

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
SARASOTA MEMORIAL HOSPITAL**

MEDICAL STAFF BYLAWS

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MEDICAL STAFF BYLAWS

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APPENDIX A

ARTICLE 1

GENERAL

1.A. DEFINITIONS

The following definitions shall apply to terms used in these Bylaws and related policies and manuals:

- (1) “ALLIED HEALTH PROFESSIONALS” (“AHPs”) means individuals other than Medical Staff members who are authorized by law and by the Hospital to provide patient care services.
- (2) “BOARD” means the Sarasota County Public Hospital Board, which has the overall responsibility for the Hospital, or its designated committee.
- (3) “CLINICAL PRIVILEGES” or “PRIVILEGES” means the authorization granted by the Board to a practitioner to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other credentialing criteria and focused and ongoing professional practice evaluation standards.
- (4) “CORE PRIVILEGES” means a defined grouping of privileges for a specialty or subspecialty that includes the fundamental patient care services that are routinely taught in residency and/or fellowship training for that specialty or subspecialty and which have been determined by the Medical Staff leaders and Board to require closely related skills and experience.
- (5) “DAYS” means calendar days.
- (6) “DENTIST” means a doctor of dental surgery (“D.D.S.”) or doctor of dental medicine (“D.M.D.”).
- (7) “HOSPITAL” means Sarasota Memorial Hospital.
- (8) “MEDICAL EXECUTIVE COMMITTEE” means the Executive Committee of the Medical Staff.
- (9) “MEDICAL STAFF” means all physicians, dentists, oral surgeons, podiatrists, and psychologists who have been appointed to the Medical Staff by the Board.
- (10) “MEDICAL STAFF LEADER” means any Medical Staff officer, department chairperson, section chief, or committee chair.

- (11) “MEMBER” means any physician, dentist, oral surgeon, podiatrist, or psychologist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the Hospital.
- (12) “NOTICE” means written communication by regular U.S. mail, e-mail, facsimile, Hospital mail, or hand delivery.
- (13) “ORGANIZED HEALTH CARE ARRANGEMENT” means the term used by the HIPAA Privacy Rule to describe a clinically-integrated care setting in which patients typically receive health care from more than one provider (such as a hospital and its Medical Staff) and which benefits from regulatory provisions designed to facilitate compliance with the HIPAA Privacy Rule.
- (14) “PATIENT CONTACTS” include any admission, consultation, procedure, response to emergency call, evaluation, treatment, or service performed in any facility operated by the Hospital or affiliate, including outpatient facilities. Patient contacts do not include requests for diagnostic services from pathology, radiology, or other departments of the Hospital.
- (15) “PHYSICIAN” includes both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).
- (16) “PODIATRIST” means a doctor of podiatric medicine (“D.P.M.”).
- (17) “PRESIDENT” means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.
- (18) “PSYCHOLOGIST” means an individual with a Ph.D. or a Psy.D. in clinical psychology.
- (19) “SPECIAL NOTICE” means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.
- (20) “SPECIAL PRIVILEGES” means privileges that fall outside of the core privileges for a given specialty, which require additional education, training, and/or experience beyond that required for core privileges in order to demonstrate competence.
- (21) “UNASSIGNED PATIENT” means any individual who comes to the Hospital for care and treatment who does not have an attending physician, or whose attending physician or designated alternate is unavailable to attend the patient, or who does not want the prior attending physician to provide him/her care while a patient at the Hospital.

1.B. TIME LIMITS

Time limits referred to in these Bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.C. DELEGATION OF FUNCTIONS

When a function is to be carried out by a Member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chairperson, may delegate performance of the function to one or more qualified designees.

1.D. MEDICAL STAFF DUES

- (1) Annual Medical Staff dues shall be as recommended by the Medical Executive Committee and may vary by category.
- (2) Dues shall be payable annually upon request. Failure to pay dues shall result in ineligibility to apply for Medical Staff reappointment.
- (3) Signatory to the Hospital's Medical Staff account shall be the Chief of Staff and the Secretary-Treasurer.

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Policy are eligible to apply for appointment to one of the following categories:

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of physicians, dentists, oral surgeons, podiatrists and psychologists who:

- (a) are involved in at least 24 patient contacts per two-year appointment term; and
- (b) are expected to demonstrate a commitment to the Medical Staff and Hospital through service on Hospital or Medical Staff committees and active participation in performance/quality improvement functions.

The Active Staff shall also include those administrative physicians as designated by the Hospital.

Guidelines:

Unless an Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has less than 24 patient contacts during his/her two-year appointment term shall not be eligible to request Active Staff status at the time of his/her reappointment; and
- ** The member must request another staff category that best reflects his/her relationship to the Medical Staff and the Hospital (options – Limited Active or Affiliate).

2.A.2. Prerogatives:

Active Staff members may:

- (a) admit patients without limitation, except as otherwise provided in the Bylaws or Bylaws-related documents, or as limited by the Board;

- (b) vote in all general and special meetings of the Medical Staff and applicable department, section, and committee meetings;
- (c) hold office, serve as department chairpersons and section chiefs, and serve on Medical Staff committees and as chairpersons of such committees (if appointed by the Chief of Staff); and
- (d) exercise such clinical privileges as are granted to them.

