



MEMORANDUM

To: Board of Directors

Cc: Bill Boyles, Esquire
Mark Storey, M.D.

From: George Mikitarian
President/CEO

Subject: Board/Committee Meetings – October 5, 2020

Date: September 30, 2020

The Ad Hoc Credentials Review Committee will meet at 11:30 p.m. where the Committee will review credentialing and privileging files as they relate to medical staff appointment/reappointment.

The Quality Committee will convene at 12:00 p.m., which will be followed by the Budget and Finance Committee, and then Executive Committee meetings.

The Board of Directors will meet in executive session no earlier than 1:30 p.m. Following the Board of Directors Executive Session, the Education Committee and Board of Directors regularly scheduled meeting will be held immediately following, however no earlier than 3:00 p.m.

The Planning Committee meeting has been canceled.

QUALITY COMMITTEE

Herman A. Cole, Jr. (ex-officio)
Peggy Crooks
Billie Fitzgerald
Elizabeth Galfo, M.D.
Robert L. Jordan, Jr., C.M.
Jerry Noffel
Stan Retz, CPA
Maureen Rupe
Ashok Shah, M.D.
Mark Storey, M.D., President/Medical Staff
Jeram Chapla, M.D., Designee
Greg Cuculino, M.D.
Christopher Manion, M.D., Designee
Kiran Modi, M.D., Designee
George Mikitarian (non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
QUALITY COMMITTEE
MONDAY, OCTOBER 5, 2020
12:00 P.M.
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Vision Statement
- II. Public Comment
- III. “My Story”
- IV. Dashboard Review
 - a. Outcome Focus
- V. Joint Commission – Focus Review
- VI. Safe Environment – Review plans and systems
- VII. Appointment of Safety Officer

Motion: To approve the appointment of Mr. David Marquez, Security Officer, as Parrish Medical Center’s Safety Officer.

Motion: To approve the appointment of Mr. Edwin Loftin, Sr. Vice President Acute Care Services / Chief Nursing Officer, as Parrish Medical Center’s Patient Safety Officer, as required by the Agency for Healthcare Administration.

- VIII. Other
- IX. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE QUALITY COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110. THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC.

MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUUPPORT, INC. SHALL BE CONDUCTED.

FINANCE COMMITTEE MEMBERS:

Stan Retz, Chairperson
Peggy Crooks, Vice Chairperson
Jerry Noffel
Elizabeth Galfo, M.D.
Robert Jordan
Billie Fitzgerald
Herman Cole (ex-officio)
Christopher Manion, MD.
George Mikitarian, President/CEO (non-voting)
Mark Storey, M.D., President/Medical Staff

**TENTATIVE AGENDA
BUDGET & FINANCE COMMITTEE MEETING - REGULAR
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 05, 2020
FIRST FLOOR CONFERENCE ROOMS 2/3/4/5
(IMMEDIATELY FOLLOWING QUALITY COMMITTEE)**

CALL TO ORDER

- I. Public Comments
- II. Financial Review – Mr. Bailey
- III. Disposal

Motion: To recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

- IV. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE FINANCE COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE. TO THAT EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS FINANCE COMMITTEE AND THE NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

Request for Disposal of Obsolete or Surplus Property

The assets listed below are considered obsolete, inefficient, or have ceased to serve any useful function. Board approval for disposal is requested.

Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
Nuclear camera Toshiba -901	KN020135	10/1995	110,333.84		This was disposed of well over 8 years ago and has been reported in the past as not being part of our inventory. It was at end of life and it was no longer affordable to fix parts.	-	1,424
Skylight Gamma Camera Extra workstation-rad re	KN021406	01/2005	32446.51		This was disposed of years ago as well. No longer was operational or needed	-	1,424

Requesting Department 424-Nuc Med Department Director [Signature] 9/16/2020
 Net Book Value (Finance) [Signature] EMC Member [Signature] 9.23.20
 Sr. VP Finance/CFO [Signature] 9/29/20 President/CEO [Signature]
 Board Approval: (Date) _____ (CFO Signature) [Signature] 9/29/20
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

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CABINET - MICROFICHE 10 DRAWER (6)	KN021704	10/18/2001	\$6,540		Obsolete	0	717
CABINET - MULTIMEDIA ROLL FILM 112 DRAWER	KN021711	10/18/2001	\$1,465		Obsolete	0	717
FILING SYSTEM DIAGNOSTICS	KN027746	1/15/2003	\$96,249		Obsolete	0	717

Requesting Department HIM Department Director *[Signature]*
 Net Book Value (Finance) A. Franz 9/9/20 EMC Member *[Signature]*
 Sr. VP Finance/CFO *[Signature]* 9/29/20 President/CEO *[Signature]* 9/29/20
 Board Approval: (Date) _____ (CFO Signature) _____
 Requestor Notified Finance 8/31/2020
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

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 OPERATING
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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
C-LOCKER	KN028528	10/2005	2877.33		Sent to auction 2018	-0-	1.381
C-LOCKER	KN028530	10/2005	2877.33		Sent to auction 2018	-0-	1.381
C-LOCKER	KN028531	10/2005	2877.33		Sent to auction 2018	-0-	1.381
C-LOCKER	KN028532	10/2005	2877.33		Sent to auction 2018	-0-	1.381
C-LOCKER	KN028533	10/2005	2877.33		Sent to auction 2018	-0-	1.381
C-LOCKER	KN028534	10/2005	2877.33		Sent to auction 2018	-0-	1.381

Requesting Department E.D. Department Director Michele Fackler
 Net Book Value (Finance) _____ EMC Member Bob [Signature] 9-28-20
 Sr. VP Finance/CFO [Signature] 9/29/20 President/CEO [Signature] 9/30/20 Maria [Signature]
 Board Approval: (Date) _____ (CFO Signature) _____ 9/18/20
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
Light - surgical	KN 023837	11/97			No longer working Can't repair	-0-	1.381
Tonometer	KN021014	10/99	2456.95		No longer working Can't repair	-0-	1.381
Doppler-flow detector	KN004545	06/83	448.50		obsolete	-0-	1.381
Ophthalmoscope/otoscope	KN004562	03/74	170.00		obsolete	-0-	1.381
2000 Reamer	KN019536	12/97	4514.63		obsolete	-0-	1.381
Light- exam 10"	KN016432	03/91	1260.00		No longer working Can't repair	-0-	1.381
Gyn stretcher	KN027775	01/2003	5779.40		No longer working Can't get parts to repair	-0-	1.381
C-LOCKER	KN028526	10/2005	2877.34		Sent to auction 2018	-0-	1.381
C-LOCKER	KN028527	10/2005	2877.33		Sent to auction 2018	-0-	13.38

Requesting Department ED Department Director MICHELLE FACKLER

Net Book Value (Finance) _____ EMC Member EMC 9-28-20

Sr. VP Finance/CFO Kurt Baule 9/24/20 President/CEO _____

Board Approval: (Date) _____ (CFO Signature) [Signature] 9/30/20

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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PHARMACY REFRIGERATOR SP GOLD SERIES #3872-5A	KN021731	2/18/2002	\$6,754.64		INOPERATIVE AND UNREPAIRABLE	-0-	1.430
AND NO OTHERS							

Requesting Department Pharmacy Department Director Eric J. Renker
 Net Book Value (Finance) W. Francy 8/25/20 EMC Member Edwin Loftin
 Sr. VP Finance/CFO Katrina 8/27/20 President/CEO [Signature] 9/11/20
 Board Approval: (Date) _____ (CFO Signature) _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation Not Applicable (inoperative and unrepairable)
 Entity Contact _____
 Telephone _____

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
FLOOR MACHINES (2)	KN028477	5/25/2005	1,830.32		No longer functioning	-0-	1.691
BOSS 2000 LE SYSTEM	KN028475	5/25/2005	1,206.48		Item already disposed	-0-	1.691
TENNANT 6100 RID & MISC	KN028473	5/25/2005	7,839.74		No longer functioning	-0-	1.691
HOUSEKEEPING CARTS (10 CARTS / 2 QUAD CARE CAR	KN028468	5/25/2005	3,582.38		Items have been replaced	-0-	1.691
CABINET - FILE, 1 SHELF 4 DRAWER, LATERAL TA	KN023650	8/28/1997	527.86		Item already disposed	-0-	1.691
CABINET - DILE, 5 DRAWER, LATERAL SAND	KN018652	10/24/1995	646.00		Item already disposed	-0-	1.691
CABINET - STORAGE, FLAMMABLE LIQUID W/2 DOOR,	KN018619	2/6/1996	841.77		Item already disposed	-0-	1.691
CHAIR - DESK, HI BACK, NO ARM	KN016177	1/23/1991	361.92		Item already disposed	-0-	1.691
BOOST FLOOR SCRUBBING MACHINE (08-691-02)	KN029230	9/30/2008	5,485.70		No longer functioning	-0-	1.691
DISC WALK BEHIND SCRUBBER	KN029134	8/27/2008	3,873.14		No longer functioning	7774.54	1.691
SELF PROPELLED BURNISHER W/ DUST CONTROL	KN029133	8/27/2008	3,628.20		No longer functioning	725.58	1.691
CHAIR - DESK SZ 2, MID BK "T" ARM INDI	KN023786	12/10/1997	312.73		Item already disposed	-0-	1.691
CHAIR - DESK SZ 2, MID BK "T" ARM INDI	KN023785	12/10/1997	312.73		Item already disposed	-0-	1.691
CABINET - FILE, 1 SHELF 4 DRAWER, LATERAL TA	KN023651	8/28/1997	527.86		Item already disposed	-0-	1.691

Requesting Department EVS Department Director Taylor Ray
 Net Book Value (Finance) W. J. Murray 8/27/20 EMC Member B. J. ... 8/25/20
 Sr. VP Finance/CFO Scott ... 8/31/20 President/CEO ... 9/10/20
 Board Approval: (Date) _____ (CFO Signature) _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
2010 Honda Odyssey Van	KN029609	06/23/10	\$38,582.70		Traded in for new van	\$0	1.731

Requesting Department Administration Department Director _____
 Net Book Value (Finance) Andrea Franz EMC Member Kurt Baile 9/11/20
 Sr. VP Finance/CFO K Baile 9/11/20 President/CEO CM 9/21/20
 Board Approval: (Date) _____ (CFO Signature) _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Department No.
Laminator	019197	1997	789.75		Unfixable was disposed in 2015 or earlier		737
Camera	020451	1996	628.96		Unfixable was disposed in 2014 or earlier		737
Chair/no arms	020449	1996	333.08		Chair not in this department		737
Chair/no arms	020450	1996	333.08		Chair not in this department		737
Chair/no arms	023523	1997	334.57		Chair not in this department		737
Chair/no arms	023524	1997	334.57		Chair not in this department		737
Chair/no arms	023525	1997	334.57		Chair not in this department		737

Requesting Department 737 Communications Department Director [Signature]
 Net Book Value (Finance) _____ EMC Member Natalie Sellers
 VP Finance/CFO [Signature] 9/11/20 President/CEO [Signature] 9/21/20
 Board Approval: (Date) _____ (CFO Signature) _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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CHAIR - SIDE, OPEN BK, ARM , STEEL FRAME W/COF	KN018688	1/22/1996	210.38		Missing	\$0	1.734
CHAIR - DESK, HIGH BK, W/O ARM, PNEU HGT	KN018730	1/22/1996	331.27		Missing	\$0	1.734
SCANNER - CANON DR3020	KN021347	11/8/2000	5,110.00		Missing	\$0	1.734

Requesting Department Parrish Medical Center/Medical Staff Office Department Director Dianne Hultenius

Net Book Value (Finance) Andrea Franz EMC Member P. McAlpin

Sr. VP Finance/CFO Kurt Bailey 9/11/20 President/CEO AM 9/21/20

Board Approval: (Date) _____ (CFO Signature) _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
 OPERATING
 PARRISH MEDICAL CENTER
 TITUSVILLE, FLORIDA

Request for Transfer of Capital Assets and/or Items Located in Warehouse

The assets or items listed below are being transferred from one physical location to another.

Asset Description	Asset Control KN#	CE #	Reason for Transfer	Transfer From	Transfer To
Senographic digital mammo unit	27878		New Building	Pmc	TL

Requesting Department: 421 X-ray
 Sr. VP Finance/CFO: 410-Mammography
 Asset Transferred: Ku Building 9/18/20
 Transferred On Asset List (Finance): _____

Department Director: [Signature] Date: 9/10/2020
 EMC Member: [Signature] Date: 9/16/2020
 President/CEO: [Signature] Date: 9/21/20

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Nuclear camera Toshiba -901	KN020135	10/1995	110,333.84	0791	This was disposed of well over 8 years ago and has been reported in the past as not being part of our inventory. It was at end of life and it was no longer affordable to fix parts.	-0-	1.424
Skylight Gamma Camera Extra workstation-rad re	KN021406	01/2005	32446.51	-	This was disposed of years ago as well. No longer was operational or needed	-0-	1.424

Requesting Department 424-Nuclear Department Director A. Munnif, Cyt 9/10/202
 Net Book Value (Finance) 0 - 9/13/20 EMC Member B. J. ... 9-16-20
 Sr. VP Finance/CFO Aut Bailey 9-18-20 President/CEO ... 9/21/20
 Board Approval: (Date) _____ (CFO Signature) _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA

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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Electronic Stealthstation treon Plus	028151	5-12-04	252,233.49	PM 02516	no longer used or supported by manufacturer	- 0 -	1.351

Requesting Department 1.351 Department Director *Matthew F. ...* 8/6/2020

Net Book Value (Finance) *Q. ...* EMC Member *Ed ...* 9-16-20

Sr. VP Finance/CFO *Kurt ...* 9-18-20 President/CEO *CM* 9/21/20

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Asset Description	Asset Control KN #	Purchase Date	Purchase Amount	CE #	Reason for Disposal	Net Book Value (Provided by Finance)	Dept. #
Utensil cart	KN029036	12/31/07		n/a	Unit broken and unable to be repaired, no longer supported by manufacturer	- 0 -	1.375 SPD

Requesting Department 375-SPD Department Director *M. ...* 9/10/2020

Net Book Value (Finance) A. France EMC Member *O. ...* 9.16.20

Sr. VP Finance/CFO *K. ... 9-18-20* President/CEO *J. ... 9/21/20*

Board Approval: (Date) _____ CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

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Ultrasound, Diagnostic, Cardiac	KN021136	6/2/2004	\$166,760	01517	Unit is obsolete, no longer supported by manufacturer <i>Retired 1/3/12</i>	-- 0 --	1468
Ultrasound probe, 6L3	None	6/2/2004		Sn 33408804	Part of main unit, CTM 1517	-- 0 --	1468
Ultrasound probe, 4CI	None	6/2/2004		Sn 95000225		-- 0 --	1468
Ultrasound probe, 4V1	None	6/2/2004		Sn 40900210		-- 0 --	1468
					New CTM #s PMC01623 - 1626		

Requesting Department Cath Lab

Department Director *[Signature]*

Net Book Value (Finance) *J. Finney 9/3/20*

EMC Member *[Signature]* 9-9-20

Sr. VP Finance/CFO *Kurt Bailey 9-11-2020*

President/CEO *[Signature]* 9/21/20

Board Approval: (Date) _____

CFO Signature _____

Requestor Notified Finance _____

Asset Disposed of or Donated _____

Removed from Asset List (Finance) _____

Requested Public Entity for Donation _____

Entity Contact _____

Telephone _____

NORTH BREVARD COUNTY HOSPITAL DISTRICT
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Skylight Gamma Camera Extra workstation-rad re	KN021406	01/2005	32446.51		This was disposed of years ago as well. No longer was operational or needed	-0-	1.424

Requesting Department _____ Department Director Maria Ayala 8/27/20
 Net Book Value (Finance) J. Francis 7/25/20 EMC Member [Signature] 8-31-20
 Sr. VP Finance/CFO Kurt Beuler 9-8-20 President/CEO [Signature] 9/15/20
 Board Approval: (Date) _____ (CFO Signature) _____
 Requestor Notified Finance _____
 Asset Disposed of or Donated _____
 Removed from Asset List (Finance) _____
 Requested Public Entity for Donation _____
 Entity Contact _____
 Telephone _____

EXECUTIVE COMMITTEE

Robert L. Jordan, Jr., C.M., Chairman
Herman A. Cole, Jr.
Peggy Crooks
Stan Retz, CPA
Elizabeth Galfo, M.D.
George Mikitarian, President/CEO (non-voting)

**DRAFT AGENDA
EXECUTIVE COMMITTEE
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MONDAY, OCTOBER 5, 2020
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5
IMMEDIATELY FOLLOWING FINANCE COMMITTEE**

CALL TO ORDER

- I. Reading of the Huddle
- II. Public Comment
- III. Report from Titusville City Council Liaison – Scott Larese
- IV. Attorney Report – Mr. Boyles
- V. Pending Legal Action – Mr. Mikitarian and Mr. McAlpine
- VI. Hospital District Bylaws – Mr. Boyles
- VII. Other
- VIII. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE BOARD WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES, AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EXECUTIVE COMMITTEE. TO THE EXTENT OF SUCH DISCUSSIONS, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EXECUTIVE COMMITTEE AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

EDUCATION COMMITTEE

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr. (ex-officio)
Elizabeth T. Galfo, M.D.
Maureen Rupe
Ashok Shah, M.D.
Robert L. Jordan, Jr., C.M.
Mark Storey, M.D.
George Mikitarian, President/CEO (Non-voting)

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE
MONDAY, OCTOBER 5, 2020
IMMEDIATELY FOLLOWING EXECUTIVE SESSION
FIRST FLOOR CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

I. Review and Approval of Minutes

Motion to approve the minutes of the February 3, 2020 and March 2, 2020 meetings.

