

**BYLAWS OF THE MEDICAL STAFF OF
NORTH SHORE SURGICAL CENTER**

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PREAMBLE

The North Shore Surgical Center, hereinafter sometimes referred to as the "Facility", is a specialty care surgical facility operated under the ownership of Milwaukee Medical Clinic, S.C., Seeger Health Resources, Inc., and Newport Ventures, Inc. and is located at 7007 North Range Line Road.

The Medical Staff practicing in the Facility hereby organizes themselves in conformity with the Bylaws, Rules and Regulations hereinafter stated.

These Bylaws, Rules and Regulations do not create a contractual relationship between the Medical Staff (or any member thereof) and North Shore Surgical Center.

ARTICLE I

NAME

The name of this organization shall be the Medical Staff of North Shore Surgical Center.

ARTICLE II

DEFINITIONS

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

1. The term "Medical Staff Member" shall mean the Physicians, Dentists, and Podiatrists who are privileged to attend patients in North Shore Surgical Center.
2. The term "Board of Representatives" shall mean the Governing Body of the Facility.
3. The term "Facility" shall mean North Shore Surgical Center.
4. The "Executive Director" is the chief administrative officer of the Facility who is responsible to the Board of Representatives for the supervision of the Facility and its employees and shall

attend all meetings of the Medical Advisory Committee. The Executive Director shall be appointed by the Board of Representatives.

5. The "Medical Advisory Committee" shall consist of Active and Consulting members of the Medical Staff appointed by the Board of Representatives, each of whom represent one of the following specialties: General Surgery, Otolaryngology, Gastroenterology, Ophthalmology, Orthopaedic Surgery, Gynecology, Urology, Internal Medicine, Pediatrics, Cardiology, Anesthesiology, Radiology, Pathology, and such specialties recommended by the Medical Advisory Committee and approved by the Board of Representatives.
6. The "Chairman of the Medical Advisory Committee" is a member of the Medical Staff and shall be the Medical Director.
7. The term "surgeon" shall mean a physician, dentist, or podiatrist who is licensed to perform surgery.
8. The Medical Director of the Facility shall be appointed by the Board of Representatives and shall act as the Medical Staff liaison to the Board of Representatives.

ARTICLE III

MEDICAL STAFF

SECTION A

DIVISION OF MEDICAL STAFF

The Medical Staff shall be divided into the following groups:

1. Active Staff which shall consist of Physicians, Dentists, and Podiatrists who have qualified for Active Staff appointments and have indicated a desire to participate in the Facility. They shall be appointed by the Board of Representatives, upon recommendation of the Medical Advisory Committee. All Active Staff members are subject to periodic review by the Medical Advisory Committee and the Board of Representatives. Members of the Active Staff shall be entitled to vote and hold office.
2. Consulting Staff which shall consist of Physicians, Dentists, and Podiatrists eligible for staff membership who may attend patients

at the request of an Active Staff member in the Facility. They shall be appointed by the Board of Representatives upon recommendation of the Medical Advisory Committee. The members of the Consulting Staff may perform those procedures as recommended by the Medical Advisory Committee and approved by the Board of Representatives. All Consulting Staff members are subject to periodic review by the Medical Advisory Committee and the Board of Representatives. Members of the consulting staff shall be entitled to vote and hold office.

3. Provisional Staff which shall consist of Physicians, Dentists, and Podiatrists eligible for Active Staff membership, who are awaiting approval of privileges and who may attend private patients in the facility. They shall be appointed by the Board of Representatives upon recommendation of the Medical Advisory Committee. Members of the Provisional Staff shall not vote or hold office and are subject to a six-month probation.

All Provisional Staff members are subject to review by the Medical Advisory Committee, and upon its recommendation may be appointed to the Active Staff by the Board of Representatives. The members of the Provisional Staff must hold the rank of Provisional for at least six months during which they must perform at least one surgical case before they may be promoted to Active Staff. If a Provisional Staff member fails to perform one surgical case during the six month probationary period, the Chairman of the Medical Advisory Committee will, by written notice to the Provisional Staff member, extend the probationary period for an additional six months. If no case is performed in this six month extension period, the Provisional Staff member shall be deemed to have voluntarily withdrawn his/her application for Active Medical Staff privileges and all Provisional privileges shall automatically expire.

4. The Allied Health Professional Staff shall consist of persons trained and qualified in allied health disciplines who exercise independent judgment and/or provide special professional advice or services to patients under the supervision of a Medical Staff member. Allied Health Professionals shall include, but not be limited to, physician assistants, CRNA's, registered nurses, licensed practical nurses, scrub techs, personal assistants, dental hygienists, occupational therapists, and respiratory therapists. These persons shall not have independent authority for the care of patients but shall practice under the supervision or direction of an employing or sponsoring Active Medical Staff member. Facility employees will not be classified as Allied Health Professionals and are exempt from these provisions.

Allied Health Professionals shall be qualified by training, education and licensure appropriate for their special services and shall serve within the scope of their recognized professional qualifications and skills.

Allied Health Professionals shall be appointed or reappointed and granted privileges according to procedures consistent with these Bylaws and shall be subject to the provisions of these Bylaws pertaining to privileges, duties and ethical practice of their professions. An applicant for Allied Health Professional staff shall present written application for appointment and for privileges for specific duties and responsibilities utilizing the form prescribed by the Board of Representatives of the Facility. Upon making application, the applicant shall signify agreement to abide by the Bylaws, Rules and Regulations of the Facility. Allied Health Professional staff membership shall be available only to individuals sponsored by an Active Medical staff member and only after the Active Medical staff member signs an agreement utilizing the form prescribed by the Board of Representatives to assume full responsibility for supervision of the Allied Health Professional staff member's practice within the facility.

Allied Health Professionals shall, at all times, be responsible to the supervising Medical Staff member who shall provide proof of professional liability insurance coverage with minimum limits as the Facility's Board may from time to time require and of Worker's Compensation insurance coverage. The Allied Health Professional must further provide documentation of Hepatitis B vaccination status consistent with OSHA requirements and must agree to comply with the Facility's Exposure Control Plan for compliance with the Occupational Safety and Health Administration (OSHA) Standard on Occupational Exposure to Bloodborne Pathogens as modified from time to time.