2.A.3. Responsibilities:

- (a) Active Staff members must:
 - (1) assume all the responsibilities of membership on the Active Staff, including committee service, providing specialty coverage in the Emergency Care Center, providing care for unassigned patients, and participating in evaluation of members during the provisional period;
 - (2) actively participate in the peer review and performance improvement process;
 - (3) accept consultations when requested;
 - (4) attend applicable meetings;
 - (5) pay application fees, dues and assessments; and
 - (6) perform assigned duties.
- (b) Members of the Active Staff who are at least 60 years of age or who have served on the Active Staff for at least 15 continuous years may request removal from responsibility for providing specialty coverage in the Emergency Care Center and other rotational obligations. The department chairperson and section chief shall recommend to the Medical Executive Committee whether to grant these requests based on need and the effect on others who serve on the call roster for that specialty. The Medical Executive Committee's recommendation shall be subject to final action by the Board. The Medical Executive Committee may require individuals who have been removed from the responsibility for providing specialty coverage in accordance with this section to return to the call roster if the Medical Executive Committee finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities.

2.B. LIMITED ACTIVE STAFF

2.B.1. Qualifications:

The Limited Active Staff shall consist of those physicians, dentists, oral surgeons, podiatrists and psychologists who:

- (a) are involved in more than four, but fewer than 24, patient contacts per two-year appointment term; and
- (b) at the time of initial appointment and at each reappointment time thereafter, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless a Limited Active Staff member can definitively demonstrate to the satisfaction of the Credentials Committee at the time of reappointment that his/her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has less than four patient contacts during his/her two-year appointment term must request another staff category that best reflects his/her relationship to the Medical Staff and the Hospital (option – Affiliate).
- ** Any member who has more than 24 patient contacts during his/her two-year appointment term must request another staff category that best reflects his/her relationship to the Medical Staff and the Hospital (option – Active).

2.B.2. Prerogatives and Responsibilities:

Limited Active Staff members:

- (a) may attend and participate in Medical Staff and department and section meetings (without vote);
- (b) may not hold office or serve as department chairpersons, section chiefs, or committee chairpersons;
- (c) may be invited to serve on committees (with vote) if appointed by the Chief of Staff;

- (d) are excused from providing specialty coverage in the Emergency Care Center and providing care for unassigned patients unless the Medical Executive Committee finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities;
- (e) shall cooperate in the peer review and performance improvement process;
- (f) shall pay application fees, dues and assessments; and
- (g) must accept referrals from the Emergency Care Center for follow-up of patients treated in the Emergency Care center.

2.C. CONSULTING STAFF

2.C.1. Qualifications:

The Consulting Staff shall consist of those physicians, dentists, oral surgeons, podiatrists and psychologists who:

- (a) are of recognized professional ability and expertise who provide a service that is not available on the Active Staff;
- (b) provide services at the Hospital only at the request of members of the Medical Staff; and
- (c) at the time of initial appointment and at each reappointment time thereafter, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for appointment and clinical privileges (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2.C.2. Prerogatives and Responsibilities:

Consulting Staff members:

- (a) may evaluate and treat (but not admit) patients in conjunction with members of the Active Staff;
- (b) may not hold office or serve as department chairpersons or committee chairs;
- (c) may attend meetings of the Medical Staff and applicable department and section meetings (without vote) and applicable committee meetings (with vote) if appointed by the Chief of Staff;

- (d) are excused from providing specialty coverage in the Emergency Care Center unless the Medical Executive Committee finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities; and
- (e) shall pay application fees, dues and assessments.

2.D. AFFILIATE STAFF

2.D.1. Qualifications:

- (a) The Affiliate Staff consists of those individuals who desire to be associated with the Hospital but who do not wish to exercise clinical privileges
- (b) The primary purpose of the Affiliate Staff is to permit these members access to Hospital services for their patients by referral to members of the Active Staff, while at the same time providing follow-up care, on an outpatient basis, for unassigned patients presenting to the Emergency Care Center and providing additional physician alternatives for patients with outpatient needs.
- (c) Individuals requesting appointment to the Affiliate Staff must submit an application as prescribed in the Credentials Policy.
- (d) At the time of initial appointment and at each reappointment time thereafter, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for membership (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2.D.2. Prerogatives and Responsibilities:

Affiliate Staff members:

- (a) may attend meetings of the Medical Staff and applicable departments and sections (all without vote);
- (b) shall generally have no staff committee responsibilities, but may be assigned to committees (with vote) if appointed by the Chief of Staff;
- (c) may attend educational activities sponsored by the Medical Staff and the Hospital;
- (d) may refer patients to members of the Active Staff for admission and/or care;
- (e) may review the medical records and test results (via paper or electronic access) for any patients who are referred;

- (f) are encouraged to communicate with hospitalists and/or Active Staff members about the care of any patients referred and are encouraged to visit any patients who are hospitalized;
- (g) may not: admit patients, attend patients, exercise any clinical privileges, write orders or progress notes, perform consultations, assist in surgery, make notations in the medical record, or otherwise participate in the provision or management of clinical care to patients at the Hospital;
- (h) shall cooperate with the peer review and performance improvement process;
- (i) may refer patients to the Hospital's diagnostic facilities; and
- (j) pay application fees, dues, and assessments.

2.E. EMERITUS STAFF

2.E.1. Qualifications:

The Emeritus Staff shall consist of practitioners who are recognized for outstanding or noteworthy contributions to the medical sciences, or have a record of previous long-standing service to the Hospital, and have retired from the active practice of medicine.

2.E.2. Prerogatives and Responsibilities:

Emeritus Staff members may:

- (a) not consult, admit or attend to patients;
- (b) attend staff and department meetings when invited to do so (without vote);
- (c) be appointed to committees (with vote) if appointed by the Chief of Staff;
- (d) not vote, hold office, serve as a department chairperson; and
- (e) not pay application fees, dues or assessments.

2.F. SENIOR ACTIVE STAFF

2.F.1. Qualifications:

- (a) The Senior Active Staff shall consist of members of the Medical Staff who held Senior Active Status on April 20, 2009. Senior Active Staff members may retain Senior Active Status as long as the member continually meets the requirements for and fulfills the responsibilities of such Status, subject to the right of the

Medical Staff to amend, alter, or delete the Status pursuant to the provisions of Article 8 of these Bylaws.

