

**Proposed Changes as of 10/10/16**  
(**BOLD** means addition; ~~Strikethrough~~ means deletion)

## MEDICAL STAFF BYLAWS MANUAL

\*\*Change throughout Manual – ~~Shady Grove Adventist Hospital~~ to **Shady Grove Medical Center**.

### DEFINITIONS

- I. ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of Medical Staff Services** means the individual employed by the Hospital to serve as secretary to the Medical Staff in support of its day-to-day organizational functions. The ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of Medical Staff Services** may appoint a designee to act on his or her behalf with regard to any actions taken within the Medical Staff Bylaws.

### ARTICLE V MEMBERSHIP QUALIFICATIONS AND CREDENTIALING PROCESS

#### 5.2-1 Minimum Qualifications:

- J. Has established or will have established by the time the applicant or Member is approved for membership, a bonafide medical office within Montgomery County or Frederick County, Maryland limited to 15 miles North of the Montgomery County/Frederick County borderline. This requirement applies to all applicants who intend to become Members of the Medical Staff excluding Consultants, Emeritus without privileges staff, **Community Staff** and Telemedicine Physicians.
- N. ~~Three~~ **Two** professional or peer references, with ~~at least two~~ being a non-associate/employee/partner and who is qualified to verify the applicant's training, professional competence, ethical character and experience in the requested delineation of privileges. These references/recommendations include the general competencies developed by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiatives:
- a. Patient Care
  - b. Medical/Clinical Knowledge
  - c. Practice-based Learning and Improvement
  - d. Interpersonal and Communication Skills
  - e. Professionalism
  - f. System-based Practice

**Providers with Active status are not required to have professional or peer references.**

T. ~~Providers must provide the following based on the recommendation from~~ **Following the recommendations of the Center of Disease Control (CDC) for positive or negative TB, physicians must provide certification of their current TB status at appointment and reappointment (Negative PPD every 2 years or physician documentation of consultation and discussion of treatment if indicated if PPD is positive).**

- a) Newly credentialed providers with a history of Negative Tuberculosis Skin Test (TST) will receive a TST at the Adventist HealthCare entity accordingly (or) provide proof of a TST within 1 year of the application date.**

- b) Current Providers with a known Negative Tuberculosis Skin Test will receive a TST every other year and will complete a Tuberculosis Symptom Screening Survey every other year (opposite the TST).
- c) Newly credentialed providers with a history of Positive Tuberculosis Skin Test will receive baseline Interferon Gamma Release Assay and will receive baseline chest x-ray or provide a chest x-ray within 90 days of the application date.
- d) Current providers with a history of Positive Tuberculosis Skin Test will receive baseline Interferon Gamma Release Assay if not already on file and will complete a Tuberculosis Symptom Screening Survey annually
- e) Testing is provided by the hospital's Occupational Health Department.
- f) Occupational Health does not obtain copies of test results. Please keep copies for your file and future reference.

PPD testing may be obtained through the Employee Health Service;

- U. Possesses a current, unrevoked and unsuspended Drug Enforcement Administrative Certificate (DEA) and Controlled Drug Substance Certificate (CDS). There are situations such as in the Departments of Radiology and Pathology that this requirement may be waived; and. **Military providers are not required to obtain a Maryland CDS as members of the military. They are permitted to write prescriptions in all 50 states and territories within the United States. They are required to have a Federal DEA certificate. Emeritus w/o Privileges, Community Staff and Telemedicine Providers are not required to have a current CDS or DEA.**

