

ADVOCATE SHERMAN HOSPITAL

MEDICAL STAFF

BYLAWS

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CONSTITUTION
Bylaws
Of The
Medical Staff of Advocate Sherman Hospital

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CONSTITUTION
BYLAWS AND RULES AND REGULATIONS
of the
MEDICAL STAFF OF ADVOCATE SHERMAN HOSPITAL
PREAMBLE

Recognizing that the Medical Staff is responsible for the quality of medical care in Advocate Sherman Hospital and must accept and assume this responsibility subject to the ultimate authority of the Advocate Sherman Hospital Board of Directors and that the best interests of the patient are protected by concerted effort and harmonious relationship among Medical Staff members, the physicians, dentists, and podiatrists practicing in Advocate Sherman Hospital hereby organize themselves in conformity with these Bylaws, Rules and Regulations.

ARTICLE I
NAME AND DEFINITIONS

NAME: The name of this organization will be the “Medical Staff of Advocate Sherman Hospital”.

DEFINITIONS:

1. The term “Hospital” means Advocate Sherman Hospital.
2. The term “Board” means the Board of Directors of Advocate Sherman Hospital.
3. The term “Medical Staff” means the formal organization of physicians, dentists, and podiatrists duly licensed to practice medicine, dentistry and podiatry in the State of Illinois who are privileged to attend patients in the Hospital.
4. The term “Medical Executive Committee (MEC)” means the Executive Committee of the Medical Staff unless specific reference is made to the Executive Committee of the Governing Body.
5. The term “Chief Executive Officer (CEO) or President of the Hospital” (or designee) means the individual appointed by the Board of Directors to act on its behalf in the overall management of the Hospital.
6. The term “Practitioner” means a duly licensed medical physician, dentist or podiatrist.
7. The term “Clinical Privileges” means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, dental, surgical or podiatric services.
8. The term “Ex-officio” means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means without voting rights.
9. The term “Allied Health Professional (AHP)” means an individual other than a duly licensed physician, dentist, or podiatrist whose patient care activities require that their authority to perform specific patient care services be processed through the usual staff channels, except for those employed by the Hospital.
10. “Dentist”: means an individual who has a doctor of dental surgery degree who is duly licensed to practice dentistry in the State of Illinois. Dentists are not eligible for promotion to the Attending Staff category.

11. Oral and Maxillofacial Surgeon: Means an individual who has a doctor of dental surgery degree or a doctor of medical dentistry, is duly licensed to practice dentistry in the State of Illinois, has completed a residency in oral and maxillofacial surgery and is compliant with Board Certification requirements, as outlined in Article III, Section 1, Subsection 3 and State licensed in oral and maxillofacial surgery. Oral and Maxillofacial surgeons are eligible for full membership rights.
12. The term “Special Notice” means written notification sent by certified or registered mail, return receipt requested.
13. The term “Prerogatives” means a participatory right granted, by virtue of Staff category or otherwise, to a Staff member or AHP and exercisable subject to the conditions imposed by these Bylaws and in other Hospital and Medical Staff policies.
14. The term “Adverse Decision” means a decision by the Board reducing, restricting, revoking, denying or not renewing medical staff membership or clinical privileges.
15. The term “Economic Factor” means any information or reasons for decision unrelated to quality of care or professional competency.
16. The term “Pertinent Information” means all written information utilized and reviewed in the adverse decision-making process.

ARTICLE II
PURPOSE AND RESPONSIBILITIES OF THE MEDICAL STAFF

SECTION I. PURPOSE. The purposes of the Advocate Sherman Hospital Medical Staff are:

1. To insure that all Advocate Sherman Hospital patients receive appropriate care.
2. To provide a means through which the Medical Staff may participate in the Hospital's policy making and planning.
3. To initiate and maintain Bylaws, Rules and Regulations for self-government of the Medical Staff.
4. To provide educational opportunities to all Staff members in order to foster improvement of their knowledge and skills for the maintenance and upgrading of privileges in their field of interest and training.
5. To cooperate and participate in the medical welfare of the community, within accepted ethical guidelines.
6. To provide a Staff organization where equal opportunity exists for all members to work in harmony and practice their profession in all its branches as commensurate with their training and ability.

SECTION 2. RESPONSIBILITIES OF THE MEDICAL STAFF.

To effect the purposes enumerated in Section I, it is the obligation and responsibility of the organized Medical Staff:

- (a) To conduct all required and necessary activities for optimum patient care which includes:
 1. Evaluating practitioner and institutional performance in a relevant manner through valid and reliable measurement systems based on objective, clinically-sound criteria.
 2. Engaging in the ongoing monitoring of patient care practices and enforcement of Medical Staff and Hospital policies.
 3. Evaluating practitioner credentials for initial and continued membership in the Medical Staff organization and for the delineation of clinical privileges that may be exercised by each individual practitioner in the Hospital.
 4. Arranging for Staff participation in programs designed to meet the educational needs of Staff members.

5. Assuring that medical and health care services at the Hospital are appropriately employed for meeting patients' medical needs consistent with sound utilization of health care resources.
 6. Participating in the Hospital's quality assurance program.
- (b) To make recommendations to the Governing Body concerning appointments and reappointments to the Staff, including Staff category and Department assignments, clinical privileges, specified services for Allied Health Professionals and corrective action.

ARTICLE III
MEDICAL STAFF MEMBERSHIP

SECTION 1. QUALIFICATIONS.

Every practitioner who seeks or enjoys Staff membership must, at the time of initial appointment and continuously thereafter, demonstrate to the satisfaction of the appropriate authorities of the Medical Staff and the Board, the qualifications set forth in this Section.

Subsection 1. Education: The applicant for membership on the Medical Staff must be a doctor of medicine, dentistry or podiatry legally licensed to practice in the State of Illinois.

Subsection 2. Nondiscrimination: The selection of persons for Staff appointment shall depend upon a thorough study of the qualification of each applicant. No applicant shall be denied Staff membership on the basis of sex, race, creed, color or national origin, or on the basis of any other criterion lacking professional justification.

Subsection 3. Board Certification:

1. Practitioners (defined herein as MD, DO, DDS or DPM) who are granted initial membership on the Medical Staff on or any time after September 27, 2013 must satisfy the following mandatory board certification requirement to qualify for appointment and/or reappointment. The requirement does not apply to practitioners appointed to the Medical Staff before September 27, 2013 if they were not certified at the time of appointment and are no longer eligible to take the board certification or recertification, and are therefore considered grandfathered. Practitioners on the Medical Staff before September 27, 2013 who were board certified on September 27, 2013, are required to remain board certified to maintain their clinical privileges.
2. Practitioners are required to obtain certification by a recognized board in their specialty/subspecialty within six (6) years after completion of training.
3. Practitioners are expected to maintain board certification in their practice area for which they have clinical privileges throughout their Medical Staff membership. If board certification is maintained in the subspecialty, it need not also be renewed in their primary area. (Example for a cardiologist, if board certification is maintained in Cardiovascular Disease, it need not also be maintained in Internal Medicine.)

4. Upon expiration of board certification, practitioners will be allowed two (2) years to attain recertification. Failure to do so will render the practitioner ineligible for re-credentialing with clinical privileges.
5. The following will be recognized as appropriate board certifications:
 - (a) Certification by the American Board of Medical Specialties (ABMS), including primary board certification and specialty certification.
 - (b) Equivalent (by training) certification of the American Osteopathic Association (AOA).
 - (c) Certification by the American Board of Podiatric Surgery (ABPS)
 - (d) Certification by the American Dental Association (ADA).
 - (e) Royal College of Physician and Surgeons of Canada.
6. Exceptions not requiring review and approval by the Health Outcomes Committee of the Board of Advocate Sherman Hospital include the following:
 - (a) Practitioners with no clinical privileges
 - i. Medical staff members in administrative positions.
 - ii. Medical staff members who refer all patients to hospitalists for inpatient care.
 - iii. Honorary members.
 - (b) Practitioners who missed the initial six-year time frame or recertification time frame due to being called to military service may be exempted for the time period they served in the military.
 - (c) Practitioners who missed the initial six-year time frame or recertification time frame due to a prolonged illness that led to a leave of absence may be exempted for the time period during which they were on a medical leave of absence.
7. Exceptions (initial appointments and reappointments) requiring review and approval by the Health Outcomes Committee of the Board of Advocate Sherman Hospital include the following:
 - (a) Any exceptions other than those outlined above in Subsection 3, item 6, must be presented to the Health Outcomes Committee of the Board of Advocate Sherman Hospital after the Medical Staff Credentials Committee has reviewed the file and discussed the rationale for exception. The exception and rationale

should be sent to the Health Outcomes Committee for determination before approval by the Hospital's Board.

- (b) If the exception is approved by the Health Outcomes Committee, then the credentialing process can proceed.
- (c) If the exception is not approved by the Health Outcomes Committees, then the applicant will be informed that they do not meet the requirements of Advocate.
- (d) For reappointment, if the Medical Staff Credentials Committee and the Advocate Sherman Hospital Board support an exception, it will be presented with the rationale to the Health Outcomes Committee by representatives of the Medical Staff and the Hospital Board. The determination of the Health Outcomes Committee will be final.

Subsection 4. Hospital Facility and Needs:

1. Appointment to the Medical Staff will also be guided by the ability of the hospital to meet the present and future health care needs of the community it serves and specifically with reference to:
 - (a) The needs of continuity of service by the Medical Staff in light of projected resignations, transfer to inactive status and death of members, as recommended by the MEC and approved by the Board of Directors.
 - (b) The needs of new professional skills as they may be developed by the evolution of medical science and specialty areas not adequately represented on the Medical Staff.
 - (c) Private office and residence location which must be close enough to the hospital as determined by the MEC and Board to provide appropriate care to its patients and to assure availability within a reasonable time when the patient's condition requires prompt attention.
 - (d) Number of other hospital affiliations such as not to interfere with the bylaws, and the practitioner's obligations and duties:
 1. to serve the Emergency Room roster on a timely basis;
 2. to actively participate in hospital programs, committee assignments and supervisory responsibilities.
 - (e) Availability of hospital staff and facilities to provide appropriate health care and to prevent overcrowding of diagnostic, therapeutic and physical facilities.

Subsection 5. Hospital Based Physicians: The qualifications, standards and requirements for Staff membership of a Hospital Based Practitioner must be consistent with the qualifications, standards and requirements of other Staff members.

Subsection 6. Health Condition: All applicants and Staff members shall be qualified mentally and physically to practice their profession and to perform their delineated clinical privileges with sound judgment and technical skill.

Subsection 7. Performance: Each Practitioner must demonstrate a willingness and capability, based on current attitude and evidence of performance:

- (a) To provide their patients with care at the generally recognized professional level of quality and efficiency.
- (b) To work with and relate to other Staff members, members of other health disciplines, hospital management and employees, in a cooperative and professional manner.
- (c) To discharge the basic obligations of Staff membership and to participate equitably in the discharge of Staff obligations specific to Staff membership category, including adherence to the Advocate Health Care Social Media Policy.
- (d) To adhere to generally recognized standards of medical and professional ethics including, without limitation, prohibitions against fee splitting, “ghost” surgery, delegating their responsibility for diagnosis or care of patients to a Practitioner not qualified to undertake that responsibility and failing to obtain informed patient consent to treatment.
- (e) To prepare and complete in a timely fashion the medical and other required records for all patients he admits or in any way provides care for in the Hospital.

Subsection 8. Professional Liability: Each Practitioner must provide evidence of current professional liability insurance coverage consistent with the policies of the Advocate Health Care System, Medical Executive Committee and Board.

Subsection 9. Effect of Other Affiliations: No Practitioner is automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because he/she is licensed to practice in this or any other State, or because he/she is a member of any professional organization, or the faculty of any medical school, or because he/she had, or presently has, staff membership privileges at another health care facility or in another practice setting. Nor shall any Practitioner be automatically entitled to appointment, reappointment, or particular privileges merely

because he/she had, or presently has, or is being granted, staff membership or those particular privileges at this hospital.

SECTION 2. TERMS OF APPOINTMENT.

Subsection 1. Provisional Period: Initial appointments for Associate Staff members are for a period of one (1) year unless sooner terminated as provided for in these Bylaws or by resignation. These initial appointments are provisional for the first year, pending approval of the second year by the Board upon recommendation of the respective department and the MEC. The MEC with the approval of the Board may set a more frequent appraisal for the exercise of particular privileges or for Practitioners with identified health disabilities.

Subsection 2. Assignment to Department: Any practitioner applying for initial appointment or reappointment to the Medical Staff will be assigned to the department where they hold major privileges by the action of the MEC. Practitioners of oral/maxillofacial surgery may request the MEC to be assigned to the Dental or Surgical Departments.

Subsection 3. Prerogatives: Appointment to the Medical Staff confers on the appointee only those clinical privileges that are granted by the Board.

SECTION 3. PROCEDURE FOR INITIAL APPOINTMENT TO THE MEDICAL STAFF.

Subsection 1. Apply in person: Prospective applicants desiring appointment to the Medical Staff will meet in person or telephonically with the CEO (or designee) of the Hospital. The procedure for appointment to the medical staff shall be discussed at this meeting, including access to the Advocate Health Care System Pre-application Attestation form. Subsequently, the Pre-Application Attestation form will be made available to applicants along with the Application. If the candidate does not meet the Advocate Health Care System criteria as contained in the Pre-Application form, the application will not be processed. No hearing/appeal or data bank report is needed under these circumstances. The completion of the application does not confer to the prospective applicant a right to appointment to Medical Staff.

Subsection 3: Application form: Application for membership on the Medical Staff must be on the prescribed form. The Medical Staff departments, committees and subcommittees as well as the Board shall consider, among other things, the written criteria detailed in the application form in evaluating an applicant's qualifications. The form will require complete information including the following:

- (a) References: The names of three individuals, not personally related to the applicant, and preferably not related by professional partnership or current economic association, who have personal knowledge of the applicant's current clinical competence, health status, ethical character, ability to work cooperatively with others and other qualifications for membership and privileges, and who can and will provide specific written, substantive comments on these matters upon the request of Hospital or Staff authorities. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time, must be engaged professional in delivery of health care, and at least one must have had direct responsibility for supervision of the applicant's performance during the applicant's internship or residency training.
- (b) Photograph: Photograph of the applicant.
- (c) License: The date and number of current license to practice in Illinois, current Drug Enforcement Administration registration, and a copy of the Illinois Controlled Substance license-

- (d) Medical Training: Documentation of medical and postgraduate training, including the name of each institution, degree granted, program completed, dates attended, and the names of the appropriate Chiefs of Service responsible for the applicant's performance.
- (e) Board Certification: Evidence of specialty or subspecialty board certification, recertification and eligibility as defined in Article III, Section 1, Subsection 3.
- (f) Health: Disclosure of health impairment, if any, affecting the applicant's ability in terms of skill, attitude or judgment to fully perform professional and medical staff duties.
- (g) Immunizations: Evidence of immunizations as required by Advocate Health Care System policies.
- (h) Professional Liability: Evidence of current professional liability insurance coverage, consistent with MEC, Board and Advocate Health Care Policy.
- (i) Professional sanctions: Any pending or completed action involving denial, revocation, suspension for significant cause, reduction, probation or non-renewal of: license or certificate to practice any profession in any state or country; Drug Enforcement Administration or any controlled substances registration; membership or fellowship in local, state or national professional organizations; faculty members at any medical or other professional school; specialty or sub-specialty board certification/eligibility; staff membership status or clinical privileges at any other hospital, clinic or health care institution; or the voluntary relinquishment of such licensure or registration.
- (j) Voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital when in response to an actual or proposed disciplinary action.
- (k) Malpractice Claims: Disclosure of pending and final outcome of malpractice claims or a professional liability action.
- (l) Professional Associations: Location of office(s), names and addresses of other practitioners with whom the applicant is or was associated, including dates of such association; names and location of any other hospital, clinic or health care institution where the applicant provides or provided clinical services with the inclusive dates of each affiliation.
- (m) Requests: Department assignment, staff category, and specific clinical privileges requested.

- (n) Confidentiality, Immunity and Releases: Statement notifying the applicant of the scope and effect of the authorization, confidentiality, immunity and release provisions of the Medical Staff Bylaws in Article XVI.
- (o) Signed Application: The applicant must sign the application and in so doing:
1. attest to the correctness and completeness of all information furnished. Any significant misstatement or omission in the application constitutes cause for non-appointment;
 2. signify willingness to appear for an interview in connection with the application;
 3. agree to abide by the terms of the Bylaw, Rules and Regulations, policies and procedures of the Medical Staff and those of the Hospital if granted membership and/or clinical privileges, and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not membership and/or privileges are granted;
 4. agree that, if an adverse ruling is made with respect to his/her Staff membership, Staff status and/or clinical privileges, they will exhaust the administrative remedies afforded by these bylaws before resorting to formal legal action;
 5. authorize and consent to Hospital representatives consulting with prior associates or others who may have information bearing on professional or ethical qualifications and competence, and consent to their inspecting and copying all records and documents that may be material to evaluation of said qualification and competence;
 6. release from any liability all those who, in good faith and without malice, review, act on or provide information regarding the applicant's competence, professional ethics, character, health status and other qualifications for Staff appointment and clinical privileges.
- (p) Responsibility of Applicant: The applicant shall assume the burden of producing all information necessary for the purpose of substantive evaluation of his competence, character, ethics, health status and other qualifications for Staff membership or the requested Staff category, Department assignment, or clinical privileges, and of resolving any doubts about such qualification.

