

BYLAWS
OF THE
MEDICAL STAFF OF MEMORIAL HOSPITAL PEMBROKE
OF THE
SOUTH BROWARD HOSPITAL DISTRICT
D/B/A MEMORIAL HEALTHCARE SYSTEM
HOLLYWOOD, FLORIDA

October 2004

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PREAMBLE

WHEREAS, Memorial Hospital Pembroke is a hospital of the South Broward Hospital District, d/b/a Memorial Healthcare System, a special tax district, organized under the laws of the State of Florida; and

WHEREAS, its purpose is to serve as a general hospital providing patient care, education and research; and

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of patient care, treatment and services provided in the Hospital, subject to the ultimate authority of the Hospital Governing Board, and that the cooperative efforts of the Medical Staff, the Hospital Administrator, the Chief Executive Officer and the Governing Board are necessary to fulfill the Hospital's obligations to its patients;

THEREFORE, the practitioners practicing in this hospital hereby organize themselves into a Medical Staff in conformity with these Bylaws.

DEFINITIONS

- (1) “Administrator” means the individual appointed by the CEO to act on his behalf in the overall management of the Hospital.
 - (2) “Assigned patient” means a patient who has presented himself or herself at this hospital, without an attending practitioner who is a member of this Medical Staff, and who is therefore assigned to a Medical Staff member of the appropriate Department. Such assignment shall be made in accordance with a predetermined order of rotation. The Medical Staff member then becomes the patient’s attending practitioner for this particular episode of medical care.
 - (3) “Board” means the Board of Commissioners of the South Broward Hospital District who constitutes the Hospital’s Governing Body.
 - (4) “Chief Executive Officer” or “CEO” means the individual appointed by the Board to act on its behalf as the CEO in the overall management of the District.
 - (5) The term “corrective action” means:
 1. A. A letter of warning or reprimand (letters are defined in the following order of increasing severity:
 - (i) letter of information to the individual;
 - (ii) letter of reprimand to the individual, read to the individual at a meeting of the Executive Committee;
 - B. Imposing Terms of Probation;
 - C. Requirement for consultations to be obtained by a practitioner;
 - D. Reduction, suspension, or revocation of clinical privileges;
 - E. Reduction in Medical Staff rank;
 - F. Suspension or revocation of a practitioner’s staff membership;
 - G. A requirement for counseling;
 - H. A requirement for education.
 2. Any corrective action that requires supervision, mandatory consultations, mandatory observation, or greater scrutiny of a practitioner’s medical records shall not be considered a reduction in rank or curtailment of privileges.
- (6) The term “District” means the South Broward Hospital District and all its component parts.
- (7) The term “District Medical Advisory Committee” is defined in detail under Article 12.1 of these Bylaws.

- (8) The term “Executive Committee” means the Executive Committee, unless specific reference is made to the Executive Committee of the Board.
- (9) The term “Healthcare System” means the Memorial Healthcare System and all its component parts.
- (10) The term “Hospital” or “The Hospital” means Memorial Hospital Pembroke.
- (11) The term “Medical Staff” means all doctors of medicine, doctors of osteopathy, dentists, podiatrists and psychologists who are privileged to attend patients in the Hospital.
- (12) The term “pediatric patient” generally means a patient who is 16 years of age or younger, with such exceptions as required to properly care for the patient in accord with the appropriate standard of care.
- (13) The term “physician” means an appropriately licensed doctor of medicine (M.D.) or doctor of osteopathy (D.O.).
- (14) The term “practitioner” means an appropriately licensed doctor of medicine (M.D.), doctor of osteopathy (D.O.), doctor of dentistry (D.D.S., D.M.D.), doctor of podiatry (D.P.M.), or doctor of psychology (Ph.D. or Psy.D.).

For the sake of brevity, all individuals are referred to as “he” in these Bylaws, in the gender neutral use of the third person pronoun, which in all aspects applies to both male and female individuals.

- (15) In computing any period of time prescribed or allowed by these Bylaws, or by any Rule of the Medical Staff or its Department and Sections, the day of the act or event from which the designated period of time begins to run is not to be included. The last day of the period so computed shall be counted, unless it is Saturday, Sunday or a legal holiday, in which event the period shall run until the end of the next day which is neither a Saturday, Sunday, nor a legal holiday. When the period of time prescribed or allowed shall be less than 7 days, intermediate Saturdays, Sundays and legal holidays shall be excluded in the computation.

ARTICLE 1: NAME

The name of this organization shall be the Medical Staff of Memorial Hospital Pembroke of the South Broward Hospital District (referred to as the Medical Staff).

ARTICLE 2: GOALS

The purposes of this organization are:

- (1) To make a reasonable effort to ensure that all hospital patients shall receive a uniform standard of quality care, treatment and service;
- (2) To make a reasonable effort to ensure an appropriate level of professional performance by all practitioners who practice in this hospital, through the delineation of clinical privileges that each practitioner may exercise in the Hospital and through an ongoing review and evaluation of each practitioner's performance within the Hospital;
- (3) To provide an educational setting that will maintain scientific standards that will lead to advancement in professional knowledge and skill;
- (4) To initiate and maintain rules and regulations for self government of the Medical Staff; and
- (5) To provide a mechanism to the Medical Staff, the Administrator, the CEO, and the Board for resolving issues concerning the Medical Staff and the Hospital.

ARTICLE 3: CATEGORIES OF THE MEDICAL STAFF

Sec. 3.1 Medical Staff

The Medical Staff shall be divided into Provisional, Active, Courtesy and Honorary categories.

Sec. 3.2 Provisional Staff

- A. Each new practitioner must start as a provisional member, in a specific Department, and must serve a minimum of two years before he is eligible to become an Active Staff member.
- B. At the end of this two-year period, each member of the provisional Medical Staff will be evaluated by the Department in which he has privileges and the results of this evaluation will be submitted to the Credentials Committee and the Executive Committee. If this member is not eligible for advancement to the Active Staff, his provisional period may be extended for one year. At the end of this period, re-evaluation of his status will be made. If, at the end of this period he does not qualify for advancement, the Provisional Staff member will lose his membership and privileges on the Medical Staff. This recommendation for denial of advancement, will result in loss of membership and privileges on the Medical Staff and will entitle the practitioner to the procedural rights in accordance with Article 7 of these Bylaws for a determination of whether he should be advanced or lose his membership and privileges on the Medical Staff. Contract physicians are exempted from this provision and may remain on the Provisional Staff for an indefinite period of time.

- C. In the case of dentists, membership on the provisional Medical Staff shall be limited to those who have completed at least three years of approved residency training in maxillofacial surgery, trauma and fractures and, for advancement to the Active Staff, shall have demonstrated their competence in treating assigned patients by serving on the Emergency Room roster, and have accepted and properly performed these duties. Such dentists shall be assigned to the Department of Surgery in the Section of oral and maxillofacial surgery.
- D. In the case of podiatrists, membership on the provisional Medical Staff shall be limited to those podiatrists who in addition to the requirements for State Licensure for the practice of podiatry, shall also have completed three years of post-graduate surgical podiatry training in an accredited program and who have presented for review a minimum of 25 varied operative procedures performed in a hospital operating room. Podiatrists who fulfill these requirements and are approved for privileges shall be assigned to the Department of Surgery.
- E. In the case of psychologists, the psychologist must have a Ph.D., or Psy.D. Degree in clinical psychology from an accredited American Psychological Association program with a 1-year internship.
- F. Provisional members are encouraged to attend Medical Staff meetings, Department meetings and committee meetings. They have no voting privileges, except on those committees to which they are assigned.
- G. Provisional members may admit and treat private patients according to their clinical privileges, delineated at the time of their appointment, and according to the Rules and Regulations of their Department/Section.
- H. Provisional members are to admit and/or treat assigned patients as in Subsection F above, as directed by the Chief of the Department or one of his designees.
- I. Provisional members shall remain under the observation of the Chief of the Department at his discretion.