### 5.2-5 Membership Appointment Procedure

- ~~1. Submit pre-application form for initial screening.~~
2. Submit Application for privileges in person and show driver's license for verification of identity or mail in the application with the identification verification form notarized.
3. Submit signed Delineation of Privileges form (except those applying for **Member Only or Emeritus or Community Staff Status (without clinical privileges).**
4. Be recommended by the subsection and/or Department Chair after completion of appointment application and review of supporting documentation.
5. Be recommended by the Vice President, Medical Staff and/or President, Medical Staff, and Hospital President.
6. Be recommended by the Credentials Committee.
7. Be recommended by the Medical Executive Committee and approved by the Governing Board.
8. Meet, and continue to meet, the standards and requirements set forth in the Medical Staff Bylaws.
9. Professional and Peer recommendations shall be a part of the basis for the development of recommendations for membership and individual clinical privileges. These recommendations include written information regarding the practitioner's current:
  - a. Medical/Clinical Knowledge
  - b. Technical and Clinical Skills
  - c. Clinical Judgment
  - d. Interpersonal Skills
  - e. Communication Skills
  - f. Professionalism
10. Complete Orientation prior to obtaining temporary privileges and/or Board approval.
11. Demonstrate competency in the use of the electronic health record by completing any and all required electronic medical record training and testing prior to obtaining temporary privileges (except those applying for **Member Only or Community Status).**

### Section 5.3: Special Qualifications for Membership

- 5.3-1 **Oral and Maxillofacial Surgeons and Dentists:** All Medical Staff members who meet the requirements of this Section **5.2-1 and 5.2-2 above 2.3-4** shall be assigned to the Department of Surgery, Section of Oral and Maxillofacial Surgery, Section of General Dentistry and shall comply with the Rules and Regulations of that Department and Section. All qualified general dentists, pedodontists, periodontists, prosthodontists, orthodontists, and oral pathologists will be eligible for

membership on the Medical Staff.

- A. Qualified oral and maxillofacial surgeons will be eligible for membership on the Physician Staff, holding the same rights and privileges as medical and osteopathic Physicians, including admitting patients on their own service and performing history and physical examinations on their own patients. Active Physician Staff membership will require the successful completion of an accredited oral and maxillofacial surgeons' surgical training program and fellowship in the American Academy of Oral and Maxillofacial Surgeons.
- B. Dentists shall conform to standards established by the Medical Staff in accordance with the Code of Ethics of the American Dental Association.

## Section 5.4: Application Forms

**5.4-1 ~~Pre-Application Form:~~** Upon initial application to the Medical Staff, applicants should request a pre-application form from the Medical Staff Coordinator; such pre-application forms will be promptly mailed by the Medical Staff Coordinator to all applicants except those applying to be Hospital-Based Physicians and those non-Physicians who clearly do not meet the criteria for admission to the Allied Health Professional Staff. The pre-application form shall request very general information about the applicant's licensure status, malpractice insurance status, office location, and similarly objective criteria; with the pre-application form, the Medical Staff Coordinator shall forward copies of the Rules and Regulations currently applicable to the applicant's prospective department. The applicant's return of the completed pre-application form shall constitute a request for an application. The information supplied by the applicant on the pre-application form shall constitute an integral part of the application. If the applicant's pre-application form indicates that he or she does not qualify for Medical Staff membership, the Medical Staff Coordinator shall not forward an application form to the applicant; the hearing rights accorded by Article VIII of the Bylaws shall not apply in such event, nor shall such rights apply if the applicant does not qualify to receive a pre-application form. If an application is sent in error by the Medical Staff Coordinator to an applicant who does not fulfill the criteria for medical allied health professional staff membership, application fees and medical staff dues may be partially or fully refunded to the applicant and the application will be deemed withdrawn with no hearing rights accorded by the Bylaws.

### 5.4-2 Application for Membership:

- B. ~~Three~~ **Two** professional or peer references, with at least one being qualified to verify the applicant's training, professional competence, ethical character and experience in the requested delineation of privileges;

### 5.4-3 Shared Credentialing Information

Adventist HealthCare, Inc. ("AHC"), and its subsidiaries and related entities, use a common credentialing verification system. By submitting an application for Medical Staff membership and/or clinical privileges, all applicants, Members and Allied Health Professionals consent to their credentialing information being entered into this system, which will cause their credentialing information to be shared among all AHC entities, including but not limited to Shady Grove ~~Adventist Hospital~~ **Medical Center**, Washington Adventist Hospital, Adventist **Physical Medicine and** Rehabilitation Hospital, and Adventist Behavioral Health **and Wellness**. Verification of credentials may be conducted through this common system, although privileges at each facility will be determined by that facility.