The application for Allied Health Professional privileges will be submitted and processed in the same manner as applications to the Medical Staff. Allied Health Professionals are required to apply for reappointment every two years to coincide with the sponsoring Medical Staff member's reappointment.

Allied Health Professional staff membership shall automatically terminate upon the sponsoring Medical Staff member's resignation or termination for any reason from staff membership at the Facility.

Allied Health Professional Staff membership shall automatically terminate should the sponsoring Medical Staff member terminate the Allied Health Professionals employment or supervision. It is the responsibility of the sponsoring Medical Staff member to notify Facility of such termination, in writing, within five days of termination.

Allied Health Professionals may not admit nor discharge patients. When requested by a sponsoring Medical Staff member, they may, within the scope of their privileges and these Bylaws and Rules and Regulations, attend that patient in the Facility. The extent of the service shall be determined by the sponsoring Medical Staff member who has the final responsibility for the welfare of the patient.

Allied Health Professionals shall not be considered members of the Medical Staff, and as such, shall not be expected to attend Medical Staff meetings, nor to have committee duties. They shall be required to provide appropriate documentation on the medical records, including progress notes.

The privileges of an Allied Health Professional may be terminated by the Board of Representatives for any reason and without due process at any time.

SECTION B

CLINICAL DEPARTMENTS

There shall be Clinical Departments of:

1. Surgery which shall be concerned with the clinical surgery performed in the Facility and shall keep, or cause to be kept, careful supervision over all clinical work performed in the Facility. This department shall consist of the subspecialties of General Surgery, Otolaryngology, Plastic Surgery, Ophthalmology, Gastroenterology, Orthopaedic Surgery, Gynecology, Urology, Oral Surgery, Podiatric Surgery, and such subspecialties recommended by the Medical Advisory Committee and approved by the Board of Representatives;
2. Anesthesiology which 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 the Bylaws, Rules and Regulations;

3. Medicine which shall be concerned with procedures in the field of Medicine and will be concerned with supervision of all non-surgical procedures performed in the Facility;
4. Radiology which shall be concerned with procedures in the field of Radiology and will be concerned with supervision of all radiological procedures performed in and/or for the Facility;
5. Pathology which shall be concerned with procedures in the field of Pathology and will be concerned with supervision of all pathological procedures performed in and/or for the Facility.

SECTION C

MEMBERSHIP QUALIFICATIONS

1. Membership on the Medical Staff of the Facility shall be a privilege available only to those professionally competent practitioners within the facility's primary service area who consistently meet the qualifications, standards and requirements set forth in these Bylaws. Appointments to the Medical Staff shall be made by the Board of Representatives upon recommendation by the Medical Advisory Committee. Initial appointment shall be for a probationary period of at least six months. Upon review, if subsequent appointment is approved, such appointment shall be made for up to a two-year period, subject to the Bylaws of the Medical Staff. For the purpose of the Bylaws, the Medical Staff year commences on the first day of January and ends on the thirty-first day of December of each year.
2. An applicant for staff membership shall be registered and legally licensed to practice in the State of Wisconsin. All applicants requesting surgical admitting privileges, must have admitting or co-admitting privileges in a local licensed and accredited hospital and must be either Board Certified, Board Eligible, or Board Qualified, according to the requirements of each board, and recommended by a majority of the Medical Advisory Committee as qualified to serve on the Medical Staff by virtue of their qualifications and experience. In special circumstances, the Board may consider acceptable experience and expertise as an exception to these requirements.

The codes of ethics as adopted or amended by the American Medical Association and the American College of Surgeons, the American Dental Association, The American Osteopathic Society,

respectively, shall govern the professional conduct of the members of the Staff.

3. 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 Board of Representatives of the Facility. Upon making application, the applicant shall also signify agreement to abide by the Bylaws, Rules and Regulations of the Medical Staff and the Facility in accordance with Subsection 4 hereof. Application shall include information concerning the applicant's education, training and experience, information on any past or present medical malpractice actions against or involving the applicant, 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:

- (i) Staff membership status or clinical privileges at any other hospital or health care institution;
- (ii) Membership/fellowship in local, state or national professional organizations;
- (iii) Specialty board certification/eligibility;
- (iv) License to practice any profession in any jurisdiction;
- (v) Drug Enforcement Agency (D.E.A.) number.

If any of such actions ever occurred or are pending, the particulars thereof shall be included.

The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications. The provision of information containing significant misrepresentations or omissions, and/or the failure to sustain the burden of producing adequate information, shall be grounds for denial of his/her application.

As a condition for membership, the applicant must provide evidence of current professional liability coverage with minimum requirements as the Facility's Board may from time to time

determine. The applicant must further provide documentation of Hepatitis B vaccination status consistent with OSHA requirements and agree to comply with the Facility's Exposure Control Plan for compliance with the Occupational Safety and Health Administration (OSHA) Standard on Occupational Exposure to Bloodborne Pathogens as modified from time to time.

Furthermore, the applicant shall:

- appear for interviews in regard to his/her application;
- authorize consultation with members of the Medical Staffs of facilities with which the applicant has been associated, and with others who may have information on his/her competence, character and ethical qualifications.
- consent to inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competency to carry out the privileges he/she requests, as well as of his/her moral and ethical qualifications for Medical Staff membership;
- release from any liability all representatives of the Facility and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his/her credentials;
- release from any liability all individuals and organizations who provide information in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for Medical Staff appointment and privileges.

Failure to comply with any of the foregoing requirements shall be grounds for denial of his/her application.

Upon receiving the application, the Medical Director or his designee shall make all necessary checks on references, licensure, and other information, which would indicate the applicant's qualifications for staff privileges sought. The Medical Director shall then transmit the application to the Medical Advisory Committee for evaluation.