II. National Patient Safety Goals (NPSG)

III. Other

IV. Executive Session (if necessary)

ADJOURNMENT

NOTE: IF A PERSON DECIDES TO APPEAL ANY DECISION MADE BY THE EDUCATION COMMITTEE WITH RESPECT TO ANY MATTER CONSIDERED AT THIS MEETING, HE/SHE WILL NEED A RECORD OF PROCEEDINGS AND, FOR SUCH PURPOSES, MAY NEED TO ENSURE A VERBATIM RECORD OF THE PROCEEDINGS IS MADE AND THAT THE RECORD INCLUDES TESTIMONY AND EVIDENCE UPON WHICH THE APPEAL IS TO BE BASED.

PERSONS WITH A DISABILITY WHO NEED A SPECIAL ACCOMMODATION TO PARTICIPATE IN THIS PROCEEDING SHOULD CONTACT THE ADMINISTRATIVE OFFICES AT 951 NORTH WASHINGTON AVENUE, TITUSVILLE, FLORIDA 32796, AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO THE MEETING. FOR INFORMATION CALL (321) 268-6110.

THIS NOTICE WILL FURTHER SERVE TO INFORM THE PUBLIC THAT MEMBERS OF THE BOARD OF DIRECTORS OF NORTH BREVARD MEDICAL SUPPORT, INC. MAY BE IN ATTENDANCE AND MAY PARTICIPATE IN DISCUSSIONS OF MATTERS BEFORE THE NORTH BREVARD COUNTY HOSPITAL DISTRICT BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE. TO THE EXTENT OF SUCH DISCUSSION, A JOINT PUBLIC MEETING OF THE NORTH BREVARD COUNTY HOSPITAL DISTRICT, BOARD OF DIRECTORS EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE AND NORTH BREVARD MEDICAL SUPPORT, INC. SHALL BE CONDUCTED.

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE**

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on February 3, 2020, at 4:32 p.m. in the Executive Conference Room. The following members were present:

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr.
Maureen Rupe
Mark Storey, M.D.
Elizabeth T. Galfo, M.D.
George Mikitarian (non-voting)

Member(s) Absent:

Ashok Shah, M.D. (excused)

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 4:32 p.m.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Dr. Galfo, seconded by Mr. Jordan, and approved (5 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF DECEMBER 2, 2019 MEETING, AS PRESENTED.

VIZIENT INC., PERSON AND FAMILY ENGAGEMENT

Mr. Loftin summarized for the committee the CMS and Vizient partnered project, Patient and Family Advisory Committee. This is a program that empowers patients and their family members to be engaged in improving standards of healthcare. Mr. Loftin added that Vizient interviewed over 100 hospitals, choosing 12 to participate in onsite visits; PMC was one of those 12.

OTHER

No other items were presented.

EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE
JANUARY 6, 2020
PAGE 2

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 12:55 p.m.

Billie Fitzgerald
Chairperson

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS
COMMITTEE**

A regular meeting of the Educational, Governmental and Community Relations Committee of the North Brevard County Hospital District operating Parrish Medical Center was held on March 2, 2020, at 3:11 p.m. in the Executive Conference Room. The following members were present:

Billie Fitzgerald, Chairperson
Herman A. Cole, Jr.
Elizabeth T. Galfo, M.D.
Maureen Rupe
Ashok Shah, M.D.
Robert L. Jordan, Jr., C.M.
Mark Storey, M.D.
George Mikitarian (non-voting)

Member(s) Absent:
None

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Ms. Fitzgerald called the meeting to order at 3:11 p.m.

ELECTION OF CHAIRPERSON AND VICE CHAIRPERSON

Ms. Fitzgerald opened the floor for nominations of Chairperson of the Committee. Mr. Cole nominated Ms. Fitzgerald; Mr. Jordan seconded the nomination and moved to close the nominations on said name.

ACTION TAKEN: MOTION TO APPROVE THE APPOINTMENT OF BILLIE FITZGERALD AS CHAIRPERSON OF THE EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE.

Ms. Fitzgerald opened the floor for nominations of Vice Chairperson of the Committee. Dr. Shah nominated M. Cole; Mr. Jordan seconded the nomination and moved to close the nominations on said name.

ACTION TAKEN: MOTION TO APPROVE THE APPOINTMENT OF HERMAN COLE AS VICE CHAIRPERSON OF THE EDUCATIONAL, GOVERNMENTAL AND COMMUNITY RELATIONS COMMITTEE.

REVIEW AND APPROVAL OF MINUTES

The following motion was made by Mr. Jordan, seconded by Dr. Galfo, and approved (7 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF JANUARY 6, 2020 MEETING, AS PRESENTED.

CORONAVIRUS

Mr. Loftin briefed the committee on current status and news coverage of Coronavirus, and also distributed resources from the CDC.

Ms. Leathers presented to the committee on Coronavirus, detailing the current status, risks of infection, symptoms and preventative actions. Ms. Leathers are detailed the process and procedures PMC has in place for patients with suspected symptoms. Copies of the handouts and Power Point slides presented are appended to the file copy of these minutes.

OTHER

No other items were presented.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 3:37 p.m.

Billie Fitzgerald
Chairperson

**DRAFT AGENDA
BOARD OF DIRECTORS MEETING - REGULAR MEETING
NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
OCTOBER 5, 2020
NO EARLIER THAN 3:00 P.M.,
FOLLOWING THE LAST COMMITTEE MEETING
FIRST FLOOR, CONFERENCE ROOM 2/3/4/5**

CALL TO ORDER

- I. Pledge of Allegiance
- II. PMC's Vision – *Healing Families – Healing Communities*
- III. Approval of Agenda
- IV. Review and Approval of Minutes (August 3, 2020)
- V. Recognitions(s)
- VI. Open Forum for PMC Physicians
- VII. Public Comments
- VIII. Unfinished Business
- IX. New Business
- X. Medical Staff Report Recommendations/Announcements – Dr. Storey
 - A. **Recommend the Board of Directors approve the amended Medical Staff Bylaws, as presented.**
- XI. Public Comments (as needed for revised Consent Agenda)
- XII. Consent Agenda
 - A. Quality
 - 1. Recommend to the Board of Directors to approve the appointment of Mr. David Marquez, Security Officer, as Parrish Medical Center's Safety Officer.
 - 2. Recommend to the Board of Directors to approve the appointment of Mr. Edwin Loftin, Sr. Vice President Acute Care Services / Chief Nursing Officer, as Parrish Medical Center's Patient Safety Officer, as required by the Agency for Healthcare Administration.

BOARD OF DIRECTORS MEETING

OCTOBER 5, 2020

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B. Finance

1. To recommend to the Board of Directors to declare the equipment listed in the requests for Disposal of Obsolete or Surplus Property Forms as surplus and obsolete and dispose of same in accordance with FS274.05 and FS274.96.

XI. Committee Reports

- A. Quality Committee – Dr. Galfo
- B. Budget and Finance Committee – Mr. Retz
- C. Executive Committee – Mr. Jordan
- D. Educational, Governmental and Community Relations Committee (Did Not Meet)
- E. Planning, Physical Facilities & Properties Committee (Did Not Meet)

XII. Process and Quality Report – Mr. Mikitarian

- A. Other Related Management Issues/Information
- B. Hospital Attorney - Mr. Boyles

XIII. Other

XIV. Closing Remarks – Chairman

XV. Executive Session (if necessary)

XVI. Open Forum for Public

ADJOURNMENT

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**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
BOARD OF DIRECTORS – REGULAR MEETING**

A regular meeting of the Board of Directors of the North Brevard County Hospital District operating Parrish Medical Center was held on August 3, 2020 via telephone conference. The following members were present via telephone:

Herman A. Cole, Jr., Chairman (via phone)
Stan Retz (via phone)
Billie Fitzgerald (via phone)
Robert L. Jordan, Jr., C.M. (via phone)
Maureen Rupe (via phone)
Peggy Crooks (via phone)
Elizabeth Galfo, M.D. (via phone)
Jerry Noffel (via phone)
Ashok Shah, M.D. (via phone)

Member(s) Absent:
None

A copy of the attendance roster of others present during the meeting is appended to the file copy of these minutes.

CALL TO ORDER

Mr. Cole called the meeting to order at 11:00 a.m. Mr. Cole noted this telephone conference was pursuant to Executive Order No. 20-69 and extended by Executive Order 20-179 issued by the office of Governor DeSantis, which provides that local government bodies may conduct meetings without having a quorum of its members physically present, and by utilizing communications media technology such as telephonic or video conferencing. Parrish Medical Center management has determined that it is necessary and appropriate for the Board of Directors to meet by telephone conference to help control and minimize the spread of COVID-19 and to ensure that the residents of North Brevard County and Florida remain safe and secure.

Mr. Cole called roll for the members of the Board of Directors appearing remotely and on the telephone for this meeting; all members were present at this time.

Mr. Boyles reviewed the process and procedure for the telephonic meeting, noting that any person or member of the public may be heard by the Board of Directors, through the Chairman.

MOMENT OF SILENCE

Mr. Cole led the Board of Directors, staff and public in a moment of silence for those affected by the Coronavirus pandemic.

PMC'S VISION – Healing Families – Healing Communities®

Mr. Cole led the Board of Directors, staff and public in reciting PMC's Vision – *Healing Families – Healing Communities®*.

APPROVAL OF AGENDA

Mr. Cole asked for approval of the agenda in the packet. Discussion ensued and the following motion was made by Mr. Jordan, seconded by Ms. Fitzgerald and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE AGENDA AS PRESENTED.

EXECUTIVE SESSION

At this time, Mr. Cole announced the Board would recess the public meeting to convene in Executive Session to discuss matters of strategic planning and credentialing. Mr. Cole noted that Executive Session will be held on a separate conference line as it is closed to the public, and members of the public may remain on this line until the Board of Directors return. During this time, a representative of PMC will periodically announce that the Board is meeting in Executive Session.

The Board of Directors public meeting recessed at 11:04 a.m.

The Board of Directors reconvened in open session at 12:00 p.m.

Mr. Cole called roll for the members of the Board of Directors appearing remotely and on the telephone for this meeting; all members were present at this time.

REVIEW AND APPROVAL OF MINUTES

Discussion ensued and the following motion was made by Dr. Galfo seconded by Ms. Crooks and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE MAY 4, 2020 REGULAR MEETING, AS PRESENTED.

Discussion ensued and the following motion was made by Ms. Fitzgerald seconded by Dr. Shah and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO APPROVE THE MINUTES OF THE JUNE 1, 2020 REGULAR MEETING, AS PRESENTED.

OPEN FORUM FOR PMC PHYSICIANS

There were no physician comments.

PUBLIC COMMENTS

There were no public comments.

UNFINISHED BUSINESS

Mr. Loftin summarized the message delivered during the City Council meeting regarding Parrish Healthcare's position on universal masking.

NEW BUSINESS

CEPHEID LAB DIAGNOSTIC EQUIPMENT PURCHASE

Mr. Bailey summarized the memo contained in the agenda packet, noting this satisfies the requirement for capital purchases. Mr. Bailey shared this equipment will be online within 30 days and will be valuable in the fight against COVID-19. No action by the Board is necessary at this time.

FY 2021 MAJOR BUDGET VOLUME ASSUMPTIONS & OPERATING BUDGET

Mr. Bailey summarized the memo contained in the packet relative to the FY 2021 Major Budget Volume Assumptions and Operating Budget. Discussion ensued and the following motion was made by Mr. Noffel, seconded by Mr. Jordan and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS APPROVE THE FISCAL YEAR 2021 MAJOR BUDGET VOLUME ASSUMPTIONS.

DISPOSAL OF SURPLUS PROPERTY

Discussion ensued and the following motion was made by Ms. Crooks, seconded by Dr. Galfo, and approved (9 ayes, 0 nays, 0 abstentions).

ACTION TAKEN: MOTION TO RECOMMEND THE BOARD OF DIRECTORS TO DECLARE THE EQUIPMENT LISTED IN THE REQUESTS FOR DISPOSAL OF OBSOLETE OR SURPLUS PROPERTY FORMS AS SURPLUS AND OBSOLETE AND DISPOSE OF SAME IN ACCORDANCE WITH FS274.04 AND FS274.96.

PUBLIC HEARING DATES

Mr. Bailey noted this item was for information only and no action was required.

OTHER

No other business was discussed.

CLOSING REMARKS

Mr. Cole shared that he missed meeting face-to-face, however virtual meetings would continue until it becomes safe to return to in person meetings.

OPEN FORUM FOR PUBLIC

No members of the public spoke.

ADJOURNMENT

There being no further business to discuss, the meeting adjourned at 12:34 p.m.

Herman A. Cole, Jr.
Chairman

**NORTH BREVARD COUNTY HOSPITAL DISTRICT
OPERATING
PARRISH MEDICAL CENTER
MEDICAL EXECUTIVE COMMITTEE MEETING – REGULAR
September 15, 2020**

Present: D. Barimo P. Carmona, H. Cole., G. Cuculino A. Ochoa B. Mathews C. Manion, M. Storey,
Absent: J. Rojas, , R. Henry, G. Mikitarian, R. Patel V. Williams, J. Zambos, C. Fernandez, E. Loftin,

The regular meeting of the Medical Executive Committee of the North Brevard County Hospital District operating Parrish Medical Center was September 15, 2020, at 5:30 PM in the Conference Center. A quorum was determined to be present.

CALL TO ORDER

Dr. Mark Storey called the meeting to order at 5:31.

REVIEW AND APPROVAL OF MINUTES

The following motion was made, seconded, and unanimously approved:

ACTION TAKEN: Motion to approve the previous meeting minutes (August 18, 2020) as written and distributed.

UNFINISHED BUSINESS

None

FOLLOW-UP MEC ITEMS

None

NEW BUSINESS

- a. Monitoring and Management of Patients Receiving Sedation for Short-term Therapeutic Diagnosis or Invasive Procedures 9900-43

ACTION TAKEN: Tabled for review of verbiage regarding NPO status documentation in emergency situations.

- b. Wheelchair, Stretcher, & Electric Scooter Use, 9500-2039

ACTION TAKEN: Motion made, seconded and approved to approve policy as written.

INFORMATION/EDUCATION:

Joint Commission Perspectives – September 2020 – Information was emailed for review prior to meeting.

ACTION TAKEN: Noted by Committee

Information /Education items to the Medical Staff to Be Noted in Minutes –

1. **Meditech Enhancements** – Information was emailed for review prior to meeting.

ACTION TAKEN: Noted by Committee

REPORT FROM ADMINISTRATION: Nothing to report.

REPORT FROM THE BOARD: Nothing to report.

CONSENT AGENDA:

- Two new order sets have been created, Urology - Preoperative and Urology – Postoperative in order to streamline the pre/post order set process for urological procedures. Approved at Surgery in September
- Urology Procedure – Preoperative (E3571)
- Urology Procedure – Postoperative (E3572)
- Empiric Antibiotics (E3217ab) – medications revised.
- Short Course Antibiotics (E3574) – new order set.

MEDICAL EXECUTIVE COMMITTEE – REGULAR
PAGE 2

- General Admission (E3289ac) - The Hospitalist group requested addition of 2 IV Fluids to General Admission orders. The order for vital signs Q4H rather than Q4WA has been pre-checked.

ACTION TAKEN: Motion made, seconded, and approved to approve all consent agenda items in block.

COMMITTEE REPORTS:

- Institutional Ethics – August 21
- Pharm & Therapeutics – August 26
- Cancer Committee – September 1
- Infection Control – September 9

ACTION TAKEN: Noted by Committee.

CLINICAL DEPARTMENT REPORTS:

- Family Practice – August 17
- Intensive Care Committee – August 20
- Surgery – September 1

ACTION TAKEN: Noted by Committee.

OPEN FORUM

- CME Partnership with Mayo Clinic – we have prepaid attendance for accredited lectures that are available to members of medical staff. Share with your departments.
- Covid testing update – we hope to be up and running with in-house testing within the next week.
- PPE discussion regarding patient wearing PPE in controlled environment.

ADJOURNMENT

There being no further business, the meeting adjourned to the executive session at 5:51 PM.

Mark Storey, MD
President/Medical Staff

Christopher Manion, MD
Secretary - Treasurer



MEDICAL STAFF BYLAWS

2020

Amended: February 18, 2020

**BYLAWS OF
THE
MEDICAL STAFF
OF
PARRISH MEDICAL CENTER
TITUSVILLE, FLORIDA**

**December 1986
Amended July 1987
Amended March 1988
Amended September 1988
Amended December 1988
Amended December 1990
Amended September 1991
Amended October 1992
Amended April 1994
Amended September 1994
Amended January 1996
Amended September 1996
Amended April 1997
Amended December 1997
Amended June 1998
Amended November 1998
Amended November 1999
Amended January 2000
Amended April 2001
Amended July 2001
Amended November 2001
Amended December 2001
Amended March 2002
Amended January 2003
Amended April 2005
Amended March 2006
Amended April 2007
Amended September 2007
Amended October 2007
Amended January 2008
Amended June 2008
Amended February 2011
Amended March 2011
Amended January 2012
Amended August 2012
Amended September 2013
Amended January 2014
Amended September 2014
Amended January 2015
Amended April 2017**

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PREAMBLE

WHEREAS, NORTH BREVARD COUNTY HOSPITAL DISTRICT operating as PARRISH MEDICAL CENTER, was created by Special Act of the Florida legislature; and

WHEREAS, it is recognized that the medical staff is responsible for the quality of medical care in the Hospital and must accept and assume this responsibility accountable to the PARRISH MEDICAL CENTER Board of Directors, and

WHEREAS, it is recognized that the cooperative efforts of the medical staff, administration and Board are necessary to fulfill the Hospital's aims and goals in providing quality care to its patients,

THEREFORE, the practitioners in this Hospital shall carry out their functions in conformity with these Bylaws.