## Section 5.6: Processing of Information

**5.6-2 Status of Application:** An applicant may view **online via our MSONet online credentialing module or** contact the Medical Staff Services Coordinator at any time regarding the status of their application.

**5.6-3 Incomplete Application:** If the application is deemed incomplete because it is missing minimum data, objective eligibility criteria (e.g., license, required malpractice insurance, letters of reference, education verification, board certification status, evidence of training/ experience), as well as any additionally requested information the applicant shall be so notified. If the applicant fails to supply the missing information within 20 days of receiving such notice, this shall constitute such application to be withdrawn by the ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of**

**Medical Staff Services**, and any Medical Staff dues paid by the applicant shall be refunded; however, the **Manager Director** of Medical Staff Services shall retain the processing fee paid by the applicant. The fair hearing rights set forth in Article VIII of the Bylaws shall not apply if the application is discarded for this reason.

**5.6-6 Distribution of Lists of New Applicants:** A list of new applicants for membership shall be distributed monthly to all Members of the Active **Staff-Staff**. Members wishing to make comment on or provide information regarding applicants may do so at the meetings of the Executive Committee or the Credentials Committee.

### **Section 5.11: Reappointment Process**

At least 120 days prior to the expiration date of the present Medical Staff **or Allied Health Professional Staff** appointment of each Member, the Medical Staff Services Department shall provide such Member with an application for reappointment to the Medical **and Allied Health Professional Staff via MSONet, our online credentialing module. Emeritus w/o Privileges and Community Staff Physicians will be required to complete a demographic update at each reappointment cycle. The demographic update paperwork will be e-mailed to the provider for completion.** Data requested on this application will include, but not be limited to: professional qualifications and standing, physical and mental health status, and proof of current clinical competence. When insufficient practitioner-specific data are available, the medical staff obtains and evaluates peer recommendations. All Medical Staff reappointment applications must be returned to the Medical Staff Coordinator prior to the expiration of that Member's Medical Staff Term. **A reminder will be sent to the practitioner 30 days and 45 days after the reappointment application was sent via MSONet.** A certified reminder letter will be mailed to the member if their reappointment application is not received within **45 52** days of the date of mailing **or sending via MSONet** of their application. The member will be charged a late filing fee of \$300 and their privileges may be suspended until final Board approval of their reappointment if the review and approval process is not complete by the end of their medical staff term. If a member does not wish to renew their reappointment application, they may submit a letter of voluntary resignation stating the reason and effective date of their resignation. If a member does not return their reappointment application by the end of their medical staff term, their membership and privileges will be recommended as a voluntary resignation.

### **Section 5.19: Emergency and Temporary Privileges**

**5.19-2 Temporary Privileges:** Temporary privileges may be granted for the following:

- A. To fulfill an important patient care, treatment, and service need;

Temporary privileges under section 'A' may be granted on a case by case basis for a period not to exceed 30 days by the Hospital President as a representative of the Hospital Board upon recommendation of the applicable clinical department or the President of the Medical Staff provided there is verification of current licensure and current competence. An urgent patient care need, treatment and service is defined as one where we do not have any physicians on staff with the necessary scope of privileges to perform the necessary treatment and any delay may cause harm to the patient.