Sec. 3.3

Active Staff

- A. Members of the Active Staff shall be appointed to a specific Department, shall admit and treat private and assigned patients according to their clinical privileges as delineated at the time of their

appointment and as appropriately modified thereafter, and according to the Rules and Regulations of their Department.

- B. Active Staff members shall be eligible to vote and are encouraged to attend Medical Staff meetings, Department meetings and committee meetings.

Sec. 3.4

Courtesy Staff

- A. The Courtesy Medical Staff consists of physicians in the southeast Florida area who do not reside and practice within the area required under these Bylaws, but who fulfill all the requirements of Section 4.2 with the exception of Section 4.2 (D) regarding office and residence, and Section 4.2 (E) regarding utilization.

Such physicians must have special skills that are not available among the members of the Active Medical Staff, or are available in such small numbers of staff members that an adequate free choice is not available. Adequate free choice will be determined by the Department in which the individual seeks Courtesy Medical Staff membership and privileges, with the approval of the Credentials Committee and Executive Committee. When the Department determines that an adequate number of physicians become available in the particular specialty on the Active Medical Staff, the Courtesy Medical Staff member must seek appointment to the Provisional Staff or be dropped from the staff. Courtesy Medical Staff physicians who are removed from the Staff will not be entitled to the procedural rights described in the Bylaws. If they seek membership on the Provisional Medical Staff and are denied privileges, they will be entitled to these procedural rights in accordance with Article 7. Privileges extended to members of the Courtesy Medical Staff must be limited to the special skill that qualified the individual for Courtesy Medical Staff membership.

They cannot hold office and shall not be required to serve on committees, attend Medical Staff meetings, participate in Emergency Room staffing or in treating assigned patients.

They shall have no voting privileges.

- B. The Courtesy Dental Staff consists of dentists who fulfill all the qualifications for membership listed in Section 4.2, but are not qualified under the provisions of Section 2 of this Article 3, to serve as members of the Active Staff.

They shall be appointed to the surgical Department, Section of oral and maxillofacial surgery, with specific delineation of their clinical privileges.

They cannot hold office and shall not be required to serve on committees, attend Medical Staff meetings, participate in Emergency Room staffing or in treating assigned patients.

They shall not be eligible to vote, except that the Chief of the Section of oral and maxillofacial surgery may permit them to vote at Section meetings on matters pertaining exclusively to dentistry.

- C. The Courtesy Podiatry Staff shall consist of podiatrists who fulfill all the qualifications for membership listed in Section 4.2, but are not qualified under the provisions of Section 2 of this Article 3, to serve as members of the Active Staff.

They shall be appointed to the surgery Department, with specific delineation of their clinical privileges.

They cannot hold office and shall not be required to serve on committees, attend Medical Staff meetings, participate in Emergency Room staffing or in treating assigned patients.

They shall not be eligible to vote, except that the Chief of the Section of podiatry may permit them to vote at Section meetings on matters pertaining exclusively to podiatry.

Sec. 3.5

Honorary Medical Staff

The Honorary Medical Staff shall consist of physicians who have retired/resigned from the Active Medical Staff who have demonstrated a special dedication and service to the Hospital, Medical Staff, and the community. The Honorary Emeritus Medical Staff shall consist of members of the Honorary Medical Staff who have, in addition, served in positions of leadership and have otherwise distinguished themselves as skilled and dedicated physicians.

Consideration for membership on the Honorary or Honorary Emeritus Medical Staff will be recommended by the Executive Committee, which will refer potential candidates to a Committee consisting of the three most recent past Chiefs of Staff. This Committee will review the member's service to the Hospital, Medical Staff, and the community and make a recommendation to the Executive Committee.

Members of the Honorary and Honorary Emeritus Medical Staff shall not be eligible to admit patients, to vote, to hold office, or to serve on standing committees, and shall not be required to pay Medical Staff dues.

ARTICLE 4: MEMBERSHIP

Sec. 4.1 Nature of Medical Staff Membership

Membership on the Medical Staff of Memorial Hospital Pembroke is a privilege which shall be extended only to professionally competent physicians, dentists, podiatrists, and psychologists who continue to meet the qualifications, standards, and requirements of these Bylaws.

Memorial Hospital Pembroke will not discriminate in granting staff appointment and/or clinical privileges on the basis of ancestry, race, gender, national origin, faith, or handicap unrelated to the provision of patient care.

Sec. 4.2 Qualifications for Membership

Only practitioners with the following qualifications shall be eligible for membership on the Medical Staff:

- A. A physician must be a graduate of a medical or osteopathic school recognized by the State of Florida, a dentist must be a graduate of a dental school recognized by the State of Florida, and a podiatrist must be a graduate of a podiatric school recognized by the State of Florida, and a psychologist must have a Ph.D. or Psy.D. degree in clinical psychology from an accredited American Psychological Association program with a 1-year internship.
- B. The physician must have a valid current license to practice as a doctor of medicine (M.D.) or doctor of osteopathy (D.O.) in the State of Florida. The dentist must have a license to practice as a dentist (D.D.S. or D.M.D.) in the State of Florida. The podiatrist must have a license to practice as a podiatrist (D.P.M.) in the State of Florida. The psychologist must be appropriately licensed by the State of Florida pursuant to Chapter 490, Fla. Stat.

As a minimum requirement for appointment to the Medical Staff, any physician whether licensed to practice as a doctor of medicine or as a doctor of osteopathy, and any podiatrist applying for membership on the Medical Staff, must be Board Certified by the applicable American or Canadian Board in his or her chosen specialty at the time of his or her appointment or if not Board Certified the practitioner must be qualified to sit for Board examination at the time of appointment to the Medical Staff in his or her chosen specialty and must become Board Certified within 5

years of appointment in order to maintain staff membership. If the applicant has been qualified to sit for the Board examination for more than 5 years since completion of his training and has not obtained Board Certification, he will not be eligible for Staff membership. This provision shall not be applied and shall have no effect on the reappointment of any practitioner who became a staff member on or before January 1, 1999.

Dentists shall meet the same Board certification requirement to the extent that a Board certification program is available or applicable to a given specialty.

The term “qualifying Board” as used in this Section means those Boards recognized by either the American Board of Medical Specialists, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada. The requirement for Board certification or Board qualification under this Section shall not apply to practitioners who have been granted Medical Staff membership prior to January 1, 1997. Board Certification by a “qualifying Board” will meet the requirements under this Section. If the qualifying Board applicable to the practitioner has not established a certification program, the requirements of this Section must be satisfied by the physician showing that he has completed a fellowship program approved by the Accreditation Council for Graduate Medical Education in that specialty, or by the physician demonstrating current clinical experience and competence in that specialty, with experience and competence to perform all privileges sought.

For physicians seeking privileges to care for pediatric patients, the above requirements must be satisfied through one of the following:

1. Board Certified or Board qualified in Pediatrics;
2. Board Certified or Board qualified in Family Practice;
3. Board Certified or Board qualified in a specialty with demonstration of added clinical competence/experience or special expertise in the care of children in that specialty.

The following are exceptions to this policy:

1. Medical specialists who have not completed a general pediatric residency or fellowship in a pediatric specialty will be granted privileges, but will be required to limit their practice to patients 13 years of age and older;
2. The above requirements will not be applied to anesthesiologists, pathologists or radiologists.