Subsection 4. CEO Action: The completed application is presented to the CEO (or designee).

- (a) Verification and forwarding: The CEO collects and primary source verifies the references, licenses, ECFMG (if applicable), and reports from NPDB and OIG Medicare/Medicaid Exclusions, and other qualification evidence submitted, and promptly notifies the applicant of any problems and of his obligation to obtain the required information. When verification is completed, the CEO forwards the application and all supporting documentation to the Credentials Committee.
- (b) Announcement: The CEO will post the name or the names of the applicant or applicants permitting any Staff member with relevant information opportunity to submit such information to the Credentials Committee and to appear in person if requested.

Subsection 5. The Credentials Committee: The decision of this committee shall be to recommend to the MEC to grant or deny the applicant appointment to the medical staff.

1. In making its decision, the committee will consider all relevant information including:
 - (a) Private office and residence location of the applicant must be close enough to the hospital as pre-determined by the MEC and Board to provide appropriate care to its patients and to assure availability within a reasonable time when the patient's condition requires prompt attention.
 - (b) Number of other hospital affiliations of the applicant are such as not to interfere with the practitioner's obligations and duties under the Bylaws including, but not limited to:
 - (1) to serve the Emergency Room roster on a timely basis;
 - (2) to actively participate in hospital programs, committee assignments, and supervisory responsibilities.
 - (c) Health Condition: All applicants (and staff members) shall be qualified mentally and physically to practice their profession and to perform their delineated clinical privileges with sound judgment and technical skill.
2. Within 60 days of receiving the application and all relevant documentation, the Credentials Committee shall make its decision.
3. If the decision is to grant the applicant staff membership, the Credentials Committee will forward its recommendation and application to the Chief of each department where the applicant seeks clinical privileges.
4. If the Credentials Committee denies the applicant staff membership, it forwards its recommendation to the MEC.

Subsection 6. Department Steering Subcommittees and/or Department Action: The purpose of this action is to grant to each applicant clinical privileges commensurate with his training and experience.

1. After a favorable recommendation of the Credentials Committee, the application is then considered by the Steering Subcommittee of all relevant departments. The purpose of these subcommittees' action is to grant each applicant privileges commensurate with his training and experience.
2. Privileges granted by more than one department: Where a given privilege is granted by more than one departments, a uniform criteria shall apply.
3. Recommendation: Each Department Chief prepares a written report as required by Subsection 10. If the department and/or subcommittee require additional information, the report may be delayed, but not for more than thirty (30) days, with notice given to the applicant, including a request for any specific information required of the applicant.

Subsection 7. Executive Committee Action: The MEC, at its next meeting, reviews the application, the supporting documentation, the reports and recommendation from the Credentials Committee and Departments and/or Steering Subcommittee, including any dissenting reports, and any other relevant information available to it. The MEC defers action on the application pending further information, or prepares a written report with the recommendation as to approval or denial of, or any special limitations on appointment, category and department assignment, or clinical privileges. The effect of the MEC action is as follows:

- (a) Deferral: Action by the MEC to defer the application for further information must be followed up within 30 days with its report. Notice of deferral must be given to the applicant, including a request for any specific information required of the applicant, with copies to the appropriate Department Chief and the CEO.
- (b) Favorable Recommendations: When the MEC recommendation is favorable to the applicant in all respects, the President of the Medical Staff promptly forwards it, together with all supporting documentation upon request, to the Board. "All supporting documentation" means the pre-application form, application form and its accompanying information, the report and recommendations of all Committees and departments that took action on the application. Temporary privileges may be granted after the departmental Steering Subcommittee's action.

- (b) Adverse Recommendation: When the MEC's recommendation is adverse to the applicant, the CEO or designee immediately so informs the applicant by special notice, and he/she is then entitled to the procedural rights as provided in the Fair Hearing Plan as if there was adverse decision by the Board. An "adverse recommendation" by the MEC is defined as a recommendation to deny appointment to the requested Staff category or to the requested department assignment, or to deny or restrict clinical privileges.

Subsection 9. Board Action. The Board acts upon applications as follows:

- (a) On Favorable MEC Recommendation: The Board may adopt or reject, in whole or in part, a favorable recommendation of the MEC or refer the recommendation back to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made. This request for reconsideration may include a directive that the MEC conduct a further hearing to clarify any issues which are in doubt. Favorable action by the Board is effective as its final decision. If the Board's action is adverse to the applicant in any respect, the CEO promptly so informs the applicant by special notice, and he/she is then entitled to the procedural rights provided in the Fair Hearing Plan.
- (b) Without Benefit of MEC Recommendation: If, in its determination, the Board does not receive an MEC recommendation in timely fashion, as described in Subsection 14 of this article, it may, after notifying the MEC of its intent including a reasonable period of time for response, take action on its own initiative, employing the same type of information usually considered by the Staff. Any favorable action is effective as its final decision.
- (c) After Procedural Rights: If the Board takes an adverse action as defined in this Article III, Section 3, Subsection 9(d), the Board will provide a written explanation to the applicant advising the applicant of the reason or reasons for any adverse action, including all reasons based in whole or in part on an applicant's medical qualifications or any other basis, including economic factors.
- (d) Adverse Board Action Defined: "Adverse Action" by the Board means action to deny appointment to the requested Staff category for which the applicant is eligible or to the requested Department assignment or to deny or restrict clinical privileges.

Subsection 10. Report of Action. The report of the Credentials Committee, Steering Subcommittee and/or Clinical Department, MEC and Board must state the group's recommendations as to approval

or denial of, or any special limitations on appointment, category and Department assignment, and clinical privileges with specific reasons given for each recommendation or action of denial or limitation. Any dissenting views at any point in the process must also be reduced to writing, supported by reasons and references, and transmitted with the majority report.

Subsection 11. Board Decision Contrary to MEC Recommendation: Whenever the Board determines that it will decide a matter contrary to the MEC recommendation, the matter will be submitted to a joint conference, for review and recommendations before the Board makes its decision.

Composition of the Joint Conference Committee will be as provided in Article XVIII, Section 7, Item 4.

Subsection 12. Notification of Board Decision: Notice of the Board's decision is given through the CEO, to the MEC, to the Chief of each Department concerned and to the applicant by special notice. A decision and notice to appoint includes: (a) the Staff category to which the applicant is appointed; (b) the Department to which he/she is assigned; (c) the clinical privileges he/she may exercise and (d) any special conditions attached to the appointment.

Subsection 13. Re-Application After Adverse Action: An applicant who has received a final adverse decision regarding Staff membership status or clinical privileges is not eligible to reapply to the Medical Staff or for the denied category, Department or privileges for a period of 12 months. Any such reapplication is processed as an initial application, and the applicant must submit such additional information as the appropriate authorities of the Staff or the Board may require in demonstration that the basis for the earlier adverse action no longer exists.

Subsection 14. Processing Time Limits: All individuals and groups required to act on an application for Staff appointment must do so in a timely and good faith manner and, except for good cause, each application should be processed within the following time periods:

<u>INDIVIDUAL/GROUP</u>	<u>TIME</u>
(a) Chief Executive Officer	45 days
(b) Credentials Committee	60 days
(c) Departments/Steering Committees	30 days
(d) Medical Executive Committee	next regular meeting
(e) Board	next regular meeting

These time periods are to be deemed guidelines and are not directive such as to create any rights for a practitioner to have an application processed within these precise periods. If the provisions of the

Fair Hearing Plan are activated, the time requirements provided there govern the continued processing of the application.

SECTION 4. PROCEDURE FOR REAPPOINTMENT TO THE MEDICAL STAFF.

Subsection 1. Information Form for Reappointment: Reappointment will be done every three (3) years in accordance with the Advocate Health Care System credentialing policies. Each member of the medical staff, unless otherwise exempted, shall be required to pay a reappointment fee in an amount established from time to time by the Executive Committee and approved by the Board of Directors. Payment of the reappointment fee shall be received either prior to or contemporaneously with the information furnished from the medical staff members pursuant to Article III, Section 4, Subsection 2 of these Medical staff Bylaws. Members failing to make payment prior to or contemporaneously with providing this information shall not have their reapplication processed. Members failing to make such payments shall notified that the fee is due and owing. Failure to make the required payment of this fee within thirty business days of receipt of this notice shall result in voluntary resignation. The requirement of reapplication fee shall not apply to members on the Honorary Staff.

Subsection 2. Information From the Staff Member: At least ninety (90) days prior to the appointment expiration date the member furnishes, in writing:

- (a) complete information to update their file on relevant items in the reappointment form. With this information, the member shall include payment of the reapplication fee. The requirement for the payment of a reapplication fee shall not apply to members serving on the Part-Time Hospital-Based Physician staff or for dentists.
- (b) current license to practice in Illinois and Drug Enforcement Administration registration;
- (c) specific request for the clinical privileges sought on reappointment, with any basis for changes;
- (d) requests for changes in Staff category or Department assignments;
- (e) evidence of current professional liability insurance coverage, consistent with the MEC and Board policy;
- (f) Professional sanctions: Any pending or completed action involving denial, revocation, suspension for significant cause, reduction, probation or non-renewal of: practitioner's licensure or certification to practice any profession in any state or country; practitioner's Drug Enforcement Administration; National Practitioner Data Bank reports; OIG Medicare/Medicaid Exclusions reports; practitioner membership or fellowship in local, state or national professional

organizations; practitioner's faculty membership at any medical or other professional school; practitioner's specialty or sub-specialty board certification/eligibility;

- (g) voluntary or involuntary termination of medical staff membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at another hospital when in response to a proposed or actual disciplinary action.
- (h) Malpractice claims: Disclosure of pending and final outcome of malpractice claims, if any, or a professional liability action.

Subsection 3. Department Chief Action: The Department Chief primary source verifies the information provided in Subsection 2 and notifies the Staff member of any information inadequacies or verification problems.

- (a) Responsibility: The Staff member then has the burden of producing adequate information and resolving any doubts about the date.
- (b) Failure to Produce Information: Failure, without good cause, to so furnish any of the required information shall be deemed a voluntary resignation from the Staff and shall result in automatic termination of membership at the expiration of the member's current term unless the date for return of the form is explicitly extended for not more than a 30-day period by action of the MEC.
- (c) Procedural rights: A practitioner whose membership is so terminated shall be entitled to the procedural rights provided in these bylaws and in the Fair Hearing Plan for the sole purpose of determining the issue of good cause.

Subsection 4. Information from Internal Sources: The Department chief collects for each Staff member's credentials file all the relevant information regarding the individual's professional and collegial activities, performance and conduct in this Hospital. Such information includes, without limitation:

- (a) review of completed reappointment application;
- (b) patterns of care as demonstrated in the findings of quality assurance activities;
- (c) clinical competence;
- (d) participation in relevant teaching and continuing education activities;
- (e) level of clinical activity at the Hospital;
- (f) sanctions or other problems;
- (g) health status;

- (h) attendance at required Medical Staff and Department meetings;
- (i) participation as a Staff official, committee member, proctor and in specialty coverage for the ER;
- (j) timely and accurate completion of medical records;
- (k) compliance with all applicable bylaws, policies, rules, regulations and procedures of the Hospital and staff.

Subsection 5. Processing of Reappointments: Processing of reappointments is accomplished in the following manner:

1. Completion of reappointment form by the applicant.
2. Verification of information by the Department Chief.
3. Action on the application by the Steering Subcommittee and/or Department, MEC, and Board.

For purposes of reappointment, an “adverse recommendation” by the MEC or an “adverse action” by the Board means a recommendation or action: to deny reappointment; to deny a requested change in, or to change without the Staff member’s consent, his category or Department assignment; or to deny or restrict requested clinical privileges. The terms “applicant” and “appointment” as used in those Sections on initial appointments, which procedures will be applicable to this Subsection, shall be read, respectively, as “Staff member” and “reappointment”. A member of the medical staff is not entitled to the rights under the Fair Hearing Plan until the Board has made an adverse decision. Promptly after the adverse decision by the Board, the affected members shall receive written notice of the adverse decision, including an explanation of the reasons including all reasons based on the quality of medical care or any other basis, including economic factors.

Subsection 6. Transmittal of Notice: Transmittal of Notice to a Staff member and provision of updated information in the prescribed reappointment form is to be carried out in accordance with Subsections 1 and 2 above. Thereafter and except for good cause, all persons and groups required to act must complete such action so that all reappointment reports and recommendations are transmitted to the MEC and in turn to the Board prior to the expiration date of Staff membership of the member for whom reappointment is being processed.

Subsection 7. Time Periods for Processing : Processing of the application should be completed by the appointment expiration date. If reappointment processing has not been completed by the expiration date, through no fault of the Staff member, the member maintains his current

membership status and clinical privileges until the time the processing is completed unless corrective action is taken with respect to the member's clinical privileges. If the delay is attributable to the practitioner's failure to provide information required by Subsection 2, his Staff membership terminates on the expiration date unless the MEC has authorized an extension. An appointment extension is not to be deemed to create a right of automatic reappointment for the coming term.

Subsection 8. Request for Modification of Appointment: A Staff member may, either in connection with reappointment or at any other time, request modification of his Staff category, Department assignment, or clinical privileges by submitting a written application to the Department Chief on the prescribed form. Such application shall be processed in substantially the same manner as provided in Subsection 5 for reappointment.

ARTICLE IV
CLINICAL PRIVILEGES

SECTION 1. DETERMINATION OF MEDICAL CLINICAL PRIVILEGES.

Medical Staff members shall be entitled to exercise only those Clinical Privileges or specified services specially granted to them by the Board. Said privileges and services must be within the scope of their license, certificate, and/or other legal credentials authorizing them to practice in this State and consistent with any restrictions thereon. Each applicant for appointment or reappointment must request the specific Clinical Privileges desired. Requests for Clinical Privileges shall be evaluated on the basis of each Medical Staff member's education, training, experience, demonstrated ability, and judgment. A request by a Staff member for additional privileges must be supported by documentation of additional training and/or experience supportive of the request.

SECTION 2. HISTORY AND PHYSICAL PRIVILEGES

Subsection 1. Timeframe for Completion of History and Physical: A complete history and physical examination must be recorded no more than 30 days prior to or within 24 hours after admission of the patient, but prior to surgery or a procedure requiring anesthesia services, or a statement written explaining the deferral or omission. All such instances of deferral or omission must be referred to and reviewed and acted upon by the Medical Record Committee.

Subsection 2. Content of History and Physical: The history and physical examination report must include the chief complaint, details of the present illness, all relevant past medical, social and family histories, and all pertinent findings resulting from an assessment of all body systems and the provisional diagnosis. The medical history and physical examination report or a short form history and physical report, must be completed and documented by a physician, oral maxillofacial surgeon, privileged podiatrists or other qualified practitioners in accordance with State law and Hospital policy. Insofar as the electronic record is the main repository of patient information, if the physician elects to write the complete report, the physician or his/her designee must dictate a summary of the findings and plans and an indication that the full report can be found in the record. This requirement also applies to eye and oral surgery cases. Obstetrical records should include all prenatal information. The Pediatrician is responsible for the physical examination of a newborn.

Subsection 3. Updates to History and Physical: When a medical history and physical examination has been completed within 30 days before admission or registration, an updated examination of the patient, including any changes in the patient's condition, must be completed and documented within

24 hours after admission or registration but prior to surgery or a procedure requiring anesthesia services. The updated examination of the patient, including any changes in the patient's condition must be completed and documented by a physician, oral maxillofacial surgeon, privileged podiatrist or other qualified practitioner in accordance with State law and Hospital policy.

SECTION 3. DENTAL AND PODIATRIC PRIVILEGES

Request for clinical privileges from a dentist or podiatrist shall be processed in the same manner as for members of the Medical Staff. Surgical procedures performed by dentists or podiatrists shall be under the overall supervision of the Chief of Surgery. All dental or podiatric patients shall receive the same basis medical appraisal as patients admitted to other surgical services. Patients admitted by a dentist or podiatrist shall be under the care of both the admitting Medical Staff member and a physician member of the Medical Staff who has agreed to be the medical consultant. A physician member of the Medical Staff shall be responsible for the care of any medical problems that may be present at the time of admission or that may arise during the hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient.

SECTION 4. PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS.

Requests to perform specified patient care service from Allied Health Professionals shall be processed in the same manner as for Medical Staff members. An Allied Health Professional may, subject to any licensure requirements or other legal limitations, exercise independent judgment within the areas of his professional competence, and may participate directly in the medical management of patients under the supervision of the sponsoring physician who has been accorded privileges to provide such care, and who has ultimate responsibility for the patient's care.

