

# **MEDICAL STAFF BYLAWS**

**EMORY JOHNS CREEK HOSPITAL**

*Approved by the Board: August 19, 2021*

**BYLAWS**

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## ARTICLE 1

### GENERAL

#### 1.A. DEFINITIONS

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Emory Healthcare Credentials Policy.

#### 1.B. TIME LIMITS

Time limits referred to in these Bylaws and related policies and manuals are advisory only and are not mandatory, unless it is expressly stated. Medical Staff leaders will strive to be fair under the circumstances.

#### 1.C. DELEGATION OF FUNCTIONS

- (1) When a function is to be carried out by a Medical Staff Leader, by a Medical Staff Member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to one or more designees.
- (2) When a Medical Staff Member is unavailable or unable to perform an assigned function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

#### 1.D. MEDICAL STAFF DUES

- (1) If applicable, Medical Staff dues will be as recommended by the MEC and may vary by category.
- (2) If applicable, dues will be payable annually upon request. Failure to pay dues will result in ineligibility for continued appointment and privileges.

#### 1.E. INDEMNIFICATION

The Hospital shall provide a legal defense for, and shall indemnify, all Medical Staff officers, chiefs of service, section chiefs, committee chairs, committee members, and authorized representatives when acting in those capacities, to the fullest extent permitted by the Hospital's corporate bylaws.

## ARTICLE 2

### CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff set forth in the Emory Healthcare Credentials Policy are eligible to apply for appointment to one (1) of the categories listed below.

#### 2.A. ACTIVE STAFF

##### 2.A.1. Qualifications:

The Active Staff will consist of those Physicians, Dentists, Oral/Maxillofacial Surgeons, and Podiatrists who actively participate in the professional affairs of the Medical Staff, including regular admission and attendance of patients, professional supervision of patient care, and/or participation in educational or research programs.

The Active Staff are involved in at least twenty-four (24) Patient Contacts per two (2) year appointment term\*.

\*The chief of service or section chief may recommend to the MEC a waiver of the twenty-four (24) Patient Contacts criteria when a provider does not meet the requirement but is requesting to remain in the Active Staff Category.

##### 2.A.2. Prerogatives:

Active Staff Members may:

- (a) admit patients and/or engage in the clinical management of patients;
- (b) vote in general and special meetings of the Medical Staff and applicable service, section, and committee meetings;
- (c) hold office, serve on Medical Staff committees, and serve as chief of service, section chief, and committee chair;
- (d) exercise Clinical Privileges granted; and
- (e) assist in educational and research activities.

##### 2.A.3. Responsibilities:

Active Staff Members must assume all the responsibilities of the Active Staff, which include:

- (a) serving on committees, as requested;

- (b) when assigned, and as appropriate, providing specialty coverage for the Emergency Department for those services and sections with assigned call, accepting referrals from the Emergency Department for follow-up care, and accepting inpatient consultations when requested;
- (c) participating in the professional practice evaluation and Performance Improvement processes, including submission of performance data from other institutions and office practice;
- (d) complying with all requirements of the Emory Healthcare Credentials Policy, and the bylaws, rules and regulations and policies of both the Hospital and Emory Healthcare; and
- (e) paying fees, dues, and assessments, if applicable.

## 2.B. REFERRAL STAFF

### 2.B.1. Qualifications:

The Referral Staff will consist of Physicians, Dentists, Oral/Maxillofacial Surgeons, and Podiatrists Staff who:

- (a) desire to be associated with, but who do not intend to establish a practice at, this Hospital;
- (b) are interested in pursuing professional and educational opportunities, including Continuing Medical Education, available at the Hospital; and
- (c) satisfy the qualifications for appointment set forth in the Emory Healthcare Credentials Policy but are exempt from the qualifications pertaining to providing emergency call coverage and having appropriate coverage arrangements with other Members of the Medical Staff; provided however, that Referral Staff Members may request a waiver from the requirement for Board Certification. If a Referral Staff Member is granted a waiver to the Board Certification requirement, the Referral Staff Member shall not use Emory Healthcare branding or name in their marketing or promotional activities unless they have another affiliation with an Emory Healthcare entity that permits them to do so, such as being a member of the Emory Healthcare Network or holding Privileges at another Emory Healthcare hospital.

### 2.B.2. Prerogatives and Responsibilities:

Referral Staff Members may:

- (a) attend meetings of the Medical Staff and applicable service and section, (without vote);



- (b) shall generally have no Medical Staff committee responsibilities, but may be assigned to committees (with vote);
- (c) shall generally not hold office or serve as chief of service, section chief, or committee chair (unless approved by the MEC);
- (d) may attend educational activities sponsored by the Medical Staff and the Hospital;
- (e) may refer patients to Members of the Medical Staff for admission and care;
- (f) are encouraged to communicate directly with Active Staff Members about the care of any patients referred, as well as to visit any such patients and record a courtesy progress note in the medical record containing relevant information from the patient's outpatient care;
- (g) may review the medical records and test results (via paper or electronic access) and write informational notes for any patients who are referred;
- (h) may perform preoperative history and physical examinations in the office and have those reports entered into the Hospital's medical records;
- (i) are not granted inpatient or outpatient Clinical Privileges and, therefore, may not admit patients, attend patients, write orders for inpatients, perform consultations, assist in surgery, or otherwise participate in the management of clinical care to patients at the Hospital;
- (j) may refer patients to the Hospital's diagnostic facilities and order such tests;
- (k) are encouraged to accept referrals from the Emergency Department for follow-up care of patients treated in the Emergency Department; and
- (l) must pay application fees, dues, and assessments, if applicable.

The grant of appointment to the Referral Staff is a courtesy only, which may be terminated by the Board upon recommendation of the Medical Executive Committee, with no right to a hearing or appeal.