- C. A practitioner must be able to establish and demonstrate on an ongoing basis, through the peer review process, his background, experience, training and demonstrated competence, his adherence to the ethics of his profession, his good reputation and his ability to work compatibly and efficiently with others, and his mental and physical health status in order that the Medical Staff and the Board will be assured that patients will be given high-quality medical care while being treated at this hospital.

No physician, dentist, podiatrist or psychologist shall be entitled to membership on the Medical Staff simply because he is duly-licensed to practice medicine, dentistry, podiatry or psychology in this or any other state; or because he is a member of any professional organization, or that he has or had privileges at another hospital.

A practitioner must provide on an on-going basis the information needed on professional liability claims and settlements as required by the Hospital to comply with hospital licensure laws.

New applicants desiring Active Staff membership with admitting privileges or procedure privileges who have not had hospital experience or procedure experience for more than one year are required to obtain formal training from a recognized training program accredited by the Accreditation Council for Graduate Medical Education and subsequently obtain written documentation from the training program director that indicates that the applicant is currently competent to perform the privileges specifically requested.

- D. With the following exceptions, a practitioner must maintain a bonafide residence and primary office for practice (primary being defined as the office where the physician spends 75% of his office hours each week) within a reasonable travel time to the Hospital that ensures availability as determined by the clinical Department, but in no instance greater than 30 minutes.

Exceptions:

1. Courtesy Staff (Section 3.4);
2. Relief of Duties (5.4);
3. Physicians with current effective contracts with the Hospital to provide medical services. However if a physician once had, but no longer has, a hospital contract, that physician must fulfill all of the requirements for staff membership in order to maintain his staff privileges, including but not limited to, office and residence requirements.

Sec. 4.3 Conditions and Duration of Appointment

- A. Initial appointments and reappointments to the Medical Staff will be made by the Board. The Board shall act on appointments, reappointments and revocation of appointments, only after there has been a recommendation from the Executive Committee, as provided in these Bylaws.

In the event of an unwarranted delay beyond the time limitations specified in Section 5.2, the Board may consider this delay a denial of staff privileges and entitle the applicant to a hearing and appeal in accordance with these Bylaws.

- B. Initial appointments shall be until the next routine reappointment and will not exceed two years.

Reappointments shall be for a period of not more than two years. See Section 5.3.

- C. Appointment to the Medical Staff shall allow only those clinical privileges that have been granted by the Board in accordance with these Bylaws.

- D. Every application for staff appointment shall be signed by the applicant and shall contain the applicant's agreement, if appointed to the Medical Staff to meet his obligations to provide continuous care and supervision to his patients; to abide by the Medical Staff Bylaws, Rules and Regulations; to accept consultation and assignment and to participate in the staffing of the Emergency Room area and other special care units; and to serve on Medical Staff committees. With such application, the practitioner represents and warrants that he is qualified to perform the specific procedures or treatments for which he is seeking privileges.

ARTICLE 5: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Sec. 5.1 Application for Appointment

- A. All applications for appointment to the Medical Staff shall be in writing, be signed by the applicant and shall be submitted on a form prescribed by the Board, after consultation with the Executive Committee. The application shall require detailed information concerning the applicant's professional qualifications and mental and health status; shall include a statement that no health problems exist that could affect his or her ability to perform the privileges requested; shall include the name of at least two peer references in the same professional discipline who are not associates and who

have personal knowledge of the applicant's relevant training, experience, current competence, and any effects of health status on privileges being requested; and shall include information as to whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced or not renewed at any other hospital or institution; and as to whether his membership in local, state and national medical societies or his license to practice any profession in any jurisdiction have ever been suspended or terminated. The applicant shall provide to the Hospital all information regarding professional liability claims, judgments and settlements arising from or relating to professional acts or omissions of applicant.

The applicant shall provide the Hospital with all information relating to applicant's professional liability insurance, past and present, including, without limitation, whether or not any policy has been canceled or non-renewed by a carrier. The applicant shall also report any challenges to any licensure or registration, or voluntary or involuntary relinquishment of such; voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges.

- B. The applicant shall have the burden of producing adequate information for a proper evaluation of his competence, character, physical and mental health status, and ethics and other qualifications, including but not limited to proof of compliance with the requirements set forth in Section 4.2, and for resolving any doubts about such qualifications.
- C. By applying for appointment to the Medical Staff, each applicant thereby signifies his willingness to appear in person for interviews in regard to his application;

He authorizes the Hospital to consult with members of the Medical Staff, administrative officials of other hospitals with which the applicant is or has been associated, insurance carriers and with others who may have information bearing on his competence character and ethical qualifications;

He consents to the Hospital's inspection of all records and documents that may be relevant to an evaluation of his professional qualifications and competence to carry out the clinical privileges he requests as well as of his moral and ethical qualifications for membership;

He releases from any liability all representatives of the Hospital and its Medical Staff for their acts or omissions in connection with evaluating the applicant and his credentials, and releases from any liability all individuals and organizations who provide information to the Hospital concerning the applicant's competence, ethics and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information;

He further agrees to execute authorizations and releases to accomplish the preceding clauses on the application forms provided by the Hospital.

- D. The Hospital shall query the National Practitioner Data Bank (NPDB) at the time of initial Medical Staff appointment.
- E. The application form shall include a statement that the applicant has received and read the Bylaws of the Governing Board as well as the Bylaws, rules and regulations of the Medical Staff, and that he agrees to be bound by their terms if he is granted membership and/or clinical privileges, and to be bound by these terms without regard to whether or not he is granted membership and/or clinical privileges in all matters relating to consideration of his application.

Sec. 5.2 Appointment Process

- A. The application shall not be considered complete until references and any other pertinent material, including without limitation that the information from NPDB specified in Section 5.1 (D) above, has been received by the Hospital. At such time, the completed application and all supporting data will be sent to the Chief of the Department involved and the Chairman of the Credentials Committee.

Within 90 days after receipt of the completed application and its supporting material, the Credentials Committee shall make a written report of its investigation to the Executive Committee.

Prior to submitting this report, the Credentials Committee shall examine the evidence relating to the character, professional competence, qualifications and ethical standing of the practitioner. It shall determine, through information contained in references provided by the practitioner and from other available sources, including an appraisal from the Department in which privileges are sought, whether the practitioner has established and meets all of the necessary qualifications for the category of staff membership and the clinical privileges he is requesting.

Each Department in which the practitioner seeks clinical privileges shall provide the Credentials Committee with specific written recommendations for delineating his clinical privileges. These recommendations should be made part of the Credentials Committee's written report.

The Credentials Committee shall then transmit to the Executive Committee their report and the application, along with a recommendation that the practitioner either be appointed as a provisional member of the Medical Staff or rejected for Medical Staff membership, or that the application be deferred for further consideration. If deferred, a statement of why shall accompany the recommendation. The Credentials Committee shall also report any dissenting opinions and/or recommendations to the Executive Committee.

- B. At its next regular meeting after receipt of the application together with the Credentials Committee's report, the Executive Committee shall determine whether to recommend to the Board that the practitioner be appointed as a provisional member of the Medical Staff, rejected for Provisional Staff membership or that the application be deferred for further consideration.

All recommendations for appointment must also include the recommendation of specific clinical privileges. The granting of clinical privileges may be limited and/or qualified by certain provisional conditions.

- C. If the Executive Committee recommends deferment for further consideration, a subsequent recommendation must be made within 30 days for appointment as a provisional member, rejection for staff membership or for another 30-day deferment. Deferments beyond 60 days from the date of the Executive Committee first reviews the applications shall not be permitted without the consent of the applicant.
- D. When the Executive Committee's recommendation is favorable for the practitioner, the Chief of Staff shall promptly forward the recommendation, together with all supporting documentation, to the Governing Board for review. When the Executive Committee's recommendation is not favorable for the practitioner, he shall be entitled to reconsideration in accordance with procedures outlined in Article 7.
- E. When the Board's decision is made, the CEO shall send appropriate notices to the Chief of Staff, and to the practitioner.