The Medical Advisory Committee shall review the character, qualifications, professional standing and suitability of the applicant and shall submit a written recommendation to the Board of Representatives. Failure to complete the review process within ninety (90) days, unless extended by mutual agreement of applicant and the Medical Director, shall be considered to be a denial of the application. All applicants, as well as members of the Medical Staff, consent to the release of pertinent information for

any purpose set forth in these Bylaws and release from liability and agree to hold harmless any person or entity furnishing or releasing such information concerning application for Medical Staff status. The recommendations of the Medical Advisory Committee shall be transmitted to the Board of Representatives through the Executive Director and upon receipt of the reports, the Board of Representatives shall review the Medical Advisory Committee's recommendations. When determining qualifications, the Medical Advisory Committee shall recommend privileges for specific procedures to be granted, commensurate with applicant's education, training and experience as provided in these Bylaws. Each applicant must indicate in writing the specific procedures which he requests to perform at the facility. The Board of Representatives 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 by the next regular scheduled meeting of the Board of Representatives or not longer than ninety (90) days after receipt by the Board of Representatives of the report of the Medical Advisory Committee and failure of the Board to act within ninety (90) days of receipt, unless extended by the mutual agreement of the applicant and the Executive Director, shall be considered to be a denial. In the event the application is deferred by the Board of Representatives, in no instance will the report be delayed more than ninety (90) days from the date of review of the application by the Medical Advisory Committee and the applicant shall be so notified. Failure to take action by the Board of Representatives within ninety (90) days of the Medical Advisory Committee review shall be considered to be a denial. When final action has been taken by the Board of Representatives, the Executive Director will transmit this information to the candidate.

4. During the time the staff application of a Physician, Dentist, or Podiatrist is pending, temporary privileges may be granted by the concurrence of the Chairman of the Medical Advisory Committee and the Executive Director. This request shall be made in writing by the applicant concerned and directed to the Chairman of the Medical Advisory Committee. Approval of temporary privileges shall be confirmed in writing. These privileges may be granted for a period of thirty to ninety days subject to renewal of request and review at the time of expiration of the temporary privileges.
5. Case privileges may be granted for a period of one to five days for potential staff applicants who have not submitted a complete application for appointment to the Medical Staff, upon written

approval by the Chairman of the Medical Advisory Committee and the Executive Director. Prior approval for each surgical case performed in the facility by the potential applicant shall be required.

6. Upon application for appointment or reappointment to the Medical Staff, each applicant or staff member shall agree not to engage in the practice of the division of fees under any guise whatsoever. Specifically, each individual shall sign a pledge which includes the following, an original executed copy of which shall be maintained by the Facility during Staff membership:

"I agree to abide by the Bylaws, Rules and Regulations of the Medical Staff and by such Bylaws, Rules and Regulations as may be, from time to time, enacted.

I hereby declare that I shall not engage in the practice of the division of fees under any guise whatsoever. In complying with this principle, I understand that I am not to collect fees for others referring patients to me, nor permit others to collect fees for me, nor make joint fees with Physicians referring patients to me for operation or consultation, nor permit any agent or associate of mine to do so. Further, I agree to comply with the principle that all Physicians participating in the care of a patient shall render separate bills and receipts."

7. Provisional staff appointments are for a period of at least six months. Active or Consulting Staff appointments are for up to two years and thereafter for two years. All appointments and privileges shall be reviewed for reappointment during the second January after appointment to the Active or Consulting Medical Staff and every other January thereafter. Each applicant for reappointment to the Medical Staff shall submit to the Medical Advisory Committee and the Executive Director all information necessary to update the Medical Staff file on the staff member's health care related activities which shall include, but not be limited to, a specific request for privileges; the staff member's continuing training, education and experience since the previous appointment; the staff member's current health status; sanctions of any kind imposed or pending or any active investigation or review by any other health care institution, professional health care organization, or licensing authority with respect to the staff member; and a complete summary of the staff member's malpractice insurance coverage and any malpractice claims, suits,

and settlements involving the staff member. No 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 Board of Representatives, setting forth its recommendations for renewal of staff privileges for each staff member. The Board of Representatives shall either accept or reject the recommendations of the Medical Advisory Committee or refer them back to the Medical Advisory Committee for further consideration, stating the reasons for such action. This shall be done by the next regular meeting of the Board of Representatives. When final action has been taken by the Board of Representatives, the Executive Director will transmit this information to the candidate for reappointment.

Failure to file a completed application for reappointment, as required, shall result in the automatic suspension of the staff member's privileges and prerogatives unless otherwise extended by the Chairman of the Medical Advisory Committee with the approval of the Board of Representatives. If the staff member fails to submit an application for reappointment as required, on or before the expiration date of his appointment or approved extension, he/she shall be deemed to have resigned his/her membership in the Medical Staff.

8. If the Board's action with respect to an application for appointment or reappointment to the Medical Staff is adverse to the applicant or Staff Member, as the case may be, as defined in Article III, Section E hereof, the Executive Director shall promptly so inform the applicant or Staff Member by certified mail, return receipt requested, and the applicant or staff member shall be entitled to the procedural rights as provided in Article III, Section E.

No person shall be entitled to membership on the Medical Staff or to the exercise of particular privileges merely by virtue of the fact that he/she is a member of any professional organization, or that he/she had in the past, or presently has, such privileges at another hospital or similar facility.

SECTION D

CORRECTIVE ACTION

1. ROUTINE CORRECTIVE ACTION

- A. CRITERIA FOR INITIATION. Whenever a licensed practitioner with clinical privileges is placed on probation or is being reviewed by the pertinent professional licensing agency, or whenever sanctions of any kind are imposed by any other health care institution or professional health care organization, or whenever the activities or professional conduct of any practitioner with clinical privileges are, or are reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care, or are reasonably likely to be, disruptive to the Facility's operations, corrective action against such practitioner may be initiated by the Chairman of the Medical Advisory Committee, the Medical Advisory Committee representative from the affected practitioner's clinical department, the Executive Director or the Board of Representatives (the "Board").
- B. REQUESTS AND NOTICES. 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 Chairman of the Medical Advisory Committee shall promptly notify the Executive Director in writing of all requests for corrective action received by the Medical Advisory Committee and shall continue to keep the Executive Director fully informed of all action taken in conjunction therewith.
- C. INVESTIGATION BY AD HOC COMMITTEE. The Medical Advisory Committee shall forward the request for corrective action to an ad hoc committee which shall immediately investigate the matter. The Chairman of the Medical Advisory Committee shall designate the ad hoc committee which shall be composed of staff members with clinical privileges in the same department as the affected practitioner. 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. The investigative procedures shall afford the affected practitioner an opportunity for an interview with the ad hoc committee. At such interview, the practitioner shall 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 need not be conducted according to the formal procedures outlined in Section E hereof. 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.
- D. MEDICAL ADVISORY COMMITTEE ACTION. 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:

