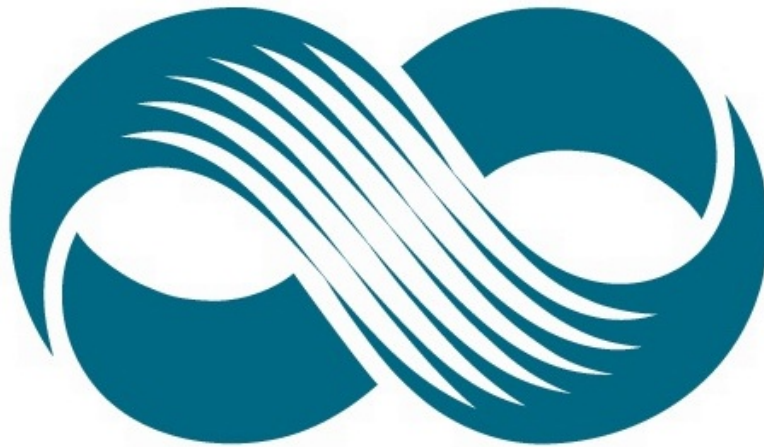


MEDICAL STAFF

BYLAWS



East Mequon Surgery Center

Mequon, Wisconsin

EAST MEQUON SURGERY CENTER MEDICAL STAFF BYLAWS

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ARTICLE 1. DEFINITIONS

For purpose of these Bylaws, the following definitions shall apply:

“Advanced Practice Professional(s)” means those individuals, other than Practitioners, who are licensed and/or certified to render health care services independently or under the supervision of a member of the Medical Staff, and who are authorized by the Facility to provide direct health care services at the Facility, in accordance with the terms and conditions of these Medical Staff Bylaws and the Facility’s policies and procedures. Clinical Assistants are not Advanced Practice Professionals and do not qualify for Clinical Privileges or Staff Membership.

“Applicant” means a Practitioner or Advanced Practice Professional who completes and submits an Application for or has been granted the following at the Facility:

1. Appointment
2. Reappointment
3. Clinical Privileges (including initial, renewed, modified, temporary, disaster or emergency privileges)
4. Modification of Medical Staff Category

“Governing Body” means the governing body of East Mequon Surgery Center, LLC which has responsibility for conducting the affairs of the Facility or any group of individuals or committee that is delegated responsibility for acting on its behalf in matters regarding the Medical Staff.

“Chief Executive Officer” means the President of East Mequon Surgery Center, LLC or the President’s designee.

“Clinical Assistant” means an individual qualified by academic education and clinical experience or training to provide patient care services in a clinical or supportive role. Clinical Assistants provide services only under the supervision of an employing or sponsoring member of the Medical Staff. Clinical Assistants are not members of the Medical Staff and are not granted clinical privileges. A Clinical Assistant is an individual, other than a Practitioner and Advanced Practice Professional, who is: (i) licensed and/or certified to render health care services under the supervision of a Practitioner; (ii) employed by the supervising Practitioner or a clinic in which the supervising Practitioner practices; and (iii) authorized by the Facility to provide direct health care services at the Facility. The disciplines included in the Clinical Assistant category include, but are not limited to: Registered Nurses (RNs); Surgical Assistants; Cardiovascular Perfusionists; Pathologist Assistants; Radiology/Ultrasound Technicians; Research Scientists; and Surgical Technicians.

“Clinical Privileges” or **“Privileges”** means permission granted by the Governing Body to appropriately licensed individuals to render specifically delineated professional, diagnostic, therapeutic, medical, surgical, dental, or podiatry services at the Facility.

“Facility” means East Mequon Surgery Center, an ambulatory surgical center.

ARTICLE 1. DEFINITIONS

“**Medical Advisory Committee**” means the advisory committee of the Facility consisting of active Medical Staff and consulting Medical Staff members approved by the Governing Body

“**Medical Director**” means the Medical Staff member appointed by the Medical Advisory Committee and approved by the Governing Body to serve on the Medical Advisory Committee.

“**Medical Staff**” means all Physicians, dentists, and Podiatrists who are privileged to treat patients in the Facility.

“**Physician**” means an appropriately licensed medical doctor (M.D.) or osteopathic physician (D.O.) who possesses a current license to practice medicine in the State of Wisconsin.

“**Podiatrist**” means an individual who has received a Doctorate of Podiatric Medicine (DPM) and has a current, unrestricted license to practice podiatry in the State of Wisconsin.

“**Practitioner**” means an appropriately licensed Physician, Dentist or Podiatrist.

ARTICLE 2. MEDICAL STAFF MEMBERSHIP

2.1 THE MEDICAL STAFF

The Medical Staff shall consist of active and consulting staff members.

2.2 ACTIVE MEDICAL STAFF

Active Medical Staff shall consist of Practitioners qualified for Medical Staff membership who are regularly involved in the care of patients at the Facility and who assume the functions and responsibilities of the Medical Staff. Members of the active Medical Staff shall be entitled to vote and shall be eligible to hold office and serve on Medical Staff committees.

2.3 CONSULTING MEDICAL STAFF

Consulting Medical Staff shall consist of Practitioners qualified for Medical Staff membership who provide consultation in the diagnosis and treatment of patients at the Facility at the request of an active Medical Staff member. Members of the consulting Medical Staff shall be entitled to vote, and shall be eligible to hold office and serve on Medical Staff committees.

2.4 QUALIFICATIONS FOR MEMBERSHIP

Only those Applicants who continuously meet the qualifications, standards and requirements set forth in these Bylaws and associated Medical Staff and Facility policies (and provide documentation of the same) shall be eligible for staff membership and Clinical Privileges.¹

Each Applicant shall have the burden of establishing that he or she is eligible for Medical Staff membership and Clinical Privileges and it is the sole responsibility of each Applicant to submit all of the information and supporting documentation requested by the Medical Staff on the forms and in the manner requested by the Medical Staff.

2.4.1 No Entitlement.

No Applicant or Practitioner shall be entitled to membership on the Medical Staff or to the exercise of Clinical Privileges merely by virtue of the fact that he or she is licensed to practice medicine, podiatry or dentistry in this or any other state, or that he or she is a member of any professional organization, or that he or she had or presently has such privileges at a hospital, another ambulatory surgical center, or similar facility.

¹ 42 C.F.R. § 482.22(c)(4); Wis. Admin. Code DHS §§ 124.12(4)(c)1., 2. & 6. (2011); JCS MS.01.01.01, EPs 13 & 26 (October 2011); JCS MS.06.01.03, EP 6 (October 2011); JCS MS.06.01.05, EP 8 (October 2011); JCS MS.07.01.03, EPs 1-4 (October 2011).

2.4.2 Non-Discrimination.

No Practitioner or Applicant who is otherwise qualified shall be denied appointment or reappointment to the Medical Staff, or the exercise of Clinical Privileges, by reason of race, creed, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, marital status, age, disability, military status, or other class protected by law, except as may be permitted by law.