- (b) A Senior Active member must admit or attend a sufficient number of patients during each reappointment cycle to allow assessment of current clinical competence by his department/section. The minimum number of patients that must be admitted by a practitioner during the reappointment cycle is dependent upon the specialty of the practitioner, and may be specifically defined in the rules and regulations of the respective department/section. It is recognized that some specialists, such as those in the departments of Anesthesiology, Radiology, Pathology, and Emergency Medicine, do not ordinarily admit patients to the Hospital. Others may be specifically exempted from this requirement by the Medical Executive Committee for reasonable cause.

2.F.2. Prerogatives:

A Senior Active Staff member may:

- (a) admit patients without limitation, except as otherwise provided in the Bylaws or Bylaws-Related Documents, or as limited by the Board;
- (b) chair committees of the Medical Staff and/or his department/section, and may serve as department chairperson/section chief if elected or appointed to such position. However, a Senior Active Staff member is not required to serve on Medical Staff, department, or section committees;
- (c) vote on all matters presented at regular and special meetings of the Medical Staff and of the departments, sections, and committees of which he is a member, except as provided by resolution of the Medical Executive Committee; and
- (d) exercise such clinical privileges as are granted to him.

2.F.3. Responsibilities:

A Senior Active Staff member must, in addition to meeting the basic obligations set forth in the Credentials Policy:

- (a) participate in quality improvement and continuing medical education activities required by the Medical Staff; and
- (b) discharge the recognized functions of staff membership by attending patients as required, giving consultation to other staff members consistent with delineated privileges, and fulfilling such other staff functions as may reasonably be required of staff members.

The Senior Active Staff member is exempt from service on the Emergency Care Center backup roster except as required by Bylaws-Related Documents or rules, regulations, or policies of Hospital and/or the respective department/section.

ARTICLE 3

OFFICERS

3.A. DESIGNATION

The officers of the Medical Staff shall be the Chief of Staff, Chief of Staff-Elect, Immediate Past Chief of Staff, and Secretary-Treasurer.

3.B. ELIGIBILITY CRITERIA

Only those members of the Active Staff who satisfy the following criteria initially and continuously shall be eligible to serve as an officer of the Medical Staff. They must:

- (1) be appointed in good standing to the Active Staff and have served on the Active Staff for at least five years;
- (2) have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges;
- (3) not presently be serving as medical staff or corporate officers, Board members, department chairpersons, or credentials committee chairpersons at any other hospital and shall not so serve during their terms of office;
- (4) be willing to faithfully discharge the duties and responsibilities of the position;
- (5) have experience in a leadership position, or other involvement in performance improvement functions, for at least two years;
- (6) attend continuing education relating to Medical Staff leadership and/or credentialing functions prior to or during the term of the office; and
- (7) have demonstrated an ability to work well with others.

3.C. DUTIES

3.C.1. Chief of Staff:

The Chief of Staff shall:

- (a) act in coordination and cooperation with Hospital management in matters of mutual concern involving the care of patients in the Hospital;
- (b) receive and interpret the policies of the Board to the Medical Staff and serve as the Medical Staff's representative for clinical performance and maintenance of quality with respect to the delegated responsibility to provide medical care to the

patients of the Hospital;

- (c) represent and communicate the views, policies and needs of, and report on the activities of, the Medical Staff to the President and the Board;
- (d) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the Medical Executive Committee;
- (e) appoint all committee chairpersons and committee members, in consultation with the Medical Executive Committee;
- (f) chair the Medical Executive Committee (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
- (g) promote adherence to the Bylaws, policies, and Rules and Regulations of the Medical Staff and to the Policies and Procedures of the Hospital;
- (h) recommend Medical Staff representatives to Hospital committees;
- (i) periodically report to the Medical Staff on the proceedings of the Quality Committee of the Board; and
- (j) perform all functions authorized in all applicable policies, including collegial intervention steps outlined in the Credentials Policy.

3.C.2. Chief of Staff-Elect:

The Chief of Staff-Elect shall:

- (a) assume all duties of the Chief of Staff and act with full authority as Chief of Staff in his or her absence;
- (b) serve on the Medical Executive Committee;
- (c) serve as co-chairperson of the Medical Staff Quality Improvement Committee;
- (d) assume all such additional duties as are assigned to him or her by the Chief of Staff or the Medical Executive Committee; and
- (e) become Chief of Staff upon completion of his/her term.

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

The Immediate Past Chief of Staff shall:

- (a) serve on the Medical Executive Committee;

- (b) serve as co-chairperson of the Medical Staff Quality Improvement Committee;
- (c) serve as an advisor to other Medical Staff leaders and committees; and
- (d) assume all such additional duties assigned by the Chief of Staff or the Medical Executive Committee.

3.C.4. Secretary-Treasurer:

The Secretary-Treasurer shall:

- (a) be responsible for providing notices as specified in these Bylaws;
- (b) serve on the Medical Executive Committee;
- (c) be responsible for the collection of, accounting for, and disbursements of any funds collected, donated, or otherwise assessed and present in the Medical Staff Fund and report to the Medical Staff; and
- (d) assume all such additional duties assigned by the Chief of Staff or the Medical Executive Committee.

3.D. NOMINATIONS

The Chief of Staff shall annually appoint a Nominating Committee consisting of five members of the Active Staff for all general and special elections. At least two shall be former Chiefs of Staff. The Committee shall convene at a meeting in June and shall submit to the Medical Executive Committee the names of one or more qualified nominees for the offices of Chief of Staff-Elect, Secretary-Treasurer, and two at-large members of the Medical Executive Committee. Notice of the nominees shall be provided to the Medical Staff promptly and be posted in the Medical Staff lounge. Nominations may also be submitted in writing by petition signed by at least five Active Staff members at least 30 days prior to the election. In order for a nomination to be placed on the ballot, the candidate must meet the qualifications in Section 3.B, in the judgment of the Nominating Committee, and be willing to serve. Nominations from the floor shall not be accepted.