SECTION 5. EMERGENCY PRIVILEGES.

In the case of an emergency, any Practitioner, to the degree permitted by his license and regardless of Department, Staff status, or Clinical Privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. A practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange for appropriate follow up care. An "emergency" is defined as a condition in which serious or permanent harm could result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger.

SECTION 6. TEMPORARY PRIVILEGES.

Subsection 1. Circumstances:

1. After a favorable action by the departmental steering subcommittee, an applicant may be granted temporary privileges by the Departmental Chief and the President (CEO) of the Hospital, not to exceed 120 days, pending ratification by the MEC at their next regularly scheduled meeting and pending final action by the Board.
2. Upon the written concurrence of the Chief of the Clinical Department where the privileges will be exercised, the President of the Medical Staff and the CEO may grant temporary privileges for:
 - (a) Care of Specific Patients: Upon receipt of a written request for specific temporary privileges, an appropriately licensed practitioner who is not an applicant for membership may be granted temporary privileges for the care of one or more specific patients not to exceed 120 days, and shall be restricted to not more than four instances in any 12 month period. Such privileges shall be granted and exercised in accordance with the conditions specified in Article IV, Section 6, Subsection 2.
 - (b) Locum Tenens: Upon receipt of a written request for specific temporary privileges, an appropriately licensed Practitioner of documented competence who is serving as a “locum tenens” for a member of the Medical Staff and who is on the active Staff of another hospital may, without applying for membership on the Staff, be granted temporary privileges for an initial period of thirty (30) days, providing all of their credentials have first been approved by the Chief of the Department and by the President of the Medical Staff. Such privileges shall be limited to treatment of the patients of the Medical Staff Practitioner for whom they are serving as “locum tenens”, and shall be exercised in accordance with the conditions specified in Article IV, Section 6, Subsection 2. Locum Tenens will only be applicable when there is no substitute available on the Medical Staff.

Subsection 2. Termination: The CEO must, on the discovery of any information or the occurrence of any event of a nature which raises question about a practitioner’s professional qualifications or ability to exercise any or all of the temporary privileges granted, and may at any other time after consultation with the relevant Department Chief, terminate any or all of a practitioner’s temporary privileges, provided that where the life or well-being of a patient is determined to be endangered by continued treatment by the Practitioner, the termination may be effected by any person entitled to impose summary suspensions under Article XVII, Section 2. In

the event of any such termination, the Practitioner's patient then in the Hospital shall be assigned to another practitioner by the relevant Department Chief. The wishes of the patient shall be considered where feasible in choosing a substitute practitioner.

SECTION 7. TEMPORARY PRIVILEGES FOR HOSPITAL-BASED PHYSICIANS.

The President (CEO) of the Hospital, together with the Chief of the appropriate Hospital Clinical Department or their alternates, may grant temporary privileges to a new Hospital-based physician applicant in Anesthesia, Radiology, Pathology, and Emergency Departments after review by the Credentials Committee, until such time as the application is approved as prescribed by these Bylaws.

SECTION 8. LIMITED PRIVILEGES.

1. Definition: Limited privileges are those given, in special situations, for practitioners who apply to perform only specific procedures not available in their principle hospital because of lack of facilities and personnel.
2. Limitations: The practitioner will exercise these privileges only on their own patients. They may request a consultation from staff members when their patients' condition requires, but may not give consultation for patients of other staff members.
3. Conditions: Whenever a practitioner requests limited privileges, the Department should delineate the requested privileges and recommend for approval to the MEC and the Board.
4. Provisional Period. The limited privileges recommended by the Department and approved by the MEC and the Board will be provisional for one year with the necessary supervision and evaluation of quality of work as required by the Staff Bylaws, Rules and Regulations.
5. Assignment: All practitioners with limited privileges will be assigned by the MEC to the proper department and the practitioner will comply with the obligations and privileges as described in the Bylaws for the Courtesy Staff except that they may admit more than twelve (12) patients a year.
6. Credentialing: The steps for credentialing will be the same as for a practitioner applying for any other category of staff membership.
7. Prerogatives and Obligations: A practitioner with limited privileges will be assigned to the Courtesy Staff with the same prerogatives and obligations as specified in Article VII, Section 7, Subsections 2 and 3.
8. Physicians with limited privileges will not be allowed to change the category of Medical Staff unless they reapply as a newly appointed physician member.

ARTICLE V
LEAVE OF ABSENCE OR RESIGNATION

SECTION 1. LEAVE OF ABSENCE

Subsection 1. Granted by: A leave of absence may be granted to a member of the Medical Staff with the approval of the MEC of the Medical Staff.

Subsection 2. Request: All requests for a leave of absence must be in writing and directed to the President of the Medical Staff stating the reason(s) therefore and the time requested. Additional time requires additional approval.

Subsection 3. Period: A leave of absence may be granted for a period of one (1) year. A member may request a maximum of two (2) extensions, not to exceed three (3) years.

Subsection 4. Reinstatement: At least forty-five (45) days prior to the termination of the leave, or at any earlier time, the Staff member may request reinstatement of privileges and prerogatives by submitting a written notice to that effect to the CEO for transmittal to the MEC. This request will then be processed in a manner similar to the reappointment process. The Staff member shall submit a written summary of their relevant activities during the leave, if the MEC or the Board so requests.

SECTION 2. RESIGNATION.

Subsection 1. Request: Any physician who wishes to resign from the Staff must submit a letter of resignation to the Chairman of the MEC and/or the Hospital CEO, stating their request. The MEC shall forward a recommendation to the Board.

Subsection 2. Obligation: No application for resignation shall be considered until all obligations, including delinquent charts, emergency room on-call obligations, and disciplinary action, have been satisfactorily completed.

Subsection 3. Non-compliance: Any physician not complying with the previous paragraph shall be considered as having resigned from the Staff with prejudice and this shall be stated upon the minutes as such.

ARTICLE VI
THE TERMINATION OF EMPLOYMENT OF PHYSICIANS OR
DENTISTS IN MEDICO-ADMINISTRATIVE POSITIONS

SECTION 1. GENERAL QUALIFICATIONS.

Physicians and dentists employed by the Hospital, either full or part time whose duties are medico-administrative in nature and include clinical responsibilities or functions, must be members of the Medical Staff. The Staff appointment and Clinical Privileges will be delineated in terms of their education, training, competence, and character, according to the procedures established in these Bylaws, Rules and Regulations. Physicians or dentists employed by the Hospital in an administrative capacity with no Clinical Privileges are subject to the personnel policies of the Hospital and need not be members of the Medical Staff.

SECTION 2. TERMINATION OF EMPLOYMENT.

1. The termination of a physician or dentist in a medico-administrative position for reasons related to his clinical practice will follow the due process procedure set forth in these Bylaws, Rules and Regulations.
2. The termination of physicians or dentists for reasons related to his administrative performance will be by action of the CEO, with approval of the Board.

ARTICLE VII
CATEGORIES OF THE MEDICAL STAFF

SECTION 1. THE MEDICAL STAFF.

The Medical Staff will be divided into: 1) Associate, 2) Associate Attending, 3) Attending, 4) Honorary, 5) Consulting, and 6) Courtesy Staff status. All new appointments to the Associate, Courtesy and Consulting Staffs and all grants of initial, increased or reinstated clinical privileges to new appointees and existing Staff members, are provisional for a one-year period as provided in Section 2, and Section 6 below. In unusual circumstances, the Board may waive the requirement or the maximum time period.

SECTION 2. ASSOCIATE STAFF (PROVISIONAL PERIOD).

Subsection 1. Purpose: During their provisional period, a member's performance will be specifically observed and evaluated by the Chief of the Department with which they have their primary affiliation and by the Chief of each other Department in which they exercise their initial or increased privileges, through its MCE Subcommittee or the Committee itself when no MCE Subcommittee exists (Article XI, Sections 4 and 5).

Subsection 2. Successful Conclusion: No later than one year after their appointment to the Staff or to the granting to them of increased or reinstated privileges, the appointee's record compiled by the Department and its recommendation, as well as any additional facts presented, will be reviewed by the MEC. The MEC will follow with its recommendations to:

1. Promote the practitioner to the Associate Attending Staff;
2. Drop the practitioner from the Staff;
3. Extend the practitioner at his present Staff status.

Subsection 3. Extension: If the initial appointee's case load at the Hospital was inadequate to demonstrate ability to exercise their privileges, the MEC, upon the recommendation of the Department, may extend their Staff status for another year, unless the Board, after reviewing the recommendation of the MEC, determines that such extension is inappropriate. One extension is possible.

Subsection 4. Committee Appointment: All Associate Staff members may be assigned by the President of the Medical Staff to Committees, but can neither Chair nor vote in such Committees.

Subsection 5. Prerogatives: All Associate Staff members may:

1. Admit and treat patients;
2. Exercise such clinical privileges as are granted to them.

Subsection 6. Obligations: An Associate Staff member must, in addition to meeting the basic obligations of Staff membership set forth in these Bylaws:

1. Discharge the recognized functions of Staff membership by engaging in the Hospital's educational programs, giving consultation to other Staff members consistent with delineated privileges and providing back-up specialty coverage in the Emergency Room.
2. Attend the regular and special meetings of the Medical Staff and of the Department and Committees of which they are a member.

SECTION 3. THE ASSOCIATE ATTENDING STAFF.

Subsection 1. Qualifications: An Associate Attending Staff member must have completed at least one year of satisfactory performance on the Associate Staff.

Subsection 2. Advancement: Advancement to Attending Staff category is voluntary and made upon written request after serving not less than one year as an Associate Attending. Members of the Dental Department and part-time Hospital-based physicians are not eligible for advancement to Attending Staff category.

Subsection 3. Prerogatives: An Associate Attending Staff member may:

1. Admit patients in the same manner as Active Staff members;
2. Vote on all matters presented at meetings of the Committees of which he is a member;
3. Exercise such clinical privileges as are granted to him. Associate Attending Staff members are not eligible to hold office in the Staff organization, or to vote at Department or Medical Staff meetings.

Subsection 4. Obligations: Each member of the Associate Attending Staff is required to discharge the same responsibilities as those specified in Section 4, Subsection 3, for Attending Staff members.

SECTION 4. THE ATTENDING STAFF.

Subsection 1. Qualifications: An Attending Staff member must have completed, except as otherwise specifically exempted, at least one year of a satisfactory performance on the Associate Attending Staff. Members of the Dental Department, and part-time Hospital-based physicians will not be eligible for promotion to the Attending Staff category.

Subsection 2. Prerogatives: An Attending Staff member may:

1. Admit patients without limitation except as otherwise limited in the Medical Staff Rules and Regulations and Hospital admission policies.
2. Vote on all matters presented at general and special meetings of the Medical Staff and of the Department and Committees of which they are a member.
3. Hold offices at any level in the Staff organization and serve on and be Chief of a Committee.
4. Exercise such clinical privileges as are granted to them.

Subsection 3. Obligations: An Attending Staff member must, in addition to meeting the basic obligations of Staff membership set forth in these Bylaws:

1. Contribute to the organizational and administrative affairs of the Medical Staff, including service in Medical Staff and Department offices and on Hospital and Medical Staff Committees, and faithfully perform the duties of any office or position to which elected or appointed.
2. Discharge the recognized functions of Staff membership by engaging in the Hospital's educational programs, giving consultation to other Staff members consistent with their delineated privileges, providing back-up specialty coverage in the emergency room, supervising practitioners during the provisional period, and fulfilling other Staff functions as may reasonably be required of Staff members.
3. Attend regular and special meetings of the Medical Staff and of the Department and Committees of which they are a member.

SECTION 5. THE HONORARY STAFF.

Subsection 1. Qualifications: Membership on the Honorary Staff is restricted to three classes of practitioners:

1. Staff members who have retired from Hospital practice;
2. Staff members who have reached the age of 70 and request membership in this category;
3. Practitioners with outstanding professional attainments.

Subsection 2. Prerogatives: An Honorary Staff member may attend Staff and Department meetings and any Hospital education program. Only Honorary members who fall within the second class identified in Subsection 1, may admit patients and exercise those clinical privileges specifically delineated for them. Honorary Staff members are not eligible to vote or hold office.

Subsection 3. Obligations: Each Honorary Staff member must discharge the basic responsibilities of Staff membership. In addition, each Honorary Staff member who admits or

provides services to patients must attend clinical meetings of his Department pertinent to his clinical practice and fulfill special appearance requirements provided in these Bylaws.

SECTION 6. THE CONSULTING STAFF.

Subsection 1. Qualifications: A Consulting Staff member must possess specialized skills needed but not readily available at the hospital, or on a specific project, or on an occasional basis, or in consultation when requested by the Department Chief, other authorized Staff official or a member of the Staff of another hospital where it is required of them to participate in patient care, audit and quality assurance programs.

Subsection 2. Performance Observation: During the provisional period, a member's performance will be specifically observed and evaluated by the Chief of the Department with which they have primary affiliation and by the Chief of each other Department in which they exercise their initial or increased privileges, through its MCE Subcommittee or the Committee itself when no MCE Subcommittee exists.

Subsection 3. Prerogatives: A Consulting Staff member may exercise such clinical privileges as are granted to them. Consulting Staff members are not eligible to hold office in the Staff organization nor to vote at meetings of the Medical Staff, Departments, or Committees, nor to admit patients directly.

Subsection 4. Obligations: Consulting Staff members must meet the basic responsibilities of all Staff members provided in the Bylaws and satisfy the special appearance requirements.

SECTION 7. THE COURTESY STAFF.

Subsection 1. Qualifications: Members of the Courtesy Staff will consist of:

1. Practitioners who have attained the Associate Attending Staff status.
2. Practitioners whose qualifications are based on previous performance and their previous credentials are known to the MEC and the Board.
3. Practitioners who apply for limited privileges, in special situations, to perform only procedures not available in their principle hospital because of lack of facilities and personnel. (For definition, limitations and conditions for limited privileges see Article IV, Section 8.)

Subsection 2. Prerogatives: Members of the Courtesy Staff:

1. Must be in good standing on the active medical staff of another accredited hospital where the member actively participates in quality assurance and staff collegial activities similar to those required of the Staff of this hospital, or agree to fulfill the obligations of Attending Staff

membership specified in these Bylaws concerning participation in quality assurance activities at this hospital;

2. Will not vote or hold any office;
3. Will be assigned to the appropriate Department by action of the MEC.

Subsection 3. Obligations:

1. Each Courtesy Staff member must discharge the basic responsibilities as delineated in the Bylaws, Rules and Regulations of the Medical Staff.
2. Attendance at medical meetings will not be required but is recommended.
3. Courtesy Staff members may admit not more than twelve (12) inpatients per year except for practitioners with limited privileges. If he/she desires to admit more than twelve (12) patients, a Courtesy Staff member must apply through the assigned Clinical Department for transfer to Attending Staff status.
4. Courtesy Staff members shall be responsible for providing Emergency Room coverage at the request of their respective departmental Steering Subcommittees and the Executive Committee.

SECTION 8. PART-TIME HOSPITAL-BASED PHYSICIAN STAFF (as defined in Article XII)

Subsection 1. Qualifications: The Part-Time Hospital-Based Physician shall consist of privileged members working fewer than an average of twenty (20) hours per week at the Hospital. The Part-Time Hospital-Based Physician staff shall consist of physicians, each of whom meets the basic conditions of appointment and qualifications for membership set forth in Article III of the Bylaws.

Subsection 2. Prerogatives. Part-Time Hospital-Based Physician Staff members:

1. Shall have all the rights of membership except voting rights, holding office and admitting patients.
2. May be appointed directly to this category without first being appointed to the Associate Staff category.
3. Although encouraged to attend general and special Medical Staff meetings and Departmental meetings, will not be required to attend such meetings.
4. Exercise such clinical privileges as are granted.

5. During their provisional period, a member's performance will be specifically observed and evaluated by the Chief of the Department with which they have their primary affiliation and by the Chief of each other Department in which they exercise initial or increased privileges, through its MCE Subcommittee or the Committee itself when no MCE Subcommittee exists.

Subsection 3. Obligations. If the Part-Time Hospital-Based Physician staff member works more than twenty (20) hours per week on the average at the Hospital, the individual must apply for membership in the Associate Staff category.

SECTION 9. LIMITATION ON DIVISION AFFILIATIONS AND PREROGATIVES.

Subsection 1. Dentist or podiatrist members of the Medical Staff may be appointed to any division of the Staff. Part-Time Hospital-Based physicians and dentists may not be appointed to Attending status. The prerogatives set forth under each Staff Division and for the Allied Health Professionals, may be subject to limitations by special conditions, by other sections of these Bylaws and the related manuals, and by other policies of the Hospital. The prerogatives of dentist or podiatrist members of the staff and of Allied Health Professionals are limited to those for which they have demonstrated the requisite level of medical education, training, experience and ability.

Subsection 4. Committee Appointment: All Associate Staff members may be assigned by the President of the Medical Staff to Committees other than Standing Committees, but can neither Chair nor vote in such Committees.