DEFINITIONS

1. **ALLIED HEALTH PROFESSIONAL or AHP** means an individual, other than a practitioner who exercises independent judgment within the areas of his professional competence and who is qualified to render direct or indirect medical, dental, or podiatric or surgical care under the supervision of a practitioner who has been accorded privileges to provide such care in the Hospital. All reference to he, his or him shall be construed as referring to either gender.
2. **BOARD ELIGIBLE** means the practitioner has successfully completed formal residency/specialty training in a program approved by the appropriate Board as stated in Section 3.2 (E) - (H).
3. **BOARD CERTIFIED** means the practitioner has obtained certification by the Board appropriate to his specialty as stated in Section 3.2 E - H. Recertification is not a requirement for continuing staff/department membership or clinical privileges unless otherwise specified. Once Board certification has been obtained, it shall be considered to remain in effect indefinitely for the purposes of Medical Staff qualification and credentialing.
4. **BOARD OF DIRECTORS or BOARD** means the Governing Body of Parrish Medical Center.
5. **CHIEF EXECUTIVE OFFICER** means the individual appointed by the Board to act in its behalf in the overall administrative management of the Hospital.
6. **CLINICAL PRIVILEGES or PRIVILEGES** means the permission granted to a practitioner to render specific diagnostic, therapeutic, medical, dental, podiatric, or surgical services; this includes the right to the unrestricted use of Hospital facilities, equipment and services.
7. **DISASTER PRIVILEGES** means privileges granted when the Medical Center's emergency operations plan has been activated and organization is unable to handle the immediate patient needs.
8. **FPPE** – Focused professional practice evaluation is a process whereby the medical staff evaluates the competency and professional performance of a practitioner. FPPE will be carried out as delineated in Policy 9950-28
9. **MEDICAL DISASTER** means when the destructive effects of natural or man-made forces overwhelm the ability of the Medical Center to meet the demand for health care services.
10. **HOSPITAL** means PARRISH MEDICAL CENTER of Titusville, Florida, or any facility operated or maintained by or on behalf of PARRISH MEDICAL CENTER.

11. **HOSPITALIST** means physicians whose primary professional focus is the care of hospitalized patient.
12. **MEDICO-ADMINISTRATIVE OFFICER** means a practitioner, employed by or otherwise serving the Hospital on a full or part-time basis, whose duties include certain responsibilities, which are administrative or administrative and clinical in nature. Clinical responsibilities are defined as those involving professional capability as a practitioner, such as to require the exercise of clinical judgment with respect to patient care, including the supervision of professional activities.
13. **MEDICAL EXECUTIVE COMMITTEE or MEC** means the Executive Committee of the Medical Staff.
14. **MEDICAL STAFF or STAFF** means the formal organization of all licensed physicians, dentists and podiatrists who are privileged to attend patients in the Hospital.
15. **MEDICAL STAFF YEAR** means the period from January 1 to December 31.
16. **OPPE** – Ongoing professional practice evaluation is a program that allows the medical staff to identify professional practice trends that impact on quality of care and patient safety on an ongoing basis. OPPE will be carried out as delineated in Policy 9950-27.
17. **PHYSICIAN** means an individual, with an M. D. or D. O. degree who is fully licensed to practice medicine in all its phases. All reference to he, his or him shall be construed as referring to either gender.
18. **PRACTITIONER** means, unless otherwise expressly limited, any physician, dentist or podiatrist who is permitted by law and by the hospital to provide patient care services independently in the hospital applying for or exercising clinical privileges in the Hospital (both physicians and these others are referred to as practitioners). All references to he, his or him shall be construed as referring to either gender.
19. **PREROGATIVE** means a participatory right granted, by virtue of staff category or otherwise, to a staff member or other allied health professional and exercisable subject to the conditions imposed in these bylaws and in other hospital and medical staff policies.
20. **SPECIAL NOTICE** means the communication of information in a manner, which guarantees the proof, and date of receipt by the intended recipient. This may be accomplished either by a certified letter, return receipt requested, or by a hand carried notice, with the addressee or delivering party verifying the date and the receipt in writing.

**ARTICLE I
NAME**

The name of this organization shall be the Medical Staff of Parrish Medical Center.

**ARTICLE II
PURPOSES AND RESPONSIBILITIES**

2.1 PURPOSES

- (A) To be the formal organizational structure through which (1) benefits of membership on the staff may be obtained and (2) the obligations of staff membership may be fulfilled.
- (B) To serve as the primary means for accountability to the Board for the appropriateness of the professional performance and ethical conduct of its members and the allied health professionals and to strive toward the continual upgrading of the quality and efficiency of patient care delivered in the Hospital consistent with the state of the healing arts and the resources locally available.
- (C) To provide a means through which the medical staff can participate in the Hospital's policy making and planning processes.

2.2 RESPONSIBILITIES OF THE MEDICAL STAFF

- (A) Implement and conduct the following specific activities in order to supervise the quality and efficiency of patient care provided by all practitioners and allied health professionals, authorized to practice in the Hospital.
 - (1) Review and evaluate the quality of patient care.
 - (2) Monitor selected patient care practices through defined mechanisms and staff organizational components.
 - (3) Evaluate credentials, including the mechanisms for appointment and reappointment.
 - (4) Recommend privileges based on credentials, and on proven performance.
 - (5) Review utilization in order to allocate medical and health services based upon patients' needs.
 - (6) Implement and maintain such Department policies, rules and regulations as are appropriate and necessary to maintain compliance with applicable COBRA regulations.

- (B) Recommend to the Board, in regards to allied health professionals, appointments, staff category departmental assignments, clinical privileges, specified services and corrective actions.
- (C) Recommend to the Board, programs for the establishment, maintenance, continuing improvement, and enforcement of professional standards in the delivery of health care within the Hospital.
- (D) Account to the Board for the quality and efficiency of patient care through regular reports and recommendations concerning the implementation, operation and results of the quality review, evaluation and monitoring activities.
- (E) Initiate and pursue corrective actions with respect to practitioners, when warranted.
- (F) Develop, administer, recommend amendments to, and seek compliance with, these bylaws, the rules and regulations of the staff, and hospital policies.
- (G) Assist in identifying community health needs, in setting appropriate institutional goals, and in implementing programs to meet those needs.
- (H) Exercise the authority granted by these bylaws as necessary to adequately fulfill the foregoing responsibilities.

ARTICLE III MEDICAL STAFF MEMBERSHIP

3.1 NATURE OF MEDICAL STAFF MEMBERSHIP

Membership on the medical staff or the exercise of temporary privileges shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements set forth in these bylaws. Appointments to, and membership on, the staff shall confer on the appointee or member only such clinical privileges and prerogatives as have been granted in accordance with the procedures set forth in Article VII.

3.2 QUALIFICATIONS FOR MEDICAL STAFF MEMBERSHIP

- (A) Florida licensure.
- (B) Documented experience, training, professional competence, professional ethics, and ability to work with others.
- (C) Willingness to participate in the discharge of staff responsibilities.

- (D) Statement of good health confirmed by program director or chief of service at current hospital.
- (E) Graduation from a school of medicine approved by the Accreditation Council for Graduate Medical Education or certification by the National Committee on Foreign Medical graduates, and

Successful completion of an internship and residency program approved by the Accreditation Council for Graduate Medical Education or by the Committee on post-doctoral training of the American Osteopathic Association, and

Certification or eligibility for certification by a Specialty Board approved by the American Board of Medical Specialties or by the Committee on Post-Doctoral Training of the American Osteopathic Association, Members of the Medical Staff appointed prior to September 1980 and contract emergency room physicians are exempt except as otherwise provided herein, or
- (F) Graduation from a school approved by the Commission on Dental Accreditation of the American Dental Society, or
- (G) Certification or eligibility for certification by the American Board of Oral and Maxillofacial Surgery, or
- (H) Graduation from a school approved by the American Board of Podiatric Surgery, and

Certification or eligibility for certification by the American Board of Podiatric Surgery.
- (I) Only physicians and dentists licensed to practice in the State of Florida who qualify under the rules and regulations of the clinical department to which they will be assigned and who can document their background, experience, training and demonstrated competence, their physical and/or mental health status, evidence of professional liability insurance coverage as required herein, their adherence to the ethics of their profession, their good reputation, and their ability to work with others, with sufficient adequacy to assure the medical staff and the governing body that any patient treated by them in the hospital will be given a high quality of medical care in an economically efficient manner, taking into account patient needs, the available hospital facilities and resources, and utilization standards in effect at the hospital, shall be qualified for membership on the medical staff.
- (J) No physician or dentist shall be entitled to membership on the medical staff or to the exercise of particular clinical privileges in the hospital merely by virtue of the fact that he is duly licensed to practice medicine or dentistry in this or in any other

state, or that he is a member of any professional organization, or that he had in the past, or presently has, such privileges at another hospital.

3.2-1 LACK OF BOARD CERTIFICATION

- (A) Physicians applying for initial medical staff appointment after January 1, 1998:
 - 1. Physicians who are not yet board certified, but otherwise eligible, must become board certified within five (5) years of becoming board eligible or will forfeit staff membership and all clinical privileges without right of appeal.
 - 2. Physicians who have completed their formal training more than five (5) years prior to the date of application must be board certified in the specialty in which they seek appointment and privileges, or may not apply.
 - 3. These physicians are not subject to the CME requirement in Section 3.2-1 (C) 2 below.
- (B) Physicians who became members of the Active or Associate Medical Staff prior to September 1980 are not required to achieve board eligibility or board certification.
- (C) Physicians who became Active or Associate Medical Staff after September 1980 and prior to January 1, 1998:
 - 1. Physicians were required to be Board eligible at the time of application, and will be considered to remain so as long as they maintain their Medical Staff membership or until they become board certified.
 - 2. Physicians who fail/have failed to obtain board certification, after two attempts made at the shortest time interval permitted by their specialty board; will be required to obtain 120 Category 1 CME credit hours per annum. The courses must have prior approval by the practitioner's department chair. This requirement will continue until board certification is obtained. Credits must be obtained within the preceding 12 months and submitted to the Medical Staff Services office by October 31st annually.

(D) Emergency Department

1. Physicians assigned to the ED prior to September 1, 2005 are exempt from board eligibility or certification requirement as long as they work exclusively as Emergency Department physicians.
2. Effective September 1, 2005, new applicants for medical staff assignment to the Emergency Department shall be board eligible or board certified in Emergency Medicine, or board certified in Family Practice, Internal Medicine, or Surgery with a minimum of 5 years' experience in Emergency Medicine. If not yet certified at the time of appointment they must become certified within 5 years of becoming board eligible or will forfeit staff membership and all clinical privileges without right of appeal (in accordance with Section 3.2-1 A).

(E) Recertification is not required. Once a physician has obtained board certification it shall be considered in effect indefinitely for the purposes Medical Staff qualification and credentialing.

3.2-2 EFFECT OF OTHER AFFILIATIONS

No practitioner shall be automatically entitled to membership on the medical staff or to the exercise of particular clinical privileges merely because he is licensed to practice in this or in any other state, or because he is a member of any professional organization, or because he is certified by any clinical board.

3.2-3 NONDISCRIMINATION

No aspect of medical staff membership or particular clinical privileges shall be denied on the basis of gender, sexual preference, race, age, creed, religion, national origin, physical handicap, or on the basis of any other criteria unrelated to the delivery of quality patient care in the Hospital.

3.2-4 CONTRACTED MEDICO-ADMINISTRATIVE POSITIONS

A practitioner desiring to contract with the Hospital for specific clinical and administrative responsibilities must be a member of the medical staff, achieving this status by the procedure provided in Article VI. His clinical privileges must be delineated in accordance with Article VII. The medical staff membership and clinical privileges of any contracted clinical and administrative position shall not be contingent on the continued occupation of that position, except to the extent expressly provided in any written employment or other agreement and then only applicable to the clinical privileges related to the services covered by the contractual relationship.

3.3 RESPONSIBILITIES OF EACH INDIVIDUAL STAFF MEMBER

- (A) Provide his patients with care at the generally recognized professional level of quality and efficiency.
- (B) Abide by the medical staff bylaws and by all other lawful standards, policies and rules of the Hospital. Acceptance of membership on the medical staff shall constitute the staff member's agreement that he will: (1) abide by the bylaws and the rules and regulations of the medical staff, (2) abide by the rules and regulations of the clinical department and section to which he is assigned, (3) provide continuous care and supervision to his patients, (4) abide by either the Principles of Medical Ethics of the American Medical Association or the Code of Ethics of the American Dental Association or the Code of Ethics of the American Osteopathic Association, whichever is applicable.
- (C) Discharge such staff, department, committee and hospital functions for which he is responsible by staff category assignment, appointment, election or otherwise.
- (D)
 1. Complete and document a medical history and physical examination for each patient within no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. In an emergency when there is no time to record a complete history and physical, a progress or admission note describing a brief history and appropriate physical finding and the operative diagnosis is recorded in the medical record before surgery. If all or part of the history and physical is dictated then a brief note shall be written in the record on the progress notes upon admission to provide pertinent information until the history and physical is transcribed. Complete and document an updated examination of the patient, including any changes in the patient's condition within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia, when the history and physical examination are completed within 30 days before admission or registration. The Medical Staff Rules and Regulations will be followed with regards to the content and timing of the History and Physical Examination.
 2. Prepare and complete in timely fashion the medical and other required records for all patients he admits or in any way provides care to in the Hospital.
- (E) Abide by the ethical principles of his profession.
- (F) Maintain the confidentiality of all patient records and peer review proceedings.

3.4 DURATION OF APPOINTMENTS

- (A) Initial appointments and reappointments to the medical staff shall be made by the Governing Body of the Hospital after recommendation of the Medical Executive Committee and in the case of reappointments shall be for a period of two years from the beginning of the calendar year or in the case of initial appointments shall be until the time specified for reappointment in the applicable medical staff policy on reappointments.
- (B) Implementation of the reappointment of existing staff members shall be accomplished in the manner specified in the applicable medical staff policy on reappointments.
- (C) In no case shall the Governing Body take action on an application, refuse to renew an application, or cancel an application previously made without conference with the Medical Executive Committee; however, the final responsibility of appointment or cancellation of any appointment rests with the Governing Body of the Hospital.
- (D) Appointment to the medical staff shall confer on the appointee only such privileges as may hereinafter be provided.

3.5 LEAVE OF ABSENCE

3.5-1 LEAVE STATUS

A staff member may obtain a voluntary leave of absence from the medical staff by submitting written notice to the Medical Executive Committee (MEC) and the Chief Executive Officer stating the approximate period of time of the leave, which may not exceed one (1) year. An exception will be made for members serving continuous active military duty. They must provide documentation of service in accordance with current medical staff policy. During the period of the leave, the staff member's clinical privileges, prerogatives and responsibilities shall be suspended and eligibility for reinstatement shall be subject to any intervening changes in membership requirements.

3.5-2 TERMINATION OF LEAVE

- (A) At least 30 days prior to the termination of the leave, or at any earlier time, the staff member may request reinstatement of his privileges and prerogatives by submitting a written notice to that effect to the Chief Executive Officer for transmittal to the MEC.
- (B) The staff member shall submit a written summary of his relevant activities during the leave, if the MEC or the Board (or appropriate committee thereof) so requests.

- (C) The MEC shall make a recommendation to the Board concerning the reinstatement of the member's privileges and prerogatives. Thereafter, the procedure provided in Section 6.3-6 shall be followed.
- (D) Failure, without good cause, to request reinstatement or to provide a requested summary of activities as above provided shall be deemed a voluntary resignation from the staff and shall result in automatic termination of staff membership, privileges, and prerogatives. A practitioner whose membership is so terminated shall be entitled to the procedural rights provided in Article IX and for the sole purpose of determining the issue of good cause.
- (E) A request for staff membership subsequently received from a staff member so terminated shall be submitted and processed in the manner specified for applications for initial appointments.

3.6 PROVISIONAL REQUIREMENTS

3.6-1 FOR INITIAL APPOINTMENTS

All initial appointments to any category of the staff shall be subjected to a provisional period. Each initial appointee shall be assigned to a department where his performance shall be observed by the chief of the department, or such chief's designee, to determine his eligibility for continued staff membership in the staff category to which he was initially appointed and for exercising the clinical privileges initially granted in that department. His exercise of clinical privileges in any other department shall also be provisional. During the provisional period the appointee shall be evaluated and monitored in accordance with Policy 9950-28, Focused Professional Practice Evaluation (FPPE). An initial appointee shall remain on provisional status until he has furnished to the Medical Executive Committee and to the Chief Executive Officer:

- (A) A statement, signed by the chief of the department, to which he is assigned, and one other Active Staff member, that he meets all of the qualifications, has discharged all of the responsibilities, demonstrates current competence, and has not exceeded or abused the prerogatives of the staff category to which he was appointed; and
- (B) A statement signed by the chiefs of the departments in which the appointee will exercise clinical privileges that he has satisfactorily demonstrated his ability to exercise the clinical privileges initially granted to him.
- (C) **Electronic signatures are acceptable.**

In the best interest of patient safety and quality of care, during the provisional period, a physician is not eligible to serve as an officer or as a chief of a department and cannot vote on the election of officers or chiefs of the department or amendments to these bylaws. Provisional active staff members may not sponsor associate staff members. However, the physician is eligible to serve on committees and vote on committee matters.

An exception to a member of the active staff serving as the chief of a department during his provisional period, may be made with joint approval of the Medical Executive Committee and the Hospital Governing Board.

3.6-2 FOR MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES

The Medical Executive Committee may recommend to the Board that a change be made in staff category or in the departmental assignment of a current staff member or may recommend additional privileges to a current staff member pursuant to Section 6.5. He may also be subject to a provisional period of focused professional practice evaluation (FPPE) in accordance with procedures similar to those outlined in Section 3.6-1 for initial appointments.

3.6-3 TERM OF PROVISIONAL PERIOD

A provisional period, for initial appointment, or for a change in staff category or in department assignment, shall extend for twelve (12) months. If an initial appointee fails within that period to furnish the certifications required in Section 3.6-1, his membership or particular privileges, as applicable, shall automatically terminate unless, for good cause, he is granted an extended provisional period for an additional twelve (12) months. If a staff member requesting modification fails to furnish the required certifications within that period, the change in staff category or departmental assignment or the additional privileges, as applicable, shall automatically terminate. The initial appointee or staff member so affected shall be given special notice of such termination and shall be entitled to the procedural rights provided in Article IX.