3.E. ELECTION

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

Services by the day of the election. Those who receive a majority of the votes cast shall be elected.

3.F. TERM OF OFFICE

Officers shall serve for a term of one year or until a successor is elected. The officer shall assume office on the first day of the Medical Staff year following election, except that an officer elected or appointed to fill a vacancy assumes office immediately. Each officer serves until the end of his or her term and until a successor is elected, unless he or she resigns or is removed from office.

3.G. REMOVAL

- (1) Removal of an elected officer or a member of the Medical Executive Committee may be effectuated by a two-thirds vote of the Active Staff, or by a two-thirds vote of the Medical Executive Committee, or by the Board. Grounds for removal shall be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to remain in good standing on the Medical Staff, including being the subject of an adverse recommendation pursuant to the Credentials Policy, or having automatically relinquished privileges pursuant to that Policy;
 - (c) failure to perform the duties of the position held;
 - (d) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
 - (e) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the Active Staff, the Medical Executive Committee, or the Board prior to a vote on removal.

3.H. VACANCIES

A vacancy in the office of Chief of Staff shall be filled by the Chief of Staff-Elect, who shall serve until the end of the Chief of Staff's unexpired term. A vacancy in the office of Chief of Staff-Elect shall be filled by the Secretary-Treasurer. In the event there is a vacancy in another office, the Medical Executive Committee shall appoint an individual to fill the office. The acting officer/representative serves pending the outcome of a special election to be conducted as expeditiously as possible, provided that the Medical

Executive Committee may decide not to call a special election if the regular election for the office is to be held within 180 days. In this latter instance, the acting officer/representative serves only until succeeded by the newly elected officer.

ARTICLE 4

STAFF DEPARTMENTS

4.A. ORGANIZATION

- (1) The Medical Staff shall be organized into the departments and sections as listed in the Organization Manual.
- (2) Subject to the approval of the Board, the Medical Executive Committee may create new departments, eliminate departments, create sections within departments, or otherwise reorganize the department structure.

4.B. ASSIGNMENT TO DEPARTMENT

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

4.C. FUNCTIONS OF DEPARTMENTS

The departments shall be organized for the purpose of implementing processes (i) to monitor and evaluate the quality and appropriateness of the care of patients served by the departments; (ii) to monitor the practice of all those with clinical privileges in a given department as set by the specialty; and (iii) to provide appropriate specialty coverage in the Emergency Care Center, consistent with the provisions in these Bylaws and related documents.

4.D. QUALIFICATIONS OF DEPARTMENT CHAIRPERSONS

Each department chairperson shall:

- (1) be an Active Staff member;
- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process; and
- (3) satisfy the eligibility criteria in Section 3.B.

4.E. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRPERSONS

- (1) Department chairpersons (or chairpersons-elect if appropriate) shall be selected by the department, subject to Board confirmation. A nominating committee, appointed by the current department chairperson and the Chief of Staff, shall nominate qualified candidates. The election shall be by written ballot. Ballots may be returned in person, by mail, by facsimile, or by e-mail ballot. All ballots must be received in Medical Staff Services by the day of the election. Those who receive a majority of the votes cast shall be elected.
- (2) Any department chairperson may be removed by a two-thirds majority vote of the department members, or by a two-thirds majority vote of the Medical Executive Committee, or by the Board. Grounds for removal shall be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;
 - (b) failure to remain in good standing on the Medical Staff, including being the subject of an adverse recommendation pursuant to the Credentials Policy, or having automatically relinquished privileges pursuant to that Policy;
 - (c) failure to perform the duties of the position held;
 - (d) conduct detrimental to the interests of the Hospital and/or its Medical Staff; or
 - (e) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (3) Prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which such action shall be taken, at least 10 days prior to the date of the meeting. The individual shall be afforded an opportunity to speak to the department or Medical Executive Committee or the Board, as applicable, prior to a vote on such removal.
- (4) The department chairperson-elect assumes the position of department chairperson at the conclusion of the current department chairperson's term. A department chairperson shall serve a term of one year or until a successor is elected. There shall be no limitation on the number of terms department chairpersons may serve.

4.F. DUTIES OF DEPARTMENT CHAIRPERSONS

Each department chairperson is accountable for the following:

- (1) all clinically related activities of the department;

- (2) all administratively related activities of the department, unless otherwise provided for by the Hospital;
- (3) continuing surveillance of the professional performance of all individuals in the department who have delineated clinical privileges;
- (4) recommending criteria for clinical privileges that are relevant to the care provided in the department;
- (5) evaluating requests for clinical privileges for each member of the department;
- (6) evaluation of all provisional appointees and reporting thereon to the Credentials Committee;
- (7) enforcement of the Medical Staff Bylaws and all applicable Rules and Regulations in the department;
- (8) assessing and recommending off-site sources for needed patient care services not provided by the department or the Hospital;
- (9) the integration of the department into the primary functions of the Hospital;
- (10) the coordination and integration of interdepartmental and intradepartmental services;
- (11) the development and implementation of policies and procedures that guide and support the provision of services;
- (12) recommendations for a sufficient number of qualified and competent persons to provide care or service;
- (13) determination of the qualifications and competence of department personnel who provide patient care services;
- (14) continuous assessment and improvement of the quality of care and services provided;
- (15) maintenance of quality monitoring programs, as appropriate;
- (16) the orientation and continuing education of all persons in the department;
- (17) implementation within the department of actions taken by the Medical Executive Committee;
- (18) recommendations for space and other resources needed by the department;

- (19) performing all functions authorized in the Credentials Policy, including collegial intervention; and
- (20) appointing one or more vice chairpersons as deemed necessary, subject to approval of the Medical Executive Committee.