Subsection 5. Prerogatives: All Associate Staff members may:

1. Admit and treat patients;
2. Exercise such clinical privileges as are granted to them.

Subsection 6. Obligations: An Associate Staff member must, in addition to meeting the basic obligations of Staff membership set forth in these Bylaws:

1. Discharge the recognized functions of Staff membership by engaging in the Hospital's educational programs, giving consultation to other Staff members consistent with their delineated privileges and providing back-up specialty coverage in the Emergency Room.
2. Attend the regular and special meetings of the Medical Staff and of the Department and Committees of which they are a member.

ARTICLE VIII
ALLIED HEALTH PROFESSIONALS

SECTION 1. DEFINITION.

The Allied Health Professionals (AHP) of the Medical Staff shall consist of members trained and qualified in allied health disciplines who provide special professional service or specified services to hospital patients. To be eligible for membership at Sherman Hospital, each Allied Health Professional must be sponsored by a physician on staff of Sherman Hospital. Upon termination of such sponsorship, AHP's staff status will automatically terminate. Once terminated in this manner, the AHP may reapply as provided in Section 3 below.

SECTION 2. QUALIFICATIONS.

Members shall have had the required training and education appropriate for their special services, obtained the necessary license, and shall serve within the scope of their recognized professional qualifications and skills. Where appropriate, the MEC may establish particular qualifications required of members of a specific category of affiliates.

SECTION 3. APPOINTMENT.

1. Allied Health Professional shall apply in writing on the designated application form.
2. The completed application shall be processed as provided in these Bylaws, Article III, Section 3, Subsection 3, et. seq.
3. Allied Health Professionals shall be subject to each and all provisions of these Bylaws pertaining to hospital privileges, duties and ethical practice of their professions. Those Allied Health Professionals who exercise independent privileges and receive an adverse action are entitled to a hearing and appeal process provided for in these Bylaws, Article XVII and Article XVIII.

SECTION 4. ASSIGNMENT.

Members of the Allied Health Professional Staff shall be individually assigned to a Department or Departmental Services of the Medical Staff by the MEC upon the recommendation of the Department. They shall be responsible to their sponsoring physician who will have ultimate responsibility for the care of the patients treated by the AHP. The individual Department or Service shall determine which member of the respective Department will have the ultimate responsibility of the patient treated by a member of the AHP Staff.

SECTION 5. RESPONSIBILITIES AND REQUIREMENTS.

Responsibilities and requirements of the Allied Health Professional Staff Member include:

1. Provision of specified patient care services within the scope of their privileges and these Bylaws, Rules & Regulations and under the supervision and direction of the sponsoring physician. Such privileges must be approved by the appropriate department/committees, the MEC and the Board as provided in these Bylaws.
2. Signing all entries made in the appropriate space of the medical record of patients;
3. Carrying of liability insurance coverage in the minimum amounts as determined by the MEC and the Board;
4. May not admit or discharge patients;
5. Qualified and licensed Allied Health Professionals who exercise independent privileges, including Advanced Practice Nurses and Physician Assistants, may assist their sponsoring physician by entering orders, dictating discharge summaries, performing and recording initial history and physicals, and other activities as delineated in their job descriptions and/or privilege forms.
6. Those Allied Health Professionals with independent privileges may attend Medical Staff meetings as non-voting providers.

SECTION 6. DIRECTORY.

- (a) A current list of approved Allied Health Professional Services will be approved by the MEC and attached to the Rules & Regulations. This list will not be considered part of the Rules & Regulations of the Medical Staff Bylaws.

ARTICLE IX
RELATIONSHIP OF THE BOARD OF DIRECTORS,
CHIEF EXECUTIVE OFFICER, AND THE MEDICAL STAFF

SECTION 1. GENERAL STATEMENT.

The Board is the Governing Body of the Hospital and is responsible for formulation of the policies to be used in operating the Hospital. The Medical Staff and all Hospital personnel are responsible to the Board through the CEO. The CEO of the Hospital or his designee(s) will be an “Ex-officio” member of all Committees of the Medical Staff, except the Nominating Committee.

SECTION 2. RELATIONSHIP OF THE MEDICAL STAFF OFFICERS TO THE BOARD OF DIRECTORS

The President, Vice President and immediate active Past President of the Medical Staff, will serve as members of the Board of Advocate Sherman Hospital with voting privileges. The President of the Medical Staff, who will also be a member of the Executive Committee of the Board, will be responsible for keeping the Board advised regarding significant activities of the Medical Staff including change in policy and procedures and implementation of new clinical services. The Vice President of the Medical Staff will be an “Ex-officio” member of the Executive Committee of the Board.

ARTICLE X
OFFICERS AND DUTIES

SECTION 1. OFFICERS OF THE MEDICAL STAFF.

The officers of the Medical Staff are as follows:

- (a) President;
- (b) Vice President;
- (c) Secretary-Treasurer
- (d) Past President

1. An Officer of the Medical Staff may not at the same time hold a Department Chairman office.

SECTION 2. QUALIFICATIONS OF OFFICERS.

1. Each general officer must be a member of the Attending Staff for a period of five (5) years at the time of nomination or appointment, must remain a member in good standing during his/her term of office, and must willingly and faithfully discharge the duties of the office held.
2. The officers must have demonstrated executive ability and be recognized for their high level of clinical competence.

SECTION 3. NOMINATION OF OFFICERS.

1. The Nominating Committee shall prepare a list of recommended nominees as follows:

<u>Office</u>	<u>Nominees Required</u>
a. Secretary-Treasurer	One (1)

2. The list of nominations shall be presented annually to the Medical Staff at their March quarterly meeting.
3. Nominations from the floor will also be accepted during the March quarterly meeting.

SECTION 4. ELECTION OF OFFICERS.

1. The term of office for the Medical Staff Officers shall be for two (2) years, commencing at the Annual Meeting at which the officers are inaugurated. No President shall serve for more than thirty-five (35) months. Only members of the Attending Staff present at the meeting shall be eligible to vote. Voting by proxy shall not be permitted.
2. The official ballot shall designate in writing the nominees who are offered. Voting shall be by secret ballot and officers shall be selected by majority vote. When there are three (3) or more nominees for an office and no candidate receives a majority on a ballot, the name of the

nominee receiving the fewest votes will be omitted from each successive ballot until the majority vote is obtained by one nominee.

3. Four (4) members of the Medical Staff named by the President or designee and shall serve as tellers. The procedure to be followed in the counting of the ballots shall be determined by the teller.

SECTION 5. TERM OF OFFICE.

The term of office for the Medical Staff Officers shall be for two (2) years, commencing at the Annual Meeting at which the officers are inaugurated. No President shall serve for more than thirty-five (35) months. If the President chooses to serve for only one (1) year, he or she shall notify the Medical Executive Committee insufficient time to allow election of a new Secretary-Treasurer at the next Annual meeting of the Medical Staff.

SECTION 6. INAUGURATION.

The President will be inaugurated at an Annual meeting of the Medical Staff.

SECTION 7. DUTIES.

Subsection 1. Duties of the President: The President of the Medical Staff serves as the chief medical and quality improvement officer of the hospital and the principal elected official of the Staff. The President of the Medical Staff has the following responsibilities and authority:

1. To transmit to the Board and the President of Sherman Hospital the views and recommendations of the Medical Staff and the MEC on matters of hospital policy, panning, operations, governance, and relationships with external agencies, including minority opinions and views.
2. To call, preside at, and be responsible for the agenda of all general and special meetings of the Medical Staff and of the MEC.
3. To be responsible for the efficient operation and self-governance of the Medical Staff organization by enforcing compliance with the Bylaws, Rules, Regulations, policies and procedures of the Staff and Hospital and with regulatory and accrediting agencies requirements, and by periodically evaluating the effectiveness of the Medical Staff organization.
4. To oversee compliance on the part of the Medical Staff with the procedural safeguards and rights of individual staff members in all stages of the credentialing process.
5. To review and enforce compliance with standards of ethical conduct and professional demeanor among the members of the Medical Staff in their relations with each other, the Board, the

Hospital management, other professional and support staff, and the community the Hospital serves.

6. To supervise the development, implementation and day-to-day functioning of the Medical Staff Quality Improvement programs.
7. To serve as an Ex-officio member of all Staff committees, except the Nominating Committee.
8. To report quarterly to the Medical Staff the proceedings of the MEC meetings and important or pertinent matters from the Board.
9. To appoint all standing committees of the Medical Staff, subject to approval of the MEC, except the Medical Executive Committee, Nominating Committee and departmental subcommittees within one month after the Annual Medical Staff Meeting.
10. To appoint any special committees necessary to conduct the business of the Medical Staff, subject to the approval of the MEC.
11. To conduct, along with the immediate Past President, an orientation meeting with the Officers, MEC members, Departmental Chiefs, and Directors, as soon as practical after they have assumed office.
12. He/she will be responsible to the Board for enforcing the medical bylaws, rules and regulations.
13. To serve as a member of the Board, act as a liaison officer between the Board and the Medical Staff, and work with Administration and report to the MEC and the Staff in matters pertaining to the Medical Staff.
14. To serve as a member of the MEC of the Board.
15. To appoint an Attending Staff member to serve as Parliamentarian.

Subsection 2. Duties of the Vice President: In the absence of the President, the Vice President will assume the President's duties, responsibilities, and authority. He/she will also be expected to perform such duties of supervision as may be assigned to them by the President. He/she will be the President-elect and serve as a member of the Board during their term of office. He/she will be an "Ex-officio" member of the MEC of the Board. The President will shall succeed to the Office of Vice President at the annual meeting.

Subsection 3. Secretary-Treasurer. The Secretary-Treasurer will keep accurate and complete minutes of all meetings, call meetings on order of the President, and attend to all correspondence. He/she will notify all Officers of the Staff of their election and notify all Chairmen and members of Staff Committees of their appointment and the purpose for which the Committee

was appointed. He/she will send notices of all meetings before the appointed time, stating in the notice the nature of the business for which the meeting was called. If there are any Medical Staff funds, the Secretary-Treasurer will render a report to the Medical Executive Committee on the status of such funds on a regular basis and may, in accordance with Medical Staff policy, act as a signature for such accounts and perform such other duties as are customary or commensurate with the handling of funds as required and assigned by the Medical Executive Committee through the President of the Medical Staff. The Secretary/Treasurer shall succeed to the office of Vice President at the annual meeting.

Subsection 4. Vacancies in Office: Vacancies in office during the Medical Staff year, except for the President of the Medical Staff, shall be filled as soon as practical at a special or regular Staff meeting. If there is a vacancy in the office of the President of Staff, the Vice President shall serve out the remaining term they were elected to serve. In the event that vacancies exist in the elected Staff Officers, new elections will be held at a special meeting of the Medical Staff called by the remaining Staff Officer(s) or the MEC.

SECTION 8. RESIGNATION AND REMOVAL.

Subsection 1. Resignation: Any general Staff officer may resign at any time by giving written notice to the MEC. Such resignation, which may or may not be made contingent on formal acceptance, takes effect on the date of receipt or at any later time specified in it.

Subsection 2. Removal: Removal of a general Staff Officer may be effected by the Board acting upon its own initiative or by a two-thirds vote by secret ballot of the members of the Staff eligible and qualified to vote for Staff officers, such vote being taken at a special meeting called for that purpose. Failure to perform in a timely and appropriate manner the duties of the position held as described in these Bylaws and failure to continuously satisfy the qualifications for the position are the permissible bases of removal of an officer.

ARTICLE XI
DIVISION OF MEDICAL STAFF
CLINICAL DEPARTMENTS

PREFACE: The Medical Staff will be divided into:

- (a) Clinical Departments
- (b) Hospital Clinical Departments (see Article XII)

SECTION 1. CLINICAL DEPARTMENTS.

The Medical Staff will be divided into the following Clinical Departments, each of which will have a Chief and an elected Assistant Chief:

1. Dental;
2. Family Practice;
3. Medical;
4. Obstetrics and Gynecology;
5. Pediatric;
6. Surgical.

SECTION 2. ASSIGNMENT TO CLINICAL DEPARTMENTS.

Upon application for membership or application for reappointment to Staff membership, a Medical Staff member will be assigned by the MEC to the appropriate Department where they hold their major privileges. A member of the Medical Staff who specializes in oral/maxillofacial surgery, however, may request the MEC to be assigned to the Dental or Surgical Department.

SECTION 3. CHIEFS AND ASSISTANT CHIEFS OF THE CLINICAL DEPARTMENTS.

Subsection 1. Assumption of Office: The Chiefs of the Clinical Departments will assume office effective July 1, and will hold office for one (1) year, until they are succeeded by the Assistant Chiefs. Notwithstanding the foregoing, a Clinical Department may increase the term of office for its Chief from one year to two years upon the majority vote of the Attending Members in the Department.

Subsection 2. Qualification of Chiefs and Assistant Chiefs: Each Chief and Assistant Chief of a Department must be a member of the Attending Staff of his Department for two (2) years, must remain in good standing throughout their term, must be recognized for their clinical ability, must

have demonstrated executive and administrative abilities, and must willingly and faithfully discharge the functions of its office and work with the other officers of the Staff, the CEO and the Board.

Subsection 3. Assistant Chiefs' Election and Term of Service: The Assistant Chiefs of the Clinical Departments, who are the Chiefs-elect, will be elected at their respective Clinical Department meetings prior to July. The Assistant Chiefs shall assume office and will hold office for one (1) year or two (2) years depending on the term of the Chief, in which case the Assistant Chief will also serve a term of two years. If the Assistant Chief assumes the position of Department Chief permanently for an unexpired term, he or she will continue in the position of Department Chief for the unexpired term of the previous Chief as well as their own term as Chief. A new Assistant chief will be elected as soon as possible and will continue in that position for the unexpired term of the previous Assistant Chief as well as the subsequent term of the Assistant Chief.

Subsection 4. Nomination and Election of the Assistant Chief: The Nominating Committee of the department shall select and post the name of their nominee at least two weeks before the first Department meeting of the new calendar year. The name of the nominee shall be presented to the Department at that Departmental meeting. Additional nominations from the floor shall be accepted. The Assistant Chief shall be elected from amongst the nominees, by ballot, at the following Departmental meeting.

Subsection 5. Resignation and Removal.
A Department Chief or Assistant Chief may resign at any time by giving written notice to the MEC. Such resignation, which may or may not be made contingent on formal acceptances, takes effect on the date of receipt or any later time specified in it. Removal of a Department Chief or Assistant Chief may be effected by the Board acting upon its own initiative or a two-thirds vote by secret ballot of the members of the Staff eligible and qualified to vote for Department officers, such vote being taken at a special meeting called for that purpose. Failure to perform in a timely and appropriate manner the duties of the position held as described in these Bylaws and failure to continuously satisfy the qualifications for the position are the permissible bases of removal.

SECTION 4. DUTIES OF CHIEFS OF CLINICAL DEPARTMENTS.

The Chiefs of the Clinical Departments will be accountable to the President of the Medical Staff for all professional and medical administrative activities within their respective Departments. They will be voting "Ex-officio" members of the MEC for the duration of their term of office. They will be responsible for implementing departmental action as ordered by the MEC. They will report on the

relevant proceedings of the MEC to their Departmental meetings. All Departmental Chiefs will maintain constant surveillance of the professional performance of all members of the Medical Staff with a Medical Care Evaluation Subcommittee and a Departmental Steering Subcommittee. The Steering and Medical Care Evaluation (MCE) Subcommittees may be combined. They will assure that the quality is appropriate as to patient care, which members of a Department are continuously monitored and evaluated, and are in accordance with the “Advocate Sherman Hospital Quality Improvement Plan”.

SECTION 5. THE FUNCTIONS OF THE CLINICAL DEPARTMENT.

A Departmental meeting will be held at least quarterly or more often as determined by the Department. The functions of the Department meetings are to review and evaluate the clinical work of the Department, to consider the findings of ongoing quality assessment, monitoring and evaluation activities, review and make any recommendations concerning credentialing and privileging activities, and to discuss any other matters concerning the Department. The agenda for the meeting shall be set by the Department Chief. Each Department shall maintain a record of its findings, proceedings and actions, which will be forwarded to the Medical Executive Committee.

No action or recommendation of any Departmental Subcommittee in connection with the professional performance or any other acts by a practitioner that may have adverse effects on their privileges and/or staff status may be discussed in a Departmental meeting unless so requested by the involved practitioner. In such situations, the discussion should take place only in the presence of Department members.

SECTION 6. VOTING ELIGIBILITY.

Only members of the Attending Staff will be eligible to vote on decisions of the Clinical Departmental meetings. The only exception to the above is that members of the Associate Attending Staff of the Dental Department will be eligible to vote within their own Department.

ARTICLE XII
HOSPITAL CLINICAL DEPARTMENTS

SECTION 1. HOSPITAL CLINICAL DEPARTMENTS.

Hospital based physicians exclusively contracted by Sherman Hospital shall be divided in the following Departments, each of which shall have a Chief:

1. Anesthesia Department
2. Emergency Department;
3. Laboratory (Pathology) Department;
4. Radiology Department.

SECTION 2. ASSIGNMENT.