## 2.C. HONORARY STAFF

### 2.C.1. Qualifications:

- (a) The Honorary Staff will consist of Physicians, Dentists, Oral/Maxillofacial Surgeons, and Podiatrists who:
  - (1) have a record of previous long-standing service to the Hospital or have retired from Active Staff at the Hospital and, in the discretion of the Medical Executive Committee, are in good standing at the time of initial application for membership on the Honorary Staff; or

- (2) are recognized for outstanding or noteworthy contributions to the medical sciences.
- (b) Once an individual is appointed to the Honorary Staff, that status is ongoing. As such, there is no need for the individual to submit a reappointment application, maintain an active medical license or DEA registration.

#### 2.C.2. Prerogatives and Responsibilities:

Honorary Staff Members:

- (a) may not consult, admit, or attend to patients;
- (b) may attend Medical Staff, service, and section meetings when invited to do so (without vote);
- (c) may not hold office or serve as chief of service, section chief, or committee chair;
- (d) may be appointed to committees (without vote); and
- (e) are entitled to attend educational programs of the Medical Staff and the Hospital.

#### 2.D. COURTESY STAFF

##### 2.D.1. Qualifications:

The Courtesy Staff shall consist of Physicians, Dentists, Oral/Maxillofacial Surgeons, and Podiatrists who:

- (a) are involved in fewer than twenty-four (24) but more than zero (0), Patient Contacts per two (2) year appointment term;
- (b) meet all the same threshold eligibility criteria as other Medical Staff Members, including specifically those relating to availability and response times with respect to the care of their patients;
- (c) hold active staff membership at another Joint Commission accredited hospital in the community where his/her hospital practice is reviewed, evaluated and monitored similarly to those peer review activities required of active staff members of this Hospital; and
- (d) at each reappointment time, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and Clinical Privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care

organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to Physicians).

#### 2.D.2. Prerogatives and Responsibilities:

Courtesy Staff Members:

- (a) may attend and participate in Medical Staff and service and section meetings (without vote);
- (b) shall generally not hold office or serve as chief of service, section chief, or committee chair (unless approved by the MEC);
- (c) may be invited to serve on committees (with vote);
- (d) are generally excused from providing specialty coverage for the Emergency Department for Unassigned Patients, but:
  - (1) must assume the care of any of their patients, or patients assumed through a coverage/call arrangement, who present to the Emergency Department when requested to do so by an Emergency Department Physician;
  - (2) must accept referrals from the Emergency Department for follow-up care of their patients treated in the Emergency Department; and
  - (3) will be required to provide specialty coverage if the MEC finds that there are insufficient Active Staff Members in a particular specialty area to perform these responsibilities;
- (e) shall cooperate in the professional practice evaluation and Performance Improvement processes;
- (f) shall exercise such Clinical Privileges as are granted to them; and
- (g) shall pay application fees, dues, and assessments, if applicable.

#### 2.E. CONSULTING STAFF

##### 2.E.1. Qualifications:

The Consulting Staff shall consist of Physicians, Dentists, Oral/Maxillofacial Surgeons, and Podiatrists who:

- (a) are of demonstrated professional ability and expertise who provide a service not otherwise available or that is available in very limited supply on the Active Staff (should the service become readily available on the Active Staff, the Consulting Staff Members would not be eligible to request continued Consulting Staff status at the time of their next reappointment);

- (b) provide services at the Hospital only at the request of other Members of the Medical Staff; and
- (c) at the time of each reappointment, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and Clinical Privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to Physicians).

#### 2.E.2. Prerogatives and Responsibilities:

##### Consulting Staff Members:

- (a) may attend meetings of the Medical Staff and service and section meetings (without vote);
- (b) shall generally not hold office or serve as chief of service, section chief, or committee chair (unless approved by the MEC);
- (c) may be invited to serve on committees (with vote);
- (d) may evaluate and treat patients in conjunction with other Members of the Medical Staff;
- (e) are excused from providing specialty coverage for the Emergency Department and providing care for Unassigned Patients, unless the MEC finds that there are insufficient Active Staff Members in a particular specialty area to perform these responsibilities;
- (f) shall cooperate in the professional practice evaluation and Performance Improvement processes; and
- (g) shall pay application fees, dues, and assessments, if applicable.

#### 2.F. COVERAGE STAFF

##### 2.F.1. Qualifications:

The Coverage Staff shall consist of Physicians, Dentists, Oral/Maxillofacial Surgeons, and Podiatrists who:

- (a) desire appointment to the Medical Staff solely for the purpose of being able to provide coverage assistance to Active Staff Members who are members of their group practice or their coverage group;

- (b) at the time of each reappointment, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and Clinical Privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to Physicians);
- (c) are not required to satisfy the response time requirements as may be set forth in the Emory Healthcare Credentials Policy, except for those times when they are providing coverage; and
- (d) agree that their Medical Staff appointment and Clinical Privileges will be automatically relinquished, with no right to a hearing or appeal, if their coverage arrangement with the Active Staff Member(s) terminates for any reason.

2.F.2. Prerogatives and Responsibilities:

Coverage Staff Members:

- (a) when providing coverage assistance for an Active Staff Member, shall be entitled to admit and/or treat patients who are the responsibility of the Active Staff Member that is being covered (i.e., the Active Staff Member's own patients or Unassigned Patients who present through the Emergency Department when the Active Staff Member is on call);
- (b) shall assume all Medical Staff functions and responsibilities as may be assigned, including, where appropriate, care for Unassigned Patients, emergency service care, consultation, and teaching assignments when covering for members of their group practice or coverage group;
- (c) shall be entitled to attend Medical Staff, section, and service meetings (without vote);
- (d) shall generally not hold office or serve as chief of service, section chief, or committee chair (unless waived by the MEC);
- (e) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote); and
- (f) shall pay fees, dues, and assessments, if applicable.

## ARTICLE 3

### OFFICERS

#### 3.A. DESIGNATION

The officers of the Medical Staff shall be the Chief of Staff, Vice Chief of Staff, the Secretary, and the Immediate Past Chief of Staff.