Sec. 5.3 Reappointment

- A. Each member of the Medical Staff will be evaluated for reappointment at least every two years.
- B. The Credentials Committee will review the performance of the individual in every setting under the control of the hospital where the individual practices. The evaluation will include procedures performed, pertinent results of review of operative and other procedures, morbidity and mortality review, medication usage, blood usage, medical record review, utilization review, risk management data, patient safety data, and other performance improvement activities, as appropriate. The Credentials Committee will review relevant practitioner-specific data compared to aggregate data if such data are available for the practitioner.

The Hospital shall query the National Practitioner Data Bank (NPDB) at the time of reappointment.

It will be the member's responsibility to furnish the Credentials Committee with whatever other pertinent information they may need or request to assist them in making such a determination. This information shall include, but not be limited to:

- Continuing medical education activities that relate, at least in part, to the individual's clinical privileges;
- Professional meetings attended;
- Physical and mental health status – a statement that no health problems exist that could affect his ability to perform the privileges requested;
- Board status;
- Fellowship in specialty organizations;
- Honors received;
- Residence address and phone number;
- Office address and phone number;
- Professional liability claims, judgments, settlements, and other pertinent insurance information;
- Current Licensure and Drug Enforcement Administration registration;
- Previously successful or currently pending challenges to any licensure or drug enforcement administration registration or voluntary relinquishment of such licensure or registration;
- Membership on other hospital staffs;-

- Voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital; and
 - Two peer recommendations when there is insufficient peer review information available.
- C. Each recommendation concerning reappointment and continuation of clinical privileges will be based evidence of the member's current ability to perform the privileges requested and clinical judgment in the treatment of patients, his ethics and conduct; his participation in staff affairs; his compliance with the Medical Staff's Bylaws, rules and regulations; his relations with other practitioners; his general attitude toward patients, the Hospital staff, and the public; his mental and physical health status; and any other factors deemed pertinent by the Credentials Committee.
- D. At least 30 days prior to the expiration of a practitioner's reappointment, the Credentials Committee shall examine the evidence relating to the practitioner's current competence, clinical judgment, ethics, conduct, compliance with the Medical Staff Bylaws and Rules and Regulations, as well as his mental and physical health status.

Each Department in which the practitioner seeks reappointment of clinical privileges shall provide the Credentials Committee with a written recommendation regarding reappointment to the Medical Staff and specific recommendations regarding delineation of privileges.

The Credentials Committee recommendation will be transmitted to the Executive Committee.

The Credentials Committee may recommend deferment of a practitioner's reappointment for 60 days for further consideration or evaluation of information provided as part of the practitioner's reappointment application. Deferments beyond 60 days from the date the Credentials Committee first reviews the reappointment application shall not be permitted.

If the Executive Committee's recommendation is favorable for the practitioner, the Chief of Staff shall promptly forward the recommendation for reappointment, together with all supporting documentation to the Governing Board for review.

When the Executive Committee's recommendation is not favorable for the practitioner, he shall be entitled to reconsideration in accordance with procedures outlined in Article 7.

- E. Each Physician must maintain at least 10 Patient Care Encounters for each year he or she is a member of the Medical Staff. For purposes of this Section, patient encounters will include both private and assigned patients.
1. A Patient Encounter shall mean the following:
 - Admissions including a 23 hour observation
 - Consultations
 - Inpatient Surgical Procedures
 - Outpatient Surgical Procedures
 - Preoperative Evaluations done in a physician's office and included in the patient's medical record except as otherwise permitted for procedures within the Healthcare System.
 2. Outpatient for laboratory work or Outpatient Diagnostic Radiology will not be considered a patient encounter. Multiple procedures performed on a single patient during one episode of care will be considered as a patient encounter for the purposes of determining compliance with this Section.
 3. Patient Encounters must be performed at a facility of the Memorial Healthcare System.
 4. The review will be conducted at the time of reappointment.
 5. By adoption of Rules and Regulations in accord with these Bylaws, individual Departments may adopt requirements for a greater, but not a lesser, number of annual Patient Encounters. Further, by adoption of Rules and Regulations in accord with these Bylaws, individual Departments may require minimum numbers of Patient Encounters involving specific types of care or procedures, when necessary to evaluate patient care for credentialing purposes, or when necessary to maintain competence in the type of care or procedure.
 6. Patient care information, Credentialing Information, Risk Management Information and Peer Review Information from all facilities of the Memorial Healthcare System may be

considered in connection with the performance of these Medical Staff Bylaws.

7. The following physicians shall be exempted from the Patient Encounter requirements of this Section: (a) physicians with current effective contracts with the Hospital to provide services; (b) members of the Courtesy medical, dental, and podiatry staff; (c) dermatologists; (d) oral and maxillofacial surgeons; (e) allergists; (f) rheumatologists; and (g) ophthalmologists. Other exemptions may be granted, upon request, by the Executive Committee, upon a demonstration that the physician could not fulfill the requirement due to good cause. For the purposes of this Section, good cause is limited to illness and voluntary limitation of practice.
 8. If a Department feels that the patient care encounter policy is adverse to members of the Department or jeopardizes service to the Hospital or community, the Department may petition the Executive Committee for an exemption. The Executive Committee will consider the Department's request only if it can be uniformly applied to all members of the Department and only when it is accompanied by a planned mechanism that specifically outlines how the Department will evaluate members who have minimal clinical activity.
 9. Family practitioners who do not meet the requirement of twenty patient encounters in the two-year reappointment period will be allowed to remain on staff, but their privileges shall default to a maximum of Category 1 for all procedures delineated on their privilege form. When the practitioner can demonstrate a minimum of twenty patient encounters, he/she may request that his/her privilege status be re-evaluated.
- F. When the Board's decision is made, the CEO shall send appropriate notices to the Chief of Staff and to the practitioner.

Sec. 5.4

Relief of Duties

- A. A staff member who has completed a minimum of 10 years as a member of the staff is eligible for the following relief of duties:
 1. He may write the Chief of his Department, requesting relief from the Emergency Room roster as well as from treating and admitting assigned patients. This will be voted on within his own Department and a subsequent recommendation made to the Executive Committee. The Executive

Committee can either accept or reject the Department's recommendation. Relief may be rescinded at any time, based on the needs of the Hospital, including without limitation the need for coverage, as determined in part or in whole, by the District Medical Advisory Committee, the Executive Committee on its own initiative, or by recommendation of the Department when approved by the Executive Committee.

Staff members who have served their Emergency Room duty and been relieved of that duty because of tenure shall not be required to return to that duty or to serve after attaining the age of 60.

2. This Section explicitly does not relieve such practitioner from committee assignment or attendance at Medical Staff meetings.
- B. Past Chiefs of Staff of Memorial Hospital Pembroke are automatically relieved of committee assignment. The status of past Chiefs of Staff, however, does not relieve them from any other duties. Past Chiefs of Staff may serve on other committees voluntarily if they so desire.
 - C. When a Medical Staff member has continuously been a member of the Medical Staff of Memorial Hospital Pembroke since its inception, and had continuously been a member of the Medical Staff of its preceding hospitals for a period of ten years prior to July 1, 1995, that Medical Staff member will be deemed to have satisfied the eligibility requirements for relief of duties under this Section.

Sec. 5.5 Leaves of Absence

- A. A staff member may apply in writing to his Department and the Executive Committee for a leave of absence. Each request shall state the reason leave is being requested and will be considered individually. No physician on provisional status shall be permitted to take a leave of absence except for bona fide medical reason which precludes him from practicing within his specialty anywhere. In the event that a physician on provisional status wishes to take a leave of absence, he shall instead resign from the Medical Staff.