4.G. SECTIONS

4.G.1. Functions of Sections:

- (a) Sections may perform any of the following activities:
 - (1) continuing education;
 - (2) discussion of policy;
 - (3) discussion of equipment needs;
 - (4) development of recommendations to the department chairperson and/or the Medical Executive Committee;
 - (5) participation in the development of criteria for clinical privileges (when requested by the department chairperson);
 - (6) discussion of a specific issue at the special request of a department chairperson and/or the Medical Executive Committee; and
 - (7) monitoring of members (and others at the request of the Medical Executive Committee) in the performance of clinical responsibilities.
- (b) No minutes or reports will be required reflecting the activities of sections, except when a section is making a formal recommendation to a department, department chairperson, Credentials Committee, or Medical Executive Committee.
- (c) Sections shall not be required to hold any number of regularly scheduled meetings.

4.G.2. Qualifications and Selection of Section Chiefs:

- (a) Section chiefs shall meet the same qualifications as department chairpersons. They shall be selected by the department chairperson, after receiving input from the section.
- (b) They shall be removed in the same manner as for department chairpersons, except that the sections shall be involved instead of the full department.

- (c) Section chiefs shall serve a term of one year. There shall be no limitation on the number of terms they may serve.

4.G.3. Duties of Section Chiefs:

The section chief shall carry out the duties requested by the department chairperson and/or the Medical Executive Committee. These duties may include:

- (a) reviewing and reporting on applications for initial appointment and clinical privileges, including interviewing applicants;
- (b) reviewing and reporting on applications for reappointment and renewal of clinical privileges;
- (c) evaluation of individuals during the provisional period;
- (d) participation in the development of criteria for clinical privileges;
- (e) reviewing and reporting on the professional performance of individuals practicing within the section;
- (f) implementation and supervision of, in cooperation with the department chairperson and other officials of the staff and Hospital, systems to carry out the quality improvement functions assigned to the section;
- (g) participation, as applicable, in planning with respect to the section's personnel, equipment, facilities, services, and budget; and
- (h) assistance in developing, implementing, supervising and evaluating, in conjunction with other appropriate officials and committees of the staff, education, research, and training programs for section members and other interested parties.

ARTICLE 5

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out peer review and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF COMMITTEE CHAIRPERSONS AND MEMBERS

- (1) All committee chairpersons and members shall be appointed by the Chief of Staff, in consultation with the Medical Executive Committee. Committee chairpersons shall be selected based on the criteria set forth in Section 3.B of these Bylaws.
- (2) Committee chairs and members shall be appointed for initial terms of two years, but may be reappointed for additional terms. All appointed chairs and members may be removed and vacancies filled by the Chief of Staff at his/her discretion.
- (3) Where necessary to accomplish a function or task assigned to a committee, the committee chairperson may call on outside consultants or special advisors from clinical specialties or administrative or patient care sources with expertise in the subject matter involved, after consultation with the President or his designee.
- (4) Unless otherwise provided, all Hospital and administrative representatives on the committees shall be appointed by the President. All such representatives shall serve on the committees, without vote.
- (5) The Chief of Staff and the President (or their respective designees) shall be members, *ex officio*, without vote, on all committees.

5.C. MEETINGS, REPORTS AND RECOMMENDATIONS

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

5.D. MEDICAL EXECUTIVE COMMITTEE

5.D.1. Composition:

- (a) The Medical Executive Committee shall include the officers of the Medical Staff, the chairperson of each clinical department, the chairperson-elect of Medicine, the chairperson-elect of Surgery, three representatives-at-large elected from the Department of Medicine, three representatives-at-large elected from the Department of Surgery, and two representatives-at-large nominated by the Nominating Committee and elected by the Medical Staff.
- (b) The President shall be an *ex officio* member of the Medical Executive Committee, without vote.

5.D.2. Duties:

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

- (viii) reports and recommendations from Medical Staff committees, departments, and other groups, as appropriate;
- (3) consulting with the President on quality-related aspects of contracts for patient care services;
- (4) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate, and making appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;
- (5) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;
- (6) providing leadership in activities related to patient safety;
- (7) providing oversight in the process of analyzing and improving patient satisfaction;
- (8) prioritizing continuing medical education activities;
- (9) reviewing, or delegating to the Bylaws Committee the responsibility to review, at least every three years, the Bylaws, Policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable;
- (10) providing and promoting effective liaison among the Medical Staff, Administration, and the Board; and
- (11) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, the Board or other applicable policies.

5.D.3. Meetings:

The Medical Executive Committee shall meet as often as necessary to fulfill its responsibilities, on dates and at times established by the Chief of Staff, and shall maintain a permanent record of its proceedings and actions.

5.E. PERFORMANCE IMPROVEMENT FUNCTIONS

- (1) The Medical Staff is actively involved in performance improvement functions, including reviewing data and recommending and implementing processes to address the following:
 - (a) patient safety, including processes to respond to patient safety alerts, meet patient safety goals and reduce patient safety risks;

- (b) the Hospital's and individual practitioners' performance on Joint Commission and CMS core measures;
 - (c) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
 - (d) the utilization of blood and blood components, including review of significant transfusion reactions;
 - (e) operative and other procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
 - (f) education of patients and families;
 - (g) coordination of care, treatment and services with other practitioners and Hospital personnel;
 - (h) accurate, timely and legible completion of medical records;
 - (i) the quality of history and physical examinations;
 - (j) the use of developed criteria for autopsies;
 - (k) sentinel events, including root cause analyses and responses to unanticipated adverse events;
 - (l) nosocomial infections and the potential for infection;
 - (m) unnecessary procedures or treatment;
 - (n) appropriate resource utilization; and
 - (o) any other matters as may be required to assess or maintain quality care.
- (2) A description of the committees that carry out systematic monitoring and performance improvement functions, including their composition, duties, and reporting requirements, is contained in the Medical Staff Organization Manual.