#### 3.B. ELIGIBILITY CRITERIA

Only those members of the Active Staff who satisfy the following criteria initially and continuously shall be eligible to serve as an officer of the Medical Staff, unless an exception is recommended by the MEC and approved by the Board. They must:

- (1) be appointed in good standing to the Active Staff, and have served on the Active Staff for at least two years;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process;
- (3) have no pending adverse recommendations concerning Medical Staff membership or clinical privileges;
- (4) not presently be serving as Medical Staff officers, Board members, chiefs of service or section chiefs (or equivalent), or committee chairs at any other hospital and shall not so serve during their term of office;
- (5) be willing to faithfully discharge the duties and responsibilities of the position;
- (6) have experience in a leadership position, or other involvement in performance improvement functions;
- (7) have demonstrated an ability to work well with others; and
- (8) not have any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with the Hospital or any affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner.

All such individuals are encouraged to obtain education relating to Medical Staff leadership, credentialing, and/or professional practice evaluation functions prior to or during the term of the office.

#### 3.C. DUTIES

### 3.C.1. Chief of Staff:

The Chief of Staff shall:

- (a) act in coordination and cooperation with the CMO and the CEO in matters of mutual concern involving the care of patients in the Hospital;
- (b) represent and communicate the views, policies, concerns, and needs, and report on the activities, of the Medical Staff to the CEO and the Board;
- (c) be accountable to the Board, in conjunction with the MEC, for the quality and efficiency of clinical services and performance within the Hospital and for the effectiveness of the performance improvement/professional practice evaluation/case management program functions delegated to the Medical Staff;
- (d) call and preside at all regular and special meetings of the Medical Staff and the MEC, and assume responsibility for the agenda of all such meetings;
- (e) appoint chiefs of service and vice chiefs of service and section chiefs;
- (f) appoint all committee chairs and members;
- (g) serve as chair of the MEC (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio* (with vote, as necessary);
- (h) serve as an *ex officio* member of the Board, without vote;
- (i) if applicable, be a signatory on the Hospital's Medical Staff account;
- (j) promote adherence to the Bylaws, policies, and Rules and Regulations of the Medical Staff and to the policies and procedures of the Hospital;
- (k) recommend Medical Staff representatives to Hospital committees;
- (l) be the spokesperson for the Medical Staff in its external professional and public relations; and
- (m) perform all functions authorized in all applicable policies, including collegial intervention in the Emory Healthcare Credentials Policy.

### 3.C.2. Vice Chief of Staff:

The Vice Chief of Staff shall:

- (a) assume all duties of the Chief of Staff and act with full authority as Chief of Staff in his or her absence;
- (b) serve as the vice chair of the MEC and the chair of the Credentials Committee;

and

- (c) assume all such additional duties as are assigned by the Chief of Staff, the MEC, or the Board.

### 3.C.3. Secretary:

The Secretary shall:

- (a) serve as a member of the MEC;
- (b) oversee the preparation of accurate and complete minutes of all MEC and general Medical Staff meetings;
- (c) attend to all appropriate correspondence and notices on behalf of the Medical Staff, as may be requested;
- (d) be a signatory on the Hospital's Medical Staff account; and
- (e) perform such additional duties as are assigned by the Chief of Staff, the MEC, or the Board.

### 3.C.4 Immediate Past Chief of Staff:

The Immediate Past Chief of Staff shall:

- (a) serve as an advisor and mentor to the Chief of Staff and the other officers;
- (b) serve as a voting member of the MEC; and
- (c) perform such additional duties as are assigned by the Chief of Staff, the MEC, or the Board.

### 3.D. NOMINATIONS

- (1) The Nominating Committee shall consist of the Chief of Staff (who shall serve as Chair), the Immediate Past Chief of Staff, the Vice Chief of Staff, and two members of the MEC, appointed by the Chief of Staff. The CMO and CEO shall also be members of the Committee, *ex officio*, without vote.
- (2) The Committee shall convene at least 45 days prior to the election and shall select the names of one or more qualified nominees for the offices of Chief of Staff and Vice Chief of Staff. All nominees must meet the eligibility criteria in Section 3.B and agree to serve, if elected. Notice of the nominees shall then be provided to the Medical Staff at least 30 days prior to the election.
- (3) Additional nominations may be submitted to the Nominating Committee by written petition signed by at least 20% of the voting staff members at least fifteen days prior to the election. In order for a nomination to be added to the ballot, the



candidate must meet the qualifications in Section 3.B, in the judgment of the Nominating Committee, and be willing to serve.

- (4) Nominations from the floor shall not be accepted.

### 3.E. ELECTION

- (1) The election shall be held solely by written ballot returned to the Medical Staff Office. Ballots may be returned in person, by mail, by facsimile, or by e-mail ballot. All ballots must be received in the Medical Staff Office by the day of the election. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation.
- (2) In the alternative, at the discretion of the MEC, candidates receiving a majority of written votes cast at an official meeting shall be elected, subject to Board confirmation. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.

### 3.F. TERM OF OFFICE

Officers shall serve for a term of two years or until a successor is elected. Officers may be re-elected, but no individual may serve in the same position for more than two consecutive two-year terms.

### 3.G. REMOVAL

- (1) Removal of an elected officer or member of the MEC may be effectuated by a two-thirds vote of the MEC, or by a two-thirds vote of the Active Staff, or by the Board. Grounds for removal shall be:
  - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
  - (b) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws;
  - (c) failure to perform the duties of the position held;
  - (d) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
  - (e) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC, the Active Staff, or the Board, as applicable, prior to a vote on removal. No removal shall be effective until approved by the Board.

### 3.H. VACANCIES

A vacancy in the office of Chief of Staff shall be filled by the Vice Chief of Staff. A vacancy in the office of Vice Chief of Staff shall be filled by the Secretary. In the event there is a vacancy in the office of Secretary, the Chief of Staff shall appoint an individual to fill that office for the remainder of the term or until a special election can be held, in the discretion of the MEC.

ARTICLE 4

CLINICAL SERVICES

4.A. ORGANIZATION

The Medical Staff shall be organized into services and sections as listed in the Medical Staff Organization Manual. Subject to the approval of the Board, the MEC may create new services, eliminate services, create sections within services, or otherwise reorganize the clinical service structure.