Leaves of absence will be limited to a maximum of one year's duration. At the end of the leave of absence, the physician may request, and must receive approval of the Executive Committee, to be allowed to join the Inactive Staff. If he/she does not elect to join

the Inactive Staff, he/she must resign from the Active Medical Staff or request reinstatement.

A longer leave may be granted in those instances where a specific time period is known, such as military service or graduate training.

To return from a leave of absence, the member shall ask the Executive Committee for reinstatement. He shall furnish the committee with a full report of his activities, professional or otherwise, during the period of the leave. If approved, the member will return to the same Department at the same rank. Prior to the member's resumption of practice in the Hospital, the Executive Committee shall recommend the delineated privileges of the member to the Board, based on the recommendations made by his Department.

- B. Any time spent on a leave of absence cannot be applied towards relief of duties described in Section 5.4 of this Article 5, except for time spent in military services.
- C. A practitioner returning from a leave of absence as a result of illness shall present a report on his illness and documentation of his present health status from his own personal physician. He may elect to re-enter his own private practice at a slower or limited pace in the beginning. If so, the Chief of his Department and/or the Executive Committee may temporarily relieve him from the duty of treating and admitting assigned patients, including relief from the Emergency Room roster. This should be for a reasonable period of time, until he resumes a full and active practice. At the discretion of the Executive Committee, the practitioner may be required to submit to an independent examination to determine his fitness to return from leave.

Sec. 5.6 Inactive Medical Staff

An Active Staff member may apply in writing to the Executive Committee for placement on the Inactive Medical Staff. Members of the Inactive Medical Staff must abide by the following rules:

- 1. Will pay dues annually, in the same amount as are assessed for the Active Medical Staff;
- 2. Must annually request renewal of Inactive Staff status;
- 3. If annual dues are not paid and/or a request for renewal of Inactive Staff status is not received within 90 days of the anniversary date of

Inactive Staff status, the individual will be automatically dropped from membership;

4. May not admit or treat patients in the Hospital;
5. Will not be required to attend staff or committee meetings;
6. May be reinstated on the Active Medical Staff in the following manner:

Must apply for appointment as defined in Article 5.1 and 5.2 of these Bylaws; and must meet the qualifications for membership as described in Article 4 of these Bylaws.

7. Prior to resuming Active Medical Staff membership, the member may be placed on a one-year provisional status at the discretion of the individual's Department, and, if so placed, will be returned to his/her previous status on the Active Medical Staff.

Sec. 5.7 Resignation from the Staff

- A. Any practitioner wishing to resign from the staff shall submit a letter of resignation to the Executive Committee. The Executive Committee will forward a recommendation to the Board.
- B. Resignation will not relieve a practitioner from any Medical Staff obligations incurred prior to resignation, including without limitation, maintenance of insurance applicable to the period of membership and completion of his records and Emergency Room call responsibilities.
- C. If a practitioner has resigned and wishes to rejoin the staff, he must complete a new application and follow the procedure in Sections 1 and 2 of this Article 5.

If the application is approved, the Executive Committee shall assign the practitioner to the staff category and delineate his clinical privileges. The category may be at a level recommended by the Executive Committee, up to and including his category at the time of his resignation.

Sec. 5.8 Automatic Termination

If at any time the Medical Staff has reason to believe that a practitioner has ceased to maintain an office and residence as required under these Bylaws, a notice shall be mailed by certified mail requesting confirmation of the practitioner's office and residency. If said certified mail is returned undelivered after being sent to both last known addresses for the

practitioner's office and residence, the Executive Committee may, by majority vote, recommend to the Board termination of the practitioner's Medical Staff membership. The Board may, at its sole discretion, terminate said practitioner's Medical Staff membership and/or clinical privileges upon a finding in accord with this Section.

ARTICLE 6: CLINICAL PRIVILEGES

Sec. 6.1 Specific Delineation of Clinical Privileges

- A. Every practitioner practicing at this hospital shall be entitled to exercise only those clinical privileges specifically granted to him by the Board, except for temporary or emergency privileges, as provided in Section 2 and 3 of this Article 6.
- B. Every practitioner making application for staff appointment must request the specific clinical privileges for which he is qualified. The evaluation of such requests shall be based upon competence, references and other relevant information, including an appraisal by the Department in which these privileges are sought. The applicant shall assume responsibility for documenting his qualifications and competency in the clinical privileges he requests.
- C. In order to increase or curtail clinical privileges, a determination shall be made, based on direct observation of the care provided, review of records for patients treated in this or other hospitals; and a review of the member's participation in the delivery of medical care.

Requests for additional clinical privileges must be in writing. Such requests must include the clinical privileges desired and the member's relevant training and/or experience. Such requests shall be processed in the same manner as applications for initial privileges.

Specifically these requests shall be processed by each clinical Department who shall be responsible for deciding what the acceptable minimal criteria for granting the new privilege is, followed by processing through the Credentials Committee, the Executive Committee, and the Governing Board.

- D. Clinical privileges granted to dentists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges.

Surgical procedures performed by dentists shall be under the overall supervision of the Chief of the Surgery Department.

Patients admitted to the Hospital for dental care shall receive the same basic medical appraisal as patients admitted for other services. This includes the performance and recording of the findings in the medical record by a physician member of the Medical Staff of an admission history and physical examination and an evaluation of the overall medical risk, except in those cases where a qualified oral surgeon has been granted privileges to perform the history and physical examination and the patient has no known medical problems. The dentist shall take into account the recommendations of the consultant in the overall assessment of the specific procedure proposed and the effect of the procedure on the patient. The dentist is responsible for that part of the history and physical examination related to dentistry. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization of dental patients.

- E. Clinical privileges granted to podiatrists shall be based on their training, experience and demonstrated competence and judgment. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical privileges performed by podiatrists shall be under the overall supervision of the Chief of the Section of Orthopedics.

Those podiatrists not eligible for membership on the Active Medical Staff, but who meet the qualifications for membership on the Courtesy podiatry staff may be granted privileges to perform the following: application of topical medications (exclusive of liquid nitrogen), injection of local anesthetics, nail prophylaxis and nail care, ordering of laboratory tests, ordering x-rays, orthotic prescriptions for the foot, prescriptions of narcotics (if they have a DEA registration), and shoe prescriptions.

A podiatrist with clinical privileges may, under conditions defined in the rules and regulations, initiate with the concurrence of a physician member of the Medical Staff the procedure for admitting or discharging a patient. Admission of a podiatric patient shall be a dual responsibility of the podiatrist and a physician member of the Medical Staff. Patients admitted to the Hospital for podiatric care shall receive the same basic medical appraisal as patients admitted for other services. This includes the performance and recording of the findings in the medical record by a physician member of the Medical Staff of an admission history and physical examination.

The podiatrist is responsible for that part of the history and physical examination which is related to podiatry. A physician member of the Medical Staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization of podiatric patients.

- F. Clinical privileges granted to psychologists shall be based on their training, experience and demonstrated competence and judgment as required by Section 3.2. At a minimum, a psychologist must have a Ph.D. or Psy.D. and have graduated from an accredited APA program with a 1 year internship and licensed under Chapter 459 in the State of Florida. The scope and extent of clinical privileges that each psychologist may perform shall be specifically delineated and granted in the same manner as all other clinical privileges. Psychologists shall not have admitting privileges, or privileges to order medications, or laboratory, radiology, EEG or EKG testing. Without limitation of the foregoing, psychologists shall be eligible for granting of clinical privileges for the selection, administration and interpretation of psychological tests including personality, projective, neuropsychological, cognitive, educational and vocational tests. This provision shall not be applied and shall have no effect on the reappointment of any practitioner who became a staff member on or before October 24, 2001.