Subsection 1. Qualifications: Upon application for membership or application for reappointment to Staff membership, the hospital Staff physician will be assigned by the MEC to the appropriate hospital clinical department. Each applicant must demonstrate training, sufficient experience specifically for the service in the Department in accordance with the Medical Staff Bylaws, Rules and Regulations. Credentialing will be conducted in the same manner as provided for any applicant for Medical Staff membership including:

1. Credentials Committee approval when applicable;
2. Departmental and/or Steering Subcommittee approval;
3. MEC approval;
4. Board approval.

Subsection 3. Prerogatives and Responsibilities: All hospital-based physicians will have basic responsibilities and privileges of physician members of the Medical Staff as specified by the Bylaws, Rules and Regulations, except for following:

1. Admissions of patients to their own service is not permitted, unless specifically delineated by their specialty privilege form;
2. Participation in Emergency Room Roster is not necessary.

Subsection 4. Meetings: Meetings will be held at least quarterly and more often as needed or required by the MEC.

SECTION 3. CHIEFS OF HOSPITAL CLINICAL DEPARTMENTS.

Subsection 1. Assumption of Office: The Chiefs of the Clinical Departments will assume office upon MEC and Board approval and hold their office indefinitely.

Subsection 2. Qualifications: Each Chief must have demonstrated executive and administrative abilities, as well as clinical abilities, and must indicate a willingness to discharge those functions. Each Chief must remain in good standing with the Hospital Medical Staff and with the Administration and the Board.

Subsection 3. Resignation and Removal: Refer to Article VI.

SECTION 4. DUTIES OF CHIEFS OF CLINICAL DEPARTMENTS: The Chiefs of the Clinical Departments will be accountable to the President of the Medical Staff for all professional and medical administrative activities within their respective Departments. They will be voting “Ex-officio” members of the MEC of the Medical Staff for the duration of their term of office. They will be responsible for implementing departmental action as ordered by the MEC. They will make a report on the proceedings of the MEC related to their Departments at their monthly meetings. All Departmental Chiefs will maintain constant surveillance of the professional performance of all members of the Medical Staff with privileges in their Departments.

SECTION 5. THE FUNCTIONS OF THE HOSPITAL CLINICAL DEPARTMENT

MEETINGS: A Departmental and/or Steering Subcommittee meeting will be held at least quarterly or more often as determined by the Department. The functions of the Department meetings are to review and evaluate the clinical work of the Department, to consider the findings of ongoing quality assessment, monitoring and evaluation activities, review and make recommendations on credentialing and privileging activities, and to address any other matters concerning the Department. The agenda for the meeting shall be set by the Department Chief. Each Department shall maintain a record of its findings, proceedings and actions, and will be forwarded to the Medical Executive Committee.

ARTICLE XIII
DEPARTMENTAL SERVICES

SECTION 1. MEDICAL DIRECTOR OF SERVICE.

Subsection 1. Qualifications: Each Medical Director of Service shall be a member of the active Staff, shall be qualified by training, experience, interest and demonstrated current ability in the clinical area covered by the service, and shall be willing and able to discharge the administrative responsibility of his office.

Subsection 2. Appointment: Each Medical Director shall be appointed by Hospital Administration with approval by the MEC subject to Governing Body ratification.

Subsection 3. Term of Office: Each Medical Director shall serve for a two-year term, commencing on their appointment. The Medical Director shall serve until their successor takes office. A Medical Director shall be eligible to succeed themselves. Removal of a Medical Director may be initiated by the Board acting on its own recommendation, or upon the recommendation of the MEC, or by a 75% vote of the Medical Staff.

Subsection 4. Duties:

Each Service Director shall:

1. Account to the Chief of their Department and MEC for the effective operation of their service.
2. Exercise general supervision over all clinical work performed within their service.
3. Conduct investigations and submit reports and recommendations to MEC through the Department regarding qualifications and the clinical privileges to be exercised within their service by members of or applicants to the Medical Staff and the specified services to be provided by health professional affiliates.
4. Act as presiding officer at all service meetings.
5. Submit periodic reports to the MEC on the activities of Service as needed.
6. Perform other duties commensurate with their office as may, from time to time, be reasonably requested of them by their Department or MEC.

Subsection 5. Directory: A current list of the Departmental Services will be presented annually to the Medical Executive Committee.

ARTICLE XIV
MEDICAL STAFF COMMITTEES
AND DEPARTMENTAL SUBCOMMITTEES

Medical Staff Standing Committees are appointed by the President of the Medical Staff with responsibilities as defined in Sections 6 through 22 of this Article. Department Subcommittees are appointed by the Chairman of each Department with responsibilities as defined in Section 23 of this Article.

SECTION 1. APPOINTMENTS TO STANDING COMMITTEES:

All Medical Staff Standing Committee members, other than the MEC and the Nominating Committee, will be appointed by the President of the Medical Staff, with the approval of the MEC, and will take office the first day of the second month following the Annual meeting.

SECTION 2. REMOVAL:

A Medical Staff Standing committee member, other than one serving as Ex-officio may be removed by the President of the Medical Staff or a majority vote of the MEC.

SECTION 3. VACANCIES:

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

SECTION 4. COMMITTEE MEMBERSHIP – EX-OFFICIO:

The President of the Medical Staff or representative designee and the CEO, or designee, shall serve as Ex-officio members on all Committees, except the Nominating Committee, unless otherwise especially provided.

SECTION 5. COMMITTEE MINUTES:

All Standing Committees will keep recorded minutes of each committee meeting.

SECTION 6. MEDICAL EXECUTIVE COMMITTEE (MEC):

Subsection 1. Composition: The MEC will consist of:

1. the President of the Staff;
2. the Vice President;
3. the Secretary-Treasurer;
4. the immediate active Past President;
5. nine elected members;

6. all the Chairs of the Clinical Departments and the Chair of the Hospital Clinical Departments as voting Ex-officio members;
7. CEO, or designee, and Chief Nurse Executive as Ex-Officio members;
8. Chair of the Board or designee to be Ex-officio as nominated by the President of the Medical Staff and approved by the MEC.

Subsection 2. Qualifications: Each MEC member must be a member of the Attending Staff for three (3) years at the time of nomination or appointment, remain a member in good standing during his term of office and willingly and faithfully discharge his duties.

Subsection 3. Election: Election of three (3) members will take place each year with the mechanism for nomination and election consisting of:

1. Presentation of three candidates by the Nominating Committee at the March Quarterly Staff Meeting. Other candidates may be nominated from the floor at that meeting.
2. Election of three (3) members at the Annual Staff Meeting (June): The election procedure at the Annual Meeting will be the same as that for election of the Medical Staff Officers.

Subsection 4. Term of Office: Each MEC member will serve for three (3) years, annually there will be three (3) new members elected, and three (3) members' terms will expire.

Subsection 5. Re-election: Members of the MEC may not be re-elected for another term until a minimum of one (1) year has expired.

Subsection 6. Function: Duties of the MEC are as follows:

1. To interest itself in the work of the Staff members and the Hospital.
2. To act in an advisory capacity to the Staff Officers and the CEO of the Hospital.
3. To review the recommendations of the respective Department(s) on applications for Medical Staff membership, and make recommendations to the Board. If the MEC approves the applicant, the Committee may grant the applicant temporary privileges until his application is voted on by the Board.
4. To act upon all changes in Staff status of Medical Staff members.
5. To review every three (3) years all Medical Staff members and recommend reappointment to the Board for the succeeding year as outlined in Article III, Section 4.
6. To review and act upon the work of all standing Committees, except the Nominating Committee, and all Clinical and Hospital Clinical Departments.

7. To pursue or initiate corrective action when warranted in accordance with Articles XVII and XVIII.
8. To enforce rules of medical ethics of all members of the Staff and initiate such prescribed corrective actions as are indicated.
9. To ensure that the Medical Staff maintains compliance with the accreditation standards of the Advocate Health Care System designated accrediting body, the Centers for Medicare and Medicaid Services (CMS) and with the requirements of the Hospital Licensing Act.
10. To act for the Staff during intervals between Staff meetings. All such actions will be reviewed and approved by the Staff at their next Quarterly meeting.
11. To supervise the implementation and activities of the Hospital Quality Improvement program.
12. To insure implementation of the Medical Staff Bylaws and Medical Staff Rules and Regulations.

Subsection 7. Meeting: The MEC will meet at a regularly appointed time on a monthly basis or in special session if the President of the Medical Staff deems necessary. No business may be transacted by this Committee unless a quorum is present. A quorum will consist of fifty (50) percent of the voting membership.

Subsection 8. Vacancy: See Nominating Committee, Section 9.

SECTION 7. THE BYLAWS COMMITTEE

Subsection 1. Composition: The Bylaws Committee will consist of three (3) or more members of the Medical Staff appointed by the President of the Medical Staff.

Subsection 2. Function: The duties of the Bylaws Committee are to maintain appropriate Staff Bylaws, Rules, and Regulations by:

1. Conducting periodic review of the Bylaws, Rules, and Regulations.
2. Submitting recommendations for changes to the MEC.
3. Acting upon all matters as may be referred by the MEC.
4. Submitting recommendations to the MEC as necessary to ensure compliance with Advocate Health Care designated-regulatory and accreditation-standards and State licensing requirements.
5. Upon the written request of twenty percent (20%) of Attending Staff, as directed by the President of the Staff; receive, consider, develop and report on proposed amendments to these Bylaws.

6. Submit any recommendation for changes to the Medical Staff through the MEC. All Bylaws changes will require final approval by the Board.

Subsection 3. Requests for Bylaws Changes: All request for changes should be directed to the MEC before they are considered by the Bylaws Committee.

Subsection 4. Meetings: The Committee will meet as necessary.

SECTION 8. THE CREDENTIALS COMMITTEE

Subsection 1. Composition

1. Chair

- (a) The Chair shall be appointed by the President of the Medical Staff and approved by the Medical Executive Committee.
- (b) The term of the Chair shall be three years. The Chair may be reappointed by the action of the President and Medical Executive Committee for consecutive terms.
- (c) In order to be eligible for appointment as the Chair of this Committee, a Medical Staff member must have been an Attending Staff member for at least ten (10) years and preferably served as an elected staff leader or a member of the Medical Executive Committee.

2. Members:

- (a) Members of this committee shall be appointed by the President of the Medical Staff and approved by the Medical Executive Committee.
- (b) Members shall be appointed one from each clinical department. They shall be physicians who have been Attending Staff members for at least five (5) years.
- (c) One-third of the members shall be appointed by the President of the Medical Staff each year.
- (d) Each member shall serve a three-year term.

Subsection 2. Function

The function of this committee shall be to recommend to the Medical Executive Committee to grant or deny the applicant's appointment to the Medical Staff.

Subsection 3. Meeting

The Committee will meet as necessary.

SECTION 9. THE NOMINATING COMMITTEE.

Subsection 1. Composition: The Nominating Committee will consist of five (5) members as follows:

1. The three (3) past active Staff Presidents with the senior member as the Committee Chair.
2. Two (2) elected members nominated at large from the floor at the Quarterly Staff meeting in March, and elected at the Annual Medical Staff meeting in June. They will serve for one year only.

Subsection 2. Function: At least one (1) month prior to the March Quarterly Medical Staff meeting, the Nominating Committee will select and post their nominees for the position of Secretary-Treasurer and three (3) nominees for the MEC.

Subsection 3. Vacancy on the MEC: If a vacancy on the MEC occurs after the Annual meeting, the Nominating Committee will post their selection of a nominee for that vacancy at least one (1) month prior to the next Quarterly Staff meeting of the Medical Staff. The Medical Staff will have the opportunity to nominate additional nominees from the floor at that Quarterly Staff meeting. Election will be held at the following Quarterly Staff meeting.

Subsection 4. Nominees' Qualifications

1. See Article X, Section 2 for qualifications for officers.
2. See Article XIV, Section 6, Subsection 2 for qualifications for MEC members.

Subsection 4. Meeting: The Committee will meet as necessary.

SECTION 10. THE PATIENT CARE/SAFETY COMMITTEE: The Patient Care/Safety Committee develops, coordinates, and monitors the quality improvement activities of the Medical Staff. The Committee shall consist of the following:

Subsection 1.

1. Chair:

The chair shall

- a) Be appointed by the President of the Medical Staff with the approval of the Medical Executive Committee;
- b) Be a physician of extraordinary accomplishments in the area of quality improvement;
- c) Have had Attending staff status for at least five years;
- d) The Chair may be removed for cause at any time by the two-third (2/3) majority of the physician members of the Patient Care/Safety Committee. Such removal must be approved by the Medical Executive Committee before taking effect.

2. Members:

a) Voting

1. Members:

There shall be at least five (5) physician members of the Patient Care/Safety, appointed to this committee by the President of the Medical Staff, and two (2) administrative representatives, including the Chief Nursing Officer, and a Board member.

2. Qualifications:

Only those physicians who are Attending Staff and have experience or demonstrated interest in the area of quality improvement and safety.

(b) Ex-officio members will include those who represent Departments in order to conduct the work of the committee.

Subsection 2. Function: The duties of the Patient Care/Safety Committee are to coordinate and review Departmental and staff-wide patient care monitoring programs, and safety by:

1. Adopting, subject to the approval of the MEC and the Board, specific programs and procedures for reviewing, evaluating, and maintaining the quality, safety and efficiency of patient care within the Hospital., including at least the guidelines for:
 - (a) Establishing objective criteria;
 - (b) Measuring actual practice against the criteria;
 - (c) Analyzing practice variations from established practice criteria;
 - (d) Taking appropriate action to identify problems;
 - (e) Following up on action taken;
2. Reviewing and acting upon, on a regular basis, factors affecting the quality, safety and efficiency of patient care provided in the Hospital.
3. Coordinating the monitoring of patient care and safety practices utilizing the findings and results of: department, committee, or staff-wide procedures; continuing medical education; medical record completeness, timeliness, and clinical pertinence, and other staff activities designed to monitor patient care practices.
4. Submitting reports to the MEC on the overall quality and efficiency of the medical care provided in the Hospital and in the Department, Committee, staff-wide patient care, safety, and other quality maintenance and monitoring activities, including tissue, antibiotic and transfusion reviews.

5. Appraising and coordinating all patient care evaluation and safety activities throughout the Hospital as described in “Advocate Sherman Hospital’s Quality Improvement Plan”.
6. Correlating and coordinating the functions of Hospital Department(s) with that of the Clinical Department(s) of the Medical Staff.

Subsection 4. Meetings: This Committee will meet monthly or more often as necessary.

SECTION 11. THE PHARMACY AND THERAPEUTICS COMMITTEE.

Subsection 1. Composition: The Pharmacy and Therapeutics Committee will consist of five (5) physician members who will be appointed by the President of the Medical Staff, the Director of the Pharmacy Department, one (1) representative from Administration, and one (1) representative from the Nursing Department. All members will have voting privileges.

Subsection 2. Function: The duties of the Committee are:

1. To assist in the formulation of rules and regulations relating to the selection, evaluation, distribution, and administration of drugs and medicines.
2. To review and evaluate the appropriateness of drug usage including antibiotic review in the hospital, and make recommendation for the corrective action to the appropriate committees and/or clinical departments.
3. To establish control and reporting procedures for the use of investigational (experimental, trial use) drugs and medicines.
4. To promote educational programs on drugs and drug therapy for the Medical and Nursing Staffs and other appropriate personnel.
5. To develop and update the Service Policy and Procedure Manual, the Hospital Formulary.
6. To review and act upon recommendations regarding drug usage reports, storage, distribution, and administration of drugs.
7. To develop policies and procedures (which shall be approved by the MEC and Administration) to provide for the administration of identified drugs and medicines by qualified professional persons (those persons certified, registered, or accredited by a recognized professional organization acceptable to the Department) in the course of practicing their professions.
8. To establish the guidelines for the education, in-service training programs, and supervise all personnel administering drugs and medications.

9. Maintain a permanent record of all activities relating to the Pharmacy and therapeutics function and submit periodic reports and recommendations to the MEC concerning drug utilization and practices in the Hospital.

Subsection 3. Meeting: This Committee will meet at least quarterly and/or as necessary, to review and evaluate procedures for evaluating the appropriateness of drug usage, including antibiotics, in the Hospital and make recommendations to the appropriate committees and/or clinical departments for corrective action. All members will have voting privileges.

SECTION 12. THE SPECIALIZED CARE COMMITTEE.

Subsection 1. Composition: The Specialized Care Committee shall consist of at least seven (7) members of the Attending Staff, representing each of the authorized and approved clinical departments. Members will be appointed by the President of the Staff with approval of the MEC.

Subsection 2. Function: The duties of the Committee shall be to:

1. Seek ways and means for improving the professional standards and functioning of the Specialty Care Units for better patient care and proficiency in the operations of each unit.
2. Receive and consider all recommendations made in writing by members of the Medical Staff for improvement of the efficiency of these services and, if approved, to forward such recommendations to the CEO regarding improvement of these services and facilities as indicated.
3. Recommend to the MEC appropriate policies regarding operation of these units.