4.B. ASSIGNMENT TO CLINICAL SERVICE

- (1) Upon initial appointment to the Medical Staff, each member shall be assigned to a clinical service. Assignment to a particular service does not preclude an individual from seeking and being granted clinical privileges typically associated with another service.
- (2) An individual may request a change in service assignment to reflect a change in the individual's clinical practice.

4.C. FUNCTIONS OF SERVICES

The services shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the services, (ii) to monitor the practice of all those with clinical privileges or a scope of practice in a given service, and (iii) to provide appropriate specialty coverage in the Emergency Department, consistent with the provisions in these Bylaws and related documents.

4.D. QUALIFICATIONS OF CHIEFS OF SERVICE AND SECTION CHIEFS

Each chief of service and section chief shall satisfy all the eligibility criteria outlined in Section 3.B, unless waived by the Board after considering the recommendation of the Chief of Staff.

4.E. APPOINTMENT AND REMOVAL OF CHIEFS OF SERVICE AND SECTION CHIEFS

- (1) Except as otherwise provided by contract, chiefs of service and section chiefs shall be appointed by the Chief of Staff, subject to Board confirmation.
- (2) Any chief of service or section chief may be removed by a two-thirds vote of the clinical service members, subject to Board confirmation; or by a two-thirds vote of the MEC, subject to Board confirmation; or by the Board. Grounds for removal shall be:

- (a) failure to comply with applicable policies and Bylaws;
  - (b) failure to continue to satisfy any of the criteria in Section 3.B of these Bylaws;
  - (c) failure to perform the duties of the position held;
  - (d) suspected conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
  - (e) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (3) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action is to be considered. The individual shall be afforded an opportunity to speak to the service, the MEC, or the Board, as applicable, prior to a vote on removal. No removal shall be effective until approved by the Board.
- (4) Chiefs of service and section chiefs shall serve for a term of two years. These individuals may be reappointed, but no individual may serve in the same position for more than two consecutive two-year terms (unless an exception is recommended by the MEC and ratified by the Board).

#### 4.F. DUTIES OF CHIEFS OF SERVICE AND SECTION CHIEFS

- (1) Chiefs of service are responsible for the following, either individually or in collaboration with Hospital personnel:
- (a) coordinating all clinically-related activities of the service;
  - (b) coordinating all administratively-related activities of the service;
  - (c) continuing surveillance of the professional performance of all individuals in the service who have delineated clinical privileges, including performing ongoing and focused professional practice evaluations (OPPE and FPPE), as outlined in the Professional Practice Evaluation Policy;
  - (d) recommending criteria for clinical privileges that are relevant to the care provided in the service;
  - (e) evaluating requests for clinical privileges for each member of the service;
  - (f) assessing and recommending off-site sources for needed

patient care, treatment, and services not provided by the service or the Hospital;

- (g) integrating the service into the primary functions of the Hospital;
- (h) coordinating and integrating inter-clinical and intra-clinical services;
- (i) developing and implementing policies and procedures that guide and support the provision of care, treatment, and services in the clinical service;
- (j) making recommendations for a sufficient number of qualified and competent persons to provide care, treatment, and services;
- (k) determining the qualifications and competence of clinical service personnel who are not licensed independent practitioners and who provide patient care, treatment, and services;
- (l) continuously assessing and improving the quality of care, treatment, and services provided within the clinical service;
- (m) maintaining quality monitoring programs, as appropriate;
- (n) providing for the orientation and continuing education of all persons in the service;
- (o) making recommendations for space and other resources needed by the service;
- (p) cooperating with the preparation of Emergency Department on-call rosters to ensure appropriate coverage; and
- (q) performing all functions authorized in the Emory Healthcare Credentials Policy, including collegial intervention effort.

(2) The section chief shall:

- (a) serve as a member of the Professional Practice Evaluation Committee;
- (b) assist the chief of service in the performance of his/her duties; and
- (c) assume the duties of the chief of service in his/her absence.

If the section chief is removed or unavailable for any reason, the Chief of Staff shall

appoint an individual to fill this position for the remainder of the term.

#### 4.G. SECTIONS

##### 4.G.1. Functions of Sections:

- (a) Sections may perform any of the following activities:
  - (1) continuing education;
  - (2) discussion of policy;
  - (3) discussion of equipment needs;
  - (4) development of recommendations to the chief of service or the MEC;
  - (5) participation in the development of criteria for clinical privileges (when requested by the chief of service); and
  - (6) discussion of a specific issue related to quality assessment, peer review, performance improvement, and/or credentialing at the request of a chief of service or the MEC.
- (b) No minutes or reports will be required reflecting the activities of sections, except when a section is making a formal recommendation to a clinical service, chief of service, or the MEC.
- (c) Sections shall not be required to hold any number of regularly scheduled meetings.

##### 4.G.2. Selection and Removal of Section Chiefs:

Section chiefs shall be appointed or removed by the Chief of Staff, after consulting with the chief of service. Section chiefs shall serve a term of two years. Section chiefs may be reappointed, but no individual may serve in the same position for more than two consecutive two-year terms (unless an exception is recommended by the MEC and ratified by the Board).

##### 4.G.3. Duties of Section Chiefs:

The section chief shall carry out those functions delegated by the chief of service or the MEC, which may include the following:

- (a) review and report on applications for initial appointment and clinical privileges;

- (b) review and report on applications for reappointment and renewal of clinical privileges;
- (c) evaluate individuals during the FPPE to confirm competence period;
- (d) participate in the development of criteria for clinical privileges within the section;
- (e) review and report regarding the professional performance of individuals practicing within the section;
- (f) support the chief of service in making recommendations regarding the coordination of section activities, as well as the hospital resources necessary for the section to function effectively; and
- (g) perform any of the other duties of a chief of service when requested to do so by the chief of service or the Chief of Staff.

## ARTICLE 5

### MEDICAL STAFF COMMITTEES

#### 5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

#### 5.B. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

- (1) Unless otherwise indicated, all committee chairs and members shall be appointed by the Chief of Staff. Committee chairs shall be selected based on the criteria set forth in Section 3.B of these Bylaws.
- (2) Committee chairs and members shall be appointed for initial terms of two years, but may be reappointed for additional terms. All appointed chairs and members may be removed and vacancies filled by the Chief of Staff at his/her discretion.
- (3) Unless otherwise indicated, all Hospital and administrative representatives on the committees shall be appointed by the CEO. All such representatives shall serve on the committees, without vote.
- (4) Unless otherwise indicated, the Chief of Staff, the CMO, the Chief Quality Officer, and the CEO (or their respective designees) shall be members, *ex officio*, without vote, on all committees.