Psychologists shall additionally be eligible for granting of clinical privileges for psychological consultations, psychological and/or psychosocial histories, mental status exams, individual, family and group therapy, crisis intervention, initiation and rescinding of 72-hour involuntary examination and evaluation under Chapter 394, Fla. Stat. Formally known as the Baker Act, participation in treatment planning, discharge planning and biofeedback.

Psychologists admitted to the Medical Staff of Memorial Hospital Pembroke shall be members of the Department of Medicine.

- G. The hospital shall query the National Practitioner Data Bank (NPDB) at the time of granting additional privileges.

Sec. 6.2

Temporary Privileges

- A. Circumstances for which the granting of temporary privileges may be considered are as follows:
1. To fulfill an important patient care need, service or treatment
In this circumstance, temporary privileges may be granted on a case-by-case basis when there is an important patient care need that mandates immediate authorization to

practice, for a limited period of time, while the full credentials information is verified and approved. For example, when a specific licensed independent practitioner has the necessary skills to provide care to a patient that a member of the staff currently privileged does not possess. In these circumstances, temporary privileges may be granted by the applicable Administrator of the facility, upon recommendation of the applicable Department Chief, and the Chief of Staff and only after verification of current licensure in the State of Florida, current competence, and malpractice insurance in limits set forth by the Governing Board.

2. When an applicant with a complete, clean application is awaiting review and approval of the Executive Committee and the Governing Body

In this circumstance, temporary privileges may be granted when the new applicant for Medical Staff membership or privileges is waiting for a review and recommendation by the Executive Committee and approval by the Governing Body. Temporary privilege may be granted for a limited period of time, not to exceed 120 days, by the applicable Administrator upon recommendation of the Department Chief and the Chief of Staff provided:

- a) that there is verification of current licensure, relevant training or experience, current competence, ability to perform the privileges requested;
- b) that the results of the National Practitioner Data Bank query have been obtained and evaluated;
- c) that there are no current or previously successful challenges to licensure or registration;
- d) that the applicant has not been subject to involuntary termination of Medical Staff membership at another organization;
- e) that the applicant has not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges; and
- f) there has been a favorable recommendation by the Credentials Committee.

- B. Locum Tenens: A member of the Active Staff has the privilege of requesting temporary appointment of locum tenens, for a period of not less than four weeks nor more than 26 weeks, if he is unable to maintain his own practice because of illness, military service, vacation or attendance at a course of medical education.

The locum tenens must meet all of the qualifications for membership described in Article 4, Section 2 of these Bylaws. The locum tenens must comply with the requirements of Section 4.2.D, even if residence is temporary.

The process of granting temporary admitting and clinical privileges is similar to that described for new Medical Staff applicants in Subsection A of this Section 2 (temporary sponsorship appointment). In addition, the application must be accompanied by a letter from the practitioner being replaced, requesting the locum tenens for a specified period of time and endorsing the application of the prospective locum tenens.

The locum tenens' clinical privileges will be specifically delineated in each individual case by the Credentials Committee and the Executive Committee, and should not be less comprehensive than those of the practitioner he is replacing.

C. One-Case Privileges:

In special circumstances involving the medical condition of a patient in the Hospital, and in consideration of special skills of a practitioner who is not on the Medical Staff of Memorial Hospital Pembroke, one-case privileges may be granted to such a practitioner on an individual-case basis only, upon the request of the attending practitioner, with the approval of the Chief of the Department, the Chief of Staff, and the Administrator, all of whose endorsements must appear in writing on the patient's medical chart. The physician being granted the one-case privilege must provide proof of current licensure to practice in the State of Florida, current malpractice insurance, DEA registration and a copy of the practitioner's curriculum vitae.

D. Consultative Privileges:

Any practitioner who is appropriately licensed anywhere in the United States may examine a patient as a temporary consultant, upon written request on the medical chart by the attending practitioner. Such temporary consultant must complete the usual hospital consultation form. However, such temporary consultant cannot write any medical orders or perform any medical or surgical procedure.

Sec. 6.3 Emergency Privileges

In the event of any emergency, any physician, to the degree permitted by his license and regardless of staff status, or lack of it, shall be permitted and assisted to do everything possible to prevent serious permanent harm

to a patient, using every necessary hospital facility, including any necessary or desirable consultations.

ARTICLE 7: DENIAL OF APPOINTMENT OR REAPPOINTMENT OF MEDICAL STAFF MEMBERSHIP OR GRANTING OR RENEWING OF CLINICAL PRIVILEGES

Sec. 7.1 Recommendation to Deny Appointment or Reappointment of Medical Staff Membership or Granting or Renewing of Clinical Privileges

Whenever a recommendation is made by the Credentials Committee to the Executive Committee to deny a practitioner's request for appointment or reappointment of Medical Staff membership or to grant or renew clinical privileges, the Credentials Committee shall state, in writing:

1. The reason for the recommendation to deny the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, stating which of the grounds specified under Section 7.2, below, gave rise to the recommendation to deny the request; and
2. Allegations of specific acts or omissions or conduct or deficiencies which constitute the grounds for denying the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges; and
3. The source, if known, of the allegations. Where possible, and appropriate, the recommendation to deny the request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges should specifically cite relevant medical records or the practitioner's credentialing file or other supporting documents.

Sec. 7.2 Grounds for Recommending Denial of Requests for Appointment or Reappointment of Medical Staff Membership or Granting or Renewing of Clinical Privileges

Requests for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges may be denied for any of the following circumstances:

1. When there is cause to question the clinical competence of the practitioner making the request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges; or
2. When there is cause to question the care or treatment of a patient performed by the practitioner making the request for appointment or

reappointment of Medical Staff membership or granting or renewing of clinical privileges.

3. When the practitioner making the request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges has committed a known or suspected violation of, or does not meet the requirements of, these Medical Staff Bylaws, or the Medical Staff Rules and Regulations, and/or the Department Rules and Regulations, and/or the rules and regulations of the Hospital or;
4. When there is cause to question whether the practitioner making the request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges has failed to comply with the ethics of his profession; or
5. When there is reason to suspect that a practitioner requesting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges may be subject to a physical or mental impairment which would interfere with his or her ability to render appropriate care; or
6. Where there is reason to suspect that the practitioner requesting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges does not have the ability to work compatibly and efficiently with others.

When the Executive Committee first considers the recommendation to deny the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, at its regular meeting, the practitioner shall not be allowed to be present, nor shall he be allowed to provide any further input into the matter, other than the information submitted as part of his application for privilege, or as part of his credentialing file, until the Executive Committee decides, at its discretion, upon a preliminary recommendation to the Board regarding the practitioner's request for granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges. This preliminary recommendation regarding the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges may include, without limitation, recommending granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, or recommending the appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges subject to corrective action. Notice of the recommendation of the Executive Committee regarding the practitioner's request for appointment or

reappointment of Medical Staff membership or granting or renewing of clinical privileges shall state, as part of the minutes of the meeting in which the recommendation was adopted, the grounds for the recommendation to deny Medical Staff membership or privileges, and the basis for those grounds, as contained in the practitioner's credentialing file.