2.4.3 General Qualifications.

Membership on the Medical Staff of the Facility shall be a privilege available only to those professionally competent Practitioners who consistently meet the qualifications, standards and requirements set forth in these Bylaws. Such Practitioners must be located close enough to the Facility to fulfill their responsibilities and provide timely and continuous care for their patients. Only Practitioners who satisfy the following conditions shall be qualified for appointment to the Medical Staff:

- (a) are licensed to practice in the State of Wisconsin;
- (b) possess Drug Enforcement Agency (DEA) certification as applicable;
- (c) are not excluded from any healthcare program funded in whole or in part by the federal or state government;
- (d) have completed a background check required by Wis. Stat. § 50.065 or successor statute thereto, the results of which do not prevent the Facility from extending medical staff membership to the Practitioner; and
- (e) are able to document their background, experience, training, competence, adherence to the ethics of their profession, and good reputation and ability to work with other Practitioners and staff with sufficient adequacy to assure the Medical Advisory Committee and of the Governing Body that any patient treated by them at the Facility will receive high quality medical care.

2.4.4 Peer Recommendations.

Peer recommendations are required for all Applicants seeking: (a) initial appointment and/or Clinical Privileges; (b) renewed Clinical Privileges if there is insufficient professional practice review data generated by the Facility to evaluate the Applicant's competence; and (c) modified Clinical Privileges if there is insufficient professional practice review data generated by the Facility to evaluate the applicant's competence. Such an Applicant must provide the names and addresses of peers (individuals in the same professional discipline practicing in the same or similar field as the applicant) who (i) is not a spouse or first degree relative, (ii) recently worked with the applicant, (iii) directly observed the Applicant's professional performance over a reasonable period of time, and (iv) can and will provide reliable information regarding the applicant's proficiency in the following six areas of general competencies:

- (a) Patient Care. Each Applicant is expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
- (b) Medical/Clinical Knowledge. Each Applicant is expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and the application of such knowledge to patient care and the education of others.
- (c) Practice-Based Learning and Improvement. Each Applicant is expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- (d) Interpersonal and Communication Skills. Each Applicant is expected to demonstrate interpersonal and communication skills that enable the Applicant to (1) establish and maintain professional relationships with patients, families, and other members of health care teams, and (2) ensure that all patients treated by him or her shall receive quality care.
- (e) Professionalism. Each Applicant is expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward the Applicant’s patients, profession, and society.
- (f) Systems-Based Practice. Each Applicant is expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

2.4.5 Professional Liability Insurance.

Each Practitioner must at least annually submit evidence of current professional malpractice insurance coverage with limits not less than those specified in Wis. Stat. § 655.23 or successor statutes thereto; and each Practitioner must maintain compliance with the provisions of Wis. Stat. §655.27 regarding participation in the Patient Compensation Fund, or successor statutes thereto.

2.4.6 TB Immunization Status.

Each Applicant must provide (a) documentation related to the applicant’s TB and TB immunization status; (b) rubella immunization/titer status; and (c) proof of influenza immunization or a granted exemption in accordance with the Aurora Health Care System Influenza Immunization Policy.

2.4.7 Confirmation of Identity.

Each initial Applicant (not required at reappointment/renewal) must provide a photo identification issued by a state or federal agency (e.g. driver’s license or passport) with a photo of the Applicant, minimum size of 2” x 2” taken within the past two (2) years, showing current appearance. The Medical Advisory Committee shall compare each initial applicant to the Applicant’s valid picture ID. Note: The Applicant’s photo is exclusively used to confirm the applicant’s identity and the Applicant’s appearance on the photo is not otherwise considered during the credentialing and privileging process.

2.4.8 Admitting Privileges.

All Applicants requesting surgical admitting Privileges must have admitting or co-admitting privileges at a local licensed and accredited hospital.

2.4.9 Board Status, Residency/Training Program, and Board Certification Waiver.

- (a) Board Status and Residency/Training Program. Each Applicant must provide, as requested, (a) copies of certificates or letters confirming completion of an approved residency/training program or other educational curriculum, as applicable; (b) copies of certificates or letters from the appropriate specialty board confirming board status (i.e., board eligibility, or board certification), as applicable; and (c) information regarding the applicant's previous voluntary or involuntary termination of board certification, if any. Medical Staff Services shall: (a) confirm each Applicant's residency and training through primary source verification prior to initial appointment and whenever the Applicant provides information regarding training programs completed after initial appointment; and (b) confirm each Applicant's board status through primary source verification prior to initial appointment and reappointment
- i. Physicians. A Physician must: (i) have successfully completed a residency program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or the Medical Advisory Committee; (ii) be board certified by a specialty board approved by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association; or be board eligible and receive board certification in the specialty for which privileges are sought within five (5) years of Physician's completion of residency or fellowship, as applicable; and (iii) maintain board certification for the duration of the Physician's staff membership. If a Physician allows his/her Board Certification to expire, the maximum time the Physician may be given to recertify is five (5) years.
- ii. Podiatrists. A Podiatrist must: (i) have successfully completed a training program accredited by the Council on Podiatric Medical Education or approved by the Medical Advisory Committee; (ii) be board certified by the American Board of Foot and Ankle Surgery; or be board eligible and receive board certification in the specialty for which privileges are sought within five (5) years of the Podiatrist's completion of residency or fellowship, as applicable; and (iii) maintain board certification for the duration of the Podiatrist's staff membership. If a Podiatrist allows his/her Board

ARTICLE 2– MEDICAL STAFF MEMBERSHIP

Certification to expire, the maximum time the Podiatrist may be given to recertify is five (5) years.

- iii. Dentists. A Dentist must: (i) have successfully completed a training program at a school of dentistry accredited by the American Dental Association or approved by the Medical Advisory Committee; and (ii) have successfully completed at least one (1) year of a post-graduate program approved by the Commission on Dental Accreditation of the American Dental Association or the Medical Executive Committee.
 - iv. Oral and Maxillofacial Surgeons. An Oral Surgeon must: (i) have successfully completed a post-graduate program residency program accredited by the Commission on Dental Accreditation of the American Dental Association or approved by the Medical Advisory Committee; (ii) be board certified by the American Board of Oral and Maxillofacial Surgery; or be board eligible and receive board certification within five (5) years of the Oral Surgeon's completion of residency or fellowship, as applicable; and (iii) maintain board certification for the duration of the Oral Surgeon's staff membership. If an Oral Surgeon allows his/her Board Certification to expire, the maximum time the Oral Surgeon may be given to recertify is five (5) years.
 - v. Advanced Practice Professionals. Advanced Practice Professionals must have successfully obtained certification from the appropriate professional organization, as applicable.
- (b) Temporary Waiver of Board Certification Requirements. Board Certification requirements may be waived only for a specific Practitioner or Advanced Practice Professional temporarily, in accordance with these criteria:
- i. The Practitioner or Advanced Practice Professional has demonstrated competence or expertise;
 - ii. The Governing Body determines that the Facility has a demonstrated need for the Practitioner's or Advanced Practice Professional's services, and such need cannot be met without waiving the board certification requirements for the Practitioner or Advanced Practice Professional;
 - iii. The waiver is recommended to the Governing Body by the Medical Advisory Committee; and

- iv. The waiver is granted for the length of time necessary for either:
(1) the Practitioner or Advanced Practice Professional to become board certified; or (2) the Facility to meet its patient care needs by securing the services of another practitioner.