ARTICLE IV CATEGORIES OF THE MEDICAL STAFF

4.1 CATEGORIES

The medical staff shall include active, honorary, associate, affiliate, consulting, and associate professional categories.

4.2 VOTING, HOLDING OFFICE AND SERVICE ON COMMITTEES

The right of members of the medical staff to vote, hold office, and serve on medical staff committees of the medical staff are defined and established as follows:

- a. **Active Staff.** Members of the active staff category, who are not serving the provisional period, shall be eligible to vote on matters regarding the election of officers, election of chiefs of the departments and amendments to these bylaws. Members of the active medical staff category shall be eligible to hold office, serve as peer reviewer, and/or serve as a chief of a department, other than as specified in Section 3.6-1. All active staff members must also accept any staff committee assignments to which they may be elected or appointed, unless excused by the Medical Executive Committee upon the showing of good cause.
- b. **Honorary Medical Staff.** Honorary staff members shall not be eligible to admit patients, to vote, to obtain or hold clinical privileges, to hold office, or to serve on standing medical staff committees.
- c. **Associate Medical Staff.** Members of the associate medical staff category, who are not serving the provisional period, and have been appointed after July 21, 1987 shall **not** be eligible to vote on matters regarding the election of officers, election of chiefs of the departments and amendments to these bylaws. Associate members of this medical staff category shall not be eligible to hold office, serve as peer reviewer, and/or serve as a chief of a department. All associate staff members must also accept any staff committee assignments to which they may be elected or appointed unless excused by the Medical Executive Committee upon the showing of good cause.
- d. **Associate Professional Staff.** Associate Professional Staff shall not be eligible to vote or to hold office, or serve on medical staff committees.
- e. **Active Affiliate Medical Staff.** Members of the Refer and Follow subcategory of the Affiliate Medical Staff shall have the right to vote on matters regarding the election of officers, the election of chiefs of departments, and amendments to the Medical Staff Bylaws. They shall not have the right to hold office, serve as peer reviewer, or serve as chief or vice chief of a department, and shall have the right to serve only on medical staff committees directly related to and connected with the specialty area in which they practice.

Affiliate Medical Staff members shall not have the right to vote unless such right is granted by the MEC at the time of initial appointment or reappointment.
- f. **Consulting Medical Staff.** Consulting Medical Staff members may not vote on medical staff matters or hold office or serve on medical staff committees.

4.3 ACTIVE STAFF

The active staff category shall consist of physicians whose primary office, full time active practice, residence and legal domicile is within the geographical boundaries of North Brevard County extending to the Volusia County line to the north, Volusia and Orange County line to the west, State Road 528 to the south, and the Atlantic Ocean to the east, and who have been selected to transact all business of the medical staff and to attend service patients in the Hospital and to who all such service patients shall be assigned. The geographical limits for residence/domicile will not apply to physicians who do not provide primary patient care or have private patients, such as hospital based physicians (Anesthesia, Emergency, Pathology, Radiology). However to ensure adequate response time for the care of acutely and critically ill patients, all physicians on call must comply with reasonable response time guidelines which shall be maintained in the Medical Staff Rules and Regulations. These guidelines shall be established and modified when necessary by the Medical Staff Departments according to specialty and subspecialty, when applicable with final approval by the Medical Executive Committee. Failure to comply may subject the physician to disciplinary action in accordance with these bylaws.

4.4 HONORARY MEDICAL STAFF

The honorary medical staff category shall consist of practitioners who are not active in the Hospital and who are honored by emeritus positions. These may be physicians who have retired from active hospital practice or who are of outstanding reputation, not necessarily residing in the community. Honorary staff members shall not be eligible to admit patients, to vote, to obtain or hold clinical privileges, to hold office or to serve on standing medical staff committees.

4.5 ASSOCIATE MEDICAL STAFF

- (A) The Associate Medical Staff shall consist of physicians who wish to consult on or attend to patients in the Hospital, but do not meet the residence/domicile requirement in Sec 4.3 to be Active Staff. To assure adequate response time for appropriate patient care, all physicians on call must comply with reasonable response time guidelines as defined for Active Staff in Sec 4.3.
- (B) The Associate Staff shall be appointed in the same manner as other members of the medical staff and shall have privileges granted in conformity with Article VII of these Bylaws, Rules and Regulations.
- (C) Members may serve on committees, but shall not be eligible to vote or hold office. They shall be required to pay regular dues and assessments as determined by the Medical Executive Committee.
- (D) Associate Staff members appointed before July 21, 1987 may continue to be reappointed, not subject to provisions 4.5 (E, F) below.

- (E) Associate Staff Members appointed after July 21, 1987 must maintain an association with a member of the active staff, in the same specialty and subspecialty, if applicable. “Association” shall mean a formal medical/legal arrangement, by way of partnership, professional association, or employer-employee relationship. Hospitalists are not subject to this requirement, and may be assigned to this staff category without such an association with an Active Staff member.
- (F) Members applying for Associate Staff after October 1, 1999 are subject to these additional requirements:
1. The Association they join must maintain a ratio of not more than two (2) Associate Staff members per Active Staff member.
 2. Associate Staff membership shall automatically terminate if:
 - a. The “association” of that member with an active staff member is terminated, or
 - b. The sole active member in the “association” loses or relinquishes Active staff membership, or
 - c. The “association” fails to maintain enough active staff members to comply with the maximum 2:1 ratio and fails to include the member on a “protected” list provided in advance to the Medical Executive Committee. In the event of a sudden or unexpected decrease in the number of Active staff members, the “association” shall have until the upcoming staff renewal period, or not less than six (6) months to provide said list or comply with the ratio.
 3. Associate staff applicants must sign an agreement at the time of application and/or renewal acknowledging acceptance of provisions F 1, 2 and waiving any related due process otherwise provided in these bylaws.
 4. In the best interest of patient safety and quality of care, provisional active staff members may not sponsor associate staff members.
- (G) An Associate medical staff member should take call if (1) the response time can be met as provided in the Medical Staff Bylaws, (2) the associate medical staff member performs more than 35 admissions/procedures per annum at Parrish Medical Center, (3) a formal agreement is in place with an active medical staff member (in the same specialty/subspecialty as applicable) under which the associate medical staff member has a formal medical/legal relationship with the active medical staff member or his/her practice, and (4) a majority of the associate medical staff member’s practice is performed in the geographic boundaries of

4.6 ASSOCIATE PROFESSIONAL STAFF

The associate professional category shall consist of those dentists, podiatrists, and doctoral scientists who have made application and have been approved for medical staff membership in the same manner as any applicant of the medical staff. They shall be appointed in the same manner as other members of the medical staff and shall have privileges as may be determined by the Medical Executive Committee in conformity with Article VII of these bylaws.

They shall be required to pay regular staff dues and special staff assessments as determined by the Medical Executive Committee. Members of the associate professional staff category may have the privilege of admitting patients to the Hospital, but a member of the active medical staff must be named by the admitting practitioner, and it shall be the responsibility of this physician to prepare and sign the patient history & physical examination and the preoperative examination, if applicable. Furthermore, the designated member of the active medical staff shall be responsible for the care of any medical problems that may arise or be present during the hospitalization of the patient.

4.7 ACTIVE AFFILIATE MEDICAL STAFF

(A) Affiliate

The active affiliate staff category shall consist of practitioners who are employed by Parrish Medical Center and/or North Brevard Medical Support who do not have privileges to admit, attend or consult on private patients in the Hospital but are interested in referring patients for admission by PMC staff members with admitting privileges and occasionally attending general medical staff and committee meetings. Affiliate staff members are required to pay regular staff dues. Physicians not employed by Parrish Medical Center and/or North Brevard Medical Support who apply for this membership staff category shall be considered by the Medical Executive Committee. Appointment to the affiliate medical staff should be requested in writing from the Medical Executive Committee. The Medical Executive Committee may request to review the applicant's credentials, if he has been a former member, in good standing, of Parrish Medical Center (*This category shall include all prior members of the Courtesy Staff as of July 26, 2001*).

(B) Refer and Follow

Refer and Follow subcategory shall consist of those physicians employed by Parrish Medical Center and/or North Brevard Medical Support who desire medical staff membership to enable them to access Hospital services for their patients by referral for admission and care as well as participate in the active medical staff community for the sake of their patients,

members of the active staff who use other members of the active medical staff such as hospitalists or others for the care and treatment of their patients needing inpatient services may be eligible to be Refer and Follow members. Refer and Follow staff members will be required to pay regular staff dues.

In order to be eligible for Refer and Follow Medical Staff Privileges, an otherwise eligible physician must conduct at least 50% of his or her medical practice within the geographic borders contained in Section 4.3 of these Medical Staff Bylaws, "Active Staff".

Prerogatives and Responsibilities Refer and Follow subcategory:

1. May consult with hospitalists or attending physicians on their patients, perform outpatient and pre-admission History and Physical examinations, visit their hospitalized patients, submit office information as it applied for historical charting only, and access their patients' Hospital records both remotely and at the Hospital.
2. Other than in an emergency (see Section 7.6), may not exercise any inpatient clinical privileges, admit patients, attend patients, give consultations, write or give orders, write progress notes, make notations in the inpatient medical record, or actively participate in the provision or management of or to inpatients at the Hospital.

4.8 CONSULTING MEDICAL STAFF

- (A) The consulting medical staff will consist of those physicians who do not meet the geographic requirements for active staff status, and who are not in a specialty, or subspecialty, already represented on the active medical staff, and, therefore, are ineligible for the associate medical staff.
- (B) Consulting medical staff may also be temporarily appointed in a specialty/subspecialty represented by two (2) or fewer active and associate members at the recommendation of the Medical Executive Committee in order to allow for coverage only when active/associate staff members in the same specialty or subspecialty, if applicable, are unavailable. Unavailable shall mean a period of absence has been previously reported to the Medical Staff Services Office by the involved active or associate staff member.
- (C) Credentialing requirements will be the same as for the active medical staff.
- (D) Attendance at medical staff meetings is permitted, but not required.
- (E) Will not have to be on the ED schedule.
- (H) Consulting medical staff members are required to pay regular staff dues.

- (1) In recognition of their past service, consulting staff members appointed before January 1, 2014 may continue to be reappointed, even if their specialty or subspecialty is represented on the active medical staff.

ARTICLE V ALLIED HEALTH PROFESSIONALS

5.1 DEFINITION

Allied health professionals or AHP'S are as described under "definitions" at the beginning of these Bylaws. AHP's are not considered to be members of the Medical Staff nor are they able to be present at Medical Staff or MEC meetings unless invited for a specific purpose.

5.2 CATEGORIES

- (A) AHPs employed and directly responsible to a physician member of the PMC medical staff (for example, physician assistants, certified nurse midwife, CRNAs, nurse practitioners in different clinical areas, RNs if also hired, employed and directly responsible to a physician member of PMC).
- (B) AHPs employed by PMC and not directly responsible to a medical staff physician.
- (C) AHPs neither hired or employed by PMC nor by medical staff physicians and directly responsible to outsiders who are under contract or have agreed to provide certain services, (for example, Echocardiography Technicians, Ostomy Technicians, Audiologists, Orthoptists, Speech Pathologists, Visiting Nurses, Hospice Workers, and technical sales representatives for pacemakers, orthopedic, urological and other surgical prostheses or instruments).

5.3 QUALIFICATIONS

Only Allied Health Professionals holding a license, certificate or other legal credential as required by state law who:

- (A) Can document their experience, background training, demonstrated ability, and physical and mental health status with sufficient adequacy to demonstrate that any patient treated or service given by them will be of the generally recognized professional level of quality and efficiency, and
- (B) Are determined to be qualified to provide a needed service within the hospital, and
- (C) Are determined, on the basis of documented references, to adhere strictly to generally recognized standards of professional ethics, and

- (D) Who have demonstrated, through documented references, the capability to work cooperatively with others shall be eligible to provide specified services in the hospital. Where appropriate, the CEO and the Chief of the service under which the AHP is assigned may establish particular qualifications required of members of a specific category of AHPs to be later approved by the MEC provided that such qualifications are in conformance with applicable law.

5.4 PROCEDURES FOR SPECIFICATION OF SERVICES

5.4-1 POSITION EVALUATIONS AND DESCRIPTIONS

The chief of the service under which the AHP is assigned and the CEO shall develop written guidelines for the performance of specified services by AHPs in the hospital. Such guidelines shall need approval by the Chief of the service to which the AHP is assigned and shall include without limitations for each category of AHPs:

- (A) Definition and classification of the services and procedures to be performed, including the equipment and specific tasks involved; and
- (B) Definition of the degree of assistance that may be provided to a practitioner in the treating of patients on hospital premises and any limitations thereon, including the degree of practitioner supervision required.

5.4-2 EVALUATION OF INDIVIDUAL AHP APPLICATIONS

The only applications to be evaluated by the credentials committee of the medical staff are those AHPs who fall under the category described in 5.2.(A).

An application for specified services for an AHP in category 5.2(A) shall be submitted and processed in the same manner as provided in article VII for clinical privileges. An AHP shall be individually assigned to the department appropriate to his professional training and shall be subject to the same terms and conditions as specified in Section 3.4 for Staff Appointments. However, an AHP who receives an adverse action may appeal that decision in accordance with the fair hearing process in Section 9.4. The fair hearing process will include a Committee representative of AHP peers.

5.5 PREROGATIVES

The prerogative of an AHP shall be to:

- (A) Provide specific patient care services under the supervision or direction of a physician member of the medical staff (except as other-wise expressly provided by

resolution of the medical executive committee approved by the board) and consistent with the limitations stated in section 7.4.

- (B) Write orders only to the extent established by medical staff, but not beyond the scope of the AHP's license, certificate or other legal credentials.
- (C) Exercise such other prerogatives, for which medical education, training and experience, beyond that which an AHP can demonstrate, are not a prerequisite. These additional prerogatives may be granted by the Medical Executive Committee upon the recommendation of the Chief of the service to which the AHP is assigned, with approval by the Board.

5.6 RESPONSIBILITIES

Each AHP shall:

- (A) Meet the same basic responsibilities as required by Section 3.3 for Medical Staff Members.
- (B) Retain appropriate responsibility within his area of professional competence for the care and supervision of each patient in the hospital for whom he is providing services, or arrange (or alert the attending physician of the need to arrange) a suitable alternative for such care and supervision.

ARTICLE VI PROCEDURES FOR APPOINTMENT, REAPPOINTMENT AND MODIFICATION OF PRIVILEGES

6.1 APPLICATION FOR INITIAL APPOINTMENT

6.1-1 APPLICATION FORM

- (A) Application for appointment to the Medical Staff shall be in writing on an approved form obtained from the Chief Executive Officer who shall be the only officer empowered to send application forms to prospective applicants.
- (B) The application form shall require information including but not limited to:
 - (1) Detailed information concerning the applicant's professional qualifications.
 - (2) The name and address of at least three (3) references, preferably the applicant's most recent supervisors or departmental chair in hospitals where he has exercised clinical privileges and who have

had experience in observing and working with the applicant and are not affiliated either by family relationship or recently initiated or pending professional partnership/financial association with the applicant. The purpose of the references will be to provide adequate information pertaining to the applicant's current medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism.

- (3) A detailed request for specific clinical privileges for all department(s) in which the applicant is requesting privileges.
- (4) Information as to whether the applicant's membership status and/or clinical privileges have ever been denied, revoked, suspended, reduced or not renewed at any hospital or healthcare facility. This will include voluntary or involuntary actions.
- (5) Before granting privileges, the medical staff evaluates the following:
 - (a) Challenges to any license or registration.
 - (b) Voluntary and involuntary relinquishment of any license or registration.
 - (c) Voluntary and involuntary termination of medical staff membership.
 - (d) Voluntary and involuntary limitation, reduction, or loss of clinical privileges.
 - (e) Information regarding any past, current, or pending sanctions (exclusions) from federal or state health care programs (e.g., Medicare, Medicaid, **TRICARE**, etc.)
- (6) A statement that the applicant has received and read the Bylaws and Rules and Regulations of the Medical Staff and that he agrees to be bound by the terms thereof if he is granted membership and/or clinical privileges and to be bound by the terms thereof relating to consideration of his application without regard to whether or not he is granted membership and/or clinical privileges.
- (7) A statement that the applicant will agree that if an adverse ruling is made with respect to his staff membership privileges, he will exhaust the administrative remedies afforded by these Bylaws before resorting to formal legal action.
- (8) Documentation as to the applicant's health status.

6.2 EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, the applicant:

- (A) Signifies willingness to appear for all required interviews. The applicant has no right to a telephone interview.
- (B) Authorizes the hospital's representatives to consult with all others who have been associated with the applicant.
- (C) Consents to the hospital's representatives inspecting all records and documents that may be material to an evaluation of his professional qualifications and competence to carry out the clinical privileges he requests as well as of his moral and ethical qualifications for staff membership, and acknowledges that it is the applicant's burden to produce all required documents.
- (D) Releases from any liability all representatives of the hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating the applicant's credentials;
- (E) Releases from liability, and consents to and directs the production of information by all individuals and organizations who possess and/or can provide information to the hospital in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- (F) Acknowledges his privileges shall automatically expire and be rescinded if he fails to commence practice within the time specified in the application, unless extended for good cause by and to the extent approved by the Medical Executive Committee.

6.3 PROCESSING THE INITIAL APPLICATION

6.3-1 APPLICANT'S BURDEN

- (A) It shall be the applicant's burden to produce adequate information within 90 days of his receipt of the application unless extended by good cause for a proper evaluation of his experience, background, training, demonstrated ability, and physical and mental health status, or resolving any doubts about these or any other qualifications.
- (B) Neither the Board, Chief Executive Officer, nor the Medical Staff shall have any duty or obligation to review any application until the applicant completes it in all respects and submits all required information and supporting material in accordance with these Bylaws.