#### 5.C. MEETINGS, REPORTS, AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in these Bylaws or in the Medical Staff Organization Manual shall meet as necessary to accomplish its functions and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely report after each meeting to the MEC and to other committees and individuals as may be indicated.

#### 5.D. MEDICAL EXECUTIVE COMMITTEE

##### 5.D.1. Composition:

- (a) The MEC shall consist of the following voting members:
  - Chief of Staff,
  - Vice Chief of Staff,
  - Immediate Past Chief of Staff,



- Secretary,
  - Chiefs of Clinical Services,
  - Chairs of the following committees: Credentials, Ethics, P&T, Professional Practice Evaluation, Graduate Medical Education, Cancer, and Utilization Review, and
  - Up to two at-large members, appointed by the Chief of Staff, in collaboration with the CMO and CEO.
- (b) The Chief of Staff will chair the MEC.
- (c) The Chief of Staff, in collaboration with the CMO and the CEO, may appoint an Advanced Practice Provider or Allied Health Professional to serve as a voting member of the Committee.
- (d) The CEO, the CMO, the COO, the Chief Quality Officer, the Chief Nursing Officer, the Ethics and Compliance Officer, Medical Staff Office Manager and the Director of Medical Staff Services shall be *ex officio* members of the MEC, without vote.

5.D.2. Duties:

- (a) The MEC is delegated the primary authority over activities related to the functions of the Medical Staff and for performance improvement of the professional services provided by individuals with clinical privileges. This authority may be removed by amending these Bylaws and related policies.
- (b) The MEC is responsible for the following:
- (1) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings (the officers are empowered to act in urgent situations between MEC meetings);
  - (2) recommending directly to the Board on at least the following:
    - (i) the Medical Staff's structure;
    - (ii) the mechanism used to review credentials and to delineate individual clinical privileges;
    - (iii) applicants for Medical Staff appointment and reappointment;
    - (iv) delineation of clinical privileges for each eligible individual;
    - (v) participation of the Medical Staff in Hospital performance improvement activities and the quality of professional services being provided by the Medical Staff;

- (vi) the mechanism by which Medical Staff appointment may be terminated;
  - (vii) hearing procedures; and
  - (viii) reports and recommendations from Medical Staff committees, clinical services, and other groups, as appropriate;
- (3) consulting with administration on quality-related aspects of contracts for patient care services;
  - (4) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;
  - (5) providing leadership in activities related to patient safety;
  - (6) providing oversight in the process of analyzing and improving patient satisfaction;
  - (7) ensuring that, at least every five years, the Bylaws, policies, and associated documents of the Medical Staff are reviewed and updated;
  - (8) providing and promoting effective liaison among the Medical Staff, Administration, and the Board; and
  - (9) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, or other applicable policies.

5.D.3. Meetings:

The MEC shall meet at least eight times a year, and shall maintain a permanent record of its proceedings and actions.

5.E. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in the measurement, assessment, and improvement of at least the following:
  - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals, and reduce patient safety risks;

- (b) the Hospital's and individual practitioners' performance on Joint Commission and Centers for Medicare & Medicaid Services ("CMS") core measures;
- (c) medical assessment and treatment of patients;
- (d) medication usage, including review of significant adverse drug reactions, medication errors, and the use of experimental drugs and procedures;
- (e) the utilization of blood and blood components, including review of significant transfusion reactions;
- (f) operative and other invasive procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
- (g) appropriateness of clinical practice patterns;
- (h) significant departures from established patterns of clinical practice;
- (i) use of information about adverse privileging determinations regarding any practitioner;
- (j) the use of developed criteria for autopsies;
- (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
- (l) nosocomial infections and the potential for infection;
- (m) unnecessary procedures or treatment;
- (n) appropriate resource utilization;
- (o) education of patients and families;
- (p) coordination of care, treatment, and services with other practitioners and Hospital personnel;
- (q) accurate, timely, and legible completion of medical records;
- (r) the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in Appendix B of these Bylaws;

- (s) review of findings from the ongoing and focused professional practice evaluation activities that are relevant to an individual's performance; and
  - (t) communication of findings, conclusions, recommendations, and actions to improve performance to appropriate Medical Staff members and the Board.
- (2) A description of the committees that carry out systematic monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization Manual.

5.F. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Organization Manual, the MEC may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. In the same manner, the MEC may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual, a standing committee, or a special committee shall be performed by the MEC.

5.G. SPECIAL COMMITTEES

Special committees shall be created and their members and chairs shall be appointed by the Chief of Staff and/or the MEC. Such special committees shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

## ARTICLE 6

### MEETINGS

#### 6.A. MEDICAL STAFF YEAR

The Medical Staff year is January 1<sup>st</sup> to December 31<sup>st</sup>.

#### 6.B. MEDICAL STAFF MEETINGS

##### 6.B.1. Regular Meetings:

The Medical Staff shall hold one required annual meeting within the calendar year.

##### 6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Chief of Staff, the MEC, or by a petition signed by at least twenty percent (20%) of the voting staff.

#### 6.C. CLINICAL SERVICE, SECTION, AND COMMITTEE MEETINGS

##### 6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Organization Manual, each service, section, and committee shall meet as necessary to accomplish their functions, at times set by the Presiding Officer.

##### 6.C.2. Special Meetings:

A special meeting of any service, section, or committee may be called by or at the request of the Presiding Officer, the Chief of Staff, the MEC, or by a petition signed by not less than one-fourth of the voting staff members of the service, section, or committee (but in no event fewer than two members).

#### 6.D. PROVISIONS COMMON TO ALL MEETINGS

##### 6.D.1. Notice of Meetings:

(a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of services, sections, and committees at least fourteen (14) days in advance of the meetings. Notice may also be provided by posting in a designated location at least two (2) weeks prior to the meetings. All notices shall state the date, time, and place of the meetings.