Subsection 3. Meetings: The Committee shall meet at the call of the Chairman, maintain a permanent record of its proceedings and actions, and report its findings and recommendations to the MEC.

SECTION 13. THE MEDICAL RECORD COMMITTEE.

Subsection 1. Composition: This Committee will consist of at least four (4) Staff members appointed by the President of the Medical Staff and will include the Director of Medical Records and Chief Nursing Administrator/designee as Ex-officio members.

Subsection 2. Function: The duties of the Committee are to insure the maintenance of patient medical records which are complete, timely, legibly written, and clinically pertinent, by:

1. Reviewing and evaluating medical records to determine that they:
 - (a) properly describe the condition and progress of the patient, the therapy provided, the results thereof, and the identification of responsibility for all actions taken;

- (b) are sufficiently complete at all times so as to facilitate continuity of care and communications between all those providing patient care services in the hospital;
 - (c) are adequate, in form and content, to permit patient care audit and other quality maintenance activities to be performed.
2. Complying with staff and hospital policies, rules and regulations relating to medical records, including medical records completion, forms, formats, filing, indexing, storage, and availability and recommend methods of changes when necessary.
 3. Maintaining a permanent record of all actions taken and submitting periodic reports and recommendations to the MEC concerning medical record practices in the Hospital.

Subsection 3. Meeting: The Committee will meet monthly.

SECTION 14. THE INFECTION COMMITTEE.

Subsection 1. Composition: The Committee will consist of six (6) physician members and will include as Ex-officio members, a Nurse Epidemiologist and the Chief Nursing Administrator/designee.

Subsection 2. Function: The duties of the Committee are to prevent, investigate, and control hospital acquired infections by:

1. maintaining surveillance of hospital infectious potentials, and the incidents and cause of infections;
2. developing and implementing a preventative and corrective program designed to minimize infection hazards. Whenever it is reasonably felt that there is danger to the safety of the patient and personnel, the Committee will be authorized to institute any appropriate control measure or study on which the Chairman of the Committee will report to the President of the Medical Staff and the CEO immediately;
3. supervising infection control in all phases of Hospital activities including: Operating Room, Delivery Room, special care units, sterilization procedures by heat, chemicals or otherwise; isolation procedures, prevention of cross-infection by anesthesia apparatus or inhalation therapy equipment; testing of Hospital personnel for carrier status; disposal of infectious materials; and other situations requested by the MEC;
4. acting upon recommendations related to infections controlled, or recommendation received from the President of the Staff, the MEC, the Departments and other Hospital Committees;

5. maintaining a permanent record of all activities relating to infections controlled and submitting periodic reports thereon to the MEC and to the CEO.

Subsection 3. Meetings: The Committee will meet monthly.

SECTION 15. THE CONTINUING MEDICAL EDUCATION AND LIBRARY COMMITTEE.

Subsection 1. Composition: The Continuing Medical Education Committee will consist of the Chair, who will be appointed by the President of the Medical Staff, and representatives of each Department, a representative from the Patient Care/Utilization Review Committee, and the Director of Medical Staff Services. The Continuing Medical Education Coordinator and the Librarian are Ex-officio members.

Subsection 2. Function: The duties of the Committee are to organize continuing education programs and supervise the hospital's professional library services by:

1. Developing and planning, or participating in, programs of continuing education that are designed to keep the Medical Staff informed of significant new developments and new skills in medicine, and that are responsive to physician needs assessment.
2. Evaluating, through the Patient Care Committee, the effectiveness of the educational programs developed and implemented.
3. Analyzing on a continuing basis, the health professional's needs for professional library services and ensuring that appropriate resource material is processed, maintained, and that services are developed based upon their analysis.
4. Acting upon continuing education recommendations from the MEC, the Departments, or other committees responsible for patient care, audit and other quality maintenance and monitoring functions.
5. Maintaining a permanent record of education and library activities and submitting periodic reports to the MEC concerning its activities, specifically including their relationship to the findings of the patient care, audit and other quality maintenance and monitoring functions of the Staff.

Subsection 3. Meeting: The Committee will meet monthly.

SECTION 16. THE INSTITUTIONAL REVIEW BOARD. The Advocate Sherman Institutional Review Board is part of the Advocate Health Care Institutional Review Board and will function in accordance with Advocate Health Care IRB policies and procedures.

SECTION 17. THE CANCER COMMITTEE (ONCOLOGY). The Cancer Committee serves to provide leadership through goal setting, planning, initiating, implementing, evaluating and improving all cancer-related activities at Sherman Hospital.

Subsection 1. Composition: The Committee must include at least one board certified physician representative from surgery, hematology or medical oncology, radiation oncology, diagnostic radiology and pathology, and must include the cancer liaison physician. Physician members may also include representatives from the five major cancer sites seen at Sherman. Non-physician members must include administration, nursing, social service, cancer registry and quality assurance. Other physician and non-physician representatives may also be included depending upon the needs of the facility.

Subsection 2. Function: The Committee will be responsible and accountable for the following cancer program activities and functions:

1. Develop and evaluate the annual goals and objectives for clinical, community outreach, quality improvement and programmatic endeavors related to cancer care;
2. Annual appointment or reappointment of required Program Activity Coordinators based on Category requirements; their roles and responsibilities are outlined in Commission on Cancer Standards;
3. Establish and implement a plan to evaluate the quality of cancer registry data and activity on an annual basis; including the monitoring of case finding, accuracy of data collection, abstracting timeliness, follow-up and data reporting;
4. Ensure that the approach to cancer care is multidisciplinary, coordinated and collaborative among the numerous specialties;
5. Promote clinical research;
6. Monitor quality management and performance improvement through completion of a minimum of two quality management studies (1 study based on registry data; 1 additional study) that focus on quality, access to care, and outcomes;
7. Use the information from data analysis to identify system changes that will improve performance or improve patient safety;
8. Encourage data usage and regular mandatory reporting to Illinois State Cancer Registry, as well as annual evaluation reporting to the Medical Executive Committee and the Board of Directors meetings;

9. Annually, analyze patient outcomes and disseminates the results of the analysis;
10. Uphold medical ethical standards;
11. Implement the appropriate activities, procedures and guidelines to assure recognition as a Community Hospital Cancer Program and accreditation by the American College of Surgeons Commission on Cancer (ACOS-COC), Approval Program;

Subsection 4. Meeting: The committee will meet at least quarterly (more frequently, if needed to fulfill business needs). Actions and recommendations will be submitted through Medical Staff Office.

SECTION 18. RADIATION SAFETY COMMITTEE.

Subsection 1. Composition: The Committee will consist of a chair and representatives of Nuclear Medicine, Radiology, Radiation Therapy, Patient Services Department, Hospital Administration, Nuclear Medicine Technical Coordinator and other members representing the clinical departments.

Subsection 2. Function:

1. To fulfill the requirements of both Federal and State Nuclear Regulatory Commission.
2. To monitor and evaluate the radiation exposure of personnel and of the patients.
3. To strive and obtain medically useful results with the lowest radiation exposure feasible.

Subsection 3. Meetings: Quarterly or as required by the regulatory agencies.

SECTION 19. DISASTER PLANNING COMMITTEE.

The President of the Medical Staff will appoint annually a Disaster Planning Committee, chaired by the Director of the Emergency Department. The function of this committee will be to formulate and periodically review a plan for the protection and care of hospital patients, personnel and others in the event of internal and external disaster or emergency, which shall be coordinated with any community disaster plan which may exist and shall be rehearsed periodically.

SECTION 20. ADDITIONAL COMMITTEES.

Additional Committees may be appointed by the President of the Medical Staff as deemed necessary with the approval of the MEC.

SECTION 21. DEPARTMENTAL SUBCOMMITTEES.

Subsection 1. General Responsibilities:

1. All duties of the Department Subcommittee will commence August 1 of each year.

2. All Department Subcommittee recommendations for policy, administrative or procedural changes should be discussed and approved by the department before such recommendations are forwarded to the MEC for further consideration.

Subsection 2. Departmental Nominating Committee: The Nominating Committee of each Clinical Department shall consist of three (3) members as follows:

1. Two most recent chiefs of that department
2. One (1) elected member nominated at large from the floor closest to the September Department meeting and elected at the following Departmental meeting.
3. The term of the Departmental Nominating Committee member shall be for one year only.

Function: The Nominating Committee of the department shall select and post the name of their nominee at least two weeks before the first Department meeting of the new calendar year. The name of the nominee shall be presented to the Department at that Departmental meeting. Additional nominations from the floor shall be accepted. The Assistant Chief shall be elected from among the nominees, by ballot, at the following Departmental meeting.

Subsection 3. The Steering Subcommittee.

Composition: The Chief or Director of each Department will appoint a Steering Subcommittee consisting of himself as Chairman, the Assistant Chief. Each Departmental Steering Subcommittee shall have three (3), six (6), nine (9), or twelve (12) members in addition to the Chief and the Assistant Chief. The Steering Subcommittee may be combined with the Medical Care Evaluation (MCE) Subcommittee. These additional members shall serve a term of three (3) years. Each year, the term of one-third of these additional members shall expire and the Department Chief shall appoint new members to fill those vacancies. The Steering Subcommittee will review and evaluate professional and business activities within their respective Department and make appropriate recommendations to the MEC as needed.

Function: The duties of the Subcommittee will include the following:

1. Carrying out special assignments and projects;
2. Granting of privileges to all new applicants in accordance with Article III, Section 3, of these Bylaws;
3. Reviewing all requests for change of Privileges/Staff status;
4. Every three (3) years reviewing the professional privileges and meeting attendance records of each member of their respective Departments and recommending to the MEC reappointment of

each member and subsequent changes of privileges of the member if in accordance with Article III, Section 4. The appraisal by the Steering Subcommittee will include information relative to the individual's professional performance, judgment, and, when appropriate, technical skill, and will include consideration of the Staff member's health status.

5. Discussing variation in patterns of treatment and diagnosis by any Medical Staff member and to recommend appropriate corrective action, in accordance with the requirements of Article XVII, if any, only to the MEC. However, the Staff member involved should be notified for appearance before the Subcommittee, and he may request that the alleged violation(s) be brought before the appropriate Clinical Department for recommendations to the MEC.
6. Establishing Department criteria and specifications for delineating of privileges.
7. Keep minutes of all Subcommittee Meetings.

Meeting: The Subcommittee will meet at least quarterly.

Subsection 4. The Medical Care Evaluation Subcommittees:

Composition: The Chief or Director of each Department will appoint a Subcommittee to carry out the detailed evaluation of professional activity within his respective Department. The Assistant Chief of the Department shall be Chairman of this committee. Each Departmental Medical Care Evaluation Subcommittee shall have three (3), six (6), nine (9), or twelve (12) members, reflecting the size of the Department. The Steering Subcommittee may be combined with the Medical Care Evaluation (MCE) Subcommittee. These members shall serve a term of three (3) years. Each year, the term of one-third of these additional members shall expire and the Department Chief shall appoint new members to fill those vacancies. A Health Record Analyst/Quality Improvement Coordinator will attend the meetings as an Ex-officio member of the respective Department Subcommittees.

Function: The duties of the Subcommittees are as follows:

1. Review, analyze, and evaluate the clinical practice within the respective Departments.
2. Establish criteria for medical care evaluation for the appropriate department.
3. Compare findings relative to medical care evaluation with the criteria established by the Subcommittee. The findings, when pertinent, may be compared with statistics reported from other areas of the country.
4. Include, in the evaluation, surgical case review of cases with and without specimens and review of all deaths.

5. Report clinical cases of educational value to the respective Departments.
6. Perform retrospective review of the performance of Associate Staff members before recommendation of advancement to Associate Attending Staff membership.
7. Review, analyze, and evaluate blood transfusion practices, antibiotic review reports, and the Infection Committee's reports.
8. Keep minutes of all Subcommittee meetings.
9. Participate in quality improvement activities in accordance with "Advocate Sherman Hospital's Quality Improvement Plan".
10. Report summaries of their work to the Department as appropriate.

Meeting: The Subcommittee will meet at least quarterly.

ARTICLE XV
GENERAL STAFF MEETING

SECTION 1. THE ANNUAL MEETING.

The June Quarterly General Staff meeting shall be designated as the Annual Meeting. At this meeting, the retiring Officers and Committees will make such reports as may be appropriate. The Secretary-Treasurer, and three members of the MEC will be elected for the ensuing year. At the March meeting preceding the Annual meeting of the Medical Staff, the Nominating Committee will present, to the Medical Staff, its recommendations for Secretary-Treasurer, and three or more nominees for election to the MEC, as specified in Article X, Section 3, and Article XIV, Section 6. Additional nominations may be made at this time from the floor for these positions and for two additional members for the Nominating Committee. Election of the nominees will be held at the Annual meeting and will be by written ballot. A majority of the Attending Staff present and voting will be necessary for election. There being more than two nominees for the same position and no election taking place on the first ballot, the candidate receiving the least number of votes will be dropped on the second ballot, and so on until an election is obtained.

SECTION 2. QUARTERLY MEDICAL STAFF MEETINGS

Meetings of the entire Medical Staff will be held on a quarterly basis in the months of September, December, March, and June (Annual meeting) for the purpose of transacting general business of the Medical Staff. Only members of the Attending Staff will be eligible to vote on decisions at the Quarterly Medical Staff meetings.

SECTION 3. SPECIAL STAFF MEETINGS AND SPECIAL APPEARANCES.

Subsection 1. Special meetings: Special meetings of the Medical Staff may be called at any time by the President or shall be called at the request of the CEO, MEC, or by written petition by at least thirty-three percent (33%) of the Attending Staff. A written petition requesting a special meeting shall be presented to the President with a copy to the CEO. The President shall consider the request and respond within a timely fashion, not to exceed fourteen (14) days from receipt of the petition. The meeting shall be scheduled as soon as possible, not to exceed thirty (30) days from the date the petition is presented to the President, at a time and place designated by the MEC. Notice of special meetings will be posted in the Hospital and mailed to members of the Staff at least two (2) days before any special meeting and will state the purpose for which the meeting is called. In case

of an extreme emergency, the President, in consultation with the MEC, may call special meetings without this two (2) day notice. Only business for which a special meeting was called will be considered.

Subsection 2. Special appearances:

1. Reasons: A practitioner may be required to appear before a regularly scheduled meeting of the department or a committee of the department, when:
 - (a) clinical course or treatment of any of his patient(s) is being discussed or,
 - (b) the practitioner's name appears in the "chronic offenders" list due to delinquent medical records ("chronic offender" as defined by the Medical Record Committee and approved by the MEC) and such records remain delinquent at the time of the required appearance.
2. Notice: Whenever special appearance is required under Subsection 2.1.a. above, the Chairman of the Department or the Committee shall give the practitioner at least thirty (30) days advance written notice of the time and place of the meeting. Such notice shall include a statement of the issues involved. Whenever special appearance is required under Subsection 2.1.b. above, the practitioner may be required to appear before the next regularly scheduled meeting of the Department or the Committee.
3. Failure to appear: Failure of the practitioner to appear at any meeting with respect to which he was given such special notice (under Subsection 2.1.a.) shall result in a recommendation of the Department or the Committee to the MEC to suspend any or all of the practitioner's clinical privileges. Failure to appear for the delinquent medical records shall result in automatic suspension of any or all of the practitioner's clinical privileges by action of the Department or the Committee. This automatic suspension shall be lifted and all suspended clinical privileges reinstated as soon as the medical records have been completed.

SECTION 4. ATTENDANCE REQUIREMENTS AT MEETINGS

Subsection 1. Purpose of Staff Meetings: All general staff, departmental and committee meetings are necessary or mandatory to perform one or more of the staff functions required by these Bylaws. They shall meet as often as necessary or as defined in the Bylaws to discharge their duties and functions.

Subsection 2. Attendance Requirements: All members of the Medical Staff, excluding the Honorary, Courtesy, and Consulting Staff, will be expected to attend all meetings. Members of the

cardiovascular division may attend meeting of his division in lieu of his respective departmental meetings.

Subsection 3. Meeting Absences: Unexcused absence from one-half of the total number of the Staff and Departmental meetings for the year will be considered as a cause for demotion in Staff status including dismissal from the Staff for Associate Staff members.

Subsection 4. Acceptable Reasons for Absence: Any member who is compelled to be absent from any Medical Staff or Departmental meetings, shall promptly provide, to the President of the Staff, the Chief or Director of the Department the reason for such absence. Acceptable reasons for excused absence will be as follows:

1. Attending to emergency or urgent cases;
2. Illness or injury of Staff member;
3. Vacations;
4. Conflict with other meetings;
5. Other justifiable reasons approved by the President of the Medical Staff, the Chief or Director of the Department.

Subsection 5. Attendance Record: The attendance record of each Staff member will be reviewed at reappointment by his Clinical Department and a report made to the MEC prior to recommending reappointment to Medical Staff to the Board.

Subsection 6. Reinstatement: Reinstatement of a staff member whose membership has been revoked or reduced because of absence from meetings shall be made upon request to the MEC when the cause for such revocation or reduction has been corrected.