2.5 CONDITIONS AND DURATION OF APPOINTMENT

- 2.5.1** Appointments to the Medical Staff shall be made by the Governing Body upon recommendation by the Medical Advisory Committee. Initial active or consulting staff appointments are for a period of up to two (2) years, and thereafter renewal is for two (2) years. For the purpose of these Bylaws, the Medical Staff year commences on the first day of July and ends on the last day of June of each year.
- 2.5.2** The codes of ethics as adopted or amended by the American Medical Association and the American College of Surgeons, the American Podiatric Medical Association, Inc., the American Dental Association, or the American Osteopathic Society, respectively, shall govern the professional conduct of the members of the Medical Staff.
- 2.5.3** Upon application for appointment or reappointment to the Medical Staff, each applicant or Medical Staff member shall agree not to engage in the practice of the division of fees under any guise whatsoever, and shall agree to abide by these Bylaws and the policies and procedures of the Facility, and by such Bylaws, policies and procedures as may be, from time to time, enacted. Along with the application for appointment or reappointment, Practitioner must execute and submit an authorization for the release of information and release from liability as required by the Facility in order to verify and evaluate the application. Each appointee to the Medical Staff, by accepting appointment, shall agree to assume all the functions and responsibilities of appointment to the Medical Staff, including participation in quality improvement and monitoring activities. In addition, each appointee to the Medical Staff is required to report to the Medical Director any changes in the applicant’s licensure status or other qualifications as such changes arise.

2.6 APPLICATION PROCEDURE

- 2.6.1** Prospective applicants for the Medical Staff of the Facility shall be required, as a prerequisite to apply for appointment, to submit a pre-application form including information regarding the prospective applicant’s basic qualifications for membership on the Medical Staff. A prospective applicant shall not be eligible to apply for membership to the Medical Staff if such applicant does not submit a pre-application form confirming that he or she has the following qualifications:
 - (a) A license to practice medicine, osteopathy, dentistry or podiatry in the State of Wisconsin.

ARTICLE 2– MEDICAL STAFF MEMBERSHIP

- (b) Graduation from a medical school, osteopathic school, dental school or podiatric school program accredited in accordance with Wisconsin Statutes;
- (c) Current federal DEA certificate, unless the prospective applicant practices in a specialty in which DEA certification is not necessary and is not customarily mandated; and
- (d) Professional liability insurance in the amount necessary to qualify for participation in the Patient Compensation Fund under Chapter 655 of the Wisconsin Statutes.

Upon receipt of a completed pre-application form, the Facility shall review and verify the form's content and will, if the above requirements are met, forward to the applicant an application form for appointment and privileges to the Medical Staff.

2.6.2 An applicant for the Medical Staff of the Facility shall present written application for appointment and privileges for specific procedures to the Medical Director utilizing the form prescribed by the Facility. The application shall include, but not be limited to, current state licenses, DEA certification, a description of privileges requested, information concerning the applicant's education, training and experience, peer review information on any past or present medical malpractice actions against or involving the applicant, information on any criminal convictions (other than minor traffic violations) and information as to whether any of the following have ever been or are in the process of being denied, revoked, suspended, reduced, not renewed, investigated or voluntarily relinquished: 1) staff membership status or clinical privileges at any ambulatory surgical center, hospital or health care institution, 2) membership in local, state or national professional organizations, 3) specialty board certification or eligibility, 4) license to practice any profession in any jurisdiction, or 5) Drug Enforcement Agency number. If any of such actions ever occurred or are pending, the particulars thereof shall be included.

2.6.3 Upon receipt of the application, the Medical Director or his designee shall verify the application and transmit it to the Medical Advisory Committee for evaluation. If requested, the applicant shall appear for interviews in regard to his or her application. The Medical Advisory Committee shall review the character, qualifications, professional standing and suitability of the applicant and shall submit a written recommendation to the Governing Body within ninety (90) days of receipt of application, including recommendations regarding specific procedures to be granted.

2.6.4 The Governing Body shall either accept or reject the recommendations of the Medical Advisory Committee, or refer them back for further consideration, stating the reasons for such action. This shall be done at the next regularly scheduled meeting of the Governing Body not to occur later than ninety (90) days after receipt of the Medical Advisory Committee recommendation by the Governing Body. In the event the application is referred back to the Medical Advisory Committee the applicant shall be notified and the Medical Advisory Committee shall submit a

report to the Governing Body within thirty (30) days of the referral by the Governing Body. The Governing Body shall take action within ninety (90) days of the Medical Advisory Committee's report. Failure of the Medical Advisory Committee or the Governing Body to meet the time deadlines contained in this section, unless extended by mutual agreement of the applicant and either the Medical Director or the Chief Executive Officer, shall result in the denial of the application. When final action has been taken by the Governing Body, the Medical Director will transmit this information to the applicant.

- 2.6.5** If the Governing Body's action with respect to an application for appointment or reappointment to the Medical Staff is adverse to the applicant or Medical Staff member, as the case may be, as further described in Article 4 hereof, the Medical Director shall promptly so inform the applicant or Medical Staff member by certified mail, return receipt requested, and the applicant or Medical Staff member shall be entitled to the procedural rights as provided in Article 4.

2.7 CLINICAL PRIVILEGES

- 2.7.1** Every Practitioner practicing at the Facility shall be entitled to exercise only those Clinical Privileges specifically granted by the Governing Body.
- 2.7.2** Upon receipt of a complete application for Medical Staff appointment and Clinical Privileges, temporary privileges may be granted on the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, with the written approval of the Chief Executive Officer. This request shall be made in writing by the applicant and directed to the Medical Director who shall forward it to the Chief Executive Officer. In exercising such temporary privileges, the applicant shall act under the supervision of the Medical Director. These temporary privileges may be granted for a period of thirty (30) to ninety (90) days and may be renewed, but such temporary privileges shall not exceed one hundred eighty (180) days total. Practitioners seeking to serve as locum tenens must seek and receive temporary privileges in the same manner and upon the same conditions as set forth above, except that the applications of such Practitioners will not be reviewed for permanent Medical Staff membership unless the Practitioner indicates a desire to seek such permanent membership.
- 2.7.3** Case-specific privileges may be granted for the care of a specific patient for a period of one (1) to five (5) days to Practitioners who are potential staff applicants but who have not submitted a complete application for appointment to the Medical Staff, upon written approval by the Chief Executive Officer. This request shall be in writing by the potential applicant and directed to the Medical Director who shall forward it to the Chief Executive Officer. Prior approval from the Chief Executive Officer for each surgical case performed at the Facility by the potential applicant with case-specific privileges shall be required, and the Practitioner shall act under the supervision of the Medical Director.

2.8 REAPPOINTMENT

The Medical Advisory Committee will send to each applicant a reappointment application with a list of information needed to process the application. Reappointment, if granted, shall be for a period of not more than two (2) years and shall run through the last day of the Staff Member's birth month. No Medical Staff member shall be reappointed without specific review of the individual's performance and qualifications by the Medical Advisory Committee which will make specific recommendations to the Governing Body, setting forth its recommendations for renewal of staff privileges for each Medical Staff member.

2.9 CREDENTIAL FILES

Credential files shall be maintained for each Medical Staff member and Advanced Practice Professional to include the initial application, reapplication, verifications, Clinical Privileges granted and other pertinent information.

2.10 LEAVE OF ABSENCE

Medical Staff members may, for good cause, be granted leaves of absence by the Medical Advisory Committee in its discretion, with approval by the Governing Body, for a definitely stated period of time not to exceed two (2) years.