(b) When a special meeting of the Medical Staff, a clinical service, a section, or a committee is called, the required notice period shall be reduced to forty-eight (48) hours (i.e., must be given at least forty-eight (48) hours prior to the special meeting). In addition, posting may not be the sole mechanism used for providing notice of any special meeting.

(c) The attendance of any individual at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

##### 6.D.2. Quorum and Voting:

(a) For any regular or special meeting of the Medical Staff, clinical service, section, or committee, those voting members present (but not fewer than two) shall constitute a quorum. An exception to this general rule is as follows:

(1) For meetings of the MEC, the presence of at least one-third (1/3) of the voting members of the committee shall constitute a quorum.

(b) Recommendations and actions of the Medical Staff, clinical services, sections, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those voting members present.

(c) As an alternative to a formal meeting, the voting members of the Medical Staff, a clinical service, a section, or a committee may also be presented with a question by mail, facsimile, e-mail, hand-delivery, telephone, or other technology approved by the Chief of Staff, and their votes returned to the Presiding Officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the MEC (as noted in (a)), a quorum for purposes of these votes shall be the number of responses returned to the Presiding Officer by the date indicated. The question raised shall be determined in the affirmative and shall be binding if a majority of the responses returned has so indicated.

(d) Meetings may be conducted by telephone conference or videoconference.

#### 6.D.3. Agenda:

The Presiding Officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, service, section, or committee.

#### 6.D.4. Rules of Order:

Robert's Rules of Order shall not be binding at meetings and elections, but may be used for reference in the discretion of the Presiding Officer for the meeting. Rather, specific provisions of these Bylaws and Medical Staff, service, section, or committee custom shall prevail at all meetings. The Presiding Officer shall have the authority to rule definitively on all matters of procedure.

#### 6.D.5. Minutes, Reports, and Recommendations:

(a) Minutes of all meetings of the Medical Staff, services, sections (as necessary), and committees shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter. The minutes shall be authenticated by the Presiding Officer.

(b) A summary of all recommendations and actions of the Medical Staff, services, sections, and committees shall be transmitted to the MEC. The Board shall be kept apprised of the recommendations of the Medical Staff and its clinical services, sections, and committees.

(c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

#### 6.D.6. Confidentiality:

All Medical Staff business conducted by committees, services, or sections is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff who have access to, or are the subject of, credentialing and/or peer review information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Hospital policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

(a) Attendance at all committee meetings is required. All members are required to attend at least 50% of all regular and special meetings of assigned committees. Failure to attend the required number of meetings may result in replacement of the member.

(b) Each Active Staff member is expected to attend and participate in Medical Staff meetings and applicable service and section meetings each year.

## ARTICLE 7

### BASIC STEPS

The details associated with the following basic steps are contained in the Emory Healthcare Credentials Policy in a more expansive form.

#### 7.A. QUALIFICATIONS FOR APPOINTMENT AND REAPPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of Clinical Privileges, an Applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the Clinical Privileges requested as set forth in the Emory Healthcare Credentials Policy.

#### 7.B. PROCESS FOR CREDENTIALING AND PRIVILEGING

- (1) Complete applications for appointment and Privileges will be transmitted to the chief of service or section chief, who will review the individual's education, training, and experience and prepare a written report stating whether the individual meets all qualifications. This report will be forwarded to the Credentials Committee.
- (2) The Credentials Committee will review the chief of service or section chief's recommendation, the application, and supporting materials and make a recommendation. The recommendation of the Credentials Committee will be forwarded, along with the chief of service or section chief's report, to the Medical Executive Committee for review and recommendation.
- (3) The Medical Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Executive Committee is to grant appointment or reappointment and Privileges, it will be forwarded to the Board for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual will be notified by the Chief Executive Officer of the right to request a hearing.
- (4) Disaster Privileges: When a disaster plan has been implemented by the Hospital and the immediate needs of patients in the Hospital cannot be met, the Chief Medical officer may use a modified credentialing process to grant disaster Privileges to eligible volunteer licensed independent practitioners ("Volunteers"). Safeguards must be in place to verify that Volunteers are competent to provide safe and adequate care. Disaster Privileges will be granted in accordance with the Emory Healthcare Credentials Policy.



## 7.C INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and Clinical Privileges will be automatically relinquished if an individual:
  - (a) fails to do any of the following:
    - (i) timely complete medical records;
    - (ii) satisfy threshold eligibility criteria;
    - (iii) comply with training or Continuing Medical Education requirements;
    - (iv) provide requested information;
    - (v) attend a mandatory meeting to discuss issues or concerns; or
    - (vi) comply with request for fitness for practice evaluation
  - (b) is arrested, charged, indicted, convicted, or pleads guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; or (iv) violence; will C
  - (c) makes a misstatement or omission on an application form; or
  - (d) in the case of an Allied Health Professional or Advanced Practice Provider, fails, for any reason, to maintain an appropriate Supervision/collaborative relationship with a Delegating/Supervising/ Physician as defined in the Emory Healthcare Credentials Policy; or
  - (d) remains absent on leave for longer than one (1) year, unless an extension is granted by the Chief Executive Officer
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable, as set forth in the Emory Healthcare Credentials Policy.

## 7.D INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the Chief Executive Officer, the Chief of Staff, the relevant chief of service, section chief, Chief Medical Officer, Associate Chief Medical Officer, the Chair of the Medical Executive Committee, or the Board chair as applicable, is authorized to suspend or restrict all or any portion of an individual's Clinical Privileges pending an investigation.

- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the CEO or the MEC.
- (3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The MEC will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed fourteen (14) Days.
- (5) Prior to, or as part of, this review, the individual will be given an opportunity to meet with the MEC.