Sec. 7.3 Recommendation for Granting Appointment or Reappointment of Medical Staff Membership or Granting or Renewing of Clinical Privileges

If the Executive Committee decides, after preliminary consideration of the request for granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges that such membership should be appointed or reappointed, or such privileges should be granted or renewed, this recommendation shall be forwarded to the District Medical Advisory Committee, for review and transmittal to the Board in accord with Sections 5.2. (D) and (E) of these Medical Staff Bylaws. The Executive Committee may condition their recommendation for granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges with any corrective action that does not involve a reduction or suspension of clinical privileges, nor suspension nor expulsion from the Medical Staff. When such recommendation for granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges is conditioned upon the above specified types of corrective action, those conditions shall be binding on the practitioner upon approval of the granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges by the Board, and the affected practitioner shall not be entitled to a hearing before a Hearing Panel nor to appellate review of such corrective action by the Board.

Sec. 7.4 Status of Privileges During Review of a Recommendation for Denial of Granting or Renewing Privileges or Appointment or Reappointment of Medical Staff Membership

Except as otherwise provided in this Article 7, the affected practitioner shall retain Medical Staff privileges previously granted which may be the subject of a recommendation by the Executive Committee for denial of reappointment of Medical Staff membership or renewal of clinical privileges, pending the hearing and appellate review specified in this Section. If the affected practitioner has not previously been granted the privileges which are the subject of a recommendation by the Executive Committee for granting appointment of Medical Staff membership or granting of clinical privileges, then the affected practitioner shall not be entitled to exercise those privileges until they are granted in accordance with these Bylaws. Nothing in this Section precludes a summary suspension of privileges pursuant to Article 9 of these Medical Staff Bylaws. If a summary suspension is imposed at any time during proceedings under this Article, the procedures specified in Article 9 for

summary suspension shall take precedence. Duplicate proceedings under these Medical Staff Bylaws shall not be required for matters reviewed pursuant to different articles. Without limiting the foregoing, each practitioner shall be entitled to no more than one hearing or appellate review of a denial of a request for granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges.

After a period of two years from the date of a final determination, in accord with these Bylaws, denying or terminating privileges or Medical Staff membership, a practitioner may reapply for those privileges or Medical Staff membership. After said two year period, such a practitioner shall be again entitled to a hearing and appeal in accord with this Article 7. The practitioner must demonstrate that there has been significant changes in circumstances affecting the practitioner's abilities. Such changes in circumstances may include, without limitation, further education on the part of the practitioner, psychiatric or other rehabilitation, or recovery from illness, as applicable. The burden of proving such a change in circumstances shall be on the practitioner making a reapplication for privileges or Medical Staff membership.

Sec. 7.5 Notification

Within 20 days from the date the Executive Committee decides upon a preliminary recommendation for denial of a practitioner's request for granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, notification of preliminary recommendation shall be sent by certified mail, return receipt requested by the Administrator to the subject practitioner, and this notice shall:

1. State that the Executive Committee has adopted a preliminary recommendation to deny appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges to the practitioner.
2. State the grounds for the recommendation for denial of granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges;
3. Advise the practitioner to refer to the Medical Staff Bylaws;
4. Specify that the practitioner has the right to request the Executive Committee of the Hospital where the recommendation for denial of granting or reappointing privileges originated to consider the practitioner's arguments against the denial of his request for granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges;

5. Advise that if the practitioner does not make this request in writing to the Administrator of hospital by certified mail, return receipt requested, within 30 days following the date of receipt of this notice, then his failure to make his request within the 30 day time period shall constitute a waiver of his rights to a reconsideration of the recommendation to deny appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges and a waiver of his right to hearing and appellate review on the matter;
6. State that after receipt of his request for reconsideration of the matter by the Executive Committee, the practitioner will be notified of the date, time and place of the meeting of the Executive Committee at which the matter will be reconsidered;
7. Contain a copy of this Article 7 of the Medical Staff Bylaws;
8. Be sent by certified mail, return receipt requested.

Sec. 7.6 Waiver of Rights

The failure of a practitioner to request reconsideration of the matter by the Executive Committee of the applicable Medical Staff within thirty days of his receipt of the written notice specified in Section 7.5 above shall be deemed a waiver of his right to argue against the recommendation for denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges before the Executive Committee and to the hearing and appellate review that would otherwise have been available under this Article 7. Effective immediately, upon the occurrence of such a waiver, the practitioner's Medical Staff membership or clinical privileges which were the subject of the recommendation for denial shall be either denied, if not previously granted, or terminated, if previously granted, without further action by the Board.

Sec. 7.7 Executive Committee Reconsideration

If the practitioner requests reconsideration of the recommendation for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges by the Executive Committee of the applicable Medical Staff, the Executive Committee shall hold within 60 days of such a request from the practitioner a meeting to reconsider the recommendation for denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges and to consider the practitioner's arguments against the recommendation for denial. The Administrator shall notify the practitioner of the time, place, and date of the Executive Committee meeting at which the matter will be reconsidered. At the meeting of the Executive Committee convened pursuant to a practitioner's request and the reasons for the preliminary recommendation, the affected practitioner shall be permitted to make an

appearance at said meeting to discuss, explain, or refute the charges upon which the preliminary recommendation was based, but neither party will present evidence. The affected practitioner shall not be permitted to be present when the Executive Committee votes on action regarding whether or not the preliminary recommendation should be changed. The meeting of the Executive Committee pursuant to this Section shall not constitute a hearing and none of the rules provided in these Bylaws with respect to hearings shall apply. A record of these proceedings shall be made by the Executive Committee.

In reconsidering the preliminary recommendation for denial of granting or reappointing privileges under this Section, the Executive Committee shall consider only the practitioner's credentialing file compiled to date, and the practitioner's statement. The Executive Committee shall not review any additional evidence at this meeting.

Upon reconsideration of the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, the Executive Committee may recommend, without limitation, appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, or denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges subject to corrective action. Notice of the reconsidered recommendation of the Executive Committee regarding the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges shall be sent to the Administrator within five days of the meeting at which the recommendation is adopted.

Sec. 7.8 Recommendation for Granting or Reappointing Privileges After Reconsideration

If the Executive Committee decides, after reconsideration of the request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges that such requests should be granted, this recommendation shall be forwarded for review and transmittal to the Board in accord with Sections 5.2 (D) and (E) of these Medical Staff Bylaws. The Executive Committee of the Medical Staff may condition their recommendation for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges with any corrective actions that does not involve a reduction or suspension of clinical privileges by the Board, and the affected practitioner shall not be entitled to a hearing before a Hearing Panel nor to appellate review by the Board of such corrective action.

Sec. 7.9 Appointment of a Hearing Panel

If the Executive Committee decides on a reconsidered recommendation to the Board to deny the practitioner's request for appointment or

reappointment of Medical Staff membership or granting or renewing of clinical privileges, the affected practitioner shall be entitled to a hearing before a Hearing Panel. At the meeting of the Executive Committee at which the reconsidered recommendation to deny appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges is decided upon, the Hearing Panel shall be appointed by the Administrator or his designee. The Hearing Panel shall be composed of not less than three members. The panel members will be individuals who are not in direct economic competition with the practitioner whose privileges or membership is under consideration, and who do not otherwise have a conflict of interest as defined as follows:

The panel members will be individuals who are not:

- (a) in direct economic competition with the practitioner whose privileges or membership is under consideration;
- (b) individuals having a prior relationship with the affected practitioner of shared medical practice, including without limitation, partnership, employment or agency relationships;
- (c) relatives of the affected practitioner;
- (d) individuals exhibiting racial, religious, ethnic, or other prohibited prejudice as demonstrated by reasonable evidence as determined by the Executive Committee;
- (e) individuals who are creditors or debtors of the affected practitioner;
- (f) members of the Executive Committee;
- (g) individuals who demonstrate any conflict of interest, which could adversely affect such individual's ability to fairly and objectively review the matter under consideration, as determined in the judgment of the Executive Committee.