1. rejecting the request for corrective action;
 2. issuing a warning, a letter of admonition, or a letter of reprimand;
 3. recommending terms of probation or individual requirements of consultation;
 4. recommending reduction, suspension or revocation of clinical privileges;
 5. recommending reduction of staff category or limitation of any staff prerogatives directly related to patient care;
 6. recommending suspension or revocation of staff membership;
- E. PROCEDURAL RIGHTS. Any action by the Medical Advisory Committee pursuant to Subsection D(3), (4), (5), (6) or any combination of such actions, shall entitle the practitioner to the procedural rights as provided in Article III, Section E hereof, and the matter shall be processed in accordance with the Article III, Section E provisions.

2. SUMMARY SUSPENSION

- A. CRITERIA FOR INITIATION. Whenever a practitioner's conduct requires that immediate action be taken to protect the life of any patient(s) or to reduce the substantial likelihood of immediate injury or damage to the health or safety of any patient, employee or other person present in the facility, either the Chairman of the Medical Advisory Committee, the Executive Director, the Medical Advisory Committee or the Board shall have the authority to suspend summarily the Medical Staff membership status and/or all or any portion of the clinical privileges of such practitioner.

Such summary suspension shall become effective immediately upon imposition, and the Executive Director shall promptly give notice of the suspension to the Practitioner in person, or via certified mail, return receipt requested.

- B. MEDICAL ADVISORY COMMITTEE ACTION. As soon as possible after such 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.
 - C. PROCEDURAL RIGHTS. Unless the Medical Advisory Committee immediately terminates the suspension and ceases all further corrective action, the practitioner shall be entitled to the procedural rights as provided in Article III, Section E, and the matter shall be processed in accordance with the Article III, Section E provisions.
 - D. OTHER ACTION. If the Medical Advisory Committee's action pursuant to Subsection 2(B) 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 Board. At its next regular meeting after receipt of such a favorable recommendation, the Board shall adopt or reject, in whole or in part, the recommendation of the Medical Advisory Committee. If the Board's action is adverse to the practitioner as defined in Subsection 1(D) hereof, the Executive 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 III, Section E hereof. The Board shall take final action in the matter only after the practitioner has exhausted or has waived his procedural rights as provided in Article III, Section E. The terms of the summary suspension as originally imposed shall remain in effect pending a final decision by the Board.
3. AUTOMATIC SUSPENSION
- A. LICENSE. A staff member or allied health professional whose license, certificate, or other legal credential authorizing him to practice in the said State is revoked or suspended shall immediately and automatically be suspended from practicing in the Facility.
 - B. DRUG ENFORCEMENT ADMINISTRATION (DEA) NUMBER. A staff member whose DEA number is revoked or suspended shall immediately and automatically be divested at least of his right to prescribe 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.

- C. **MEDICAL RECORDS.** An automatic suspension shall, 30 days after written warning of delinquency, be imposed 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.
- D. **ACTION BY LICENSING AGENCY.** An automatic suspension of all privileges at the facility shall be imposed whenever the pertinent licensing agency revokes or suspends a practitioner's license. 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. Such a probationary order by the pertinent licensing agency may be deemed a request for corrective action against such practitioner as provided in Section D(1) of this Article.
- E. **FAILURE TO FILE REQUIRED APPLICATION FOR REAPPOINTMENT.** An automatic suspension shall be imposed for failure to complete an application for reappointment as required. Failure to complete an application for reappointment within 30 days after written notice of suspension shall be deemed to be a resignation of the practitioner's Medical Staff membership.
- F. **TISSUE, SURGICAL EVALUATION AND REVIEW COMMITTEE.** Failure to supply information required by the Tissue, Surgical Evaluation and Review Committee, when requested for the next regular meeting of the Committee, will result in immediate and automatic suspension of Medical Staff privileges.
- G. **PROFESSIONAL LIABILITY INSURANCE.** An automatic suspension of all privileges at the Facility shall be imposed if the staff member, at any time, fails to maintain adequate professional liability insurance as required by the Facility. If within 30 days after written notice of the suspension, the member does not provide evidence of required professional liability insurance coverage, the practitioner's Medical Staff membership shall be automatically terminated.
- H. **EXPOSURE CONTROL PLAN.** An automatic suspension of all privileges at the Facility shall be imposed if a staff member, at any time,

fails to comply with the Facility's Exposure Control Plan for compliance with the Occupational Safety and Health Administration (OSHA) Standard on Occupational Exposure to Bloodborne Pathogens.

- I. PROCEDURAL RIGHT. The Medical Staff member 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. Unless the Medical Advisory Committee immediately terminates the automatic suspension and ceases all further corrective action, the practitioner shall be entitled to the procedural rights as provided in Article III, Section E, and the matter shall be processed in accordance with the Article III, Section E provisions.

4. REPORTING REQUIREMENTS

The Executive Director shall notify the Wisconsin Medical Examining Board when any staff member is removed or suspended from the Medical Staff of the Facility for a period in excess of 30 days or has had any other disciplinary action, including the option to resign, taken against him. Such report shall be filed within fifteen (15) days of the time such action becomes final.

5. ENFORCEMENT

It shall be the duty of the Chairman of the Medical Advisory Committee to cooperate with the Executive Director in the enforcement of all suspensions of members of the Medical Staff.

SECTION E

HEARING AND APPELLATE REVIEW PROCEDURE

It shall be the responsibility of the Medical Director to provide prompt written notice of an adverse action to any affected practitioner who is entitled to a hearing. The failure of a practitioner to request a hearing to which he/she is entitled by these Bylaws within the time and in the manner herein provided shall be deemed a waiver of his/her right to such a hearing to which he/she might otherwise have been entitled.