5.F. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Organization Manual, the Medical Executive Committee may, by resolution and upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more staff functions. In the same manner, the Medical Executive Committee may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which

is not assigned to an individual, a standing committee, or a special task force shall be performed by the Medical Executive Committee.

5.G. SPECIAL COMMITTEES

Special committees shall be created and their members and chairpersons shall be appointed by the Chief of Staff. Such committees shall confine their activities to the purpose for which they were appointed and shall report to the Medical Executive Committee.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is November 1 to October 31.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings:

The Medical Staff shall meet at least once a year.

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Chief of Staff or the Medical Executive Committee, or by a petition signed by not less than 25% of the Active Staff.

6.C. DEPARTMENT AND COMMITTEE MEETINGS

6.C.1. Regular Meetings:

Except as otherwise provided in these Bylaws or in the Medical Staff Organization Manual, each department and standing committee shall meet at least quarterly, at times set by the presiding officer.

6.C.2. Special Meetings:

A special meeting of any department, section, or committee may be called by or at the request of the presiding officer or the Chief of Staff, or by a petition signed by not less than one-fourth of the Active Staff members of the department, section, or committee, but not by fewer than two members.

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) Medical Staff members shall be provided notice of all regular meetings of the Medical Staff and regular meetings of departments, sections, and committees at least two weeks in advance of the meetings. Notice may also be provided by posting in a designated location at least two weeks prior to the meetings. All notices shall state the date, time, and place of the meetings.
- (b) When a special meeting of the Medical Staff, a department, a section, and/or a committee is called, all of the provisions in paragraph (a) shall apply except that

the notice period shall be reduced to 48 hours (i.e., must be given at least 48 hours prior to the special meeting). Posting may not be the sole mechanism used for providing notice for special meetings. All persons entitled to notice shall be sent notice by mail, facsimile, or e-mail.

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

6.D.2. Quorum and Voting:

- (a) For any regular or special meeting of the Medical Staff, department, section, or committee, those voting members present (but in no event fewer than two members) shall constitute a quorum. Exceptions to this general rule are as follows:
 - (1) for meetings of the Medical Executive Committee, the presence of at least 40% of the voting members of the Committee shall constitute a quorum for general business; the presence of at least 40% of the voting members is necessary to establish a quorum for credentialing and peer review matters; and
 - (2) for amendments to the Medical Staff Bylaws, at least 10% of the voting staff shall constitute a quorum.
- (b) Recommendations and actions of the Medical Staff, departments, sections, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present.
- (c) The voting members of the Medical Staff, a department, a section, or a committee may also be presented with a question by mail, facsimile, e-mail, website, hand delivery, or telephone, and their votes returned to the presiding officer by the method designated in the notice. Except for amendments to these Bylaws and actions by the Medical Executive Committee (as noted in (a)), a quorum for purposes of these votes shall be the number of responses returned to the presiding officer by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.
- (d) Meetings may also be conducted electronically.

6.D.3. Agenda:

The presiding officer for the meeting shall set the agenda for any regular or special meeting of the Medical Staff, department, section, or committee.

6.D.4. Rules of Order:

The latest edition of Robert's Rules of Order may be used for reference at all meetings and elections, but shall not be binding. Specific provisions of these Bylaws, and Medical Staff, department, section, or committee custom, shall prevail at all meetings. The presiding officer shall have the authority to rule definitively on all matters of procedure.

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

- (a) Minutes of all meetings of the Medical Staff, departments, and committees (and applicable section meetings) shall be prepared and shall include a record of the attendance of members and the recommendations made and the votes taken on each matter. The minutes shall be authenticated by the secretary or presiding officer.
- (b) A summary of all recommendations and actions of the Medical Staff, departments, sections, and committees shall be transmitted to the Medical Executive Committee and President. The Board shall be kept apprised of the recommendations of the Medical Staff and its departments, sections, and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the Hospital.

6.D.6. Confidentiality:

Members of the Medical Staff who have access to or are the subjects of credentialing and/or peer review information agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes. Medical Staff leaders may be asked to sign a statement confirming their compliance with this confidentiality requirement. A breach of confidentiality may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

- (a) Attendance at meetings of the Medical Executive Committee and the Credentials Committee is required. All members are required to attend 75% of all regular and special meetings of these committees. Failure to attend the required number of meetings may result in replacement of the member. Excused absences will be allowed.
- (b) For all other meetings (Medical Staff, departments, sections, and committees), each Active Staff member is expected to attend and participate.

ARTICLE 7

INDEMNIFICATION

The resolution or action of the Board, and not these Medical Staff Bylaws, shall govern the indemnity of Medical Staff members and others involved in Medical Staff affairs.

The Medical Staff and the Medical Staff Bylaws serve to enable the Board to provide medical service to the greater Sarasota community. In light of the functions which the Medical Staff and its committees perform on behalf of the Board, they and their members will be indemnified by the Board for all peer review and related actions as provided in the Board resolution passed on December 13, 1982 and reaffirmed on December 20, 2004. It shall be the duty of the Chief of Staff to notify the Medical Staff timely, in writing, of any changes, amendments or modifications to the Board resolution.

ARTICLE 8

BASIC STEPS AND DETAILS

The details associated with the following Basic Steps are contained in the Credentials Policy and the Policy on Allied Health Professionals in a more expansive form.