SECTION 5. QUORUM

Fifty (50) percent of the total membership of the Attending Medical Staff will constitute a quorum for all meetings.

SECTION 6. AGENDA FOR GENERAL MEETINGS.

The following agenda will be followed at all general meetings:

1. Call to order;
2. Presentation of the minutes of the last regular and/or special meetings;
3. Unfinished business;
4. Communications;
5. Reports of standing and special Committees;

6. Report of the President of the Medical Staff;
7. Report of the CEO of the Hospital;
8. New business;
9. Adjournment.

SECTION 7. AGENDA FOR SPECIAL MEETINGS

The agenda for special meetings will be:

1. Reading of the notice calling the meeting;
2. Transaction of the business for which the meeting was called;
3. Adjournment.

SECTION 8. MINUTES.

Minutes of all meetings shall be prepared by the Secretary-Treasurer and shall include a record of attendance and the vote taken on each matter. Copies of such meetings shall be made available to the Staff if and when requested. A permanent file of the minutes of each meeting shall be maintained in the Medical Staff Office.

SECTION 9. PARLIAMENTARY PROCEDURE.

The Roberts Rules of Order shall govern the procedure of all meetings of the Medical Staff and its Committees unless specifically exempted by these Bylaws.

ARTICLE XVI
CONFIDENTIALITY, IMMUNITY AND RELEASES

This article is inserted for some protection for those charged with Staff leadership responsibilities, but in no way should it be construed to guarantee absence of responsibility for all such leadership to exercise appropriate restraint and responsibility in discharging their duties.

SECTION 1. SPECIAL DEFINITIONS.

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

- (a) Information: The record of proceedings, minutes, records, memoranda, statements, recommendations, data and other disclosures, whether in written or oral form relating to any of the subject matter specified in Section 5, Subsection 2.
- (b) Malice: The dissemination of a knowing falsehood or of information with a reckless disregard for whether or not it is true.
- (c) Practitioner: A staff member or applicant or a health professional affiliate.
- (d) Representative: A Board and any Director or Committee thereof; a CEO, a Medical Staff organization and any member, officer, department or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- (e) Third Parties: Both individuals and organizations providing information to any representative.

SECTION 2. AUTHORIZATIONS AND CONDITIONS.

By applying for, or exercising, clinical privileges or providing specified patient care services within this hospital, a practitioner:

1. Authorizes representatives of the hospital and the Medical Staff to solicit, provide and act upon information bearing on his professional ability and qualifications.
2. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article.
3. Acknowledge that the provisions of this Article condition his application for, or acceptance of, membership, or his exercise of clinical privileges and provisional or specified patient services at this hospital.

SECTION 3. CONFIDENTIALITY OF INFORMATION.

Information with respect to any practitioner submitted, collected or prepared by any representative of this or any health care facility or organization or medical staff for the purpose of achieving and

maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than said representative, nor used in any way except as provided herein. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's file.

SECTION 4. IMMUNITY FROM LIABILITY.

Subsection 1. Action Taken: No representative of the Hospital or Medical Staff shall be liable in any judicial proceeding for damages or other relief for any action taken or statement or recommendation made, within the scope of his duties as a representative, if such representative acts in good faith and without malice after a reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the action, statement, or recommendation is warranted by such facts. Regardless of the provisions of state law, truth shall be an absolute defense in all circumstances.

Subsection 2. Providing Information: No representative of the Hospital or Medical Staff and no third party shall be liable in any proceeding for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of this Hospital or Medical Staff or to any other hospital, organization or other health-related organization concerning a practitioner or affiliate who is or has been an applicant to, or member of the Staff, or who did or does exercise clinical privileges or provide specified services at this Hospital provided that such representative or third party acts in good faith and without malice.

SECTION 5. ACTIVITIES AND INFORMATION COVERED.

Subsection 1. Activities: The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in any connection with this or any other health-related institution's or organization's activities concerning, but not limited to:

1. Applications for appointment, clinical privileges, or specified services;
2. Periodic reappraisals for reappointment, clinical privileges, or specified services;
3. Corrective action;
4. Hearings and appellate reviews;
5. Patient care audits;
6. Utilization review;

7. Other hospital, departments, service or committee activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

Subsection 2. Information: The acts, communications, reports, recommendations, disclosures, and other information referred to in this Article may relate to a practitioner's professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.

SECTION 6. RELEASES.

Each practitioner shall, upon request of the hospital, execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this state. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

SECTION 7. CUMULATIVE EFFECT.

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

ARTICLE XVII
CORRECTIVE ACTION

SECTION 1. ROUTINE CORRECTIVE ACTION.

Subsection 1. Criteria for Initiating: Whenever a practitioner with membership or clinical privileges engages in statements, or professional conduct, either within or outside of the Hospital, and the same is, or is reasonably likely to be, or may reasonably be expected to lead to conduct or acts that are either detrimental to patient safety or to the delivery of quality patient care in the Hospital, or disruptive to Hospital operations, corrective action against the practitioner may be initiated by any of the following:

- (a) any officer of the Medical Staff;
- (b) the Chief of any Clinical Department or Director of any Clinical Service Department;
- (c) the CEO; or
- (d) the Chairman of the Board.

Subsection 2. Interview: Prior to initiating or proceeding to recommend or take corrective action against a practitioner, the initiating/recommending/acting party will afford the practitioner an interview with the Steering Subcommittee of the Practitioner's department at which the circumstances prompting the corrective action are discussed and the practitioner is permitted to present relevant information in his own behalf. The interview is initiated by special notice from the initiating party to the practitioner, with copies transmitted to the President of Staff and the CEO. A written record reflecting the substance of the interview must be made and transmitted to the practitioner, the President of Staff, the CEO, the MEC and the Board. If the practitioner fails to respond to the special notice or declines to participate in the interview, corrective action must immediately proceed in accordance with the sections below.

Subsection 3. Request and Notices: All requests for corrective action must be in writing, submitted to the MEC, and supported by reference to the specific activities or conduct which constitute the grounds for the request. The President of Staff promptly notified the CEO in writing of all requests.

Subsection 4. Investigation: After deliberation, the MEC may either act on the request or direct that investigation concerning the grounds for the corrective action request be undertaken. The MEC may conduct such investigation itself or may assign this task to a Medical Staff Officer, Department, standing or ad hoc committee, or other organizational component. This investigative

process is not a “hearing” as that term is used in the Fair Hearing Plan. It may include a consultation with the practitioner involved, with the individual (or group) making the request and with other individuals who may have knowledge of the events involved. If the investigation is accomplished by a group or individual other than the MEC, that group or individual must forward a written report of the investigation to the MEC as soon as is practicable after the assignment to investigate has been made. The MEC may at any time within its discretion, and shall, at the request of the Governing Body, terminate the investigative process and proceed with action as provided below.

Subsection 5. MEC Action: As soon as is practicable after the conclusion of the investigative process, if any, but in any event within thirty (30) days after receipt of the request for corrective action unless deferred, the MEC acts upon such request. Its action may include, recommending without limitation:

- (a) Rejection of the request for corrective action;
- (b) A warning or a formal letter of reprimand;
- (c) A probationary period with retrospective review of cases but without special requirements of prior or concurrent consultation or direct supervision;
- (d) Suspension of membership of consultation or supervision;
- (e) Individual requirements of consultation or supervision;
- (f) Reduction, suspension or revocation of clinical privileges;
- (g) Reduction of Staff category or limitation of any prerogatives directly affecting the practitioner’s clinical privileges;
- (h) Suspension or revocation of Staff membership.

Subsection 6. Deferral: If additional time is needed to complete the investigative process, the MEC may defer action on the request but only upon written consent of the affected practitioner. A subsequent recommendation for any one or more of the actions provided above must be made within the time specified in the consent, and if no time is specified, then within thirty (30) days of the deferral.

Subsection 7. Procedural Rights: All MEC recommendations whether a rejection of the request for the corrective action or any Subsection 5(b)–(h) recommendation shall be immediately forwarded to the Board for action. Any Board action adopting a Subsection 5(b)–(h) recommendation entitles the practitioner to the procedural rights contained in the Fair Hearing Plan.

The Board action involving a Subsection 5(b)-(h) recommendation shall be stayed until the practitioner has had the opportunity to exercise or waive his rights under the Fair Hearing Plan.

Subsection 8. Other Action:

- (a) An MEC Subsection 5 (a) recommendation is deemed “favorable” and is transmitted to the Board together with all supporting documentation. Thereafter, the procedure for processing initial appointments is applicable (Article III, Section 4, Subsection 7). However, if the Board’s initial action on any such recommendation represents a substantive change from the MEC’s recommendation, the procedure for a joint conference is applicable. A “favorable recommendation” as used therein is any recommended action other than an MEC Subsection 5 (b) – (h) recommendation.
- (b) If, in the Board’s determination, the MEC fails to act in timely fashion in processing and recommending action on a request for corrective action, the procedure to be followed is as provided in the applicable Section of the appointment procedure.

SECTION 2. SUMMARY SUSPENSION

Subsection 1. Causes: Whenever a Medical Staff member’s conduct constitutes an immediate danger to the public, including patients, visitors and/or Hospital employees and staff, a committee of the CEO or his designee, the President of the Medical Staff or his designee, and the Chief of the applicable Department or his designee, shall have the authority to summarily suspend the Medical Staff membership status, or all or any portion of the Clinical Privileges of such Medical Staff member. In order for the committee to invoke the summary suspension, the CEO or his designee and one other member must vote to impose summary suspension. The Committee may meet or act via the telephone.

Subsection 2. Effective Upon Imposition: Such summary suspension shall become effective immediately upon imposition, and the CEO shall promptly give special notice of the suspension to the member. In the event of any such suspension, the Medical Staff member’s patient(s) then in the Hospital, whose treatment by such Medical Staff member is terminated by the summary suspension, shall be assigned to another Staff member by the Chief of the Department. The wishes of the patient shall be considered, where feasible, in choosing a substitute Practitioner.

Subsection 3. MEC Action: Within five (5) days of the imposition of summary suspension, the matter shall be brought before a subcommittee of the Executive Committee consisting of the officers of the medical staff and the involved department chairman. This subcommittee, after

inviting the affected practitioner to appear, shall review and consider the suspension and recommend modification, continuation or termination of the terms of the suspension. Unless the subcommittee recommends immediate termination of the suspension, the practitioner shall have a right for a hearing as described for in the Fair Hearing Plan provided the hearing is commenced within fifteen (15) days of the imposition of the summary suspension. Notwithstanding the provisions of the Fair Hearing Plan, in order to implement this expedited hearing the practitioner shall be given prompt written notice of the subcommittee's recommendation and shall have three (3) days following receipt of the notice in which to request a hearing before a hearing panel mutually agreed upon by the MEC and the Board. With the exception of the expedited timeframe, all other provisions of the Fair Hearing Plan shall apply. A subcommittee recommendation to terminate the suspension shall be transmitted immediately together with all supporting documentation to the Board, and the procedures in Section 1, Subsection 8 of the Routine Corrective Action provisions above shall be followed. The terms of the summary suspension as originally imposed remain in effect pending a final decision by the Board.

SECTION 3. AUTOMATIC SUSPENSION

Subsection 1. Removal of Privileges: Under the following circumstances, a suspension consisting of removal of admitting privileges and scheduling of elective surgical cases as well as other limitations on privileges as described below shall be imposed for the period of time until the Practitioner either meets the applicable requirements or the automatic suspension is terminated pursuant to Subsection 2 of this Section 3 and/or the Fair Hearing Plan.

1. License: Revocation, Suspension or Probation: Whenever a Medical Staff member's license is revoked, his Staff membership and Clinical Privileges shall immediately and automatically be revoked. Whenever a Medical Staff member's license is suspended or placed on probation by the applicable licensing authority, his Staff membership and Clinical Privileges shall automatically be suspended, effective upon, and for at least the term of the suspension or probation. Access to the Fair Hearing Plan as described in Article XVII, Section 3, Subsection 2 shall not apply.

2. Drug Enforcement Administration (DEA) Number Revocation: Whenever a Medical Staff member's DEA number is revoked, he shall immediately and automatically be divested at least of his right to prescribe medications covered by the

- number. Whenever a Medical Staff member's DEA number is suspended or placed on probation, he shall be divested at least of his right to prescribe medications covered by the number, effective upon, and for at least, the term of the suspension or probation. Access to the Fair Hearing Plan as described in Article XVII, Section 3, Subsection 2, shall not apply.
3. Failure to Meet Special Appearance Requirement: When a practitioner fails to appear before a body of the Medical Staff, he is automatically suspended according to Article XV, Section 3, Subsection 2.
 4. Failure to Maintain Professional Liability Insurance: Failure to maintain professional liability insurance as required under these Bylaws and Advocate Health Care System policies may result in immediate loss of clinical privileges including caring for patients already in the Hospital for the period of time until such Practitioner meets the requirement. A Practitioner not demonstrating professional liability insurance or its equivalent as required under these Bylaws within six (6) months of the imposition of the automatic suspension shall be deemed to have voluntarily resigned from the Medical Staff.
 5. Failure to comply with Advocate Health Care Corporate Immunization Policy for employees and independent contractors will result in automatic suspension of clinical privileges. (Compliance with the policy is met by proof of vaccination for Pertussis (Tdap) and an annual influenza vaccination, which may be inactivated, egg-free, or intranasal preparation. Well-supported religious or health basis declination of Flu or Pertussis (Tdap) vaccination may be submitted for consideration and will be reviewed on a case-by-case basis.)
 6. Medicare or Medicaid Status: Whenever a practitioner's Medicare or Medicaid's status is terminated or revoked, their clinical privileges shall be immediately and automatically be revoked at least for the term of the termination or revocation.
 7. Incomplete Medical Records: Whenever a Medical Staff Member has chronic medical record delinquency as delineated in Part 7.13 of the Medical Staff Rules and Regulations, "Fines for Incomplete Medical Records", the practitioner will be invited to appear before the Medical Executive Committee where consideration of automatic suspension of clinical privileges will be conducted.

Subsection 2. MEC Action: Within five (5) days of the imposition of automatic suspension, the matter shall be brought before a subcommittee of the Executive Committee consisting of the officers of the medical staff and the involved department chairman. This

subcommittee, after inviting the affected practitioner to appear, shall review and consider the suspension and recommend modification, continuation or termination of the terms of the suspension. Unless the subcommittee recommends immediate termination of the suspension, the Practitioner shall have a right for a hearing as described for in the Fair Hearing Plan, provided the hearing is commenced within fifteen (15) days of the imposition of the automatic suspension. Notwithstanding the provisions of the Fair Hearing Plan, in order to implement this expedited hearing, the Practitioner shall be given prompt notice of the subcommittee's recommendation and shall have three (3) days following receipt of the notice in which to request a hearing before a hearing panel mutually agreed upon by the MEC and the Board. The hearing shall only involve whether the Practitioner is in compliance with the stated reason for automatic suspension. With the exception of the expedited time frame and limitation on the hearing subject matter, all other provisions of the Fair Hearing Plan shall apply. A subcommittee recommendation to terminate the suspension shall be transmitted immediately, together with all supporting documentation, to the Board, and the procedures in Section 1, Subsection 8 of the Routine Corrective Action provisions above shall be followed. The terms of the automatic suspension as originally imposed remain in effect pending a final decision by the Board.

ARTICLE XVIII
FAIR HEARING PLAN

SECTION 1. RIGHT TO HEARING AND TO APPELLATE REVIEW.

1. MEC Initiating: When any Practitioner receives notice of an adverse decision of the Board, he shall be entitled to a hearing before a hearing panel whose membership is mutually agreed upon by the MEC and the Board (“Ad Hoc Hearing Committee”). If the action of the Board following such hearing is adverse to the affected Practitioner, he shall then be entitled to an appellate review by a committee of the Board before the Board makes a final decision on the matter.
2. Board Initiating: When any Practitioner receives notice of an adverse decision by the Board, taken contrary to a favorable recommendation by the MEC or on the Board’s own initiative without benefit or a prior recommendation by the MEC, such Practitioner shall be entitled, upon request, to a hearing by a Joint Conference Committee as defined in Article XVIII, Section 7. If such hearing does not result in a favorable recommendation, he shall then be entitled, upon request, to an appellate review by a committee of the Board before a final decision is rendered.
3. Initiated by Exclusive Contract. If the Hospital exercises its right to enter into an exclusive contract and the contract results in the total or partial termination of privileges of a current medical staff member the Hospital must provide the affected medical staff member sixty (60) days prior written notice of the effect on his or her medical staff membership or privileges. The affected medical staff member shall have fourteen (14) days after the date after he/she receives notification to request a hearing. The request for the hearing must be made in writing and submitted to the Chief Executive Officer. Notwithstanding the above, a medical staff member may waive in writing the right provided herein. If an exclusive contract is signed by a representative of a group of physicians, a waiver contained in the contract shall apply to all members of the group unless stated otherwise in the contract. Notwithstanding the provisions of the Fair Hearing Plan, if a hearing has been requested, the requested hearing shall be commenced and completed with a report and recommendation to the affected medical staff member, governing board and medical staff within thirty (30) days after the date of the medical staff member’s request. With the exception of the expedited time frame, all other provisions of the Fair Hearing Plan shall

apply. The hearing shall be commenced and completed within the timeframe specified within this paragraph unless that time period is waived by the affected member.