1. DEFINITIONS. The following definitions, in addition to those stated elsewhere in these Bylaws, shall apply to the provisions of this Section E.

- A. ADVERSE ACTION means an action enumerated in Subsection II (A) of this Section E.
- B. JUDICIAL REVIEW COMMITTEE means the committee appointed pursuant to this Section E to hear a request for an evidentiary hearing properly filed and pursued by a practitioner.
- C. NOTICE means a written communication delivered by certified or registered mail, return receipt requested.
- D. DATE OF RECEIPT means the date of delivery by the United States Postal Service.
- E. PARTIES means the practitioner or bodies who or which initiated the adverse action or requested the hearing or appellate review.

2. INITIATION OF HEARING

- A. GROUNDS FOR HEARING. One or more of the following actions shall, if deemed adverse pursuant to Subsection 2(B) of this Section E, entitle the practitioner affected thereby to a hearing:
 - 1. Denial of initial staff appointment;
 - 2. Denial of staff reappointment;
 - 3. Suspension of staff membership;
 - 4. Revocation of staff membership;
 - 5. Denial of requested advancement in staff category;
 - 6. Reduction in staff category;
 - 7. Limitation or suspension of admitting privileges;
 - 8. Denial of requested clinical privileges;
 - 9. Reduction in clinical privileges;
 - 10. Suspension of clinical privileges;

11. Revocation of clinical privileges; and/or,
 12. Individual requirement of consultation.
- B. WHEN DEEMED ADVERSE. An action enumerated in Subsection 2(A) of this Section E shall be deemed adverse only when it has been:
1. taken by the Medical Advisory Committee and affirmed by the Board;
 2. taken by the Board contrary to a favorable recommendation by the Medical Advisory Committee; or
 3. taken by the Board on its own initiative without benefit of a prior recommendation by the Medical Advisory Committee.

Whenever the result or effect of any adverse action by the Board is the denial of a request of an applicant or Medical Staff member, the action shall become effective on the date of such action and shall remain effective pending any hearing and appellate review procedure pursuant to this Section E. An automatic suspension or summary suspension of Medical Staff membership, admitting privileges, or clinical privileges shall be effective immediately. Unless otherwise provided in these Bylaws or specified by the Board at the date of adverse action, all other adverse actions shall become final and effective in accordance with the provisions of this Section E.

- C. NOTICE OF ADVERSE ACTION. A practitioner against whom an adverse action has been taken which constitutes grounds for a hearing pursuant to Subsections 2(A) and (B) of this Section E shall promptly be given notice of such action. Notice shall include a statement of the reasons for such action. Such notice shall also advise the practitioner of his right to a hearing pursuant to this Section E and 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 must be submitted to the Executive Director.
- D. REQUEST FOR HEARING. A practitioner shall have thirty (30) days following the receipt of notice pursuant to Subsection 2(C) of this Section E to file a written request for a hearing. Such request shall be delivered to the Executive Director either in person or by certified or registered mail.
- E. WAIVER BY FAILURE TO REQUEST A HEARING. A practitioner who fails to request a hearing within the time and in the manner specified

in Subsection 2(D) hereof waives any right to such hearing and to any appellate review to which he might otherwise have been entitled.

- F. EFFECT OF WAIVER. In the event the applicant or staff member 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.

3. HEARING REQUIREMENTS

- A. NOTICE OF TIME AND PLACE FOR HEARING. Upon receipt of a proper and timely request for hearing, the Executive Director shall deliver such request to the Chairman of the Medical Advisory Committee and shall notify the Board of such request. Within ten (10) days after receipt of such request, the Chairman of the Medical Advisory Committee shall schedule and arrange for a hearing by a judicial review committee. At least thirty (30) days prior to the hearing, the Executive Director shall send the practitioner notice of the time, place and date of hearing. 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; provided, however, that a hearing for a practitioner who is under suspension then in effect shall be held as soon as the arrangements for such hearing may reasonably be made, if requested by the practitioner.
- B. NOTICE OF GROUNDS. Upon receipt of a proper and timely request for hearing, the Executive Director, on behalf of the Board, shall promptly deliver to the practitioner a statement of the practitioner's alleged acts or omissions, a list of the specific patient representations or patient records in question and/or the other reasons or subject matter forming the adverse action which is the subject of the hearing.
- C. NOTICE OF WITNESSES. The Executive Director shall give a written list of the names and addresses of the witnesses (if any) expected to testify at the hearing on behalf of the Board. Thereafter, the practitioner shall, within ten (10) days, furnish to the Board a 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.

- D. APPOINTMENT OF JUDICIAL REVIEW COMMITTEE. When a hearing is properly requested, the Chairman of the Medical Advisory Committee shall appoint a judicial review committee composed of five (5) 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. One of the members of the judicial review committee shall be designated as chairman.
- E. JUDICIAL REVIEW COMMITTEE ACTION. 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.
- F. POSTPONEMENTS AND EXTENSIONS. The judicial review committee or its chairman shall permit postponements or extensions requested by the affected practitioner only on an adequate showing of good cause and if the request therefor is made as soon as is reasonably practicable.

4. HEARING PROCEDURE

- A. PERSONAL PRESENCE. 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.
- B. PRESIDING OFFICER. The presiding officer at the hearing shall be the hearing officer who has been appointed pursuant to Subsection 9 of this Section E. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The presiding officer shall determine the order of procedure during the hearing and the admissibility of evidence.
- C. REPRESENTATION. The practitioner who requests the hearing 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 represented by an attorney at the hearing, the Board may also be represented by an attorney at the hearing pursuant to Subsection 9 of this Section E.
- D. RIGHTS OF PARTIES. 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 practitioner who requested the hearing does not testify in his own behalf, he may be called as if under cross-examination. The presiding officer may limit evidence which is not relevant or cumulative.

- E. EVIDENCE. 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 presiding officer 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 presiding officer 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.
- F. OFFICIAL NOTICE. During the hearing, the presiding officer 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.
- G. PRESENTATION AND BURDEN OF PROOF. Unless otherwise determined for good cause, the Board 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 Board 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.
- H. RECORD OF HEARING. 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.
- I. PRESENCE OF JUDICIAL REVIEW COMMITTEE MEMBERS. 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, she/he shall not be permitted to participate in the deliberations or the decision.

