Executive Committee may authorize the holding of additional regular Medical Staff meetings by resolution. The resolution authorizing such additional meetings shall require notice specifying the date, time, and place for the meeting, and that the meeting can transact any business as may come before it.

#### 10.2.2 Special Meetings

A special meeting of the Medical Staff may be called by the President of the Medical Staff, and will concern itself solely with its stated purpose.

#### 10.2.3 Voting

Only Appointees to the active category shall be eligible to vote at meetings of the Medical Staff except as provided in Sections 11.2 and 11.3 of these Bylaws.

### **10.3 DEPARTMENT AND COMMITTEE MEETINGS**

#### 10.3.1 Regular Meetings

Departments and committees shall, by resolution provide the time for holding regular meetings and no notice other than such resolution is required. Departments shall meet as often as necessary to conduct their business, but not less than quarterly; provided, however, that designated committees or representatives of each Department shall meet at least monthly to conduct the quality review, evaluation, and monitoring activities described in Section 7.3 of these Bylaws. The frequency of committee meetings is as specified in Article VIII of these Bylaws.

#### 10.3.2 Special Meetings

A special meeting of any Department or committee may be called by the Chairman thereof, and will concern itself solely with its stated purpose.

#### 10.3.3 Executive Session

All Departments and committees of the Hospital may sit in executive session. During this time, all non members may be excused.

### **10.4 ATTENDANCE REQUIREMENTS**

#### 10.4.1 Staff Meetings

While there are no mandatory attendance requirements, it is recommended that members of the Medical Staff attend as many Medical Staff meetings as possible.

#### 10.4.2 Department Meetings

While there are no mandatory attendance requirements, it is recommended that members of the Medical Staff attend as many Department meetings as possible.

#### 10.4.3 Committee Meetings

Each member of the Medical Executive Committee and Credentials Committee must attend at least seventy-five percent (75%) of the meetings of that committee each year. Regular attendance at these meetings is expected, and absences should only be for good cause.

#### 10.4.4 Special Appearances or Conferences

- (a) Whenever a Medical Staff or Department educational program is prompted by a Practitioner's performance, that Practitioner will be notified of the date, time, and place of the program; of the subject matter to be covered; and of its special applicability to the Practitioner's practice. The Practitioner shall be required to attend the educational program, unless excused in advance by the Vice President of Medical Affairs by reason of illness or medical or personal emergency.
- (b) Whenever a pattern of suspected deviation from standard clinical practice is identified, the President of the Medical Staff or the applicable Department Chairman may require the Practitioner to confer with him or with a Standing, Special, or Ad Hoc Committee that is considering the matter. The Practitioner shall be given special notice of this conference at least five (5) days before the conference, including the date, time, and place of the conference and a statement of the issue involved. The Practitioner shall be required to attend the conference, unless excused in advance by the Vice President of Medical Affairs by reason of illness or medical or personal emergency.

#### 10.4.5 Excused Absences

Failure to satisfy the attendance requirements set forth in Sections 10.4.1 or 10.4.2 above may be excused by reason of illness, absence from the city, or medical or personal emergency. A Practitioner seeking to be excused from attendance shall notify the Vice President of Medical Affairs of the reason for the absence before the meeting or within twenty-four (24) hours thereafter.

## **10.5 MEETING PROCEDURES**

### **10.5.1 Order of Business and Agenda at General Staff Meetings**

10.5.2 The order of business at a regular meeting shall be determined by the President of the Medical Staff. The notice will state the date, time and place of any meeting of the Medical Staff, or of any regular Department or committee meeting not scheduled pursuant to resolution, shall be mailed to each person entitled to be present not less than ten (10) days before the date of such meeting. Alternatively, notice of Department or committee meetings may be given orally not less than five (5) days before the date of the meeting. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

### **10.5.3 Minutes**

Minutes of all meetings shall be prepared by the secretary of the meeting and shall include the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer and approved by the attendees. Minutes of each Department and Medical Staff committee meeting shall be made available to the Appointees of the appropriate Department and committee and shall be provided to the Medical Executive Committee. Minutes of Medical Staff and Medical Executive Committee meetings shall be made available to all Appointees of the Medical Staff and Allied Health Professionals. A permanent file of the minutes of each meeting shall be maintained by the Office of the Vice President of Medical Affairs.

### **10.5.4 Quorum**

- (a) At a meeting of any Department, or any Medical Staff committee, the presence of twenty-five percent (25%) of the total voting membership, but not less than two (2) Appointees shall constitute a quorum.
- (b) At a meeting of the Medical Staff, the presence of twenty (20) Appointees with voting rights shall constitute a quorum. In the event that a quorum is not present at any meeting of the Medical Staff, the Medical Executive Committee may, at the discretion of the President of the Medical Staff, act upon any necessary Medical Staff business at its next meeting.