6.3-2 VERIFICATION OF INFORMATION

- (A) The applicant shall deliver a completed application to the Chief Executive Officer, who shall, within fifteen (15) days, unless extended by good cause, seek to collect or verify the references, and other qualification evidence submitted including information on the applicant stored in the National Practitioner Data Bank or any exclusion from federal and/or state health care plans. The Board of Medicine shall be queried regarding the applicant's Physician Profile, and any pertinent information shall be attached to the application.
- (B) If verification cannot be obtained within thirty (30) days of a request, the Chief Executive Officer shall promptly notify the applicant and it shall then be the applicant's obligation to obtain the required verification.
- (C) An application deemed incomplete at one hundred and eighty (180) days after submission shall be considered voluntarily withdrawn by the applicant.
- (D) Once the collection and verification of information has been completed, the Chief Executive Officer shall, within thirty (30) days, transmit the application and all supporting materials to the Credentials and Medical Ethics Committee for consideration.

6.3-3 ACTIONS BY THE CREDENTIALS AND MEDICAL ETHICS COMMITTEE AND DEPARTMENTS

(A) Review Of The Application

- (1) The Chair, or his designee, of the department(s) to which the applicant seeks admission or privileges, will review the application and make a written recommendation to the Credentials and Medical Ethics Committee with input from appropriate subspecialties.
- (2) The Credentials and Medical Ethics Committee will review the application, but shall not act on the application until all information in the application is provided by the applicant, all requested documents shall be submitted, and primary source verification have been received or the Credentials and Medical Ethics Committee deems the application complete.
- (3) The Credentials and Medical Ethics Committee and departments shall not have any obligation to review any application until it has been completed in all respects and its contents have been verified by the Chief Executive Officer.

(B) Interview Of The Applicant

- (1) The Credentials and Medical Ethics Committee or a member(s) selected by its Chair, shall conduct at least one personal interview with the applicant.
- (2) The interviewer(s) shall submit a written report to the Chair of the Credentials and Medical Ethics Committee, with a recommendation for approval, denial or deferral of the application.

(C) Committee Recommendation

Upon completion of the interview and review process, the Credentials and Medical Ethics Committee shall consider all the available information on the applicant and shall within forty-five (45) days after the completion of the personal interview(s) take one of the following actions:

- (1) Make a recommendation that the application be approved.
- (2) Make a recommendation to defer action on the application.
- (3) Make a recommendation that the application be denied.

6.3-4 TEMPORARY PRIVILEGES

Should the recommendation from the Credentials and Medical Ethics Committee be favorable, the applicant shall be able to apply for temporary privileges as stated in Article VII of these Bylaws.

6.3-5 ACTIONS BY THE MEDICAL EXECUTIVE COMMITTEE

(A) Medical Executive Committee Review

- (1) The Medical Executive Committee will act upon the recommendations of the Credentials and Medical Ethics Committee at its next regularly scheduled meeting following such recommendation.
- (2) The Medical Executive Committee shall examine the evidence of the character, professional competence, qualifications and ethical standing of the applicant and shall determine, through information contained in references given by the applicant and from other sources available to the committee, whether the applicant has established and meets all the necessary qualifications for the

category of staff membership and clinical privileges requested by him.

(B) Medical Executive Committee Recommendation

After review of the application the Medical Executive Committee shall take one of the following actions:

- (1) Make a recommendation that the application be approved. A recommendation to appoint shall specifically recommend the clinical privileges to be granted, staff category, departmental affiliation and any special conditions to be attached to the appointment. Such recommendation shall be promptly forwarded by the Chief Executive Officer, together with all supporting documentation, to the Board.
- (2) Make a recommendation to defer the application for further consideration. This action must be followed up within forty-five (45) days from the date of the Credentials and Medical Ethics Committee recommendation with a subsequent recommendation for appointment with specified clinical privileges, or for rejection for staff membership.
- (3) Make an adverse recommendation as defined in Section 9.2-3. An adverse recommendation will be transmitted to the applicant by special notice by the Chief Executive Officer within ten (10) days of the decision. The applicant shall be entitled to the procedural rights as provided in Article IX.

6.3-6 BOARD ACTION

Upon receipt of a favorable Medical Executive Committee recommendation the Board shall take one of the following actions:

- (A) Adopt the recommendation of the Medical Executive Committee. A decision and notice to appoint shall include:
 - (1) The staff category to which the applicant is appointed.
 - (2) The department to which he is assigned.
 - (3) The clinical privileges which he may exercise.
 - (4) Any special conditions attached to the appointment.

- (B) Reject the recommendation of the Medical Executive Committee. An adverse recommendation as defined in Section 9.2-3 shall be transmitted to the applicant by special notice by the Chief Executive Officer within ten (10) days of the decision. The applicant shall be entitled to the procedural rights as provided in Article IX;
- (C) Refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for such referral, and setting a time within which a subsequent recommendation shall be made.
- (D) The applicant and relevant personnel, including external organizations required by law, will be notified of the governing board's decision within three weeks of the decision.

6.4 REAPPOINTMENT PROCESS

6.4-1 REAPPOINTMENT INFORMATION FORM

- (A) The Chief Executive Officer, shall, prior to the expiration date of the present staff appointment of each medical staff member and within the time specified in the applicable medical staff policy on reappointment, provide such staff member with an Application/interval information form for use in considering his reappointment.
- (B) Each staff member who desires reappointment shall, prior to such expiration date, and within the time specified in the applicable medical staff policy on reappointment, send his completed Application//interval information form to the Chief Executive Officer.
- (C) Failure, without good cause, to return the completed form by September 1 shall be deemed a voluntary resignation from the medical staff at the end of the current term of appointment. A practitioner whose medical staff membership lapses pursuant to this provision shall be entitled to reinstatement consideration upon curing the underlying cause. In such cases the reappointment process as set forth in 6.4 shall apply.

6.4-2 CONTENTS OF INTERVAL INFORMATION FORM

The interval information form shall request data necessary to update the medical staff file of the staff member regarding his clinical qualifications and competence, health status, professional awards, memberships, sanctions, professional liability and ethics. Any voluntary or involuntary termination, limitation, reduction, challenges to licensure, DEA registration or loss of clinical privileges at any other facility must be reported. The Board of Medicine shall be queried regarding the

applicant's Physician Profile, and any pertinent information shall be attached to the application. Any pertinent Quality Assurance data shall also be attached.

6.4-3 VERIFICATION OF INFORMATION

- (A) The Chief Executive Officer shall be responsible for the collection and for the verification of the information including information regarding exclusion from a federal or state health care program, and shall, in a timely fashion, transmit the information form and supporting materials to the Credentials and Medical Ethics Committee for review.
- (B) Each staff member shall be required to assist with the verification upon request by the Chief Executive Officer.

6.4-4 ACTIONS BY CREDENTIALS AND MEDICAL ETHICS COMMITTEE AND DEPARTMENTS

The Chair of the department(s) to which the applicant seeks reappointment, or his designee, will review the reapplication and make a written recommendation to the Credentials and Medical Ethics Committee. It will include a summary statement to address competence and compliance by the applicant, with input from appropriate subspecialties. The application for renewal of the Department Chair will be so reviewed and acted upon by a previous Department Chair. The Credentials and Medical Ethics Committee shall not act on any reappointment application until all information in the application is provided by the applicant, all requested documents are submitted, and primary source verification has been received. The Credentials and Medical Ethics Committee shall review the information form within the staff member's file and shall transmit to the Medical Executive Committee on the prescribed form one of the following actions:

- (A) Recommendation that the appointment be renewed/ modified.
- (B) Recommendation to defer action on the appointment.
- (C) Recommendation that the appointment be terminated.

Each such recommendation shall be based upon such member's demonstrated professional ability and clinical judgment in the treatment of his patients, professional ethics, discharge of staff obligations, compliance with these Bylaws, and the Rules and Regulations, and good physical and mental health.

6.4-5 ACTIONS BY THE MEDICAL EXECUTIVE COMMITTEE AND BOARD

- (A) When submitted to the Medical Executive Committee, the application for reappointment shall be reviewed and acted upon as provided for in sections

6.3-5 and 6.3-6 of these Bylaws. For the purpose of reappointment, the terms "applicant" and "appointment" as used in those sections shall be read, respectively, as "staff member" and "reappointment".

- (B) If processing by the hospital's Credentials and Medical Ethics Committee and Medical Executive Committee has not been completed by the expiration date of the appointment, and such delay is not due to failure of the staff member to return the information form on time, the staff member shall maintain his current membership status and clinical privileges until such time as the processing is completed unless corrective action is taken with respect to all or any part thereof. Such extension of an appointment shall not be deemed to create a right for the staff member to be automatically reappointed for the coming term.

6.5 MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES

A staff member may either in connection with reappointment or at any other time, request modification including voluntary relinquishment of his staff category, department assignment, or clinical privileges by submitting a written application to the Chief Executive Officer together with all necessary supporting information. The Chief Executive Officer will submit the application to the department(s) involved who will review the application at their next regular departmental meeting with the departmental Chair(s) making the departmental recommendation(s) to the Credentials and Medical Ethics Committees. Such application shall then be processed in substantially the same manner as provided in Section 6.4 for reappointment.

ARTICLE VII DETERMINATION OF CLINICAL PRIVILEGES

7.1 EXERCISE OF PRIVILEGES

A practitioner or other professional providing direct clinical services at this hospital by virtue of medical staff membership or otherwise shall, in connection with such practice be entitled to exercise only those clinical privileges specifically granted to him by the Board. Said privileges and services must be within the scope of the license, certificate or other legal credential authorizing him to practice in this State and consistent with any restrictions thereon, except as otherwise provided in Section 7.5 and 7.6.

All practitioners having privileges to admit patients to the Hospital shall perform, or arrange for another qualified practitioner to perform a physical examination and medical history no more than 30 days before or 24 hours after a patient is admitted to the Hospital in accordance with such requirements or procedures as may be set forth in Hospital or Medical Staff rules, regulations, or procedures.

7.2 DELINEATION OF PRIVILEGES IN GENERAL

7.2-1 REQUESTS

Each application for appointment and reappointment to the medical staff must contain a request for the specific clinical privileges desired by the applicant. A request for a staff member pursuant to Article VI for a modification of privileges must be supported by documentation of additional training and/or experience supportive of the request.

7.2-2 BASIS FOR PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated by each department on the basis of the practitioner's education, training, and demonstrated competence. Competence shall be evaluated based on current health status, clinical judgment, performance, outcomes and experience. The basis for granting privileges to be made in connection with periodic reappointment or otherwise shall include evaluation of the practitioner's education, training, licensure and competence by means of observed clinical performance or the documented results of patient care review and other quality evaluation activities required by these and the Hospital corporate bylaws, to be conducted at the Hospital. Privileges determinations shall also be based on pertinent information concerning competence obtained from other sources, especially other institutions and health care settings where a practitioner exercises or has exercised clinical privileges. This information shall be added to and maintained in the medical staff file established for each staff member.

7.2-3 PROCEDURE

All requests for clinical privileges shall be processed pursuant to the procedures outlined in Article VI.

7.3 SPECIAL CONDITIONS FOR DENTAL AND PODIATRIC PRIVILEGES

Requests for clinical privileges from dentists and podiatrists shall be processed in the manner specified in Section 7.2. Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of the chief of surgery or his designee. All dental and podiatric patients shall receive the same basic medical evaluation as patients admitted to other surgical services. A physician member of the medical staff shall be responsible for the care of any medical problem that may be present at the time of admission or that may arise during hospitalization and shall determine the risk and effect of the proposed surgical procedure on the total health status of the patient during his admission to the Hospital.

7.4 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONAL SERVICES

Requests to perform specified patient care services from allied health professionals shall be processed in the manner specified in Section 5.4-2.

An allied health professional may, subject to any licensure requirements or other legal limitations, exercise independent judgment within the areas of his professional competence, and may participate directly in the medical management of patients under the supervision of a physician who has been accorded privileges to provide such care. The physician has supervising responsibility for patient care.

7.5 TEMPORARY PRIVILEGES

7.5-1 CIRCUMSTANCES

Upon the written concurrence of the chief of the department in which the applicant will practice, and privileges will be exercised and of the President of the Medical Staff, the Chief Executive Officer may grant temporary privileges in the following circumstances:

(A) Pendency of Application:

After receipt of a completed application for staff appointment, including a request for specific temporary privileges, an appropriately licensed applicant may be granted temporary privileges for an initial period of sixty (60) days, with subsequent renewals not to exceed the pendency of the application. Temporary privileges shall not be granted until such time as the Credentials and Medical Ethics Committee interview has taken place and a favorable ruling on the candidate's application has been made. In exercising such privileges, the applicant shall act under the supervision of the chief of the department to which he/she is assigned and in accordance with the conditions specified in Section 7.5-2.

(B) Care of Specific Patients:

Upon receipt of a written request for specific temporary privileges, an appropriately licensed practitioner of documented competence who is not an applicant for membership may be granted temporary privileges for the care of one or more specific patients. Such privileges shall be exercised in accordance with the conditions specified in Section 7.5-2 and shall be restricted to the treatment of not more than four (4) patients in any one year by any practitioner, after which such practitioner shall be required to apply for membership on the medical staff before being allowed to attend additional patients.

(C) Locum Tenens:

Upon receipt of a written request for specific temporary privileges, an appropriately licensed practitioner of documented competence who is

serving as a locum tenens for a member of the medical staff and who is on the active staff of another hospital and who meets the requirements of Section 3.2-1 or if not on the active staff of another hospital otherwise satisfies the Board Certification or Board Eligibility, information and procedural requirements of Section 3.2-1, Section 6.1-1 and Section 7.5-1(A) or who is an employee of the Emergency Department contractor, may, without applying for membership on the staff, be granted temporary privileges for an initial period of sixty (60) days, and only after the practitioner has satisfied the requirement for professional liability insurance as mutually agreed by the MEC and Chief Executive Officer. Such privileges may be renewed for one successive period of sixty (60) days, but not to exceed his services as locum tenens, shall be limited to treatment of the patients of the practitioner for whom he is serving as locum tenens, or to the treatment of Emergency Department patients, if he is an employee of the Emergency Department contractor, and his privileges shall be exercised in accordance with the conditions specified in Section 7.5-2. He shall be entitled to the same privileges as the physician for whom he is covering.

(D) Disaster Privileges

In a Disaster, as defined in the Emergency Operations (Disaster Plan), any physician/allied health professional that presents any of the following may be granted Disaster Medical Staff status:

1. a current medical license and a valid photo ID issued by a state, federal or regulatory agency, or
2. a current picture hospital ID card, or
3. identification that the individual is a member of a Disaster Medical Assistance Team, or
4. identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity), or
5. presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner's identity.

Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization. In the extraordinary circumstances that primary source verification cannot be completed within 72 hours (i.e., no means of communication or lack of resources), primary

source verification will be done as soon as possible and there will be documentation of why primary source verification was not completed in the required time frame.

Disaster Medical Staff Status may be granted in accordance with Section 7.5-1. These individuals may consider any physician who presents evidence of possessing a medical license as described above and will make decisions regarding the granting of Disaster Privileges on a case-by-case basis.

Immediately upon granting temporary disaster privileges to volunteer LIPS's, the physician/allied health professional will be observed by the Department Chair or, a monitor assigned by the Department Chair, to evaluate those privileges granted. After the monitor has observed the physician/allied health professional for an appropriate amount of time (not to exceed 72 hours), the Department chair will certify in writing the competence of the physician/allied health professional in question. Granted and approved privileges will last until the end of the disaster event.

- (E) The applicant and hospital personnel will receive notification of the temporary privileges when granted by the President of the Medical Staff and the Chief Executive Officer.

7.5-2 CONDITIONS

Temporary privileges shall be granted only when the information available reasonably supports a favorable determination regarding the requesting practitioner's qualifications, ability and judgment to exercise the privileges requested. Special requirements of consultation and reporting may be imposed by the department chief responsible for supervision of a practitioner granted temporary privileges. Before temporary privileges are granted, the practitioner must acknowledge in writing that he has received and read, the medical bylaws, rules and regulations, and that he agrees to be bound by the terms thereof in all matters relating to his temporary privileges.

7.5-3 TERMINATIONS

The Chief Executive Officer or the President of the Medical Staff shall, on the discovery of any information or the occurrence of any event of a nature which raises question about a practitioner's professional qualifications or ability to exercise any or all of the temporary privileges granted, and may at any other time after consultation with the service chief responsible for supervision, terminate any or all of such practitioner's temporary privileges, provided that the life or well-being of a patient is determined to be endangered by continued treatment by the practitioner.

The termination may also be affected by any person entitled to impose summary suspensions under Article VIII. In the event of any such termination, the practitioner's patients then in the Hospital shall be assigned to another practitioner by the department chief responsible for supervision. The wishes of the patient shall be considered, where feasible, in choosing a substitute practitioner.

The Chief Executive Officer will notify the relevant departments, Medical Executive Committee and Board of Directors of the termination.

7.5-4 RIGHTS OF THE PRACTITIONER

A practitioner shall not be entitled to the procedural rights afforded by Article IX because his request for temporary privileges is refused or because all or any portion of his temporary privileges are terminated or suspended.

7.6 EMERGENCY PRIVILEGES

For the purposes of this Section, an "emergency" is defined as a condition in which serious or permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In the case of an emergency, any practitioner, to the degree permitted by his license and regardless of his department, staff status or clinical privileges, shall be required and permitted to do, and shall be assisted by hospital personnel in doing, everything possible to save the life of a patient or to save a patient from serious harm, including calling for a consultation by a specialist practitioner who is not a member of the medical staff.

7.7 PHYSICAL OR MENTAL EXAMINATION

As a condition of exercising privileges granted to any physician or allied health professional, such person agrees that the Governing Body of the Hospital after the recommendation of three-fourths of a quorum present of the Medical Executive Committee may compel such person to undergo a physical or mental examination by a physician or physicians who is not a member of the medical staff and who is satisfactory to the Governing Body of the Hospital for the purpose of determining if such person is fit to practice medicine or treat patients with reasonable skill and safety. Failure to undergo such an examination when requested shall be grounds for suspension of privileges until the examination occurs and the results are evaluated.