J. RECESSES AND ADJOURNMENT. 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 Subsection 5(A) hereof, outside the presence of the parties or their representatives or any other persons, conduct its deliberations and render a decision and the hearing shall be declared finally adjourned.

5. JUDICIAL REVIEW COMMITTEE DECISION AND FURTHER ACTION

- A. BASIS OF DECISION. The decision of the judicial review committee shall be based on the evidence produced at the hearing and any other evidence admissible hereunder.
- B. JUDICIAL REVIEW COMMITTEE DECISION. Within thirty (30) days after closing of the hearing pursuant to Subsection 4(J) hereof, except that the time shall be ten (10) days in the case of a staff member currently under suspension, the judicial review committee shall render a written decision in the matter and shall forward the same, together with the hearing records and all other documentation considered by the committee, to the Executive Director. The judicial review committee's decision shall be supported by reference to the hearing records and the other documentation considered by the committee.
- C. NOTICE OF DECISION. The Executive Director shall promptly send a copy of the judicial review committee's decision to the practitioner by registered or certified mail, to the Chairman of the Medical Advisory Committee, to the Medical Advisory Committee, and to the Board. The notice shall inform all parties of their right to request an appellate review as provided in Subsection 6 of this Section E.
- D. EFFECT OF DECISION. The judicial review committee's decision shall be deemed final and the matter shall be considered closed unless either party files a timely written request for appellate review.

6. INITIATION AND REQUIREMENTS OF APPELLATE REVIEW

- A. REQUEST FOR APPELLATE REVIEW. Within ten (10) days following receipt of the notice of the judicial review committee decision,

either party may file a written request for an appellate review by the Board. Such request shall be delivered to the Executive Director either in person or by certified or registered mail.

- B. **GROUND FOR APPELLATE REVIEW.** 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:
- (1) substantial non-compliance with the procedures required by these Bylaws; or
 - (2) 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 Subsection 7 (E) of this Section E.
- C. **WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW.** A party who or which fails to request an appellate review within the time and in the manner specified in Subsection 6(A) above waives any right to such review. In the event that each party fails to request an appellate review within the time and in the manner specified in Subsection 6(A) of this Section E, the judicial review committee's decision shall be deemed final and the matter shall be considered closed.
- D. **NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW.** Upon receipt of a proper and timely request for appellate review, the Executive Director shall deliver such request to the Board. As soon as practicable, the Board 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, but not later than thirty (30) days from the date of receipt of the request for appellate review. At least ten (10) days prior to the appellate review, the Executive Director shall deliver to the practitioner notice of the time, place and date of the review.
- E. **POSTPONEMENTS AND EXTENSIONS.** The chairman of the Board or chairman of the Board'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. Such postponements and extensions shall automatically extend for an equal number of days the time periods set forth in Subsection 6(C) of this Section E for the

appellate review. In all cases, the above Subsection 6(C) time periods shall be extended until the transcript of the judicial review committee hearing is completed.

- F. APPELLATE REVIEW BODY. The Board shall determine whether the appellate review shall be conducted by the Board as a whole or by an appellate review committee of five (5) members of the Board appointed by the chairman of the Board. If a 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 appeal board, so long as that person did not take part in a prior hearing on the same matter.
- G. POWERS OF APPELLATE REVIEW BODY. The appellate review 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.

7. APPELLATE REVIEW PROCEDURE

- A. NATURE OF PROCEEDINGS. The proceedings by the Board 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 Board or its designated appellate review committee shall also consider the written statements, if any, submitted pursuant to Subsection 7(B) of this Section E and such other material as may be presented and accepted under Subsections 7(D) and (E) of this Section E.
- B. WRITTEN STATEMENTS. The party requesting the appellate review 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 Board through the Executive Director at least fifteen (15) days prior to the scheduled date of the appellate review, except if such time limit is expressly waived by the Board. The Executive Director shall send a copy of the statement to the other party. A written statement in reply may be submitted to the Board through the Executive Director. The Executive Director shall provide a copy thereof to the party requesting the appeal.

- C. **PRESIDING OFFICER.** The chairman of the Board or its designated appellate review committee shall be the presiding officer. The chairman shall determine the order of procedure during the review, make all required rulings, and maintain decorum.
- D. **ORAL STATEMENTS.** The Board 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 appellate review body.
- E. **CONSIDERATION OF NEW OR ADDITIONAL MATTERS.** 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 Board or 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.
- F. **PRESENCE OF MEMBERS AND VOTE.** A majority of the Board or its designated appellate review committee must be present throughout the review and deliberations. If a member of the Board or review committee is absent from any part of the proceedings, said member shall not be permitted to participate in the deliberations or the decision.
- G. **RECESSES AND ADJOURNMENT.** The Board 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 Board or its appellate review committee shall thereupon, within the time set forth in Subsections 7(H) and 8(A) hereof, conduct its deliberations outside the presence of the parties, their representatives, or any other persons and shall render a written decision as provided in this Section E. Upon the conclusion of the appellate review as provided in Subsection 7(I) hereof, the appellate review shall be declared finally adjourned.
- H. **REFERRAL TO JUDICIAL REVIEW COMMITTEE.** The Board or its designated review committee may refer the matter back to the judicial review committee for further review and recommendation to

be returned to the Board within ten (10) days and in accordance with its instructions.

- I. CONCLUSION. The appellate review shall not be deemed to be concluded until all of the procedural steps provided hereinabove have been completed or waived.

8. FINAL DECISION OF THE BOARD

- A. BOARD ACTION. Within fifteen (15) days after the conclusion of the proceedings of the appellate review, as provided in Subsection 7(I) hereof, the Board or its designated 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, the Chairman of the Medical Advisory Committee and the Executive Director. The final decision of the Board following the appeal procedures set forth in this Section E shall be effective immediately and shall not be subject to further review.