Temporary privileges under section 'A' may be granted for a specified period of time necessary to care for the urgent patient need (usually a one-time surgery or consult) by the Hospital President or designee as a representative of the Hospital board upon recommendation of the applicable clinical Department and/or Section chair, Medical Staff President or designee. The following information/documents must be provided by the applicant: Current State of Maryland License, DEA and CDS Certificates; Letter of Introduction from the requesting physician; Reference from most recent Chief of Services (confidential evaluation form) and a Peer reference letter; Current Malpractice Insurance Certificate and Endorsements; Evidence of Board Certification; Current Curriculum Vitae (CV) and a Signed consent and release form to allow **SGAHMC** to query **NPDB/FSMB/AMA/Certifacts/AIM. all required primary source verifications.**

### **Section 5.20: Privileges for Dentists and Podiatrists**

**5.20-1 Privileges Generally for Dentists and Podiatrists:** Privileges granted to Dentists and Podiatrists

shall be based on the Member's licensure, training, experience, and demonstrated current competence, and where applicable, upon an examination of the records of previous cases treated, and other such information as may be relevant. The scope and extent of surgical procedures that each Dentist and Podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by Dentists and Podiatrists shall be under the overall supervision of the Chair of the Department of Surgery. All patients admitted to the care of a Dentist or Podiatrist shall receive the same basic medical appraisal as patients admitted to other surgical services. An MD, DO or Oral Surgeon Staff Member shall be responsible for the care and required records of any medical problem that may be present at the time of admission or that may arise during hospitalization. Dentists and Podiatrists may take patient histories and perform physical examinations, if granted such privileges and if the findings, conclusions and assessment of risk are confirmed or endorsed by an appropriately qualified Medical Physician prior to major diagnostic or therapeutic intervention or within 24 hours, whichever occurs first. See individual ~~categories for admitting~~ **delineation of** privileges for **admitting privileges**.

### **5.20-3 Podiatrists:**

- B. Adequate medical evaluation of the patient shall be done in advance of podiatric services by a Member licensed MD, ~~DOP DO~~ or Oral Surgeon, although the podiatrist is responsible for the portion of the patient's history and physical that relates to podiatry. If indicated, appropriate consultations shall be obtained.

## **ARTICLE VI CATEGORIES OF THE PHYSICIAN AND AHP STAFF**

### **Section 6.1: Categories of the Physician Staff**

The Physician Staff shall be divided into Active, Courtesy, Community, Consulting, **and Emeritus and Members Only** staff. Changes in category shall be based on merit, service, and participation in Hospital activities.

All new physicians requesting membership and privileges to the hospital will be approved with Active status for two years unless the physician provides consulting services. If the physician fails to obtain 50 patient contacts within those two years, the physician will be automatically moved to Courtesy Status.

All new physicians requesting Community physician status will be approved for two years.

**6.1-1 (b) Emeritus Physician Staff:** Emeritus status shall be available to those Physicians who have either (1) served on the Active Physician Staff for longer than 25 years and are over 65 years of age; or (2) served on the Active Physician Staff and have been determined to be suffering from a long-term disability, as documented by a written statement from his/her physician, or (3) served on the Active Physician Staff and have left clinical practice for an administrative, research, or public health positions. The Medical Executive Committee may waive either the age or years of service requirement if they deem a Physician through exemplary service to the hospital and the medical staff should be entitled to Emeritus status. This category of staff shall be requested by the Member. Members of the Emeritus Physician Staff who request clinical privileges must meet the requirements for reappointment as outlined in **Section 3.8 in these Bylaws**. Emeritus Physician Staff may request limited privileges in lieu of the full core privileges for their special with appropriate malpractice insurance coverage. A physician requesting Emeritus status and not requesting privileges shall provide "tail" or "prior acts" insurance coverage for at least five years from cessation of clinical privileges, and shall update demographic information biannually. This request will be reviewed and recommended by the Committee on a case-by-case basis.