ARTICLE 3. DISCIPLINARY MEASURES

3.1 CORRECTIVE ACTION

- 3.1.1** Whenever the activities or professional conduct of any Practitioner with Clinical Privileges are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of the Facility, corrective action against such Practitioner may be initiated by the Medical Director, the Medical Advisory Committee, the Chief Executive Officer or the Governing Body.
- 3.1.2** All requests for corrective action shall be in writing, submitted to the Medical Advisory Committee, and supported by reference to the specific activities or conduct which constitute the grounds for request. The Medical Director shall promptly notify the Chief Executive Officer in writing of all requests for corrective action received by the Medical Advisory Committee and shall continue to keep the Chief Executive Officer fully informed of all action taken in conjunction therewith. The Medical Director shall inform the affected Practitioner in writing of the request for corrective action and the reported grounds for the request.
- 3.1.3** The Medical Advisory Committee shall forward the request for corrective action to an ad hoc committee which shall immediately investigate the matter. The Medical Director shall designate the members of the ad hoc committee. The affected Practitioner shall be afforded an opportunity for an interview with the ad hoc committee. At such interview, the Practitioner shall again be notified of the general nature of the charges against him, and the Practitioner shall be invited to explain the activities or conduct involved or refute the charges. The interview shall not constitute a hearing, and it need not be conducted according to the procedural rules provided in these Bylaws with respect to hearings. A record by mechanical device or minutes of such interview shall be made by the ad hoc committee and included with its written report to the Medical Advisory Committee. Within thirty (30) days after the receipt of the request for investigation, the ad hoc committee shall forward a written report of the investigation to the Medical Advisory Committee.
- 3.1.4** Within thirty (30) days after the receipt of the ad hoc committee's report, the Medical Advisory Committee shall take action upon the request for corrective action. Such action may include without limitation: rejecting the request for corrective action; issuing a warning, a letter of admonition, or a letter of reprimand; recommending terms of probation or individual requirements of consultation; recommending reduction, suspension or revocation of Clinical Privileges; recommending reduction of staff category or limitation of any staff prerogatives directly related to patient care; or recommending suspension or revocation of staff membership.
- 3.1.5** Any action by the Medical Advisory Committee that is adverse to the Practitioner, as defined in Article 4, shall entitle the Practitioner to the procedural rights as

provided in Article 4, and shall not become effective until the procedural rights in Article 4 are either waived or exhausted.

3.2 SUMMARY SUSPENSION

- 3.2.1** Whenever a Practitioner’s conduct requires that immediate action be taken to protect the safety of any patient(s) or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient, caregiver or other person present in the Facility, either the Medical Director, the Chief Executive Officer, the Medical Advisory Committee or the Governing Body shall have the authority to summarily suspend the Medical Staff membership, status, and all or any portion of the Clinical Privileges of such Practitioner. Such summary suspension shall become effective immediately upon imposition, and the Medical Director shall promptly give notice of the suspension to the Practitioner in person, or via certified mail, return receipt requested.
- 3.2.2** As soon as possible after such summary suspension, but in no event more than ten (10) days after the imposition of the summary suspension, a meeting of the Medical Advisory Committee shall be convened to review and consider the appropriateness of the action taken. The Medical Advisory Committee may modify, continue or terminate the terms of the summary suspension.
- 3.2.3** Unless the Medical Advisory Committee immediately terminates the suspension and ceases all further corrective action, any summary suspension that is adverse to the Practitioner as defined in Article 4 shall entitle the Practitioner to the procedural rights as provided in Article 4.
- 3.2.4** If the Medical Advisory Committee action pursuant to Section 3.2.2 of this Article is to terminate the suspension and to cease all further corrective action, notice of such action shall be transmitted immediately, together with all supporting documentation, to the Governing Body. At its next regular meeting after receipt of such a recommendation, the Governing Body shall adopt or reject, in whole or in part, the recommendation of the Medical Advisory Committee. If the Governing Body’s action is adverse to the Practitioner as defined in Article 4 hereof, the Medical Director shall promptly so inform the Practitioner by certified mail, return receipt requested, and the Practitioner shall be entitled to the procedural rights as set forth in Article 4 hereof. The Governing Body shall take final action in the matter only after the Practitioner has exhausted or has waived his procedural rights as provided in Article 4. The terms of the summary suspension as originally imposed shall remain in effect pending a final decision by the Governing Body.

3.3 AUTOMATIC SUSPENSION, TERMINATION AND RESIGNATION

- 3.3.1** Adverse Change in Licensure or Certification.

ARTICLE 3 – DISCIPLINARY MEASURES

- (a) Revocation. A revocation of a Staff Member’s license, certification or other credential authorizing practice in this State shall be deemed to be a voluntary relinquishment of such Staff Member’s Staff Membership and Clinical Privileges as of the date such revocation becomes effective.
- (b) Suspension. A suspension of a Staff Member’s license, certification or other credential authorizing practice in this State of thirty (30) days or more shall be deemed to be a voluntary relinquishment of such Staff Member’s Staff Membership and Clinical Privileges as of the date such suspension becomes effective. If a Staff Member’s license, certification or other credential authorizing practice in this State is suspended for a term of less than thirty (30) days, all of the Staff Member’s Clinical Privileges shall be automatically suspended by the Medical Center for the same term of suspension as of the date such suspension becomes effective and throughout its term.
- (c) Restriction. If a Staff Member’s license, certification or other credential authorizing practice in this State is limited, restricted or made subject to certain conditions (including without limitation, Probation) by the applicable licensing or certifying authority, any of the Staff Member’s Clinical Privileges which are within the scope of the state’s limitation, restriction, or condition, shall be automatically limited, restricted or conditioned by the Medical Center in the same manner, as of the date such state action becomes effective and throughout its term.
- (d) Expiration. If a Staff Member’s license, certification or other credential authorizing practice in this State expires, the Staff Member’s Membership and Clinical Privileges shall be immediately and automatically suspended as of the effective date of such expiration. The failure of the Staff Member to submit proof of a current license, certification or other credential authorizing practice in this State within thirty (30) days after the expiration of such license, certification or other credential shall be deemed a voluntary relinquishment of the Staff Member’s Staff Membership and Clinical Privileges. If the Staff Member submits a current license, certification or other credential authorizing practice in this State prior to the voluntary relinquishment of Staff Membership and Clinical Privileges, the Staff Member’s Staff Membership and Clinical Privileges shall be automatically reinstated without further action on the part of the Staff Member or any Medical Staff committee. Medical Staff Services shall notify the Administrator when the license, certification or other credential is received. A Medical Staff member whose license authorizing him to practice in the State of Wisconsin is revoked or suspended shall immediately and automatically be suspended from practicing in the Facility. In the event of action by the pertinent licensing agency placing a Practitioner on probation, limitations and restrictions shall automatically be placed on the Practitioner’s staff membership and Clinical Privileges under the same terms and conditions as contained in the agency’s order.

3.3.2 A Medical Staff member whose DEA number is revoked or suspended shall immediately and automatically be suspended from prescribing medications covered

by the number. As soon as possible after such automatic suspension, the Medical Advisory Committee shall convene to review and consider the facts under which the DEA number was revoked or suspended. The Medical Advisory Committee may then take such further corrective action as is appropriate to the facts disclosed in its investigation.