9. GENERAL PROVISIONS

- A. ATTORNEYS. If the affected practitioner desires to be represented by an attorney at any hearing or at any appellate review appearance, the initial request for the hearing must state such wish to be so represented at either or both such proceedings in the event they are held. The Facility and Medical Staff shall be allowed representation by an attorney only if the practitioner is so represented. If the practitioner is represented by an attorney and the other party(s) to the proceeding are not so represented, the presiding officer shall adjourn the proceeding until such time as all parties obtain their legal counsel. The proceeding shall reconvene at a time and date agreeable to the parties and the judicial review committee or Board, as the case may be, but in no event shall the proceeding be postponed more than ten (10) days without the consent of the affected practitioner. The foregoing shall not be deemed to deprive the practitioner, the Medical Advisory Committee or the Board of the right to legal counsel in connection with preparation for a hearing or an appellate review.
- B. HEARING OFFICER. A hearing officer shall preside at the evidentiary judicial review committee hearing unless the parties otherwise agree. A hearing officer may or may not be an attorney-at-law but must be experienced in conducting hearings. The

hearing officer shall act as the presiding officer of the hearing. The hearing officer must not act as a prosecuting officer or as an advocate for the practitioner, Facility, Medical Advisory Committee or Board. If requested by the judicial review committee, the hearing officer may participate in the deliberations of such body and be legal advisor to it, but the hearing officer shall not be entitled to vote.

- C. NUMBER OF HEARINGS AND REVIEWS. 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.
- D. RELEASE. By requesting a hearing or appellate review under this Section E, a practitioner agrees to be bound by the provisions of State and Federal Statutes relating to immunity from liability in all matters relating thereto.
- E. WAIVER. If any time after receipt of notice of an adverse action or decision, a practitioner fails to make a required request or appearance or otherwise fails to comply with the provisions of this Section E or to proceed with the matter, the practitioner shall be deemed to have consented to such adverse action or decision and to have voluntarily waived all rights to which he might otherwise have been entitled under this Section E with respect to the matter involved.

ARTICLE IV

MEDICAL ADVISORY COMMITTEE

SECTION A

DUTIES

The Medical Staff has the responsibility for the establishment, maintenance, and improvement of high professional standards. To insure this and to act on behalf of the Medical Staff, there shall be a Medical Advisory Committee that represents the Medical Staff, that is concerned with the effectiveness of all medical activities of the Staff, and acts for the Medical Staff.

The Medical Advisory Committee shall have the initial responsibility and delegated authority to formulate and receive proposals for amendments to the

Medical Staff Bylaws. The Medical Advisory Committee shall review and recommend each such proposal to the Board for adoption. Amendments so recommended shall become effective when approved by the Board.

In the event that the Medical Advisory Committee shall fail to exercise its responsibility as provided above, the Board may resort to its own initiative in formulating or amending the Medical Staff Bylaws. In such event, staff recommendations and views shall be carefully considered by the Board during its deliberations and in its actions.

SECTION B

ORGANIZATION

The Medical Advisory Committee shall be comprised of one member of the Medical Staff from each of the following specialties: General Surgery, Otolaryngology, Ophthalmology, Gastroenterology, Orthopaedic Surgery, Gynecology, Urology, Medicine, Anesthesiology, Radiology, Pathology, and such specialties recommended by the Medical Advisory Committee and deemed appropriate and as approved by the Board of Representatives; provided, however, in the event the Executive Director of the Facility advises the Medical Advisory Committee of the unavailability of any such representative with the concurrence of the Board of Representatives, any such specialty will not have a Medical Advisory Committee representative and such vacancy, while it exists, shall not be included in computing a quorum or otherwise affect the Medical Advisory Committee's composition for that term. Such vacancy may be filled at any time. The Chairman of the Medical Advisory Committee shall be the Medical Director. Appointment to the Medical Advisory Committee shall be limited only to those physicians who serve as active or consulting members of the Medical Staff. The Medical Director should appoint a representative to function in the capacity of Chairman during his absence. The Medical Advisory Committee shall recommend amendments to the Medical Staff Bylaws and the Rules and Regulations of the Medical Staff as necessary for the proper conduct of the Medical Staff. Members of the Medical Advisory Committee shall be expected to attend all meetings, but should attend a minimum of 50% of the official meetings unless excused by the Chairman for such conditions as sickness, absence from the community, medical emergencies, etc. Unexcused absence from three consecutive regular meetings shall be considered as resignation from the Medical Advisory Committee. Special Committees may be appointed by the Medical Advisory Committee or the Board of Representatives from time to time as may be required for a specific purpose, and until the duty assigned is accomplished. All Committees shall be assigned with the knowledge and cooperation of the Board.

The term of membership to the Medical Advisory Committee shall be one year, commencing on January 1.

SECTION C

FUNCTIONS

The Medical Advisory Committee shall act on behalf of the Medical Staff to coordinate the activities and general policies of the various services, pursuant to the Medical Staff Bylaws and Rules and Regulations. The Medical Advisory Committee shall meet at least quarterly and must maintain a permanent record of its proceedings and actions. Further functions and concerns of the Medical Advisory Committee shall include, but not be limited to, the following:

1. To receive and act upon the reports of Medical Staff committees;
2. To consider and recommend action on all matters of a medical-administrative nature;
3. To implement the approved policies of the Medical Staff;
4. To make recommendations to the Board of Representatives;
5. 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;
6. To fulfill the Medical Staff's accountability to the Board of Representatives for the medical care rendered to the patients in the Facility; and
7. To fulfill within the structure of the committee, the function of:

Credentials Review
Medical Records Review
Tissue, Surgical Evaluation and Review
Infections Control Evaluation
Pharmacy and Therapeutics Review
Bylaws and Rules and Regulations
Quality Assurance/Risk Management

The function of the Medical Records Review, Tissue, Surgical Evaluation and Review, Infection Control Evaluation, Quality Assurance/Risk Management and Pharmacy and Therapeutics Review may be delegated to sub-committees composed of members of the Facility staff who report their findings and activities at regular meetings of the Medical Advisory Committee.