**6.1-3 Consulting Physician Staff:** The Consulting Physician Staff shall consist of Physicians who meet the qualifications set forth in **Section 2.2 in these Bylaws**. They shall be Physicians who are members of the active staff of other hospitals where they actively participate in monitoring activities similar to those required of the Active Physician Staff of this Hospital. Consulting Physician Staff shall be reserved for Physicians of special or unique consultative expertise not readily available within the Medical Staff who may be called upon from time to time to provide consultative assistance on unique or unusual patient care problems. Consulting Physician Staff shall be Physicians of outstanding reputation in their field who may not necessarily be residents of the community or the State. Clinical privileges shall be delineated by the Credentials Committee in consultation with the appropriate department, but shall not include admitting privileges. Consulting Physician Staff shall not vote, hold office or serve on committees. Consulting Physician Staff shall not be required to have a covering physician.

- 6.1-5 Change in Category Process:** To request a change in category within the Physician Staff, the Physician may submit a written request to the Chair of the Credentials Committee via the Medical Staff Office. Requests for promotion shall be processed in the same manner as applications to the Medical Staff, as set forth in Article III, applying the criteria of the relevant subsections of Section 2.5.

## ARTICLE VIII RIGHTS OF HEARING AND APPEAL

### Section 1. Modified Fair Hearing Rights

- B. Notice: Notice of a Member's right to exercise Section 1. modified fair hearing rights as the sole process to challenge a recommendation shall be promptly provided by the ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of Medical Staff Services** by certified mail, return receipt requested. The notice shall state:
1. That a professional review action has been proposed to be taken against the Member;
  2. The reasons for the proposed action, with specific reference to the Member's deficiencies in training, experience, clinical judgment, and other adverse information;
  3. A brief summary of the Member's rights under this Section 1; and
  4. That any election to utilize these modified fair hearing rights must be made in writing to the Medical Staff Services Department within thirty (30) days of the Member's receipt of this notice.

### Section 2. Medical Staff Hearing

- A. Except as provided in Article VII above or as otherwise specifically provided in these Medical Bylaws, the Credentialing Manual, Clinical Practice Expectations or the Medical Staff Rules and Regulations, in all cases in which the aggrieved Member's privileges are denied, revoked, restricted, or otherwise adversely affected, the affected Member shall be promptly provided a notice of said action. Additionally, any requirement to report to the Maryland Board of Physicians or the National Practitioner Data Bank shall constitute the Member's right to a fair hearing. It is also noted that a Member does not have the right to a fair hearing in the following circumstances: probations, reprimands, warning letters, monitoring, proctoring, mandatory consultations which do not require prior approval, concurrent and retrospective audits or review, FPPE, OPPE and the requirement for continued training or education.
1. Said notice shall be sent by the ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of Medical Staff Services** by certified mail, return receipt requested.
  2. Said notice shall state the action taken against the Member and the reason for the action taken.
  3. The Member shall be given thirty (30) days within which to request a hearing.
  4. The notice shall contain a brief summary of the Member's rights as afforded in the Bylaws as well as a copy of said section of the Bylaws.
- B. The Member shall make a request for a hearing in writing addressed to the ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of Medical Staff Services** and the ~~Hospital's President~~. Failure to request a hearing within the 30 days shall constitute a waiver of the Member's right to a hearing.
- C. Upon receipt of a request for a hearing, the ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of Medical Staff Services** shall inform the President of the Medical Staff who shall be responsible for the appointment of the hearing officer and hearing committee.
4. The ~~Associate Vice President of Quality and Medical Staff Services~~ **Director of Medical Staff Services** shall notify the Member of the place, time and date of the hearing. The date shall not be less than thirty days after the request of the hearing is received. The notice shall also include the names of the Hearing Committee and Committee Members. The notice shall also include a list of the witnesses expected to testify at the hearing on behalf of the Hospital and the Medical Staff.
5. If the Member objects to any of the Members of the Committee or the hearing officer, he/she shall within five days of receipt of the notice make his/her objections in writing to the ~~Associate Vice President of~~