ARTICLE VIII CORRECTIVE ACTION

8.1 CRITERIA FOR INITIATION

As a statutory condition of Hospital licensure and peer reviews as mandated by the laws of the State of Florida, an investigation and determination shall be commenced if reasonable belief exists that conduct by any practitioner constitutes one or more of the following:

- (A) Incompetence;
- (B) Being found to be a habitual user of intoxicants or drugs to the extent that he is deemed dangerous to himself or others;
- (C) Mental or physical impairment which may adversely affect patient care;
- (D) Being found liable by a court of competent jurisdiction for medical negligence or malpractice involving negligent conduct and which the affected practitioner shall report in writing within thirty (30) days to the Hospital CEO for appropriate referral and investigation in coordination with the President of the Medical Staff and the appropriate Department Chair;
- (E) Medical negligence other than as specified in paragraphs D; or
- (F) Failure to comply with the policies, procedures, or directives of the risk management program or any quality assurance committees of any licensed facility.
- (G) Breach of confidentiality of patient records or peer review proceedings.
- (H) Conduct resulting in adverse recommendation from a medical staff department or committee as part of the peer review process.
- (I) Failure to reasonably execute the responsibilities of each individual staff member as provided in Section 3.3.
- (J) Failure to promptly return any medical records and notify the Director of Medical Records when medical records have been obtained or received in error.

An investigation and determination shall also be commenced if reasonable belief exists that conduct by any practitioner constitutes a violation of the Medical Staff-Employee Conflict Resolution policy or any other policy adopted by the Medical Executive Committee or Medical Staff.

Notwithstanding the foregoing, the commencement of any investigation and determination shall be in compliance with these Bylaws or as required by the laws of the State of Florida.

8.1-1 REQUESTS AND NOTICES

All requests for corrective action shall be in writing, submitted to the Medical Executive Committee (MEC), and supported by reference to the specific activities or conduct which constitute the grounds for the request. The Chair of the MEC shall promptly notify the Chief Executive Officer in writing of all requests for corrective action received by the committee and shall continue to keep him fully informed of all action taken in conjunction therewith.

8.1-2 INVESTIGATION

After deliberation, the MEC may either act on the request or direct that investigation concerning the grounds for the corrective action request be undertaken. The MEC may conduct such investigation itself or may assign this task to an officer, department(s) or committee(s) of the medical staff. This investigative process shall not be deemed a "hearing" as that term is used in Article IX, but shall also include consultation with the practitioner involved.

If the investigation is accomplished by a group or individual other than the MEC, such group or individual shall forward a written report of the investigation to the MEC as soon as is practicable after the assignment to investigate has been made. The MEC may at any time within its discretion, and shall at the request of the Board (or of the executive committee thereof), terminate the investigative process and proceed with action as provided in Section 8.1-3 below.

8.1-3 MEC ACTION

As soon as is practicable after the conclusion of the investigative process, if any, the MEC shall take action upon such request within twenty (20) days. Such action may include, without limitation:

- (A) Recommending rejection of the request for corrective action;
- (B) Recommending a warning, a letter of admonition, or a letter of reprimand;
- (C) Recommending terms of probation or individual requirements of consultation;
- (D) Recommending reduction, suspension or revocation of clinical privileges;

- (E) Recommending reduction of staff category or limitation of any staff prerogatives directly related to the practitioner's delivery of patient care;
- (F) Recommending suspension or revocation of staff membership.

8.1-4 DEFERRAL

If additional time is needed after completion of the investigative process, the MEC may defer action on the request, but only upon the written consent of the affected practitioner. A subsequent recommendation for any one or more of the actions provided in Sections 8.1- 4 (A) through (F) above must be made within the time specified in such written consent, and if no such time is specified, then within fifteen (15) days of the deferral.

8.1-5 PROCEDURAL RIGHTS

Any recommendation by the MEC pursuant to Section 8.1-3 (C), (D), (E), or (F), or any combination of such actions, shall entitle the practitioner to the procedural rights as provided in Article IX.

8.1-6 OTHER ACTION

- (A) If the MEC's recommended action is to reject the request for corrective action, such recommendation, together with all supporting documentation, shall be transmitted to the Board. Thereafter, the procedure to be followed shall be as provided in 9.3.
- (B) Of the MEC's recommended action is a warning, admonition or reprimand, such recommendation together with all supporting documentation, shall be transmitted to the Board. Board action to adopt such MEC recommendation without substantive modification shall conclude the matter and notice of final decision shall be given as provided in Section 9.3-2. If the Board's proposed action will modify substantively the MEC's recommendation, the provisions of Section 9.3-4 shall be followed. If the Board's action is adverse to the applicant as defined in Section 9.2-3, the Chief Executive Officer shall promptly so inform the practitioner by special notice, and he shall be entitled to the procedural rights as provided in Article IX.
- (C) If, in the Board's determination, the MEC fails to act in timely fashion in processing and recommending action on the request for corrective action, the Board (or an appropriate committee thereof) may, after notifying the MEC, take action on its own initiative. If such action is favorable, it shall become effective as the final decision of the Board. If such action is adverse as defined in Section 9.2-3, the Chief Executive Officer shall

promptly so inform the practitioner by special notice, and he shall be entitled to the procedural rights as provided in Article IX.

8.2 SUMMARY SUSPENSION

8.2-1 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 Hospital, either the President of the Medical Staff, the chief of the practitioner's department, the Chief Executive Officer, the Executive Committee of either the medical staff or the Board, (or an appropriate committee thereof) shall have the authority to summarily suspend the medical staff membership status or all of any portion of the clinical privileges of such practitioner.

Immediately upon the imposition of a summary suspension, the Chief of Staff or responsible departmental Chair shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the hospital at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner.

8.2.2 MEC ACTION

A practitioner whose clinical privileges have been summarily suspended shall be entitled to request that the medical executive committee hold a meeting to review the matter within 96 hours thereafter. The MEC shall do so and at such meeting the affected practitioner shall be permitted to make an appearance before said committee prior to its taking action. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply thereto. A report of such appearance shall be made by the MEC.

The action of the MEC at such hearing shall be to sustain the summary suspension, immediately terminate the summary suspension or modify the summary suspension. In addition, the MEC shall have the authority to recommend that the practitioner's staff membership be modified, suspended or revoked.

8.2-3 PROCEDURAL RIGHTS

If as a result of such review the MEC does not re-recommend immediate termination of the summary suspension, the affected practitioner shall be entitled to the procedural rights provided in Article IX of these bylaws, but the terms of the

summary suspension as sustained or as modified by the MEC shall remain in effect pending a final decision by the Board.

8.3 AUTOMATIC SUSPENSION

8.3-1 LICENSE

(A) Revocation:

Whenever a practitioner's or allied health professional's (AHP) license, certificate or other legal credential authorizing him to practice in this State is revoked, his staff membership and clinical privileges or specified services shall be immediately and automatically revoked.

(B) Restriction:

Whenever a practitioner's or AHP's license, certificate or other legal credential is limited or restricted by the applicable licensing or certifying authority, those clinical privileges or specified services which he has been granted that are within the scope of said limitation or restriction shall be immediately and automatically revoked.

(C) Suspension:

Whenever a practitioner's or AHP's license, certificate, or other legal credential is suspended, his staff membership and clinical privileges or specified services shall be automatically suspended effective upon and for at least the term of the suspension. Further action on the matter shall proceed pursuant to Section 8.3-3.

(D) Probation:

Whenever a staff member or AHP is placed on probation by the applicable licensing or certifying authority, his voting, office-holding and teaching prerogatives and responsibilities, if any, shall be automatically suspended effective upon and for at least the term of the probation. Further action on the matter shall proceed pursuant to Section 8.3-3.

8.3-2 DRUG ENFORCEMENT AGENCY (DEA NUMBER)

(A) Revocation:

Whenever a practitioner's DEA number is revoked, he shall immediately and automatically be divested at least of his right to prescribe medications

covered by the number. Further action on the matter shall proceed pursuant to Section 8.3-3.

(B) Suspension:

Whenever a practitioner's DEA number is suspended, he shall be divested at least of his right to prescribe medications covered by the practitioner's narcotic license for at least the term of suspension. Further action on the matter shall proceed pursuant to Section 8.3-3.

(C) Probation:

Whenever a practitioner is placed on probation insofar as the use of his DEA number is concerned, action on the matter shall proceed pursuant to Section 8.3-3.

8.3-3 MEC DELIBERATION

As soon as practicable after action is taken as described in Sections 8.3-1 (C) or (D) or in Sections 8.3-2 (A), (B), or (C), the MEC shall convene to review and consider the facts under which such action was taken. The MEC may then recommend such further corrective action as is appropriate to the facts disclosed in its investigation, including limitation of prerogatives. Thereafter when the matter involves a practitioner, the procedure to be followed shall be provided in Sections 8.1-6 , as applicable. When the matter involves an AHP, hospital policies and procedures shall determine the manner of final processing.

8.3-4 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

A practitioner who fails to satisfy the requirements of Section 13.8-3 shall automatically be suspended from exercising all or such portion of his clinical privileges in accordance with the provisions of said Section 13.8-3.

8.3-5 MEDICAL RECORDS

For failure to complete medical records in a timely fashion, a practitioner's clinical privileges (except with respect to his patients already in the Hospital) and his rights to admit patients and to consult with respect to patients shall, after written warning of delinquency, be automatically suspended and shall remain suspended until all delinquent medical records are completed.

**ARTICLE IX
INTERVIEWS, HEARINGS AND APPELLATE REVIEW**

9.1 INTERVIEWS

9.1-1 INTERVIEWS

When the Medical Executive Committee (MEC), other relevant medical staff committee, or the Board or any appropriate committee thereof receives or is considering initiating an adverse recommendation concerning a practitioner, the practitioner shall be afforded a mandatory interview if he requests the same. The interview shall not constitute a hearing, shall be preliminary in nature, and shall not be conducted according to the procedural rules provided with respect to hearings. The practitioner shall be informed of the general nature of the circumstances and may present information relevant thereto. This Committee shall issue written findings of fact of such interview. The affected practitioner shall be furnished a copy of such written findings.

9.1-2 MEC RECOMMENDATIONS

The Medical Executive Committee shall, within ten (10) working days following the interview provided in Section 9.1-1, make a recommendation to the Chief Executive Officer of the Hospital. The recommendation shall be in writing and a copy thereof shall be furnished to the practitioner involved.

9.1.3 ACTION BY CHIEF EXECUTIVE OFFICER

The Chief Executive Officer will confer with the practitioner involved and consider the report and recommendations and any other facts concerning the matter which may be brought to his attention. The report and recommendations of the Medical Executive Committee shall not be binding on the Chief Executive Officer; however, if the MEC recommendations are favorable to the practitioner, the Chief Executive Officer shall accord them great weight. After conferring with the Medical Executive Committee, the Chief Executive Officer will make such disposition of the matter as he deems proper unless a hearing has been requested by the practitioner as hereinafter provided. The Chief Executive Officer shall report his disposition in writing to the practitioner and furnish a copy thereof to the Medical Executive Committee. Such report of the disposition shall contain the following criteria:

- (A) A comprehensive statement of the precipitating event.
- (B) Reference to and inclusion of the MEC's recommendations.
- (C) Findings of fact supported by proof considered by the CEO in reaching such facts.
- (D) A comprehensive narrative detailing those persons with whom the CEO discussed the relevant event.

- (E) A comprehensive explanation of the rationale for the CEO's disposition.

9.2 HEARINGS AND APPELLATE REVIEW

9.2-1 ADVERSE MEC RECOMMENDATION

When any practitioner receives special notice of an adverse recommendation of the MEC as defined in Section 9.2-3, he shall be entitled, upon request, to a hearing before an Ad Hoc hearing Committee of the Medical Staff. Such a request by the practitioner shall be in writing, shall be delivered to the Chief Executive Officer within thirty (30) calendar days from the delivery of the special notice. In the event that the practitioner fails to request a hearing within the time provided, then the right to any hearing before the Ad Hoc Committee shall be deemed to have been waived.

Thereafter, the Chief Executive Officer shall make disposition of the matter as provided in Section 9.1-3. If the recommendation of the Ad Hoc Committee following such hearing is still adverse to the practitioner, he shall then be entitled, upon request, to an appellate review by the Board of Directors before a final decision is rendered.

9.2.2 COMPOSITION OF AD HOC COMMITTEE

The Ad Hoc Committee shall consist of not less than five (5) members of the active medical staff who are not in direct competition with the practitioner, who have not had any direct involvement with any case(s) to be used as evidence, and who are not members of the Medical Executive Committee. The Ad Hoc Committee shall be selected jointly by the Chair of the Governing Board of the Hospital, the President of the Medical Staff, and the Chief of the service relevant to the affected practitioner. The affected practitioner may select one member of such committee. The hearing examiner as hereinafter provided shall be designated jointly by the said Board Chair and the President of the Medical Staff. The hearing examiner, who shall be a licensed attorney and Member of the Florida Bar, shall not be a voting member of the Ad Hoc Committee. The Committee and hearing examiner shall be selected by the Board Chair and President of the Medical Staff within ten (10) days following the request of the practitioner involved.

9.2-3 ADVERSE RECOMMENDATIONS OR ACTIONS DEFINED

- (A) The following recommendations or actions shall, if deemed adverse pursuant to Section 9.2-3(b), below, entitle the practitioner affected thereby to a hearing upon his timely request for the same:
 - (1) Denial of initial staff appointment;

- (2) Denial of reappointment;
 - (3) Suspension of staff membership;
 - (4) Revocation of staff membership;
 - (5) Denial of requested advancement in staff category;
 - (6) Reduction of staff category;
 - (7) Limitation of the right to admit patients;
 - (8) Denial of requested department or section affiliation;
 - (9) Denial of requested clinical privileges;
 - (10) Reduction of clinical privileges;
 - (11) Suspension of clinical privileges;
 - (12) Revocation of clinical privileges;
 - (13) Terms of probation;
 - (14) Individual imposition or application of mandatory consultation requirement.
- (B) A recommendation or action listed in Section 9.2-3(a) above shall be deemed adverse only when it has been:
- (1) recommended by the MEC; or
 - (2) taken by the Chief Executive Officer contrary to a favorable recommendation by the MEC under circumstances where no right to hearing existed; or
 - (3) taken by the Board or Chief Executive Officer on its own initiative without benefit of a prior recommendation by the MEC.

9.2-4 PROCEDURE AND PROCESS

All hearings before the Ad Hoc Committee shall be in accordance with the following procedures and safeguards, to-wit:

(A) **Hearing Guaranteed:**

Any practitioner's legal rights, duties, privileges, or immunities shall be determined only upon hearing by the Ad Hoc Committee. The hearing may be open to members of the medical staff, held in executive session, if requested by the affected practitioner. Otherwise the hearing is limited to participants.

(B) Notice of Hearing:

Practitioners affected by the action of the Ad Hoc Committee shall be given a notice of hearing which shall include the following:

- (1) The place, time, and date of the hearing. The fact that the Ad Hoc Committee will follow the procedures as outlined in Section 9.2-(E)
- (2) The professional review action proposed to be taken against the practitioner, and the reasons for same, including the relevant operative and ultimate factual allegations made against the affected practitioner.
- (3) A list of the witnesses expected to testify on behalf of the Medical Executive Committee, and a summary of the anticipated testimony to be offered by each such witness.
- (4) The practitioner's right to be represented by an attorney or by some other person, the right to a record of the proceedings, the right to call, to examine and to cross examine witnesses, the right to present relevant evidence, the right to submit a written statement at the conclusion of the hearing, the right to present an oral argument or statement in the nature of a summation, and the right to receive the Ad Hoc Committee's written decision and recommendation(s).

In fixing the time and place for hearings, due regard shall be had for the convenience and necessity of the parties or their representatives.

In no event shall the hearing be scheduled sooner than thirty (30) days from the date of the notice of the hearing. The action of the Ad Hoc Committee, including final action, shall be completed within forty-five (45) days (after the conclusion of the hearing).

(C) Conduct and Record of Hearing:

- (1) All hearings before the Ad Hoc Committee shall be presided over by a hearing examiner selected as specified in Section 9.2-2, and whose fee will be paid by Parrish Medical Center. The Hearing examiner is to be qualified by experience and/or training.

- (2) In those cases where the hearing is conducted by reason of the denial of initial privileges, the practitioner so affected shall bear the burden of proof. In disciplinary and all other cases, the burden of proof shall rest with the Medical Executive Committee, Chief Executive Officer or Board who initiated such adverse recommendation or action.
- (3) The committee shall, by stenographic or mechanical device, accurately and completely transcribe and preserve the testimony and exhibits in the committee proceeding, and the recommended order of the committee, if any together with all pleadings, other papers material to the hearing, findings of fact, conclusions, briefs and requests filed in the committee proceeding which shall constitute the exclusive record for any final order.

Where any committee recommendation rests on official notice of a material fact not appearing in the evidence in the records, any party shall on timely request be afforded an opportunity to present evidence to the contrary.

(D) Ad Hoc Committee and Hearing Examiner's Powers:

The hearing examiner appointed according to Section 9.2-2 shall have authority, subject to the Board's published rules, to:

- (1) Administer oaths and affirmations;
- (2) Rule upon offers of proof and receive relevant evidence;
- (3) Take or cause depositions to be taken whenever the ends of justice would be served thereby;
- (4) Regulate the course of the hearing; including the location, length and continuance;
- (5) Hold conferences for the settlement or simplification of the issues.
- (6) Dispose of procedural requests or similar matters, including invoking exclusionary rules upon the request of any party;
- (7) Enter any order to carry out the purpose of this section.
- (8) Issue request for testimony or documents on its own initiative or at the request of any party.

- (9) And otherwise generally have the power and authority to exercise the equity jurisdiction of a Circuit Judge of Florida presiding in a civil action.