#### 7.E. INDICATIONS AND PROCESS FOR PROFESSIONAL REVIEW ACTIONS

Following an investigation or a determination that there is sufficient information upon which to base a recommendation, the MEC may recommend suspension or revocation of Medical Staff appointment and/or Clinical Privileges based on concerns about (a) clinical competence or practice; (b) safety or proper care being provided to patients; (c) violation of ethical standards or the bylaws, policies, or rules and regulations of the Hospital or the Medical Staff; or (d) conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff

#### 7.F. HEARING AND APPEAL PROCEDURES

- (1) The hearing will begin no sooner than thirty (30) Days after the Notice of the hearing, unless an earlier date is agreed upon by the parties.
- (2) The Hearing Panel will consist of at least three (3) members or there will be a Hearing Officer.
- (3) The hearing process will be conducted in an informal manner; formal rules of evidence or procedure will not apply.
- (4) A stenographic reporter will be present to make a record of the hearing.
- (5) Both sides will have the following rights, subject to reasonable limits determined by the Presiding Officer: (a) to call and examine witnesses, to the extent they are available and willing to testify; (b) to introduce exhibits; (c) to cross-examine any witness; (d) to have representation by counsel who may be present but may not call, examine, and cross-examine witnesses or present the case; (e) to submit a written statement at the close of the hearing; and (f) to submit proposed findings, conclusions and recommendations to the Hearing Panel.
- (6) The personal presence of the affected individual is mandatory. If the individual who requested the hearing does not testify, he or she may be called and questioned.

- (7) The Hearing Panel (or Hearing Officer) may question witnesses, request the presence of additional witnesses, and/or request documentary evidence.
- (8) The affected individual and the Medical Executive Committee may request an appeal of the recommendations of the Hearing Panel (or Hearing Officer) to the Board.

## ARTICLE 8

### AMENDMENTS

#### 8.A. MEDICAL STAFF BYLAWS

- (1) Neither the MEC, the Medical Staff, nor the Board shall unilaterally amend these Bylaws.
- (2) Amendments to these Bylaws may be proposed by the MEC or by a petition signed by at least ten percent (10%) of the voting Members of the Medical Staff.
- (3) All proposed amendments to these Bylaws must be reviewed by the MEC prior to a vote by the Medical Staff. The MEC may, in its discretion, provide a report on them either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a meeting called for such purpose. The proposed amendments may be voted upon at any meeting if Notice has been provided at least thirty (30) Days prior to the meeting. Only Active Staff Members shall be eligible to vote at meetings. For any special meeting of the Medical Staff, those voting Members present shall constitute a quorum. To be adopted, the amendment must receive a majority of the votes cast by the voting Members at the meeting.
- (4) The MEC may also present proposed amendments to these Bylaws to the voting Members by written ballot or e-mail to be returned to the Medical Staff Office by the date indicated by the MEC. Along with the proposed amendments, the MEC may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, the amendment must receive a majority of the votes cast by respondents.
- (5) The MEC shall have the power to adopt technical, non-substantive amendments to these Bylaws which are needed because of reorganization, renumbering, punctuation, spelling, or other errors of grammar or expression.
- (6) All amendments shall be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two (2) weeks after receipt of a request.

#### 8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures, and Medical Staff Rules and Regulations that shall be applicable to all Members of the Medical Staff of all Hospitals and other individuals

who have been granted Clinical Privileges or a Scope of Practice in the Hospitals. All Medical Staff policies, procedures, and Medical Staff Rules and Regulations shall be considered an integral part of the Medical Staff Bylaws, but will be amended in accordance with this Section. These additional documents are the Emory Healthcare Credentials Policy, the Policy on Advanced Practice Providers and Allied Health Professionals, the Medical Staff Organization Manual, and the Medical Staff Rules and Regulations.

- (2) An amendment to the Emory Healthcare Credentials Policy or the Policy on Advanced Practice Providers and Allied Health Professionals must be approved by all Hospitals. An amendment may be made by a majority vote of each Hospital's MEC, provided that the written recommendations of the each Hospital's Credentials Committee concerning the proposed amendments shall have first been received and reviewed by each Hospital's MEC. Notice of all proposed amendments to these two (2) documents shall be provided to each voting Member of the applicable Hospital's Medical Staff at least fourteen (14) Days prior to the applicable Hospital's MEC meeting when the vote is to take place. Any voting Member may submit written comments on the amendments to their Hospital MEC.
- (3) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of all of the applicable Hospitals' MECs. Notice of all proposed amendments to these documents shall be provided to each voting Member of each applicable Hospital's Medical Staff(s) at least fourteen (14) Days prior to the MEC meeting when the vote is to take place. Any voting Member may submit written comments on the amendments to their Hospital MEC.
- (4) All other policies of the Medical Staff may be adopted and amended by a majority vote of the MEC. No prior notice is required.
- (5) Amendments to Medical Staff policies and Medical Staff Rules and Regulations may also be proposed by a petition signed by at least ten percent (10 %) of the voting Members of the Medical Staff. Any such proposed amendments will be reviewed by the MEC, which may comment on the amendments before they are forwarded to the Board for its final action.
- (6) Adoption of, and changes to, the Emory Healthcare Credentials Policy, Medical Staff Organization Manual, Policy on Advanced Practice Providers and Allied Health Professionals, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.
- (7) The present Medical Staff Rules and Regulations are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rule or Regulation is inconsistent with these Bylaws, it is of no force or effect.

#### 8.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Medical Executive Committee, supported by a petition signed by twenty percent (20%) of the voting Medical Staff, with regard to:
  - (a) a new Medical Staff Rule and Regulation proposed by the Medical Executive Committee or an amendment to an existing Rule and Regulation; or
  - (b) a new Medical Staff policy proposed by the Medical Executive Committee or an amendment to an existing policy.

then a special meeting of the Medical Staff to discuss the conflict will be called. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the Medical Staff Rules and Regulations or policy at issue. Only Active Staff Members shall be eligible to vote at special meetings. For any special meeting of the Medical Staff, those voting Members present shall constitute a quorum.