SECTION D CREDENTIALS

Credentials review shall be performed by the Medical Advisory Committee. The function of the Credentials review shall be:

1. To investigate the credentials of all applicants for membership to the Staff, and to make recommendations in conformity with the Bylaws and Rules and Regulations;
2. To review all information presented regarding the competence of Staff members, and as a result of such review, to make recommendations to the Board of Representatives for granting of privileges and reappointments;
3. To investigate any breach of ethics that may be reported and to transmit its findings and recommendations to the Board of Representatives; and,
4. To review the qualifications of all applicants for temporary staff privileges and to make recommendations in conformity with these Bylaws and Rules and Regulations.

The Medical Advisory Committee shall meet to review credentials at the request of the Chairman of the Medical Advisory Committee.

SECTION E MEDICAL RECORDS

Medical Records review shall be performed by the Medical Advisory Committee or its appointed committee. The duties of Medical Records review shall be to supervise and appraise the medical records, to determine adequacy of source documents and compliance with established standards for completeness and accuracy. This review shall take place quarterly for the purpose of reviewing selected medical records of patients discharged during the preceding

months, and any other records referred to the committee by the Medical Record Consultant or the Executive Director. A Medical Records Consultant will perform periodic record reviews and issue a written report to the Medical Advisory Committee prior to its regularly scheduled meeting.

At monthly intervals, the Medical Records Secretary shall inform the Medical Director of those Staff Members who are delinquent in their records. The Medical Director will take appropriate action according to the Bylaws. Records are considered delinquent when they have not complied with the provisions of these Bylaws or applicable Rules and Regulations.

SECTION F

TISSUE, SURGICAL EVALUATION & REVIEW

The function of Tissue, Surgical Evaluation and Review shall be performed by the Medical Advisory Committee or its appointed committee.

The function of Tissue and Surgical Evaluation shall be to study the agreement, or absence thereof, between the preoperative and post-operative (pathological) diagnosis, and on whether or not surgical procedures undertaken in the facility were justified. This study shall also include those procedures in which no tissue was removed for diagnosis. Any additional information required by this evaluation committee shall be supplied by the staff member in question at the next regular meeting of the committee. Violation of this rule by the Staff member shall be met with immediate suspension of staff privileges.

A pathology consultant will perform periodic record reviews and issue a written report to the Medical Advisory Committee prior to its regularly scheduled meeting.

The function of the Review shall be to evaluate the quality and type of medical practice within the confines of the facility.

SECTION G

INFECTIONS CONTROL EVALUATION

The function of the 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 facility infection or potential sources of infection. This evaluation shall take place semi-annually or more often when requested by the Chairman of the Medical Advisory Committee, through the written report by the Infections Control Consultant or designee therein.

SECTION H

PHARMACY AND THERAPEUTICS REVIEW

The function of the Pharmacy and Therapeutics Review shall be performed by the Medical Advisory Committee or its appointed committee.

The function of the Pharmacy and Therapeutics Review shall be:

1. To approve all policies and procedures relating to pharmacy service within the Facility.
2. To establish criteria relative to the safe and effective use of pharmaceuticals.
3. To establish and maintain a pharmaceutical formulary of those drugs which may be used in the Facility.
4. To review efforts aimed at cost containment.
5. To report drug shortages and recalls.

A Pharmacy Consultant service will be contracted by the Facility. The Consultant will review records and drug inventories on a quarterly basis and issue a written report to the Medical Advisory Committee prior to its regularly scheduled meetings.

SECTION I

QUALITY ASSURANCE/RISK MANAGEMENT COMMITTEE

The function of the Quality Assurance/Risk Management Committee shall be performed by the Medical Advisory Committee through its appointed sub-committee.

The function of the Quality Assurance/Risk Management Committee shall be to coordinate with the Executive Director a formal program of review to:

- (1) help improve the quality of health care;
- (2) avoid improper utilization of health care services;
- (3) determine the reasonable charges for health care services; and
- (4) provide risk prevention and incidents reporting as set forth in the Facility's risk management plan.

The Committee will identify Quality Assurance standards, perform Quality Assurance audits, evaluate care and report the same to the Medical Advisory Committee at its regularly scheduled meeting. The Quality Assurance/Risk Management Committee shall meet monthly.

ARTICLE V

GENERAL

A quorum of the Medical Advisory Committee shall consist of fifty percent (50%) of the members excluding excused absences, plus one. In matters of dismissal and appeal, no excused absences will be permitted for purposes of determining a quorum. The Chairman (or Designee) shall be authorized to excuse a member of the Medical Advisory Committee for attendance at meetings.

Amendments of these Bylaws, except amendments to the Rules and Regulations which may be amended as provided herein, shall be proposed by the Medical Advisory Committee at any of its meetings. Such amendments, if passed by the Medical Advisory Committee, shall be acted upon at the next regular meeting of the Board. Amendments shall become effective when approved by a majority vote of the Board of Representatives. All members of the Medical Staff shall be notified by mail of Bylaw changes or changes in the Rules and Regulations within two weeks after approval by the Board of Representatives.

These Bylaws shall be adopted at any regular or special meeting of the Medical Staff by a two-thirds (2/3) vote of those present and shall become effective when approved by a majority vote of the Board of Representatives; however, the Rules and Regulations shall be adopted at any meeting of the Medical Advisory Committee by a two-thirds (2/3) vote of those present and shall become effective when approved by a majority vote of the Board of Representatives.

Special meetings of the Medical Staff to consider specific problems may be called at any time by the Chairman of the Medical Advisory Committee at his discretion or at request of the Chairman of the Board of Representatives. A special meeting shall not be called without first consulting with the Executive Director. Written notice stating the purpose of the meeting shall be mailed to the Staff members at least seven (7) calendar days prior to the date of the meeting.

The annual meeting of the Medical Staff shall occur at the January Medical Advisory Committee meeting, at which time the Medical Advisory Committee shall make an annual report. Notice of such meeting shall be posted on the bulletin board in the staff lounge and a written notice shall be sent to the Staff members at least seven (7) days prior to the time set for the meeting.

Recommended for Approval: William B. Roberson, MD Date: 11-11-93
Chairman, Medical Advisory Committee

Approved: [Signature] Date: 11-11-93
Chairman, Board of Representatives

Reviewed: BR/MAC Date: 8/92

Reviewed: _____ Date: _____

Reviewed: _____ Date: _____

Reviewed: _____ Date: _____