### **10.5.5 Manner of Action**

Except as otherwise provided in these Bylaws, the action of a majority of those present and voting at meeting at which a quorum is present shall be the action of the group. Action may also be taken without a meeting of a Department or committee by a document setting forth the desired action to be taken and voted upon by each Appointee entitled to vote.

#### 10.5.6 Rules of Order

All meetings will be transacted according to the rules of order as specified in Sturgis's Standard Code of Parliamentary Procedure.

## **ARTICLE XI. GENERAL PROVISIONS**

### **11.1. MEDICAL STAFF RULES AND REGULATIONS AND MANUALS**

Subject to approval by the Board of Directors, the Medical Staff shall adopt such Rules and Regulations and accompanying manuals as may be necessary to implement more specifically the general principles found in these Bylaws. The procedures outlined in Article XII of these Bylaws shall be followed in the adoption and amendment of the Rules and Regulations and accompanying manuals.

### **11.2 MEDICAL STAFF DUES**

Subject to the approval of the Medical Staff at the annual meeting, the Medical Executive Committee will establish the amount and manner of disposition of the annual dues. (Voting members in any election concerning dues will include all Practitioners who will be required to pay dues.) Dues are payable at the beginning of each new Medical Staff year. Failure, unless excused by the Medical Executive Committee for good cause, to render payment within two (2) months of the start of the Medical Staff year shall, after special notice of the delinquency, result in automatic suspension pursuant to Corrective Action Procedures and Fair Hearing Plan. If a Practitioner's Medical Staff dues remain unpaid by December 31, then the Practitioner's Medical Staff appointment, clinical privileges, and rights to perform patient care services in the Hospital shall be revoked.

### **11.3 SPECIAL ASSESSMENTS**

If funds of the Medical Staff are insufficient for any expenditure authorized by the Medical Executive Committee, additional funds may be obtained through a special assessment of the Medical Staff. Before any such assessment, there must be a special meeting of the Medical Staff, called by the President of the Medical Staff for that purpose. At this meeting, there must be a quorum present and a two-thirds affirmative vote of those present and voting is necessary for approval of the assessment. (Voting members in any election concerning assessments will include all Practitioners who may be affected by the proposed assessment.)

### **11.4 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. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any of the provisions of these Bylaws.

## **ARTICLE XII. ADOPTION AND AMENDMENT**

### **12.1 MEDICAL STAFF RESPONSIBILITY**

The Medical Staff shall have the responsibility to formulate, adopt, and recommend to the Board, Medical Staff Bylaws and amendments thereto, which shall be effective when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, responsible, and timely manner. This applies as well to the adoption and amendment of Medical Staff Rules and Regulations and accompanying manuals developed to implement various sections of these Bylaws.

### **12.2 METHOD OF ADOPTION AND AMENDMENT**

#### **12.2.1 Medical Staff Bylaws**

Proposals for changes to the Medical Staff Bylaws can be initiated through any of the following mechanisms:

- (a) A motion made by the Medical Executive Committee;
- (b) A motion made by the Bylaws Committee, or
- (c) Any medical staff member can propose a change to the Bylaws Committee as defined in the Bylaws

All proposed changes must be submitted to the Bylaws Committee in accordance with Bylaws 8.4. The Bylaws Committee will review suggested changes and propose revised language to the Medical Executive Committee for review and comment. Following this review, the Bylaws of the Medical Staff may be adopted, amended, or repealed by the following action:

- (a) At least 21 days before a regular or special meeting for the medical Staff, the Bylaws Committee will make available a copy of the proposed bylaws or amendments thereto, to each member of the Medical Staff.
- (b) Following the affirmative vote of two-thirds of the Appointees of the Active category present and voting at a duly convened regular or special meeting of the Medical Staff, the bylaws or amendments will be submitted to the Board for consideration and will become final upon their adoption by the Board.

#### **12.2.2 Medical Staff Rules and Regulations and Manuals**

The Medical Staff Rules and Regulations, the Credentials Policy and Procedure Manual, and the Corrective Action Procedures and Fair Hearing Plan may be adopted, amended, or repealed by the following action:

- (a) the affirmative vote of a majority of the members of the Medical Executive Committee present and voting at a regular or special meeting of the Medical Executive Committee, at which a quorum is present,

provided that a copy of the proposed Rules and Regulations, and accompanying manuals, or amendments thereto, was given or made available to each member of the Medical Executive Committee at least twenty-one (21) consecutive calendar days before the meeting; and,

(b) approved by the Board.

### **12.3 EFFECTIVE DATE**

These Bylaws, Rules and Regulations, and accompanying manuals shall become effective on February 17, 2009.

### **12.4 ADOPTION**

#### **12.4.1 MEDICAL STAFF**

The foregoing Bylaws of the Medical Staff of Gettysburg Hospital were adopted and recommended to the Board by the Medical Staff.

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

\_\_\_\_\_  
Date

#### **12.4.2 BOARD**

The foregoing Bylaws of the Medical Staff of Gettysburg Hospital were approved and adopted by resolution of the Board after considering the Medical Staff's recommendation.

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Date