~~Quality and Medical Staff Services Director of Medical Staff Services~~. Said objection shall include the specific grounds for the objection. The notification shall either call upon the President of the Medical Staff to determine if the objection is valid and then if valid, replace the Member objected to, or the Member may request that the objection be put before the Executive Committee. If the Medical Executive Committee determines that the objection is valid, they shall direct the President of the Medical Staff to make a new appointment. The Member will then receive notice and have five days to object to the new Member with the same procedures as outlined in this section. Any request to refer this to the Medical Executive Committee for review shall be deemed a voluntary postponement of the hearing until such date as it can reasonably be rescheduled. Failure to object within the five days shall constitute acceptance of the composition of the hearing committee and hearing officer shall constitute a waiver of his/her right to object to said Members.

6. Postponement of hearings may be requested by the Member or the Hospital. The President of the Medical Staff shall determine if a postponement prior to the commencement of the hearing is with good cause. Unless a postponement is granted, the time of the hearing shall be set no later than sixty days after the receipt by the ~~Associate Vice President of Quality and Medical Staff Services Director of Medical Staff Services~~ of the Member's request for a hearing.

### Section 3. Appeal

- A. Notice of Adverse action shall be given immediately upon the decision of the Medical Executive Committee. Said notice shall be given by the ~~Associate Vice President of Quality and Medical Staff Services Director of Medical Staff Services~~ by certified mail, return receipt requested, hand delivery, commercial overnight delivery, or such other means as is 'commercially reasonable (e.g., fax). Said notice shall contain information about the right to appeal and the requirements to file the appeal.
- B. Within thirty days of said notice, the Member or the Medical Staff or Hospital may appeal to the decision the Governing Board by giving a written notice to the Chairman of the Governing Board, via the ~~Associate Vice President of Quality and Medical Staff Services Director of Medical Staff Services~~. If the Member, Medical Staff or Hospital wishes to make oral arguments at such appeal hearing, the request for appeal shall so state. Failure to so request an appeal hearing within the thirty day period shall constitute any right to an appeal hearing before the Governing Board, which may then act upon the recommendations of the Medical Executive Committee of the Medical Staff and Hearing Committee.

### Section 4. Appellate Review Hearing

- A. Upon receipt of a request for a hearing, the ~~Associate Vice President of Quality and Medical Staff Services Director of Medical Staff Services~~ shall inform the Chair of the Governing Board who shall be responsible for appointing an Appellate Review Committee and a Hearing Officer for the Hearing.
  4. If the Member objects to any of the Members of the committee or the hearing officer, he/she shall within five days of receipt of the notice make his objections in writing to the ~~Associate Vice President of Quality and Medical Staff Services Director of Medical Staff Services~~. Said objection shall include the specific grounds for the objection. The notification shall call upon the Chairman of the Governing Board to determine if the objection is valid and if valid then replace the Member. The Member will then receive notice and have five days to object to the new Member with the same procedures as outlined in this section.
  5. Postponement of a hearing may be requested by the Member or the Hospital. The Chairman of the Governing Board shall determine if a postponement prior to the commencement of the hearing is with good cause. Unless a postponement is granted, the time for the hearing shall be set no later than sixty days after the receipt by the ~~Associate Vice President of Quality and Medical Staff Services Director of Medical Staff Services~~ of the Member's request for a hearing.
- B. Conduct of Hearing
  5. The record created in the previous proceeding, including the recommendation of the Hearing Committee and the Executive Committee of the Medical Staff, the transcript and exhibits of the previous