- (2) If the differences cannot be resolved at the meeting, the Medical Executive Committee will forward its recommendations, along with the proposed recommendations pertaining to the Medical Staff Rules and Regulations or policies offered by the voting Members of the Medical Staff, to the Board for final action.
- (3) This conflict management section is limited to the matters noted above. It is not to be used to address any other issue, including, but not limited to, professional review actions concerning individual Members of the Medical Staff.
- (4) Nothing in this Section is intended to prevent individual Medical Staff Members from communicating positions or concerns related to the adoption of, or amendments to, the Medical Staff Rules and Regulations or other Medical Staff policies directly to the Board. Communication from Medical Staff Members to the Board will be directed through the Chief Executive Officer, who will forward the request for communication to the Board chair. The Chief Executive Officer will also provide notification to the Medical Executive Committee by informing the Chief of Staff of such exchanges. The Board chair will determine the manner and method of the Board's response to the Medical Staff Member(s).

#### 8.D. ADOPTION OF A UNIFIED MEDICAL STAFF:

- (1) If the Board adopts a single unified medical staff structure that includes the Hospital, the voting Members of the Medical Staff may approve or opt out of the unified medical staff structure by conducting a vote in accordance with the process outlined in Section 8.A for amending these Medical Staff Bylaws.
- (2) Upon approval of a unified medical staff structure, the unified medical staff will adopt unified medical staff bylaws, policies, and rules and regulations that:
  - (a) take into account the unique circumstances of each participating hospital, including any significant differences in the patient populations that are served and the clinical services that are offered; and

- (b) address the localized needs and concerns of Medical Staff Members at each of the participating hospitals.
- (3) If a unified medical staff structure is approved, the voting members of the unified medical staff may later vote to opt out of the unified medical staff. Any such vote will be conducted in accordance with the process outlined in the Medical Staff Bylaws in force at the time of the vote.

## ARTICLE 9

### HISTORY AND PHYSICAL

#### 9.A GENERAL DOCUMENTATION REQUIREMENTS

- (1) A complete medical history and physical examination must be performed and documented in the patient's medical record within twenty-four (24) hours after admission or registration or in compliance with Section 9.B.2 below (but in all cases prior to surgery or an invasive procedure requiring anesthesia services). The history and physical must be completed by an individual who has been granted Privileges by the Hospital to perform histories and physicals.
- (2) The scope of the medical history and physical examination will include, as pertinent:
  - (a) patient identification;
  - (b) chief complaint;
  - (c) history of present illness;
  - (d) review of systems;
  - (e) personal medical history, including medications and allergies;
  - (f) family medical history;
  - (g) social history, including any abuse or neglect;
  - (h) physical examination, to include pertinent findings in those organ systems relevant to the presenting illness and to co-existing diagnoses;
  - (i) data reviewed;
  - (j) assessments, including problem list;
  - (k) plan of treatment; and
  - (l) if applicable, signs of abuse, neglect, addiction or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion will be documented in the plan of treatment.

#### 9.B HISTORY AND PHYSICAL PERFORMED PRIOR TO ADMISSION



- (1) Any history and physical performed more than thirty (30) Days prior to an admission or registration is invalid and may not be entered into the medical record.
- (2) If a medical history and physical examination that meets the requirements of Section 9.A.1 above has been completed within the thirty (30) Day period prior to admission or registration, a durable, legible copy of this report may be used in the patient's medical record. However, in these circumstances, the patient must also be evaluated within twenty-four (24) hours of the time of admission/registration or prior to surgery/invasive procedure, whichever comes first, and an update recorded in the medical record. A history and physical completed within the thirty (30) Day period prior to admission may be completed by a qualified licensed provider who is not a Member of the Medical Staff or who does not have Privileges at the Hospital. However, in all cases, the interval update must be completed by an individual who has been granted Privileges by the Hospital to perform histories and physicals.
- (3) The update of the history and physical examination will be based upon an examination of the patient and must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.

#### 9.C CANCELLATIONS, DELAYS, AND EMERGENCY SITUATIONS

- (1) When the history and physical examination is not recorded in the medical record before a surgical or other invasive procedure (including, but not limited to, procedures performed in the operating suites, endoscopy, colonoscopy, bronchoscopy, cardiac catheterizations, radiological procedures with sedation, and procedures performed in the Emergency Room), the operation or procedure will be canceled or delayed until an appropriate history and physical examination is recorded in the medical record, unless the attending Physician states in writing that an emergency situation exists.
- (2) In an emergency situation, when there is no time to record either a complete or a Short Stay History and Physical Form (described in Section 9.D below), the attending Physician will record an admission or progress note immediately prior to the procedure. The admission or progress note will document, at a minimum, indication for procedure. Immediately following the emergency procedure, the attending Physician is then required to complete and document a complete history and physical examination.

#### 9.D SHORT STAY OR SAME DAY PROCEDURES

A Short Stay History and Physical Form, if approved by the Medical Executive Committee, may be utilized for ambulatory or same day procedures. These forms shall document at a

minimum, the patient's chief complaint or reason for the procedure, the relevant history of the present illness or injury, current clinical condition and vital signs, general appearance, vital signs, and an assessment of the heart and lungs. Completion of these forms does not obviate the need for the practitioner to complete additional documentation as may be required by the Hospital for such procedures.

#### 9.E PRENATAL RECORDS

Where applicable, there must be a prenatal history and physical examination for every obstetrical patient. A signed copy of the prenatal record kept in the Physician's office may be substituted for the history and physical in the Hospital, provided it has been properly updated and is legible. The prenatal record may be a legible copy of the admitting Physician's office record transferred to the Hospital before admission. An interval admission note must be written that includes pertinent additions to the history and any subsequent changes in the physical findings.

ARTICLE 10

ADOPTION

These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any previous Medical Staff Bylaws, Rules and Regulations, policies, manuals or Hospital policies pertaining to the subject matter contained herein.

Adopted by the Medical Staff on:

Date: \_\_\_\_\_

\_\_\_\_\_  
Chief of Staff/Chief Medical Officer

Approved by the Board:

Date: \_\_\_\_\_

\_\_\_\_\_  
Chair, Board of Directors

Originally adopted by the Medical Staff: November 15, 2012

Originally approved by the Board: November 20, 2012

Revisions adopted by the Medical Staff: September 2, 2014

Revisions approved by the Board: September 16, 2014