(E) **Procedure for Due Process:**

The Ad Hoc Committee shall afford each practitioner who participates in the committee proceedings the right to:

- (1) Present his case or defense by oral and documentary evidence;
- (2) Submit rebuttal evidence, and to conduct such cross-examination as may be required for a full and true disclosure of the facts;
- (3) Submit for the consideration of the committee, or the committee if it receives the evidence, oral or written, proposed findings and conclusions and supporting reasons therefore;
- (4) Submit exception to the recommendation of the committee and make oral arguments in support of any such exceptions;
- (5) Make offers of settlement or proposals of adjustment;
- (6) Be accompanied, represented, and advised by counsel or to represent himself; and
- (7) Be promptly notified of the denial in whole or in part of any written application, petition or other request, and of any other committee or Board action affecting substantive or procedural rights taken in connection with any agency proceeding.
- (8) To submit a written and/or oral statement at the close of a hearing.
- (9) To receive the written recommendation of the Ad Hoc Committee, including a statement of the basis of the recommendations, such statement shall include detailed findings of fact upon which the committee's recommendation(s) is (are) based.

(F) **Evidence:**

The committee shall give probative effect to evidence which would be admissible in civil proceedings in the courts of this state, but in receiving evidence due regard shall be given to the technical and highly complicated subject matter agencies often handle and the exclusionary rules of evidence

shall not be used to prevent the receipt of evidence having substantial probative effect. Otherwise effect shall be given to the rules of evidence recognized by the law in this state.

9.2-5 EXCEPTIONS

Neither the issuance of a warning, a letter of admonition, or a letter of reprimand, nor the denial, termination or reduction of temporary privileges, nor any other actions except those specified in Section 9-2-3 shall give rise to any rights to a hearing or appellate review, unless such action is by statute or regulation reportable to the State of Florida, Department of Professional Regulations, or to any national registry pertaining to health care professions by any voluntary or governmental agency.

9.2-6 ACTION TAKEN BY THE CHIEF EXECUTIVE OFFICER

The Ad Hoc Committee within forty-five (45) days following its hearing shall make a written recommendation to the Hospital's Chief Executive Officer. A complete record of the hearing shall accompany the recommendation and record of proceedings of the Ad Hoc Committee, and the Chief Executive Officer shall make, within ten (10) days, such disposition of the matter as he deems proper. His action shall be reported to the practitioner in writing with copies thereof to the Hospital Board, and the Ad Hoc Committee, such written report shall set forth a decision, including a detailed statement which shall contain factual findings which form for the basis for the such decision.

9.3 APPELLATE REVIEW

9.3-1 BOARD REVIEW

If the action taken by the Chief Executive Officer is contrary to the recommendation of the Ad Hoc Committee or the recommendation of the Medical Executive Committee, the Ad Hoc Committee or Medical Executive Committee may request a review by the Board of Directors. If the action by the Chief Executive Office is adverse to the practitioner, the practitioner may request a review by the Board of Directors. Such a request will be in writing and will be filed with the Chief Executive Officer within ten (10) days following the final action by the Chief Executive Officer. Thereupon, the Chief Executive Officer will make available to the Hospital Board at its next meeting the record of all prior proceedings including his disposition of the matter. The Hospital Board at its next meeting will take such action as it deems appropriate with respect to the matter under consideration on. Final disposition by the Board will be made no later than the second (2nd) regular monthly meeting of the Hospital Board following the action of the Chief Executive Officer. The Board will act as an appellate body, will review all of the recommendations, testimony, exhibits, and other matters of

record in prior proceedings. It will not be required to take new testimony or to consider new matters, outside of the record, in reaching its decision, but may do so at its discretion, or when the ends of justice may be served thereby.

9.3-2 FINAL ACTION

- (A) The decision of the Board shall be final, shall be binding upon the practitioner, the administration, and the medical staff and may be deemed the equivalent of final agency action as that term is defined in Florida administrative law and jurisprudence.
- (B) A decision and notice to appoint shall include:
 - (1) The staff category to which the applicant is appointed;
 - (2) The department service to which he is assigned;
 - (3) The clinical privileges he may exercise; and
 - (4) Any special conditions attached to the appointment.

9.3-3 ALTERNATIVE BOARD ACTION

In the event the Medical Executive Committee and/or the Ad Hoc Committee and/or the Chief Executive Office fail to take action as provided and required herein, then in such event the Hospital Board may intervene and with the safeguards provided in Section 9.2-4, etc., hereinabove, shall take such final action as it deems necessary or appropriate to resolve the matter.

9.3-4 CONFLICT RESOLUTION

Whenever the Board's proposed decision will be contrary to the MEC's recommendation, the Board shall submit the matter to a joint conference of members of the medical staff appointed by the president of the staff and an equal number of Board members appointed by the Chair of the Board for review and recommendation before making its final decision.

9.3-5 REAPPLICATION AFTER ADVERSE APPOINTMENT DECISION

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the medical staff for a period of one (1) year. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the staff or the Board may require in demonstration that the basis for the earlier adverse action no longer exists.

9.4 FAIR HEARING PROCESS

AHPs in Category 5.2 (A) who receive an adverse recommendation by the Department Chair to which they are assigned regarding initial appointment, reappointment, privileges, quality or behavioral issues; shall be entitled to an informal hearing before the Medical Executive Committee. In the event of an adverse MEC recommendation, an informal hearing before the Board of Directors will be provided. The decision of the Board is final.

ARTICLE X DEPARTMENTS

10.1 ORGANIZATION OF DEPARTMENTS

Each department shall be organized as a separate part of the medical staff and shall have a chief who is selected and has the authority, duties, and responsibilities as specified in Article XI.

10.2 DESIGNATION

10.2-1 CURRENT DEPARTMENTS

The current departments are: Medicine, Family Practice, Surgery, Obstetrics/Gynecology, Pediatrics, Diagnostic Imaging, Pathology, Emergency Medicine, and Anesthesiology.

10.2-2 FUTURE DEPARTMENTS

When deemed appropriate, the Medical Executive Committee (MEC) with the approval of the Medical Staff may create, eliminate, subdivide or combine the departments.

10.3 ASSIGNMENT TO DEPARTMENTS

Each member of the medical staff and each allied health professional shall be assigned membership in at least one department by the Medical Executive Committee (MEC), but may be granted membership and/or clinical privileges or specified services in one or more of the other departments. The exercise of clinical privileges or the performance of specified services within any department shall be subject to the rules and regulations of that department and the authority of the department chief.

Assignment to the departments of Medicine, Family Practice, Surgery, Obstetrics/Gynecology, Pediatrics, Diagnostic Imaging, Pathology, and Anesthesiology shall be made only after the requesting practitioner has provided documented proof of certification or eligibility to take the certification examination by the respective national specialty board.

10.4 MEETINGS

Each department shall hold regular meetings not less than four times per year or more often if scheduled by the Chair or by department resolution to monitor and evaluate all major clinical activities of the department as well as required quality assurance actions.

ARTICLE XI OFFICERS

11.1 GENERAL OFFICERS OF THE STAFF

11.1-1 IDENTIFICATION

The general officers of the staff shall be:

- (A) President
- (B) Vice President (President-Elect)
- (C) Secretary-Treasurer

11.1-2 OTHER OFFICIALS OF THE STAFF

Other officials of the staff may include the departmental chiefs and such other officials as maybe selected to perform or manage functions required by these bylaws. To the extent that any such official performs any clinical function, he must become and remain a member of the staff. In all events he is subject to these bylaws, the staff rules and all other lawful policies of the Hospital.

11.1-3 QUALIFICATIONS

General officers must be members of the active staff at the time of nomination and election and must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. The president must be a practitioner with demonstrated competence in his field of practice and demonstrated qualifications on the basis of training, experience and ability to direct the medico-administrative aspects of hospital and staff activities.

11.1-4 NOMINATIONS

The Nominating Committee will be appointed by the president of the Medical Staff and will consist of three (3) members of the Medical Executive Committee. The Nominating Committee shall convene prior to the annual meeting and submit the

name of such nominee for the office of president-elect (vice president) at the annual meeting.

11.1-5 ELECTION

(A) Annual Election

The President-Elect (Vice-President) and two (2) members at large shall be elected at the annual meeting of the staff. Only staff members accorded the prerogative to vote for general staff officers under Article IV shall be eligible to vote. Each eligible physician will sign in and receive a ballot envelope containing color-coded ballots as follows:

Yellow – President-Elect/Vice President

Blue – Member-at-Large 1

Green – Member-at-Large 2

And matching ballots clearly stamped “RUN-OFF” to be used if necessary. Only votes on the specified ballot will be counted.

Voting by proxy shall not be permitted. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes. The two (2) members-at-large shall be elected one at a time in separate ballots from the list of nominees remaining. A run-off election will be held between the two candidates receiving the highest number of votes if neither receives a majority on the first ballot. Ballots will be counted by the nominating committee and MEC officers present. Ballots will be maintained for review, by appointment, in the Medical Staff Services Office not less than one year.

The Secretary-Treasurer is to be elected from the members of the Medical Executive Committee, at its first annual meeting. The department chiefs will be elected no later than November 30 and announced at the annual meeting of the staff.

(B) Special Election

A special election, to fill an impending or existing vacancy in the office of President or Vice President/President-Elect, may be called by an officer of the Medical Staff. There shall be at least one (1) week written notice to the Medical Staff. There shall be a quorum present. Nominations will be taken from the floor. A nominee will be elected as in 11.1-5 (A).

A Vice President so elected shall serve until he assumes the office of President.

11.1-6 TERM OF ELECTED OFFICE

The President-Elect (Vice-President) shall serve a one (1) year term commencing on the first day of the medical staff year following his election. The Secretary-Treasurer shall serve from the time of election. Each officer shall serve until the end of his term and until a successor is elected, unless he shall sooner resign or be removed from office.

The President shall serve a one year term commencing January 1 of each year.

11.1-7 SUCCESSION OF PRESIDENT

The President Elect (Vice-President) shall automatically assume the office of President on the first day of the Medical Staff year, upon completing his term as Vice-President.

11.1-8 REMOVAL OF GENERAL STAFF OFFICERS

Except as otherwise provided, removal of a general staff officer may be effected by a two-thirds (2/3rds) vote of the active medical staff. Removal may be based only upon failure to perform the duties of the position held as described in these bylaws.

11.1-9 VACANCIES IN ELECTED OFFICE

- (A) Vacancies in Medical Executive Committee offices, other than those of immediate past president and president shall be filled by the Medical Executive Committee. If there is a vacancy in the office of president, the vice president shall serve out the remaining term, in addition to the one (1) year term for which he was elected.
- (B) If the Vice-President assumes the office of President before the end of his term, the Medical Executive Committee shall elect an interim Vice-President from its members to assume the duties of Vice-President until a successor is elected at the next annual Medical Staff meeting. The newly elected president shall serve the balance of the vacated term or one year if elected at the annual staff elections. A Vice President so elected shall serve until he assumes the office of President.
- (C) If the Vice President (President-elect) is unable or unwilling to fill a pending or existing vacancy in the office of President, he or any officer of the Medical Staff, shall call a special election (Section 11.1-5 B). Should this occur just prior (within one month) of the annual elections (11.1-5 A),

the Nominating Committee shall submit names of nominees for the office of both Vice President/President-Elect and President. The election will then occur at the annual staff meeting as per Section 11.1-5 (A).

11.2 DUTIES OF GENERAL OFFICERS

11.2-1 PRESIDENT

The president shall serve as the chief of staff of the Hospital and as the principal elected official of the staff. As such, he shall:

- (A) Aid in coordinating the activities and concerns of the Hospital administration and of the nursing and other patient care services with those of the medical staff.
- (B) Develop and implement, in cooperation with the departmental chiefs and appropriate committees of the staff and subject to approval of the Medical Executive Committee and the Board, methods for retrospective patient care audits, on-going monitoring of practice, credentials review, delineation of privileges and specified services, continuing education, and utilization review.
- (C) Unless otherwise expressly provided, appoint the membership of medical staff committees including the nominating committee.
- (D) Communicate and represent the opinions, policies, concerns, needs and grievances of the medical staff to the Board, the Chief Executive Officer, and other officials of the staff.
- (E) Be responsible for the enforcement of medical staff bylaws, rules and regulations, for implementation of sanctions where these are indicated, and for the medical staff's compliance with procedural safe-guards in all instances where corrective action has been requested against a practitioner.
- (F) Call, preside at, and be responsible for the agenda of all general meetings of the medical staff.
- (G) Serve as Chair of the Medical Executive Committee and as an ex officio member without vote of all other staff committees.
- (H) Serve as the representative of the medical staff in the Planning, Physical Facilities and Properties Committee of the Board.
- (I) Represent the medical staff at regular and special meetings of the Board.

11.2-2 VICE PRESIDENT (PRESIDENT-ELECT)

The vice president (president-elect) shall be a member of the Medical Executive Committee and an ex officio member, without vote, of all Staff Committees. In the absence-- temporary or permanent--of the president, he shall assume all the duties and have the authority of the president. He shall perform such additional duties as may be assigned to him by the president, the Medical Executive Committee, or the Board. The vice president (president-elect) shall assume the office of president on the first day of the Medical Staff year upon completing his term as vice-president (president-elect).

11.2-3 SECRETARY-TREASURER

The secretary-treasurer shall be a member of the Medical Executive Committee and an ex officio member without vote of all other staff committees. His duties shall be to:

- (A) See that proper notice of all staff meetings on order of the appropriate authority is given.
- (B) See that accurate and complete minutes for all Medical Executive Committee and Medical Staff meetings are prepared.
- (C) Supervise the collection and the accounting for any funds that may be collected in the form of staff dues, assessments, or applications fees.
- (D) Serve as medical staff representative on the Finance Committee of the Board.
- (E) Perform such other duties as ordinarily pertain to his office.

11.3 DEPARTMENTAL CHAIR

11.3-1 QUALIFICATIONS

Each department Chair shall be a member of the active staff, shall be certified by an appropriate specialty board, (7.2-2), shall have demonstrated ability in the clinical area covered by the department and shall be willing and able to discharge the functions of his office.

11.3-2 SELECTION AND APPOINTMENT

Departments shall elect their own chief, except in the event that the chief of the department is specified by contract. If a vacancy occurs in a chief of department

position, the president shall be empowered to appoint an acting chief until a special election can be held.

11.3-3 ELECTION, TERM OF OFFICE AND REMOVAL

- A) A departmental chief shall serve a one-year term.
- (B) A departmental chief shall be eligible to run for re-election without term limits.
- (C) The department chiefs will be elected no later than November 30 and announced at the annual meeting of the staff.
- (D) Voting shall be secret ballot, and voting by proxy shall not be permitted. A nominee shall be elected upon receiving a majority vote of the valid votes cast. If no candidate receives a majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes. Vote by secret ballot may be waived by request from all the candidates.
- (E) Removal of a departmental chief from office may be initiated by the recommendation of the Medical Executive Committee, or by a two thirds (2/3rds) vote of the departmental members eligible to vote on departmental matters. Removal may be based only upon failure to perform the duties of the position held as described in these bylaws.

11.3-4 DEPARTMENT CHAIR DUTIES

Each chair shall:

- (A) Be accountable to the Medical Executive Committee for all professional and administrative activities within his department, and particularly for the quality and scope of patient care rendered by members of his department and for the effective conduct of patient care review, performance improvement and other quality evaluation and monitoring functions delegated to his department.
- (B) Maintain continuing review of the professional performance of all practitioners with clinical privileges and of all allied health professionals with specified services in his department and report as necessary to the Medical Executive Committee.
- (C) Transmit to the Medical Executive Committee through the Credentials Committee his department's recommendations concerning appointment and classification, reappointment, delineation/addition/modification of clinical privileges or specified services, and corrective action with respect to

practitioners assigned to or performing services relevant to the care provided in his department.

Such recommendations shall be based on the member's education, training, licensure and current competence. Competence shall be evaluated based on current health status, clinical judgment, performance, outcomes and experience.

Be responsible for the periodic review of the mechanisms by which privileges are recommended by his department and for the development and review of specific criteria upon which privileges are granted.

- (D) Enforce the Hospital and medical staff bylaws, rules, policies and regulations within his department, including initiating corrective action and investigation of clinical performance and ordering consultations to be provided or to be sought when necessary.
- (E) Implement within his department actions taken by the Medical Executive Committee and by the Board.
- (F) Participate in every phase of administration of his department through cooperation with the nursing service and the Hospital administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders and techniques.
- (G) Assist in the preparation of such annual reports, including budgetary planning, pertaining to his service as may be required by the Medical Executive Committee, the Chief Executive Officer, or the Board.
- (H) Shall be responsible for assuring that the meeting requirements are achieved during his tenure.
- (I) Perform such other duties commensurate with his office as may from time to time be reasonably requested of him by the President of the Staff, the Medical Executive Committee, or the Board.
- (J) Assist with orientation of new members of department and monitor Continuing Medical Education.

ARTICLE XII COMMITTEES AND FUNCTIONS

12.1 DESIGNATION AND SUBSTITUTION

There shall be a Medical Executive Committee (MEC) and such other standing and special committees of the staff responsible to the MEC as may from time to time be necessary and desirable to discharge the duties and responsibilities of the organized medical staff in accordance with these bylaws and the current standards of The Joint Commission (TJC). The MEC may by resolution establish a staff committee to perform one or more of the required staff functions. Those functions requiring participation of, rather than direct oversight by, the staff may be discharged by medical staff representation on such hospital committees as are established to perform such functions.

12.2 MEDICAL EXECUTIVE COMMITTEE

12.2-1 COMPOSITION

The Medical Executive Committee shall be comprised of the President of the Medical Staff, President-Elect, immediate past president, the chief of the department of surgery, the chief of the department of pediatrics, the chief of the department of obstetrics/gynecology, the chief of the department of family practice, the chief of the department of medicine, the chief of the department of anesthesiology, the chief of the department of diagnostic imaging, the chief of the department of pathology, and the chief of the department of emergency medicine, and two members at large elected by a majority of the medical staff members eligible to vote at the annual staff meeting at which a quorum is present. Eligibility for the at large positions shall be limited to members of departments consisting of five or more members. The President shall serve as Chair of the committee. The Vice President, and the Secretary-Treasurer of the medical staff shall act in the same capacity on the Medical Executive Committee. The Chief Executive Officer of the Hospital shall personally be an ex-officio member without a vote, subject to the provisions of 13.8-4.