hearing, and the written statements submitted pursuant to subparagraph "CB-1-b" of this section, shall be made available for consideration by the Appellate Review Committee. Copies of any or all such documents may be forwarded by the Hospital to the Members of the Appellate Review Committee and the hearing officer (if applicable) prior to the date of the appeal hearing. If oral argument is requested by either the Chairman of the Appellate Review Committee or the Member as part of the review procedure, the Member shall be present at such appellate review, shall be permitted to speak against the adverse recommendations or decision, and shall answer questions put to him/her by any Member of the Appellate Review Committee. The Executive Committee of the Medical Staff or the Governing Board, whichever is appropriate under the circumstances, shall also be represented by an individual who shall be permitted to speak in favor of the adverse recommendation or decision and who shall answer questions put to him by any Member of the Appellate Review Committee. The Hearing Officer (or, if there is no hearing officer, the Chairman of the Appellate Review Committee) shall maintain decorum in the appeal hearing, shall rule on all procedural matters, and shall assist the Appellate Review Committee, but he/she shall be without vote. The time for oral arguments shall be limited to one hour for each side (including time for rebuttal) unless the Appellate Review Committee agrees to extend such time.

**Section 11. Effect of Contract/Hospital Employment:** The provisions of this Article, except those of Section 12 11, may be completely or partially supplanted by a contract(s) and/or employment relationship(s) between the Hospital and the Member(s), to the extent such contract(s) and/or Hospital policies govern issues including, but not limited to, the selection, tenure and responsibilities of department chairmen, the staffing of departments, and the individual responsibilities and clinical privileges of Members exercising clinical privileges in the applicable department(s).

## ARTICLE IX OFFICERS

### Section 6. Duties of Officers

The **President-Officers** of the Medical Staff may be compensated monetarily during his/her term in office. These funds shall be derived from the Medical Staff dues.

## ARTICLE X CLINICAL DEPARTMENTS

### Section 4. Qualifications, Selection, Tenure, and Removal of Department Chairperson/Vice Chairperson:

- A. Each Chair/Vice Chair shall be a Member of the Active Physician Staff, certified by an appropriate specialty board or qualified by training, and experience through the credentialing process and demonstrated leadership ability for the position.
- B. Each Chair/Vice Chair, excluding chairmen of the Departments of Anesthesia, Pathology, Radiology and Emergency Medicine, shall be elected for a one-year term, subject to approval of the Governing Board.
- C. Removal of the Chair/Vice Chair during his/her term of office may be initiated by a two-thirds majority of all Active Physician Staff Members of the department, but no such removal shall be effective unless and until it has been ratified by the Executive Committee and by the Governing Board.

### Section 7. Functions of Departments

- C. Each department may establish separate clinical sections within their departments. These sections shall hold meetings at least bi-annually with minutes being documented and forwarded to their Department and the Medical Executive Committee. A Chair shall be elected to each section on an annual basis with vote by the section at their meeting or via proxy vote with recommendation to the department. **There is no term limit for a Section Chair. They may continue their position as long as they remain Active status and are board certified in their primary specialty.** The Department shall vote and forward as a recommendation to the Medical Executive Committee and the Governing Board for final approval. A section Chair may be removed from office with 2/3 vote of



the section in favor. Each section may establish their own rules and regulations; however, the department rules and regulations supersede them.

#### **ARTICLE XIV** **GENERAL PROVISIONS**

**Section 3. Adoption and Amendments:** The Bylaws are developed by the organized Medical Staff. The organized Medical Staff enforces compliance with the Medical Staff Bylaws. This Bylaws Manual, except for the Medical Staff Rules and Regulations and Appendices, shall become effective after they have been recommended by the ~~Bylaws Committee~~ **Officers of the Medical Staff**, Executive Committee, voted and recommended by the Active Medical Staff and have been approved by the Governing Board. The Medical Executive Committee represents and acts on behalf of the organized Medical Staff between meetings of the organized Medical Staff.

#### **ARTICLE XV** **RULES AND REGULATIONS**

The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Board. Similarly, the departments **and sections** of the Medical Staff may also adopt such departmental **and section** rules and regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Executive Committee and the Governing Board. All such rules and Regulations 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 Member in the Hospital. All such Rules and Regulations shall be a part of these Bylaws, except that they may be amended or repealed at any Executive Committee meeting at which a quorum is present and without previous notice, or at any special meeting of the Executive Committee on notice, by a two-thirds vote of those present. Such changes shall become effective when approved by the Governing Board. The Executive Committee has the ability to adopt an urgent amendment to the Rules and Regulations subject to the Conflict of Interest Policy.