8.A. QUALIFICATIONS FOR APPOINTMENT

To be eligible to apply for initial appointment or reappointment to the Medical Staff or for the grant of clinical privileges, an applicant must demonstrate appropriate education, training, experience, current clinical competence, professional conduct, licensure, and ability to safely and competently perform the clinical privileges requested as set forth in the Credentials and Allied Health Professionals Policies.

8.B. PROCESS FOR PRIVILEGING

Requests for privileges are provided to the applicable department chairperson who reviews the individual's education, training, and experience and prepares a report stating whether the individual meets all qualifications. The Credentials Committee then reviews the chairperson's assessment, the application, and all supporting materials and makes a recommendation to the Medical Executive Committee. The Medical Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Executive Committee to grant privileges is favorable, it is forwarded to the Board for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual is notified by the President of the right to request a hearing.

8.C. PROCESS FOR CREDENTIALING (APPOINTMENT AND REAPPOINTMENT)

Complete applications are provided to the applicable department chairperson who reviews the individual's education, training, and experience and prepares a report stating whether the individual meets all qualifications. The Credentials Committee then reviews the chair's assessment, the application, and all supporting materials and makes a recommendation to the Medical Executive Committee. The Medical Executive Committee may accept the recommendation of the Credentials Committee, refer the application back to the Credentials Committee for further review, or state specific reasons for disagreement with the recommendation of the Credentials Committee. If the recommendation of the Medical Executive Committee to grant appointment or reappointment is favorable, it is forwarded to the Board for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual is notified by the President of the right to request a hearing.

8.D. INDICATIONS AND PROCESS FOR AUTOMATIC RELINQUISHMENT OF APPOINTMENT AND/OR PRIVILEGES

- (1) Appointment and clinical privileges may be automatically relinquished if an individual:
 - (a) fails to do any of the following:
 - (i) timely complete medical records;
 - (ii) satisfy threshold eligibility criteria;
 - (iii) provide requested information; or
 - (iv) attend a special conference to discuss issues or concerns;
 - (b) is indicted for criminal activity as defined more fully in the Credentials Policy;
 - (c) makes a misstatement or omission on an application form; or
 - (d) remains absent on leave for longer than one year, unless an extension is granted by the President.
- (2) Automatic relinquishment shall take effect immediately and shall continue until the matter is resolved, if applicable.

8.E. INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION

- (1) Whenever failure to take action may result in imminent danger to the health and/or safety of any individual or may interfere in the orderly operation of the Hospital, the Medical Executive Committee, the Chief of Staff, the chairperson of a clinical department, the VPMA, or the President is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
- (2) A precautionary suspension is effective immediately and will remain in effect unless it is modified by the President or the Medical Executive Committee.
- (3) The individual shall be provided a brief written description of the reason(s) for the precautionary suspension.
- (4) The Medical Executive Committee will review the reasons for the suspension within a reasonable time under the circumstances, not to exceed 29 days.
- (5) Prior to, or as part of, this review, the individual may be given an opportunity to meet with the Medical Executive Committee.

8.F. INDICATIONS AND PROCESS FOR RECOMMENDING TERMINATION
OR SUSPENSION OF APPOINTMENT AND PRIVILEGES
OR REDUCTION OF PRIVILEGES

Following an investigation or a determination that there is sufficient information upon which to base a recommendation, the Medical Executive Committee may recommend suspension or revocation of appointment or clinical privileges based on concerns about (a) clinical competence or practice; (b) safety or proper care being provided to patients; (c) violation of ethical standards or the Bylaws, policies, or Rules and Regulations of the Hospital or the Medical Staff; or (d) conduct that is inconsistent with the standards of the Hospital or its Medical Staff.

8.G. HEARING AND APPEAL PROCESS, INCLUDING PROCESS FOR
SCHEDULING AND CONDUCTING HEARINGS AND THE
COMPOSITION OF THE HEARING PANEL

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

ARTICLE 9

AMENDMENTS

9.A. MEDICAL STAFF BYLAWS

- (1) Neither the Medical Executive Committee, the Medical Staff, nor the Board shall unilaterally amend these Bylaws.
- (2) Amendments to these Bylaws may be proposed by the Medical Executive Committee, by the Bylaws Committee, or by a petition signed by at least 10% of the voting members of the Medical Staff.
- (3) All proposed bylaws amendments must be reviewed by the Bylaws Committee. After such review, the Bylaws Committee will forward the proposed amendment to the Medical Executive Committee for review. All proposed amendments must also be reviewed by the Medical Executive Committee prior to a vote by the Medical Staff. The Medical Executive Committee shall provide notice by reporting on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff or at a special meeting called for such purpose. The proposed amendments may be voted upon at any meeting if notice has been provided at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
- (4) The Medical Executive Committee may present proposed amendments to the voting staff by mail ballot, e-mail, or website, to be returned to Medical Staff Services (or recorded on the website) by the date indicated by the Medical Executive Committee. Along with the proposed amendments, the Medical Executive Committee may, in its discretion, provide a written report on them either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes cast, so long as the amendment is voted on by at least 10% of the staff eligible to vote. If less than 10% of the staff eligible to vote cast ballots, the Medical Executive Committee may request a re-balloting until such time as a sufficient number of votes are cast.
- (5) The Medical Executive Committee shall have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (6) All amendments shall be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the Medical Executive Committee or the Medical Staff, the Medical Executive Committee may request a conference between the officers of the Board and the officers of the Medical Staff. Such conference shall be for the purpose of further

communicating the Board's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the President within two weeks after receipt of a request for same submitted by the Chief of Staff.