12.2-2 DUTIES

The Medical Executive Committee is hereby delegated broad authority to oversee the operations of the Medical Staff. Without limiting the broad delegation of authority the duties of the Medical Executive Committee shall be to:

- (A) Receive and act upon reports and recommendations from the departments, committees and officers of the staff concerning the patient care audit and other quality review, evaluation and monitoring functions and the discharge of their delegated administrative responsibilities and recommend to the Board specific programs and systems to implement these functions.
- (B) Coordinate the activities of and policies adopted by the staff, departments and committees.

- (C) Review, evaluate, and recommend to the Board all matters relating to credentials, to appointments, to reappointments, to staff category, to department assignments, to clinical privileges and corrective action in accordance with all applicable sections of these Bylaws.
- (D) Account to the Board and to the staff for the overall quality and efficiency of patient care in the Hospital.
- (E) Take reasonable steps to insure professional ethical conduct and competent clinical performance on the part of staff members, including initiating investigations and initiating and pursuing corrective action, when warranted.
- (F) Make recommendations on medico-administrative and hospital management matters.
- (G) Inform the medical staff of the accreditation program and the accreditation status of the Hospital.
- (H) Participate in identifying community health needs and in setting hospital goals and implementing programs to meet those needs.
- (I) Represent and act on behalf of the staff, subject to such limitations as may be imposed by these bylaws.
- (J) Review and evaluate the qualifications of each allied health professional applying to perform specified services.
- (K) Investigate, review and report on matters, including the clinical or ethical conduct of any practitioner, assigned or referred by:
 - (1) the Governing Board of the Hospital;
 - (2) any general officer of the medical staff;
 - (3) any standing committee of the staff and/or;
 - (4) the Chief Executive Officer.
- (L) Call executive sessions of the Medical Executive Committee or the active medical staff pursuant to Section 13.8-4.

12.2-3 MEETINGS

The Medical Executive Committee (MEC) shall meet at least once a month (not less than twelve (12) times per year) and maintain a permanent record of its proceedings and actions.

12.2-4 REMOVAL OF AT LARGE MEMBERS OF THE MEDICAL EXECUTIVE COMMITTEE

Except as otherwise provided, removal of an at-large member of the Medical Executive Committee may be effected by a two-thirds (2/3rds) vote of the active medical staff. Removal may be based upon failure to perform the duties of the position held as described in these Bylaws.

12.3 Other Standing Committees

Section 12.1 notwithstanding, the names, composition, duties and functions of other standing committees shall be set forth in the Medical Staff Rules and Regulations. These may include but are not limited to:

- a credentials committee
- an infection control committee
- a quality/improvement committee (See QI Plan)
- a utilization review/management committee (See also Utilization Management Plan)
- a bylaws committee
- a cancer committee

Activities of these committees shall be carried out in accordance with any applicable statutes, regulations, or JCAHO standards, and in accordance with their respective policies, procedures and plans. Written reports, conclusions, recommendations or actions taken are maintained and submitted to the MEC and Board of Directors as appropriate.

ARTICLE XIII MEETINGS

13.1 GENERAL MEDICAL STAFF MEETINGS

13.1-1 REGULAR MEETINGS

Regular meetings of the general staff shall be held at the call of the President but not less than four (4) times yearly. The regular general medical staff meeting held on the first Tuesday of December of each medical staff year shall be designated as the annual staff meeting.

13.1-2 ORDER OF BUSINESS AND AGENDA

The order of business at a regular meeting shall be determined by the President. The agenda shall include at least:

- (A) Acceptance of the minutes of the last regular and of all special meetings held since the last regular meeting.
- (B) The administrative reports as necessary from the Chief Executive Officer, the President of the Staff, services and committees.
- (C) The election of officers and of representatives to staff and hospital committees, when required by these bylaws.
- (D) Any new business.
- (E) Any unfinished business.

13.1-3 SPECIAL MEETINGS

Special meetings of the general medical staff may be called at any time by the Board, the President of the Medical Staff, or the Medical Executive Committee, and shall be held at the time and place designated in the meeting notice. Written notice of the meeting must be given at least ninety-six (96) hours in advance of the meeting. No business shall be transacted at any special meeting except that which is stated in the meeting notice.

13.2 MEDICAL STAFF DEPARTMENTAL MEETING

13.2-1 REGULAR MEETINGS

Regular meetings within the departments of family practice, surgery, medicine, OB/Gyn, pediatrics, diagnostic imaging, pathology, emergency medicine, anesthesiology, and any others designated by the Medical Executive Committee shall be held not less than six (6) times per year. The chief of the respective departments shall be designated as Chair.

Departments may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required.

13.2-2 AGENDA AND ORDER OF BUSINESS

The order of business at a regular meeting of each department shall be determined by the chief. The agenda shall include at least:

- (A) The reading and acceptance of the minutes of the last regular and of all special meetings of the department held since the last regular meeting.

- (B) A report by the subsections of the department, if appropriate.
- (C) The administration reports, as necessary, from the Chief Executive Officer or his designated representative, the chief of the department and others.
- (D) To conduct, consider and act upon findings from ongoing monitoring and evaluations of the quality and appropriateness of care and treatment provided patients served by the individuals with clinical privileges in the department.
- (E) Any new business.
- (F) Any unfinished business.

13.2-3 SPECIAL MEETINGS

A special meeting of any committee or department may be called by, or at the request of, the Chair or chief thereof, the Board, the President of the Medical Staff, or by one-third (1/3) of the group's current members.

No business shall be transacted at any special meeting except that stated in the meeting notice.

13.3 COMMITTEE MEETINGS

13.3-1 REGULAR MEETINGS

Committees may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required. The frequency of such meetings shall be as required by these bylaws.

13.3-2 SPECIAL MEETINGS

A special meeting of any committee or department may be called by, or at the request of, the Chair or chief thereof, the Board, the President of the Medical Staff, or by one-third (1/3) of the committee's current members. No business shall be transacted at any special meeting except that stated in the meeting notice.

13.4 NOTICE OF MEETINGS

Written notice stating the place, day and hour of any general staff meeting, or any special meeting of any regular committee or department meeting not held pursuant to resolution shall be delivered either personally or by mail to each person entitled to be present thereat not less than five (5) working days in advance of such meeting. If mailed, the notice of the

meeting shall be deemed delivered seventy-two (72) hours after deposited, postage prepaid, in the United States mail addressed to each person entitled to such notice at his address as it appears on the records of the Hospital. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

13.5 QUORUM

13.5-1 GENERAL STAFF MEETINGS

The presence of twenty-five (25) percent plus one (1) of the voting members of the active medical staff at any regular or special meeting shall constitute a quorum except for matters dealing with the medical staff bylaws. For changes to the medical staff bylaws, the quorum shall be fifty (50) percent plus one (1) of the voting members of the active medical staff.

13.5-2 DEPARTMENTAL AND COMMITTEE MEETINGS

Twenty-five (25) percent of the voting members of a department or committee, but not less than two (2) members, shall constitute a quorum at any meeting of such department or committee.

13.6 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group.

Action may be taken without a meeting by a Department or committee by a writing setting forth the action so taken delivered to all Department or committee members and signed by each member entitled to vote thereat.

13.7 MINUTES

Minutes of all meetings shall be the responsibility of the presiding officer of the meeting and shall include a record of attendance and the vote taken on each matter. Copies of such minutes shall be signed by the presiding officer, forwarded to the Medical Executive Committee and made available, with the exception of the Quality Assurance minutes, to the Active Medical Staff. A permanent file of the minutes of each meeting shall be maintained by the CEO or his designee.

13.8 ATTENDANCE REQUIREMENTS

13.8-1 REGULAR ATTENDANCE

Each member of a staff category required to attend meetings under Article IV shall be required to attend: Fifty (50) percent of all general medical staff meetings and

meetings of each department and committee of which he is a member that is duly convened pursuant to these bylaws.

13.8-2 ABSENCE FROM MEETINGS

Failure to meet the attendance requirements of Section 13.8 may be grounds for any of the corrective actions specified in Section 8.1-3, and including, in addition, removal from such department or committee. Reinstatement of a staff member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

13.8-3 SPECIAL APPEARANCE

A practitioner whose patient's clinical course of treatment is scheduled for discussion at a regular department, committee or staff meeting shall be so notified. Whenever apparent or suspected deviation from standard clinical practice is involved, special notice shall be given at least ninety-six (96) hours prior to the meeting and shall include the time and place of the meeting, a statement of the issue involved and that the practitioner's appearance is mandatory. Failure of a practitioner to appear at any meeting with respect to which he was given such special notice shall, unless excused by the Medical Executive Committee (MEC) upon a showing of good cause, result in an automatic suspension of all or such portion of the practitioner's clinical privileges as the MEC may direct. Such suspension shall remain in effect until the matter is resolved by subsequent action of the MEC or of the Board or through corrective action, if necessary.

13.9 EXECUTIVE SESSION

All Medical Executive Committee and all medical staff meetings shall be conducted in executive session, to the extent directed by the president or by a majority vote of those Medical Executive Committee or voting active medical staff members in attendance.

All departments and committees shall conduct all peer review and credentialing in executive session. Attendance during executive session shall be limited to only those whose presence is necessary.

ARTICLE XIV CONFIDENTIALITY, IMMUNITY AND RELEASES

14.1 SPECIAL DEFINITIONS

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

- (A) **INFORMATION** means record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data and other disclosures whether in written or oral form relating to any of the subject matter specified in Section 14.5-2.
- (B) **MALICE** means the dissemination of a knowing falsehood or of information with a reckless disregard for whether or not it is true or false.
- (C) **PRACTITIONER** means a medical staff member or applicant or an allied health professional.
- (D) **REPRESENTATIVE** means a Board Member and any director or committee thereof; a Chief Executive Officer or his designee; a medical staff organization and any member, officer, department or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- (E) **THIRD PARTIES** means individuals and/or organizations providing information to any representative.

14.2 AUTHORIZATIONS AND CONDITIONS

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

- (A) Authorizes representatives of the Hospital and the medical staff to solicit, provide and act upon information bearing on his professional ability and qualifications.
- (B) Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article.
- (C) Acknowledges that the provisions of this Article are express conditions to his application for, or acceptance of, staff membership and the continuation of such membership, or to his exercise of clinical privileges or provision of specified patient services at this hospital.

14.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected, or prepared by any representative of this or any other health care facility or organization or medical staff for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a representative nor be used in any way except as provided herein or except as otherwise required by law. Such

confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's file or of the general hospital records.

14.4 IMMUNITY FROM LIABILITY

14.4-1 FOR ACTION TAKEN

No representative of the Hospital or medical staff shall be liable to a practitioner for damages or other relief for any action taken or statement or recommendation made within the scope of his duties as a representative, if such representative acts in good faith and without malice after a reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the action, statement, or recommendation is warranted by such facts. Truth shall be an absolute defense in all circumstances.

14.4-2 FOR PROVIDING INFORMATION

No representatives of the Hospital or medical staff and no third party shall be liable to a practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of this hospital or medical staff or to any other health care facility or organization of health professionals concerning a practitioner or allied health professional who is or has been an applicant to or member of the staff or who did or does exercise clinical privileges or provide specified services at this hospital, provided that such representatives or third party acts in good faith and without malice.

14.5 ACTIVITIES AND INFORMATION COVERED

14.5-1 ACTIVITIES

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care facility or organization's activities concerning, but not limited to: (A) Applications for appointment, clinical privileges or specified services. (B) Periodic reappraisals for reappointment, clinical privileges or specified services. (C) Corrective action. (D) Hearings and appellate reviews. (E) Patient care audits. (F) Utilization reviews. (G) Other hospital, department, committee or staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

14.5-2 INFORMATION

The acts, communications, reports, recommendations, disclosures and other information referred to in this Article may relate to a practitioner's professional

qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care or entitlement to Medical Staff membership or specific clinical privileges.

14.6 RELEASES

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

14.7 CUMULATIVE EFFECT

Provisions in these bylaws and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protection provided by law and not in limitation thereof, and in the event of conflict, the applicable law shall be controlling.

ARTICLE XV GENERAL PROVISIONS

15.1 STAFF RULES AND REGULATIONS

Subject to approval by the Board, the medical staff shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found in these bylaws. These shall relate to the proper conduct of medical staff organizational activities as well as embody the level of practice that is to be required of each practitioner or allied health professional in the Hospital. Such rules and regulations shall not be a part of these bylaws. They may be amended or repealed at any regular Medical Executive Committee meeting. Such changes shall become effective when approved by the Board.

Prior to any changes for revision being made to the medical staff rules and regulations by a department or committee, they will be submitted by the Medical Executive Committee for distribution to the medical staff for review and comment. A vote on the proposed changes will not take place until after the medical staff has had a one-month comment period. No change will be made once the Medical Executive Committee distributes the recommended language changes to the medical staff.

15.1-1 PROPOSAL AND ADOPTION OF RULES, REGULATIONS, AND POLICIES

Such rules, regulations, and policies as may be necessary to implement more specifically the general principles found within these bylaws and to regulate the proper conduct of the Medical Staff organizational activities and the clinical practices that are required of each

practitioner in the Hospital may be adopted by the Medical Executive Committee or proposed by the majority vote of the Medical Staff, subject to the approval of the Board, in accordance with the following procedures.

15.1-2 DISTRIBUTION TO THE MEDICAL STAFF FOR REVIEW AND COMMENT

Any proposed rule or regulation being considered by the Medical Executive Committee shall be distributed to the members of the Medical Staff for review and comment, in accordance with such procedures as are approved by the Medical Executive Committee, before the proposed rule or regulation is adopted by the Medical Executive Committee and sent to the Board for approval.

Members of the Medical Staff shall provide review and comment to the Medical Executive Committee within thirty (30) days of the time that the proposed rule or regulation is distributed.

15.1-3 COMMUNICATION OF ADOPTED POLICIES

Any policy adopted by the Medical Executive Committee and approved by the Board shall be promptly communicated to the Medical Staff.

15.1-4 DIRECT PROPOSAL TO THE BOARD

Rules, regulations, and policies may also be proposed to the Board of Directors by the Medical Staff by majority vote of fifty percent (50%) plus one of the voting members of the Medical Staff as follows. Proposed rules, regulations, or policies may be brought before the voting members of the Medical Staff by petition signed by twenty percent (20%) of the voting members of the Medical Staff. Such proposals shall be submitted to the Medical Executive Committee for review and comment before such rule, regulation or policy is voted on by the voting members of the Medical Staff. Once approved any rule, regulation, or policy approved of the voting members of the Medical Staff shall be presented to the Board along with any comments from the Medical Executive Committee.

15.1-5 APPROVAL BY THE BOARD

All proposed Medical Staff rules, regulations, and policies shall become effective only after approval by the Board.

15.2 URGENT AMENDMENTS

In the event there is a documented need for an urgent amendment to the rules, regulations, or the adoption of a new rule, regulation, or policy to comply with a law or regulation, the Medical Executive Committee may provisionally adopt, and the Board may provisionally approve, an urgent amendment to the rules and regulations without prior notification to the Medical Staff. This does not apply to amending the Medical Staff Bylaws. In such event the

Medical Staff shall be immediately notified of the amendment and members of the Medical Staff within seven (7) calendar days may submit to the Medical Executive Committee any comments regarding the provisional amendment. Any repeal or revision of a provisional amendment shall be subject to an approval by the Board.

15.3 DEPARTMENTAL RULES AND REGULATIONS

Subject to the approval of the Medical Executive Committee, each department shall formulate its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall be consistent with these bylaws, the general rules and regulations of the medical staff, or other policies of the Hospital.

15.4 FORMS

Application forms and any other prescribed forms required by these bylaws for use in connection with staff appointment, reappointments, delineation of clinical privileges, corrective action, notices, recommendations, reports, and other matters shall be subject to adoption by the Board after Joint Conference Committee Recommendations.

15.5 TRANSMITTAL OF REPORTS

Reports and other information which these bylaws require the medical staff to transmit to the Board shall be deemed so transmitted when delivered, unless otherwise specified, to the Chief Executive Officer.

15.6 ANNUAL DUES

The Medical Executive Committee shall have the power to set the amount of annual dues for each category of staff membership and to determine the manner of expenditure of funds received.

15.7 BOARD ACTION

Whenever these bylaws require or authorize action by the Board, such action may be taken by a committee of the Board to which the Board has delegated the responsibility and authority to act for it on the particular subject matter, activity or function involved.

ARTICLE XVI ADOPTION AND AMENDMENT OF BYLAWS

16.1 MEDICAL STAFF RESPONSIBILITY

The medical staff shall have the initial responsibility to formulate, adopt and recommend to directly to the Board medical staff bylaws and amendments thereto which shall be effective

when approved by the Board. Such responsibility shall be exercised in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of the generally recognized professional level of quality and efficiency and of maintaining harmony of purpose and effort with the Board and with the community.

16.2 METHODOLOGY AMENDMENTS

These medical staff bylaws may be adopted, amended, or repealed by the affirmation vote of the majority of the Medical Staff members eligible to vote at a meeting at which a quorum is present, provided at least seven (7) days written notice, accompanied by the proposed Bylaws and/or alterations has been given. Any adoption, amendment or repeal approved by a majority of the Medical Staff shall further be subject to approval by the Board. Neither the Medical Staff nor the Board can unilaterally change the Bylaws.

ADOPTED by the Medical Staff on the [REDACTED]

s/Mark Storey, MD
President of the Medical Staff

s/Christopher Manion, MD
Secretary of the Medical Staff

APPROVED by the Board on the [REDACTED]

s/Peggy Crooks
Secretary of the Board