4. Procedural Safeguards: All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in this Article XVIII unless otherwise stated in these Bylaws to assure that the affected Practitioner is accorded all rights to which he is entitled. He will be informed unless otherwise stated in the Bylaws:
 - a. That he has the right to a hearing or to an appellate review pursuant to Article XVIII of these Bylaws.
 - b. That he shall have ten (10) days following the date of receipt of such notice within which to request a hearing or an appellate review.
 - c. That failure to request a hearing or an appellate review within the specified time period shall constitute a waiver of his right to same.
 - d. That upon receipt of his request he will be notified of the date, time and place for the hearing or appellate review and the grounds upon which the adverse action is based. The Practitioner must notify the CEO by registered mail, return receipt requested, of his intention to appear. Failure to do so will constitute waiver of his rights to a hearing.
 - e. Of his right to review the hearing record and report, if any, and to submit a written statement on his behalf as part of the appellate procedure.

SECTION 2. REQUEST FOR HEARING.

1. The CEO shall be responsible for giving prompt written notice by certified mail, return receipt requested, of an adverse decision to any affected Practitioner who is entitled to a hearing or to an appellate review. The notice shall contain an explanation of the reasons for an adverse decision, including all reasons based on the quality of care or any other basis, including economic factors.
2. The failure of a Practitioner to request a hearing or an appellate review to which he is entitled by these Bylaws within ten (10) days of receipt of notice shall be deemed a waiver of his right to such hearing and to any appellate review to which he might otherwise have been entitled in the matter.

3. When the waived hearing or appellate review relates to an adverse decision, the same shall thereupon become and remain effective against the Practitioner. The CEO shall promptly notify the affected Practitioner of his status by certified mail, return receipt requested.

SECTION 3. NOTICE OF HEARING.

1. Timely: Within ten (10) days after receipt of a request for hearing from a Practitioner entitled to the same, the MEC shall schedule and arrange for such a hearing and shall, through the CEO, notify the Practitioner of the time, place, and date so scheduled, by certified mail, return receipt requested. The hearing date shall not be less than twenty (20) days, nor more than forty (40) days from the date of receipt of the request for hearing; provided, however, that a hearing for a Practitioner who is under suspension which is then in effect shall be held within the time period specified in Article XVII, Section 2 or Section 3.
2. Specific: The notice of hearing shall state in concise language, the acts or omissions with which the Practitioner is charged, a list of specific or representative charts being questioned, and/or other reasons or subject matter that was considered in making the adverse decision. The notice shall also contain a statement of the practitioner's right to inspect all pertinent information in the Hospital's possession with respect to the adverse decision and to present witnesses and other evidence at the hearing on the adverse decision.

SECTION 4. COMPOSITION OF HEARING COMMITTEE.

1. Ad Hoc Committee: The hearing shall be conducted by an "Ad Hoc" Hearing Committee of not less than five (5) members of the Medical Staff appointed by the President of the Medical Staff in consultation with the MEC subject to the approval of the members of the committee by the Chairperson of the Board. One of the members so appointed shall be designated as Chairman. No Staff member who has actively participated in the consideration of the adverse recommendation shall be appointed a member of this Hearing Committee unless it is otherwise impossible to select a representative group due to the specific reason(s). No staff member who is in direct competition with the practitioner shall be appointed to the Hearing Committee.

SECTION 5. CONDUCT OF HEARING

1. Quorum: There shall be at least a majority of the members of the Hearing Committee present when the hearing takes place. No member may vote by proxy.

2. Records: An accurate record of the hearing must be kept. The mechanism shall be established by the “Ad Hoc” Hearing Committee, and may be accomplished by use of a court reporter, electronic recording unit, detailed transcription or by the taking of adequate minutes.
3. Practitioner’s Presence: The personal presence of the Practitioner for whom the hearing has been scheduled shall be required. A Practitioner who fails, without good cause, to appear and proceed at such hearing shall be deemed to have waived his rights in the same manner as provided in Section 2 of this Article XVIII and to have accepted the adverse decision involved and the same shall thereupon become and remain in effect as provided in said Section 2.
4. Postponement of Hearing: Postponement of hearing beyond the time set forth in these Bylaws shall be made only with the approval of the “Ad Hoc” Hearing Committee. Granting of such postponements shall be only for good cause at the sole discretion of the Hearing Committee.
5. Practitioner’s Right: The affected Practitioner shall be entitled to be accompanied, and represented at the hearing, by a member of the Medical Staff in good standing or by a member of his local professional society.
6. Presiding Over a Hearing: Either a hearing officer, if one is appointed, or the chairman of the Hearing Committee or his designee shall preside over the hearing to determine the order of procedure during the hearing, to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence and to maintain decorum.
7. Conduct of Hearing: The hearing need not be conducted strictly according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible over objection in civil or criminal action. The Practitioner for whom the hearing is being held is entitled to submit memoranda concerning any issues or procedure or of fact. Such memoranda shall become a part of the hearing records.
8. MEC Representation: The MEC, when it has made an adverse recommendation, shall appoint one of its members, or some other Medical Staff member, to present the facts in support of the adverse decision and to examine witnesses. The Board, when its action without an adverse recommendation from the MEC, has prompted the hearing, shall appoint one of its members to present the facts in support of its adverse decision and to examine witnesses. It shall be the obligation of such representative to present appropriate evidence in support of the adverse

decision, but the affected Practitioner shall thereafter be responsible for supporting his challenge to the adverse decision by an appropriate showing that the charges or grounds involved lack any factual basis or that such basis or any action based thereon is either arbitrary, unreasonable, or capricious.

9. Both Parties Rights: Both parties have the following rights:

- (a) to call and examine witnesses;
- (b) to introduce written evidence;
- (c) to cross-examine any witness on any matter relevant to the issue of the hearing;
- (d) to challenge any witness and to rebut any evidence.

If the Practitioner does not testify in his own behalf he may be called and examined as if under cross-examination.

10. Legal Representation: The hearing provided for in these Bylaws are for the purpose of resolving, on an intra-professional basis, matters bearing on professional competency and conduct. Accordingly, neither the affected Practitioner, nor the MEC of the Medical Staff or the Board, shall be represented at any phase of the hearing procedure by an attorney at law unless the Hearing Committee, in its discretion, permit both sides to be represented by counsel. The foregoing shall not be deemed to deprive the Practitioner, the MEC of the Medical Staff, or the Board, of the right to legal counsel in connection with preparation for the hearing or for a possible appeal; and, if a hearing officer is utilized he may be an attorney at law.

11. Recess of Hearing: The Hearing Committee may, without special notice, recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence the hearing shall be closed. The Hearing Committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the Practitioner for whom the hearing was convened.

12. Findings: Upon the written request of the Practitioner, the MEC or the Board, the Hering Committee shall make findings concerning the nature of each basis for an adverse decision recommended to and accepted by the Board.

13. Written Report:

- (a) Within fourteen (14) days after final adjournment of the hearing, the Hearing Committee makes a written report of its findings and recommendations and forwards the same, together

with the hearing record and other documentation, to the MEC and to the Board. Within ten (10) days after receiving the Hearing Committee report or at its next meeting, the MEC considers it and makes a recommendation to the Board.

- (b) The Board considers the independent recommendation of the Hearing Committee and the recommendation of the MEC. If the Board's result is favorable to the practitioner, it becomes the final decision of the Board. If the Board's action is adverse, the practitioner shall be informed of his right to request an appellate review. The CEO promptly sends the practitioner special notice informing him of each action taken under this Section.
- (c) Effect of Adverse Result: If the Board's decision continues to be adverse to the practitioner, the special notice shall inform him of his right to request an appellate review by a committee of the Board as provided in Section 6 of this Plan.

SECTION 6. APPEAL TO THE BOARD

1. Notice: Within ten (10) days after receipt of a notice by an affected Practitioner of an adverse decision made or adhered to after a hearing, as above provided, he may, by written notice to the Board, delivered through the CEO by certified mail, return receipt requested, request an appellate review by a committee of the Board. Such notice may request that the appellate review be held only on the record on which the adverse decision is based, as supported by the Practitioner's written statement provided for below, or may also request that oral argument be permitted as part of the appellate review.
2. Waiver for Appeal: If such appellate review is not requested within ten (10) day, the affected Practitioner shall be deemed to have waived his rights to the same, and to have accepted such adverse decision. The decision shall become effective immediately as provided in Section 2 of this Article XVIII.
3. Process of Appellate Review: Within ten (10) days after receipt of such notice of request for appellate review, the Board committee shall schedule a date for such review, including a time and place for oral argument if such has been requested, and shall, through the CEO, by written notice sent by certified mail, return receipt requested, notify the affected Practitioner of the same. The date of the appellate review shall not be less than twenty (20) days, nor more than forty (40) days, from the date of receipt of the notice of request for appellate review, except that when the Practitioner requesting the review is under a suspension which is then in effect, such

review shall be scheduled as soon as the arrangements for it may reasonably be made, but not more than twenty-one (21) days from the date of receipt of such notice.

4. Composition of Appellate Review: The appellate review shall be conducted by a duly appointed Appellate Review Committee of the Board of not less than five (5) members.
5. Access to Records: The affected Practitioner shall have access to the report and record (and transcription, if any) of the Hearing Committee and all other material, favorable or unfavorable, that was considered in making the adverse decision against him. He shall have ten (10) days to submit a written statement in his own behalf in which those factual and procedural matters with which he disagrees and his reasons for such disagreement shall be specified. This written statement may cover any matters raised at any step in the procedure to which the appeal is related. Legal counsel may assist in its preparation. Such written statement shall be submitted to the Board through the CEO by certified mail, return receipt requested, at least ten (10) days prior to the scheduled date for the appellate review. A similar statement may be submitted by the MEC or Board representative, and if submitted, the CEO shall provide a copy thereof to the Practitioner at least ten (10) days prior to the date of such appellate review by certified mail, return receipt requested.
6. Appellate Body: The Appellate Review Committee, shall act as an appellate body. It shall review the record created in the proceedings, and shall consider the written statements submitted pursuant to subparagraph 5 of this Section 6, for the purpose of determining whether the adverse decision against the affected Practitioner was justified and was not arbitrary or capricious. If oral argument is requested as part of the review procedure, the affected Practitioner shall be present at such appellate review, shall be permitted to speak against the adverse recommendation or decision, and shall answer questions put to him by any member of the appellate review body. The MEC or the Board, whichever is appropriate, shall also be represented by an individual who shall be permitted to speak in favor of the adverse decision and who shall answer questions put to him by any member of the appellate review body.
7. New Evidence: New or additional matters not raised during the original hearing or in the Hearing Committee report, nor otherwise reflected in the record, shall only be introduced at the appellate review under unusual circumstances, and the Appellate Review Committee shall, in its sole discretion, determine whether such new matters shall be accepted.

8. Action by Committee of the Board: The Appellate Review Committee shall, within twenty-one (21) days after the adjourned date of the appellate review, either make a report recommending that the Board:
 - (1) affirm, modify, or reverse its prior decision, or
 - (2) refer the matter back to the MEC or the Board for further review and recommendation within thirty (30) days. Such referral may include a request that the MEC or the Board arrange for a further hearing to resolve disputed issues. Within thirty (30) days after receipt of such recommendation after referral, the Committee shall make its recommendation to the Board as above provided.
9. Conclusion of Appellate Review: The appellate review shall not be concluded until all of the procedural steps in this section 6 have been completed or waived. Where permitted by the Hospital Bylaws, all actions required of the Board may be taken by a committee of the Board duly authorized to act.

SECTION 7. FINAL DECISION BY THE BOARD

1. Final Decision: Within (30) days after the conclusion of the appellate review, the Board shall make its final decision in the matter and shall send notice thereof to the MEC, and through the CEO, to the affected practitioner, by Certified mail, return receipt requested.
2. Same Recommendation as MEC: If this is in accordance with the MEC's last recommendation in the matter, it shall be immediately effective and final, and shall not be subject to further hearing or appellate review.
3. Recommendation Different from the MEC: If this decision is contrary to the MEC's last such recommendation, the Board shall refer the matter to a Joint Conference Committee as described in paragraph 4 in this Section 7 for further review and recommendation within thirty (30) days, and shall include in such notice of its decision, a statement that a final decision will not be made until the Joint Conference Committee's recommendation has been received. At its next meeting after receipt of the Joint Conference Committee's recommendation, the Board shall make its final decision with like effect and notice as first above provided in this Section 7.
4. Composition of Joint Conference Committee: The Joint Conference Committee shall consist of six members selected in the following manner: The President of the Medical Staff and two (2) additional members of the MEC appointed by him, and the Chairman of the Board and two (2) additional Board members selected by him. The President or Chairman serves as chairman of

the group as determined by drawing lots. The purpose of the Joint Conference is to identify the basis of the differing actions and to allow the participant to discuss or clarify his position.

5. One Hearing Only: Notwithstanding any other provision of these Bylaws, no Practitioner shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by the MEC of the Medical Staff, or by the Board, or by a duly authorized Committee of the Board, or by both.
6. Notice: The Board shall provide to the Practitioner an explanation of the reasons for all adverse decisions, including all reasons based on the quality of medical care or any other basis, including economic factors.

SECTION 8. NOTICE REGARDING ECONOMIC FACTORS AND REPORTING

1. Notice: If the adverse decision was based substantially on economic factors, the Practitioner shall be given the notice contemplated in Article XVIII, Section 7, Subsection 6, at least fifteen (15) days before implementation of the adverse decision and after the Practitioner has exhausted all administrative procedures under the Bylaws.
2. Reporting: Notice of adverse decisions based substantially on economic factors shall be reported by the CEO to the Hospital Licensing Board before the decision takes effect.

ARTICLE XIX
GENERAL PROVISIONS

SECTION 1. STAFF RULES AND REGULATIONS.

Subsection 1. Subject to approval by the Board, the Medical Staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found within these Bylaws. These shall relate to the proper conduct of the Medical Staff organizational activities as well as embody the level of practice so that it is to be required of each staff member or affiliate in the Hospital. Such rules and regulations shall be a part of these Bylaws, except that they may be amended or repealed at any regular meeting of the Medical Staff at which a quorum is present and without previous notice, or at any special meeting on notice, by a two-thirds vote of those present and eligible to vote. Such changes shall become effective when approved by the Board.

Subsection 2. Departmental Rules and Regulations: Subject to the approval of the MEC and Board, each Department shall formulate its own rules and regulations for the conduct of its affairs and discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these Bylaws, the general rules and regulations of the Medical Staff, or all the policies of the Hospital.

Subsection 3. Professional Liability Insurance: Each practitioner granted clinical privileges in the Hospital shall maintain professional liability insurance in accordance with Advocate Health Care System policies.

Subsection 4. Forms: Application forms and any other prescribed forms required by these Bylaws for use in connection with staff appointment, reappointments, delineation of clinical privileges, corrective action, notices, recommendations, reports and other matters shall be adopted by the Board after considering the advice of the MEC and Administration.

ARTICLE XX
ADOPTION

These Bylaws, together with the appended Rules and Regulations, shall be adopted at any regular or special meeting of the Attending Medical Staff and, upon becoming effective, shall constitute a repeal of all prior Bylaws and Rules and Regulations. Medical Staff Bylaws and Rules and Regulations shall become effective when approved by the Governing Body. Each member of the Medical Staff shall abide by the Hospital and Medical Staff Bylaws and Rules and Regulations and policies as amended and adopted. These Bylaws and Rules and Regulations shall be reviewed by a committee at least once every year and revised when timely and appropriate.

ARTICLE XXI
AMENDMENTS

These Bylaws may be amended at any regular or special meeting of the Medical Staff, provided that proposed amendments are presented and discussed at a regular or special meeting of the Medical Staff at least thirty days prior to the second Medical Staff meeting at which time the amendment will be voted upon.

An amendment may be proposed by the MEC or proposed in writing by at least twenty percent (20%) of the Attending Staff. In the latter case, the MEC must approve the proposed amendment. If approved by the MEC, the proposed amendment shall be presented to the Medical Staff at its regular meeting or at a special meeting called for such purpose. If not approved by the MEC, a petition signed by at least thirty-three percent (33%) of the Attending Staff will cause the proposed amendment to be brought to the Medical Staff at its next regular meeting or at a special meeting called for such purpose. To be adopted, a proposed amendment shall require two-thirds vote of the Attending Staff. Such amendment shall become effective when approved by the Governing Body.

Prior to the first reading at a regular or special Medical Staff meeting, copies of the proposed amendment must be published and available at least four days prior to the meeting.

The proposed amendment shall be in written form on a written ballot. At the Medical Staff meeting following the meeting at which the proposed amendment was introduced, Medical Staff members eligible to vote shall be given a written ballot for them to indicate whether they will vote yes or no on the proposed amendment.