- 3.3.3** An automatic suspension shall be imposed, effective thirty (30) days after written warning, for failure to complete and sign or authenticate medical records within one month following the patient’s discharge. Such suspension may take the form of withdrawal of a Practitioner’s surgical, admitting, or consulting privileges and shall be effective until all delinquent medical records are completed.
- 3.3.4** An automatic suspension shall be imposed for failure to complete an application for reappointment as required. Failure to complete an application for reappointment within thirty (30) days after written notice of suspension shall be deemed to be a resignation of the Practitioner’s Medical Staff membership.
- 3.3.5** An automatic suspension of all Clinical Privileges at the Facility shall be imposed if the Medical Staff member, at any time, fails to maintain adequate professional liability insurance as required by the Facility. Failure to provide evidence of required professional liability insurance coverage within thirty (30) days after written notice of suspension shall be deemed to be a resignation of the Practitioner’s Medical Staff membership.
- 3.3.6** A Medical Staff member whose Clinical Privileges have been automatically suspended shall be entitled to reinstatement of Medical Staff privileges only upon written request to the Medical Advisory Committee with documentation of having cured or satisfied the delinquency resulting in automatic suspension. Upon receipt of the request and documentation, unless the Medical Advisory Committee immediately terminates the automatic suspension and ceases all further corrective action, any automatic suspension that is adverse to the Practitioner as defined in Article 4 shall entitle the Practitioner to the procedural rights as provided in Article 4. The terms of the automatic suspension shall remain in effect pending a final decision of the Governing Body.

3.4 ENFORCEMENT

It shall be the duty of the Medical Director to enforce all suspensions of members of the Medical Staff.

ARTICLE 4. HEARING AND APPELLATE REVIEW PROCEDURE

4.1 INITIATION OF HEARING

4.1.1 One or more of the following actions shall, if deemed adverse pursuant to Section 4.1.2 of this Article 4, entitle the Practitioner affected thereby to a hearing:

- (a) Denial of initial staff appointment;
- (b) Denial of staff reappointment;
- (c) Suspension of staff membership if such suspension or restriction is for more than fourteen (14) days;
- (d) Revocation of staff membership;
- (e) Denial of requested advancement in staff category;
- (f) Reduction in staff category;
- (g) Limitation or suspension of admitting privileges if such limitation or suspension is for more than fourteen (14) days;
- (h) Denial of requested Clinical Privileges;
- (i) Reduction in Clinical Privileges;
- (j) Suspension of Clinical Privileges if such suspension or restriction is for more than fourteen (14) days;
- (k) Revocation of Clinical Privileges; and/or,
- (l) Individual requirement of consultation.

4.1.2 An action enumerated in Section 4.1.1 of this Article 4 shall be deemed adverse only when it has been:

- (a) taken by the Medical Advisory Committee;
- (b) taken by the Governing Body contrary to a favorable recommendation by the Medical Advisory Committee; or
- (c) taken by the Governing Body on its own initiative without benefit of a prior recommendation by the Medical Advisory Committee. Notwithstanding anything herein to the contrary, the Governing Body shall have this power.

- 4.1.3** A Practitioner against whom an adverse action has been taken which constitutes grounds for a hearing pursuant to Sections 4.1.1 and 4.1.2 of this Article 4 shall promptly be given notice of such action by certified or registered mail, return receipt requested. Such notice shall include a statement of the reasons for such action and shall advise the Practitioner of his right to request a hearing and a summary of his rights in the hearing. Such notice shall specify that the Practitioner has thirty (30) days following the date of receipt of notice within which a written request for a hearing by the judicial review committee as described in Section 4.2.3 must be submitted to the Medical Director.
- 4.1.4** A Practitioner shall have thirty (30) days following the receipt of notice of adverse action to file a written request for a hearing. Such request shall be delivered to the Medical Director either in person or by certified or registered mail. A Practitioner who fails to request a hearing within the time and in the manner specified hereof waives any right to such hearing and to any appellate review to which he might otherwise have been entitled. In the event a Practitioner does not request a hearing within the time and in the manner set forth above, he shall be deemed to have accepted the action involved. Such action shall thereupon immediately become the final decision in the matter.

4.2 HEARING REQUIREMENTS

- 4.2.1** Upon receipt of a proper and timely request for hearing, the Medical Director shall deliver such request to the Chief Executive Officer and shall notify the Governing Body of such request. Within ten (10) days after receipt of such request, the Medical Director shall schedule and arrange for a hearing by a judicial review committee. At least thirty (30) days prior to the hearing, the Medical Director shall send the Practitioner notice of the time, place, date of hearing and a list of the witnesses expected to testify at the hearing on behalf of the Facility. The hearing date shall be not less than thirty (30) nor more than forty-five (45) days from the date of receipt of the notice of hearing.
- 4.2.2** The Practitioner shall, within ten (10) days of receiving the Facility's witness list, furnish to the Medical Director written list of the names and addresses of the witnesses, if any, expected to testify at the hearing on behalf of the Practitioner. The witness lists of either party shall be amended when additional witnesses are identified.
- 4.2.3** When a hearing is properly requested, the Medical Director shall appoint a judicial review committee composed of three (3) members of the Medical Staff who have not actively participated in the consideration of the matter involved at any previous level and who are not in direct economic competition with the Practitioner. Knowledge of the matter involved shall not preclude a member of the Medical Staff from serving as a member of the judicial review committee.

4.3 HEARING PROCEDURE

- 4.3.1** The personal presence of the Practitioner who requested the hearing shall be required. A Practitioner who fails, without good cause, to appear and proceed at such hearing shall be deemed to have forfeited his right to a hearing and appellate review.
- 4.3.2** The affected Practitioner shall be entitled to be accompanied and represented at the hearing by an attorney or other person of the Practitioner’s choice. If the Practitioner is to be represented by an attorney at the hearing, the affected Practitioner shall notify the Medical Director at least fifteen (15) days prior to the hearing. The Facility shall at all times be entitled to be represented at the hearing by legal counsel.
- 4.3.3** During the hearing, each of the parties shall have the right to call, examine and cross-examine witnesses, and to introduce evidence on any matter relevant to the issues. If the affected Practitioner does not testify in his own behalf, he may be called as if under cross-examination.
- 4.3.4** The hearing shall not be conducted according to rules of courts of law relating to the examination of witnesses or presentation of evidence. Information upon which reasonable persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall be entitled to submit written memoranda and such documents shall become part of the hearing record. The chairperson of the judicial review committee shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present oral and documentary evidence. The chairperson of the judicial review committee shall determine the order of procedure during the hearing, the admissibility of evidence and may limit evidence that is cumulative or irrelevant. The chairperson may order that oral evidence be taken only on oath or affirmation administered by any person who is entitled to notarize documents in the said State and who has been designated by the chairperson to administer such oath or affirmation. The judicial review committee may examine the witnesses or call additional witnesses if the committee deems such action appropriate.
- 4.3.5** During the hearing, the chairperson of the judicial review committee may take official notice of any generally accepted technical or scientific matter relating to the issues under consideration. Parties to the hearing shall be informed of the matters to be officially noticed and those matters shall be noted in the hearing record.
- 4.3.6** Unless otherwise determined for good cause, the Facility shall have the initial duty to present evidence in support of its action or recommendation for each ground or issue. The Practitioner shall be obligated to present evidence in response. Throughout the hearing, the Facility shall have the burden of persuading the judicial

review committee, by a preponderance of the evidence, that its action or recommendation was reasonable and warranted.