9.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures and rules and regulations that shall be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice. All Medical Staff policies, procedures and rules and regulations shall be considered an integral part of the Medical Staff Bylaws.
- (2) The Credentials Policy addresses the following matters: qualifications for appointment, the process for granting initial appointment, clinical privileges, reappointment, collegial intervention, the investigation process, automatic relinquishments, precautionary suspensions, and the process for hearings and appeals.
- (3) The Medical Staff Organization Manual lists the departments and sections of the Medical Staff. The Medical Staff Organization Manual also contains a description of the committees of the Medical Staff.
- (4) The Policy on Allied Health Professionals addresses the following matters as they relate to allied health professionals: the process for determining need for new allied health professionals, qualifications for appointment, the process for granting clinical privileges or a scope of practice initially and on an ongoing basis, collegial intervention, investigations and suspensions, and procedural rights.
- (5) An amendment to the Credentials Policy or the Policy on Allied Health Professionals may be made by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that committee where a quorum exists, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Medical Executive Committee. Notice of all proposed amendments to these two documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the Medical Executive Committee meeting when the vote is to take place. Any voting member may submit written comments on the amendments to the Medical Executive Committee.
- (6) An amendment to the Medical Staff Organization Manual or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to these two documents shall be provided to each voting member of the Medical Staff at least 14 days prior to the Medical Executive Committee meeting when the vote is

to take place, and any voting member may submit written comments on the amendments to the Medical Executive Committee.

- (7) The Medical Executive Committee and the Board shall have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of all provisionally adopted amendments shall be provided to each member of the Medical Staff as soon as possible. The Medical Staff shall have 14 days to review and provide comments on the provisional amendments to the Medical Executive Committee. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendments shall stand. If there is conflict over the provisional amendments, then the process for resolving conflicts set forth below shall be implemented.
- (8) All other policies of the Medical Staff may be adopted and amended by a majority vote of the Medical Executive Committee. No prior notice is required.
- (9) Amendments to Medical Staff policies and Medical Staff Rules and Regulations may also be proposed by a petition signed by at least 10% of the voting members of the Medical Staff. Any such proposed amendments will be reviewed by the Medical Executive Committee, which may comment on the amendments before they are forwarded to the Board for its final action.
- (10) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Policy on Allied Health Professionals, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.
- (11) The present Medical Staff and Departmental Rules and Regulations of the Hospital are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rule or Regulation is inconsistent with these Bylaws, it is of no force or effect.
- (12) Departmental Rules and Regulations developed by departments must be approved by the Medical Executive Committee and the Board before they become effective.

9.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Medical Staff and the Medical Executive Committee with regard to:
 - (a) proposed amendments to the Medical Staff Rules and Regulations;
 - (b) a new policy proposed or adopted by the Medical Executive Committee;or

- (c) proposed amendments to an existing policy that is under the authority of the Medical Executive Committee,

a special meeting of the Medical Staff to discuss the conflict may be called by a petition signed by not less than 10% of the voting members of the Medical Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.

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

ARTICLE 10

ADOPTION

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

Adopted by the Medical Staff: April 16, 2009

Chief of Staff

Approved by the Board: April 20, 2009

Chair, Sarasota County Public Hospital Board

Revised by the MEC: May 26, 2009
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APPENDIX A

RULES GOVERNING HISTORIES AND PHYSICAL EXAMINATIONS

- (1) The medical history shall include the chief complaint, details of the present illness, including, when appropriate, assessment of the patient's emotional, behavioral and social status, relevant past, social and family histories, menstrual and obstetrical history in females, an inventory by body systems, and drug sensitivities/allergic history. The physical examination shall include vital signs and an examination of the head, chest, abdomen and extremities or shall include a note as to the contraindications for such an examination or valid reasons why the examination was not performed.
- (2) A complete history and physical examination shall be recorded on the patient's chart and signed within 24 hours following admission. This report shall reflect a comprehensive current physical assessment by a Medical Staff member or appropriate allied health professional who has been granted privileges or given permission by the Hospital to perform histories or physicals.
- (3) If a history and physical examination has been performed within 30 days prior to admission, a durable, legible copy of this report may be used in the patient's Hospital medical record. If the history and physical has been completed prior to admission, the patient must be assessed and the inpatient medical record must be updated at the time of the admission to reflect any changes in the patient's condition since the date of the original history and physical or to state that there have been no changes in the patient's condition. All updates must be timed, dated and signed.
- (4) The medical record shall document a current, thorough physical examination prior to the performance of inpatient surgery. When the history and physical examination is not recorded before a surgical procedure or any potentially hazardous diagnostic procedure, the procedure shall be canceled unless the attending practitioner states in writing that an emergency situation exists or that any such delay would be detrimental to the patient.
- (5) For outpatient surgery, the history shall include documentation of the indications and symptoms warranting the procedure, listing of the patient's current medications, any existing co-morbid conditions and previous surgeries, and social history or conditions which would have an impact on the patient's care upon discharge from the facility following the procedure. If the history and physical has been completed within 30 days prior to the outpatient surgery, an assessment to update the patient's condition since the date of the original history and physical shall be completed at the time of admission for outpatient surgery, confirming the necessity of the surgery. If there have been no changes, that fact must be noted in

the record. Except in emergency situations, all updates must be included in the patient's medical record prior to surgery with the update note attached.

- (6) The history and physical exam shall address whether a patient may be a victim of abuse or neglect or is suffering from an addiction or emotional/behavioral disorder. If the circumstances indicate the presence of such a condition, a full assessment of the condition shall be conducted and documented in the patient's record.
- (7) The history and physical exam shall address whether the patient is likely to require restraint or seclusion, any factors that may reduce the likelihood that restraint or seclusion will be necessary, and any pre-existing physical or psychological conditions that may cause the patient to experience restraint or seclusion in an adverse way.
- (8) In the case of readmission of a patient, all previous records shall be available for use by the attending Medical Staff member.