#### **ARTICLE XVI** **ADOPTION, AMENDMENTS AND REVIEW**

These Bylaws may be adopted at any regular or special meeting of the Active Medical Staff, and shall become effective when approved by the Governing Board of the Hospital. These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. Copies of proposed Bylaws changes shall be sent out to the Active Staff members prior to the next regular or special Medical Staff meeting at least 30 days prior to the scheduled meeting. A proposed amendment shall be referred to the Bylaws Committee which shall report on it at the next regular meeting of the Medical Staff or at a special meeting called for such purpose. To be adopted, an amendment shall require a two-thirds vote of the Active Medical Staff members present and eligible to vote. In the event of a proxy vote, passage of an amendment shall require two-thirds of the majority of the votes received from members eligible to vote to recommend the amendment. Those voting members who submit their proxy vote for the recommended changes will count towards the quorum requirement.

The Medical Executive Committee represents and acts on behalf of the organized Medical Staff between meetings of the organized Medical Staff. The Organized Medical Staff may directly propose changes to the Medical Staff Bylaws, Rules and Regulations and Policies and amendments thereto, directly to the Governing Board. The Medical Staff Bylaws are adopted by the medical staff and approved by the Governing Board before becoming effective. The Governing Board complies with the Medical Staff Bylaws. Neither body may unilaterally amend the Medical Staff Bylaws or Rules and Regulations. All changes to the Credentialing Manual (including procedures for processing applications for the granting, renewal, or revision of clinical privileges) are reviewed and recommended by the Credentials Committee and the Medical Executive Committee (acting on behalf of the entire Medical Staff) and approved by the Governing Board before becoming effective. These Bylaws, including the Credentialing Manual, the

Medical Staff rules and regulations, and the department and section rules and regulations, shall be reviewed by the appropriate committee at least ~~once each year~~ **bi-annually** to assure their continued relevance and applicability to the affairs of the Medical Staff and the Hospital

**Recommended: 1/9/17 Medical Executive Committee**  
**Approved: 1/18/17 Professional Affairs Sub-Committee of the Governing Board**

**Proposed Addition as of 1/18/17**

## **MEDICAL STAFF RULES AND REGULATIONS**

19. Members of the Medical Staff who have fewer than twenty-five **patient contacts** per year or who are not actively participating on two committees or who are not a Chairperson of a Committee shall be placed on Courtesy Staff. Patient contacts may include:

- a) Inpatient Admissions
- b) Inpatient Surgeries
- c) Inpatient Consults
- d) Outpatient Consults/Attending (includes pre-admission documentation such as H & P or consult)
- e) Outpatient Surgeries
- f) Outpatient and Inpatient Diagnostic Procedures
- g) Days on ER Call
- h) Referrals to Hospitalists or other physicians on staff for SGAH services
- i) Referrals to the Emergency Room, Lab, Radiology, Pathology, Rehabilitative Medicine, etc.
- j) Departments may be more specific regarding what patient contacts may include. Please refer to specific rules & regulations of each Department.

A member of the Medical Staff may be considered for active status if the average number of patient contacts of all the members of the physician's group is more than 25 per physician per group.

**Active physicians who have privileges at only Shady Grove Medical Center and no other hospital affiliations may retain active status even when they do not meet the criteria requirement for 25 patient encounters per physician per group.**

20. Physicians on the **Courtesy Staff** who admit twenty-five or more patients to the Hospital per year or actively participate on two committees or who are a Chairperson of a Committee **may seek higher privileges** at the appropriate time intervals as stated in the Credentialing Manual.