- 4.3.7** A record of the proceedings shall be made by a court reporter. The Facility shall bear the cost of the reporter's appearance. Either party may request a copy of the record made of the proceedings upon payment of any reasonable charges associated with the preparation thereof.
- 4.3.8** A majority of the members of the judicial review committee may act as and for the judicial review committee. No committee member may vote by proxy. A majority of the judicial review committee members must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, the member shall not be permitted to participate in the deliberations or the decision.
- 4.3.9** The judicial review committee may recess the hearing and reconvene the same without additional notice 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 judicial review committee shall thereupon, within the time specified in Section 4.4.1 hereof, outside the presence of the parties or their representatives or any other persons, conduct its deliberations and render a recommendation and the hearing shall be declared finally adjourned.

4.4 JUDICIAL REVIEW COMMITTEE RECOMMENDATION AND FURTHER ACTION

- 4.4.1** Within thirty (30) days after closing of the hearing except that the time shall be ten (10) days in the case of a Medical Staff member currently under suspension, the judicial review committee shall render a written recommendation in the matter, based on the evidence produced at the hearing, and shall forward the same, together with the hearing records and all other documentation considered by the committee, to the Medical Director. The judicial review committee's recommendation shall be supported by reference to the hearing records and the other documentation considered by the committee. The Medical Director shall promptly send a copy of the judicial review committee's recommendation to the Practitioner by registered or certified mail, to the Medical Advisory Committee, to the Chief Executive Officer and to the Governing Body.
- 4.4.2** If the hearing was the result of Article 4, Section 4.1.2(a), then the Medical Advisory Committee shall consider the judicial review committee's recommendation and issue a decision. If the decision is favorable to the Practitioner it shall be forwarded to the Governing Body for action. If the hearing was a result of Article 4, Sections 4.1.2(b) or 4.1.2(c), then the Governing Body shall consider the judicial review committee's recommendation and issue a decision. If the decision is favorable to the Practitioner it shall be final and

effective immediately. The Medical Director shall notify the Practitioner by certified mail of the favorable decision of either the Medical Advisory Committee or the Governing Body.

- 4.4.3** If the decision of the Medical Advisory Committee or the Governing Body, pursuant to Section 4.4.2 of this Article, continues to be adverse, the Medical Director shall notify the Practitioner by certified mail of the decision. The notice shall inform the Practitioner of the basis of the decision and the Practitioner’s right to request appellate review. If the Practitioner fails to request appellate review within the time and in the manner specified in Sections 4.5.1 and 4.5.2 of this Article, the Practitioner waives any right to such review.

4.5 INITIATION AND REQUIREMENTS OF APPELLATE REVIEW

- 4.5.1** Within ten (10) days following receipt of the notice of the adverse decision of the Medical Advisory Committee or Governing Body, the Practitioner may file a written request for an appellate review by the Governing Body. Such request shall be delivered to the Medical Director either in person or by certified or registered mail.
- 4.5.2** The request for appellate review shall include an identification of the grounds for appeal and a statement of facts in support of the appeal. Grounds for appeal shall be:
- (a) substantial non-compliance with the procedures required by these Bylaws; or
 - (b) the decision was not supported by a preponderance of the evidence based upon the hearing record or such other additional information as may be permitted pursuant to Section 4.6.5 of this Article.
- 4.5.3** Upon receipt of a proper and timely request for appellate review, the Medical Director shall deliver such request to the Governing Body. As soon as practicable, the Governing Body shall schedule and arrange for an appellate review which shall be conducted not less than twenty (20) days nor more than forty-five (45) days from the date of receipt of the appellate review request; provided, however, that an appellate review for a Practitioner who is under a suspension then in effect shall be held as soon as arrangements for it may reasonably be made. At least fifteen (15) days prior to the appellate review, the Medical Director shall deliver to the Practitioner notice of the time, place and date of the review. The chairman of the Governing Body or chairman of the Governing Body’s designated appellate review committee shall permit postponements or extensions of the appellate review only on good cause and if the request therefor is made as soon as is reasonably practicable. In all cases, the appellate review shall be postponed until the transcript of the judicial review committee hearing is available.

4.5.4 The Governing Body shall determine whether the appellate review shall be conducted by the Governing Body as a whole or by an appellate review committee of three (3) members of the Governing Body appointed by the chairman of the Governing Body. If an appellate review committee is appointed, one of its members shall be designated as chairman. Knowledge of the matter involved shall not preclude any person from serving as a member of the appellate review committee or the Governing Body, so long as that person did not take part in a prior hearing on the same matter. The appellate review committee or the Governing Body shall have all the powers granted to the judicial review committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities.

4.6 APPELLATE REVIEW PROCEDURE

4.6.1 The proceedings by the Governing Body or its designated appellate review committee shall be in the nature of an appellate review based upon the record of the hearing before the judicial review committee, that committee's decision, and all other documentation considered by the judicial review committee. The Governing Body or its designated appellate review committee shall also consider any written statements submitted pursuant to Section 4.6.2 of this Article.

4.6.2 Practitioner may submit a written statement detailing the findings of fact, conclusions and procedural matters with which he disagrees, and the reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the Governing Body through the Medical Director at least ten (10) days prior to the scheduled date of the appellate review, unless such time limit is expressly waived by the Governing Body. A written statement in reply may be submitted by the Facility to the Governing Body through the Medical Director. The Medical Director shall provide a copy thereof to the Practitioner.

4.6.3 The chairman of the Governing Body or its designated appellate review committee shall be the presiding officer of the appellate review committee. The chairman shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

4.6.4 The Governing Body or its designated appellate review committee may, in its sole discretion, permit the parties or their representatives to appear personally and make oral statements in favor of their positions. Any party or representative who appears personally shall be required to answer questions put to him by any member of the Governing Body or its designated appellate review committee.

4.6.5 New or additional matters or evidence not raised or presented during the judicial review committee hearing or in the hearing decision and not otherwise reflected in the record shall be introduced at the appellate review only in the discretion of the

Governing Body or its designated appellate review committee, following an explanation by the party requesting the consideration of such matter or evidence as to why it was not presented earlier. Any such additional oral or written evidence shall be subject to the same rights of cross-examination or confrontation provided at the judicial review committee hearing.

- 4.6.6** A majority of the Governing Body or its designated appellate review committee must be present throughout the review and deliberations. If a member of the Governing Body or its designated appellate review committee is absent from any part of the proceedings, said member shall not be permitted to participate in the deliberations or the decision.
- 4.6.7** The Governing Body or its designated appellate review committee may recess the review proceedings for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation and may reconvene the proceedings without additional notice. Upon the conclusion of oral statements, if permitted, the appellate review shall be closed. The Governing Body or its appellate review committee shall thereupon, within the time set forth below, conduct its deliberations outside the presence of the parties, their representatives, or any other persons and shall render a written decision. The Governing Body or its designated appellate review committee may refer the matter back to the judicial review committee for further review and recommendation to be returned to the Governing Body within ten (10) days and in accordance with its instructions. The appellate review shall not be deemed to be concluded until all of the procedural steps provided hereinabove have been completed or waived.

4.7 FINAL DECISION OF THE GOVERNING BODY

Within fifteen (15) days after the conclusion of the proceedings of the appellate review, the Governing Body or its designated appellate review committee shall render its final decision in writing and shall deliver notice and a copy of the decision, in person or by certified or registered mail, to the Practitioner and the Medical Director. The final decision of the Governing Body following the appeal procedures shall be effective immediately and shall not be subject to further review.

4.8 GENERAL PROVISIONS

- 4.8.1** Notwithstanding any other provision of the Medical Staff Bylaws, no Practitioner shall be entitled as a right to more than one evidentiary hearing and appellate review with respect to each adverse action.
- 4.8.2** By requesting a hearing or appellate review under this Article 4, a Practitioner agrees to be bound by the provisions of State and Federal Statutes relating to immunity from liability in all matters relating thereto

ARTICLE 4 – HEARING AND APPELLATE REVIEW PROCEDURE

4.8.3 Technical or insignificant deviations from the procedures set forth in this Article 4 shall not be grounds for invalidating action taken.

ARTICLE 5. MEETINGS OF MEDICAL STAFF

5.1 ANNUAL MEETING

The annual meeting of the Medical Staff shall occur at or after the January Medical Advisory Committee's meeting, at which time the Medical Advisory Committee or representative of the Medical Advisory Committee shall make an annual report. Notice of such meeting shall be sent to the Medical Staff members by mail or electronic mail at least seven (7) days prior to the time set for the meeting. The Chief Executive Officer may attend regular or special meetings of the Medical Staff and participate in its discussions, but without vote.

5.2 SPECIAL MEETINGS

Special meetings of the Medical Staff to consider specific problems may be called at any time by the Medical Director at his discretion or at request of the Chief Executive Officer or chairman of the Governing Body. Written notice stating the purpose of the meeting shall be mailed to the Medical Staff members at least seven (7) calendar days prior to the date of the meeting. The Medical Director and the Chief Executive Officer shall each be notified prior to all special meetings.

5.3 QUORUM, VOTING AND MINUTES

5.3.1 A quorum for a Medical Staff meeting shall consist of those present and voting. Action on a matter shall be approved if the votes cast within the voting group favoring the action exceed the votes cast opposing the action, except that amendments to these Bylaws shall require a two-thirds (2/3) vote of those present and voting, and except that election of Medical Advisory Committee members, when the Medical Staff is authorized to conduct such election, shall be performed as specified below. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meeting. Written minutes of the annual meeting and all special meetings shall be prepared and recorded.

5.3.2 Pursuant to Article 7, Section 7.1 herein, when the Medical Staff is authorized to elect (subject to Governing Body approval) the members of the Medical Advisory Committee, such elections shall occur every other year at the annual meeting of Medical Staff with Medical Advisory Committee members elected to serve two (2) year terms. Nominations shall be taken from the floor of the Medical Staff meeting. By ballot vote, each Medical Staff member is entitled to vote in favor or opposed with respect to each candidate. Those candidates receiving a simple majority of those present and voting shall be elected, except in the event that there are more candidates who receive a simple majority than there are positions available on the Medical Advisory Committee, in which event the positions available shall be filled, subject to approval by the Governing Body, by those candidates receiving the most affirmative votes.

5.4 ATTENDANCE REQUIREMENTS

Members of the Medical Staff are encouraged to attend meetings of the Medical Staff and, for every two (2) year appointment or reappointment period of a member, such member must attend a minimum of fifty (50%) of the official meetings unless excused by the Medical Director for such conditions as sickness, absence from the community or medical emergencies.

ARTICLE 6. CLINICAL DEPARTMENTS

6.1 CLINICAL DEPARTMENTS

The Facility shall be organized into at least the following Clinical Departments: surgery and anesthesiology.

6.2 SURGERY

The Surgery Department shall be concerned with the clinical surgery performed in the Facility and shall keep, or cause to be kept, careful supervision over all surgical work performed in the Facility. This department may consist of the subspecialties of general surgery, otolaryngology, plastic surgery, ophthalmology, gastroenterology, orthopedic surgery, gynecology, urology, oral surgery, podiatric surgery, neurosurgery, cardiac surgery, pain medicine, and pulmonary surgery, and such other subspecialties recommended by the Medical Advisory Committee and approved by the Governing Body.

6.3 ANESTHESIOLOGY

The Anesthesiology Department shall be concerned with the administration of anesthesia, relief of pain, and all fields of analgesia. Anesthesiology shall be concerned with determining the acceptability of patients for ambulatory care, in accordance with these Bylaws, and the Medical Staff Policies and Procedures.

ARTICLE 7. MEDICAL ADVISORY COMMITTEE

7.1 ORGANIZATION, APPOINTMENT AND REMOVAL

The members of the Medical Advisory Committee shall be those individuals appointed by the Medical Staff and approved by the Governing Body.

The voting membership of the Medical Advisory Committee shall be comprised of three (3) to six (6) licensed Practitioners, including the Medical Director. The Medical Director shall serve as an ex officio, voting member of the Medical Advisory Committee and shall serve as Chairperson of the Medical Advisory Committee. The Chief Executive Officer, or his or her designee, shall be a non-voting member. Notwithstanding anything to the contrary contained herein, all members of the Medical Advisory Committee may be removed and vacancies filled at the discretion of the Governing Body.

7.2 MEETINGS, QUORUM AND VOTING REQUIREMENTS

The Medical Advisory Committee shall meet at least semi-annually and must maintain a permanent record of its proceedings and actions, and shall make a report thereof, after each meeting to the Chief Executive Officer. Members of the Medical Advisory Committee shall be expected to attend all meetings, but must attend a minimum of 50% of the official meetings unless excused by the Medical Director for such conditions as sickness, absence from the community or medical emergencies. Unexcused absence from three (3) consecutive regular meetings shall be considered as resignation from the Medical Advisory Committee. A quorum of the Medical Advisory Committee shall consist of fifty percent (50%) of the members excluding excused absences. In matters of dismissal, appeal and any other adverse actions, no excused absences will be permitted for purposes of determining a quorum. If a quorum exists, action on a matter shall be approved if the votes cast within the voting group favoring the action exceed the vote's cast opposing the action, except that amendments to these Bylaws shall require a two-thirds (2/3) vote of those present and voting and approval by the Governing Body.

7.3 FUNCTIONS

- 7.3.1** The Medical Advisory Committee shall act to coordinate the activities and general policies of the various services offered at the Facility, pursuant to these Medical Staff Bylaws and policies and procedures of the Facility. Further functions and concerns of the Medical Advisory Committee may include, but not be limited to, the following: (i) to receive and act upon the reports of its committees; (ii) to consider and recommend action on all matters of a medical-administrative nature; (iii) to implement the approved policies of the Medical Staff; (iv) to make recommendations to the Governing Body; (v) to take all reasonable steps to insure professionally ethical conduct on the part of all members of the Medical Staff and to initiate such prescribed corrective measures as are indicated; (vi) to oversee the Medical Staff's accountability to the Governing Body for the medical care rendered

to the patients at the Facility; and (vii) to perform, as specified below, infection control evaluation, and quality assurance/risk management.

- 7.3.2** Infections control evaluation shall be performed by the Medical Advisory Committee or its appointed committee. The function of infections control evaluation shall be to control sterility and evaluate any infection or potential sources of infection within the Facility.
- 7.3.3** Quality assurance/risk management shall be performed by the Medical Advisory Committee or its appointed committee or committees. The function of quality assurance/risk management shall be to conduct an ongoing, data-driven quality assessment and performance improvement program, in coordination with the administration of the Facility and with the active participation of the Medical Staff, to: (a) provide peer review to help improve the quality of health care; (b) provide medical record review for quality and completeness; (c) avoid improper utilization of health care services; (d) determine the reasonable charges for health care services provided by the Facility; (e) assess patient satisfaction; (f) provide tissue and surgical evaluation; and (g) provide a risk management program and incident reporting. The Medical Advisory Committee or its appointed committee or committees will identify quality assurance standards, perform quality assurance audits, evaluate care and make appropriate reports. The findings, when appropriate, shall be used in the revision of Facility policies and consideration of clinical privileges. At least two (2) Physicians shall be involved in these quality assurance/risk management activities.
- 7.3.4** The Medical Advisory Committee shall (a) investigate the credentials of all applicants for membership to the Medical Staff and Advanced Practice Professional staff, and to make recommendations in conformity with these Bylaws; (b) review all information presented regarding the competence of Medical Staff members and Advanced Practice Professional staff, and as a result of such review, to make recommendations to the Governing Body for granting of privileges and reappointments; (c) investigate any breach of ethics that may be reported to the Medical Advisory Committee and transmit the Medical Advisory Committee findings and recommendations to the Governing Body; and (d) if requested by the Chief Executive Officer, review the qualifications of all applicants for temporary Medical Staff privileges and to make recommendations.

7.4 SPECIAL COMMITTEES

The Medical Advisory Committee may, by resolution and upon approval of the Governing Body, without amendment of these Bylaws, appoint committees from time to time as may be required for a specific purpose or to delegate functions of the Medical Advisory Committee. Each committee shall maintain a permanent record of its proceedings and actions, and shall make a report thereof, after each meeting to the Medical Advisory Committee and the Chief Executive Officer. Appointment or dissolution of such committees shall not require amendment to these Bylaws.

ARTICLE 7– MEDICAL ADVISORY COMMITTEE

ARTICLE 8. MEDICAL DIRECTOR

8.1 QUALIFICATIONS

The Medical Director shall be a board certified Physician holding a license to practice in the State of Wisconsin and holding current DEA registration. The Medical Director must be a member in good standing of the active Medical Staff of the Facility and continue so during his or her term of office. The Medical Director must exhibit qualities of leadership, communication and responsiveness.

8.2 APPOINTMENT AND REMOVAL

The Medical Director shall be appointed by the Medical Advisory Committee and approved by the Governing Body. The Medical Advisory Committee may, by a two-thirds (2/3) vote of those present and voting, recommend to the Governing Body the removal of the Medical Director. The Medical Director may be removed and the vacancy filled at the discretion of the Governing Body.

8.3 FUNCTIONS

The Medical Director shall serve on the Medical Advisory Committee and shall serve such other functions as are set forth in these Bylaws or as may be requested by the Governing Body.

ARTICLE 9. ADVANCED PRACTICE PROFESSIONALS

9.1 DEFINITION

The Advanced Practice Professional staff of the Facility shall consist of persons qualified to render health services under the supervision of, or in collaboration with, a member of the Medical Staff. Advanced Practice Professionals shall include, but not be limited to, physician assistants, nurse practitioners, CRNA's, and chiropractors. Advanced Practice Professional staff shall serve within the scope of their privileges.

9.2 APPLICATION AND QUALIFICATIONS

An applicant for Advanced Practice Professional staff shall present written application for appointment and privileges for specific duties and responsibilities utilizing the form prescribed by the Governing Body. Upon making application, the applicant shall signify agreement to abide by all policies of the Facility, including but not limited to, these Medical Staff Bylaws, the policies and procedures of the Facility, and the Facility's plan for compliance with the OSHA Standard on Occupational Exposure to Bloodborne Pathogens, as such documents may be modified from time to time. Advanced Practice Professional staff membership shall be available only: (a) to individuals sponsored by an active Medical Staff member, or (b) to individuals employed by Aurora Medical Group, Inc. The Advanced Practice Professional's employer or sponsoring Medical Staff member shall provide proof of professional liability insurance coverage with minimum limits as the Governing Body may from time to time require and of proof of adequate worker's compensation insurance coverage. Advanced Practice Professionals must further provide documentation of Hepatitis B vaccination status consistent with OSHA requirements. Advanced Practice Professionals must provide a copy of a written collaboration or supervision agreement as requested by the Facility. The application for Advanced Practice Professionals privileges will be submitted and processed in the same manner as applications to the Medical Staff. Privileges granted to Advanced Practice Professionals shall be based upon their training, licensure, experience, ability to work with others, demonstrated competence and judgment, applicable state and federal laws, and such other requirements as may be set forth in these Bylaws and the policies and procedures of the Facility. Advanced Practice Professionals are required to apply for reappointment every two years (if sponsored by an active Medical Staff member, such reappointment should coincide with the sponsoring Medical Staff member's reappointment).

9.3 PRACTICE SCOPE

Advanced Practice Professionals shall practice under the supervision or direction of, or in collaboration with, a Medical Staff member and shall serve within the scope of their privileges granted by the Governing Body. Advanced Practice Professionals may not admit nor discharge patients. When requested by a supervising Medical Staff member, they may, within the scope of their privileges and these Medical Staff Bylaws and policies and procedures of the Facility, attend that patient in the Facility.

9.4 TERMINATION

An Advanced Practice Professional's staff membership shall automatically terminate (a) upon the sole sponsoring Medical Staff member's resignation or termination for any reason from the Medical Staff, (b) upon the sole sponsoring Medical Staff member's termination of the Advanced Practice Professional's sponsorship, or (c) upon termination of the Advanced Practice Professional's employment by Aurora Medical Group, Inc. It is the responsibility of the sponsoring Medical Staff member to notify Facility of a termination described in (a) and (b) of this paragraph, in writing, within five (5) days of termination. Advanced Practice Professionals shall not be considered members of the Medical Staff, and as such, shall not be expected to attend Medical Staff meetings, nor have any other rights or privileges of the Medical Staff. The privileges of an Advanced Practice Professional may be terminated or curtailed by the Governing Body for any reason and without due process at any time.

ARTICLE 10. ADOPTION, AMENDMENT

10.1 BYLAWS

These Bylaws shall be adopted at any regular or special meeting of the Medical Advisory Committee by two-thirds (2/3) vote of those present and shall become effective when approved by a majority vote of the Governing Body. Amendments of these Bylaws may be proposed by the Medical Advisory Committee at any of its meetings or by the Medical Staff at its annual meeting or at a special meeting called for that purpose. Such amendments, if passed by the Medical Advisory Committee or the Medical Staff by a two-thirds (2/3) vote, shall be acted upon at the next regular meeting of the Governing Body. Amendments shall become effective when approved by a majority vote of the Governing Body. All members of the Medical Staff shall be notified by mail of bylaw changes within two weeks after approval by the Governing Body.

10.2 POLICIES AND PROCEDURES

The Medical Advisory Committee shall adopt such policies and procedures for the Facility as may be necessary or appropriate, subject to the provisions of these Bylaws and subject to the approval of the Governing Body.

Recommended for Approval: _____ **Date:** _____
Chair, Medical Advisory Committee

Approved: _____ **Date:** _____
Chair, Governing Body

Reviewed: _____ **Date:** _____

Reviewed: _____ **Date:** _____

Reviewed: _____ **Date:** _____

Reviewed: _____ **Date:** _____