At any time prior to the commencement of the hearing by the Hearing Panel, the Administrator may appoint additional or replacement panel members. Panel members may include, without limitation, physician or laymen not associated with the Hospital. Such appointment by the Administrator shall include designation of the Chairman of the Hearing Panel. Knowledge of the matter involved shall not preclude any person from serving as a member of the Hearing Panel.

Sec. 7.10 Scheduling and Notice of Hearing

The Administrator shall schedule the hearing. The Administrator shall mail written notice to the affected practitioner stating the time, place and date of the hearing. The hearing shall commence within 30 days of the meeting at which the Executive Committee reconsidered the recommendation for denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges and the practitioners' argument against it and decided upon its adverse recommendation to the Board. The notice of the hearing shall be sent to the practitioner via certified mail, return receipt requested. As part of, or together with, the notice of the hearing, the Administrator shall state in writing, in concise language, the basis for the recommendation for denial of granting or reappointing privileges, the names and addresses of witnesses, if known, and a list of the medical records, if any, in question. The notice shall also state that failure, without good cause, of the practitioner to appear at the hearing before the Hearing Panel shall be deemed a waiver of the practitioner's right to a hearing and appeal. If the representative of the Executive Committee requests a list of witnesses, then the practitioner shall furnish a written list of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence supporting him at the hearing. The names and addresses of witnesses will be provided as soon as reasonably possible.

Sec. 7.11 Failure to Appear

Failure, without good cause, of the practitioner requesting the hearing to appear at such hearing, shall be deemed to constitute voluntary waiver of his right to a hearing before a panel and a waiver of his right to an appeal to the Board.

If the practitioner wishes to have his absence excused, he may:

1. Obtain permission from the Chairman of the Hearing Panel at any time in advance of an anticipated absence. Such permission will be granted or withheld by the Chairman of the Hearing Panel at his sole discretion.
2. Request, within 7 days following an unanticipated absence, an opportunity to appear before the panel to demonstrate that the practitioner had good cause for his unanticipated absence. Within 14 days following such a request from the affected practitioner, the panel shall convene for the express purpose of reviewing the practitioner's explanation of his unanticipated absence.

If the practitioner does not request a review by the Hearing Panel of his unanticipated absence within seven days of such absence, or if the Hearing Panel determines, after reviewing the practitioner's explanation

for the unanticipated absence, that the practitioner did not have good cause for such absence, then effective immediately upon such determination, the practitioner's privileges that were the subject of the recommendation for denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges shall be denied, if not previously granted, or terminated, if previously granted, without further action by the Board.

Sec. 7.12 Hearing Procedure

- A. The Chairman of the Hearing Panel shall act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present all oral and documentary evidence, and that decorum is maintained throughout the hearing. The Chairman of the Hearing Panel shall be entitled to determine the order of procedure throughout the hearing. He shall have the authority and discretion to make rulings on all questions which pertain to matters of procedure. He may be advised upon such matters by legal counsel to the Hospital.
- B. Postponement of hearings beyond the time limit stated in these Bylaws may be done only with the approval of the Hearing Panel and may be done only when good cause is shown.
- C. The practitioner is entitled to be accompanied to a hearing or represented at the hearing by an attorney or other person of the practitioner's choice.
- D. The hearing need not be conducted in strict accordance with rules of the law pertaining to examination of witnesses and/or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of any existing common law or statutory rule which might make evidence inadmissible over objection in civil or criminal law. Prior to, or during the hearing, the practitioner shall be entitled to submit evidence concerning any issue or procedure or fact, and such information shall be made a part of the hearing record.
- E. The Executive Committee shall appoint one of its members or at its discretion, an attorney, or another member of the Medical Staff as its representative at the hearing, to present facts supporting the denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges and to examine witnesses.

- F. The affected practitioner shall thereafter be responsible for supporting his challenge to the recommendation for denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges through an appropriate demonstration that the charges or grounds involved lack any factual basis, or that the recommendation for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, based on the allegations, is either arbitrary or capricious.
- G. The practitioner or his representative, and the Executive Committee's representative shall have the following rights:
 - 1. To call and examine witnesses;
 - 2. To introduce evidence;
 - 3. To cross-examine any witness on any matter relevant to the issue of the hearing;
 - 4. To challenge any witness;
 - 5. To rebut any evidence;
 - 6. To submit a written statement at the close of hearing.
- H. The Hearing Panel may order that oral evidence be taken under oath of affirmation and administered by a Notary Public of the State of Florida.
- I. A majority of the Hearing Panel members must be present throughout the hearing and deliberations. If a panel member is absent from any part of the proceedings, he shall be immediately excused from the panel. The Hearing Panel may recess the hearing and reconvene with written or verbal notice to the interested parties. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Panel shall thereupon conduct its deliberations with only the Hearing Panel members present. Upon conclusion of its deliberations, the Hearing Panel shall be declared finally adjourned.

Sec. 7.13 Record of Hearing

The Hearing Panel shall maintain a record of the hearing by having a court reporter present to make a record of the hearing through an electronic recording, or a stenographic record of the proceedings. The cost of such court reporter shall be borne by the Hospital.

Sec. 7.14 Personal Appearance Required

The personal appearance of the practitioner for whom the hearing has been scheduled is required.

Sec. 7.15 Hearing Panel Report

The Hearing Panel shall make a written report and recommendation. The recommendation of the Hearing Panel shall be determined by majority vote of its members and shall be based on the evidence presented at the hearing. The report of the Hearing Panel shall contain:

- (1) A statement of the Hearing Panel's recommendations.
- (2) A statement of relevant findings of fact which support the Hearing Panel's recommendations.

The Hearing Panel's recommendation and written report shall be forwarded to the Executive Committee, within 30 days after final adjournment of the hearing. The report may recommend any appropriate action with respect to the practitioner's privileges, based on its findings at the hearing, including, without limitation, granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, or denying granting appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges.

Sec. 7.16 Executive Committee Review of Hearing Panel Report

Within thirty (30) days from the time the Executive Committee has received the Hearing Panel's report, the Executive Committee shall convene and review the Hearing Panel's report and reconsider again the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges. Members of the Executive Committee who are in direct economic competition with the practitioner, or who otherwise have a conflict of interest, shall not participate in decision making under this Section. These reconsidered recommendations of the Executive Committee shall be based on the report of the Hearing Panel, except where:

1. The Executive Committee disagrees with the findings of fact of the Hearing Panel, and the hearing record supports an alternate finding of fact.
2. The Executive Committee finds that the action recommended by the Hearing Panel is not justified by the findings of fact by the Hearing Panel, or by the facts as presented in the hearing record.

Either the affected practitioner or the representative of the Executive Committee can submit written arguments to the Executive Committee for consideration at its meeting to review the Hearing Panel's report. Neither the affected practitioner nor anyone representing affected practitioner will be allowed to attend this meeting of the Executive Committee. Evidence will not be presented at this meeting of the Executive Committee. The

Chairman of the Hearing Panel will be invited to attend this meeting of the Executive Committee. Upon review of the Hearing Panel's report and this renewed reconsideration of the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, the Executive Committee may recommend, without limitation, appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, or denial of appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, or appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, subject to corrective action. Notice of the reconsidered recommendation of the Executive Committee regarding the practitioner's request for the appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, shall be sent to the Administrator within five days of the meeting at which the reconsidered recommendation is adopted.

Sec. 7.17 Executive Committee Recommendation

The reconsidered recommendation of the Executive Committee, based on its review of the report of the Hearing Panel, shall be adopted by a majority of votes and shall be in writing and shall state:

1. The portions of the Hearing Panel report that the Executive Committee agrees with.
2. The portions of the Hearing Panel report that the Executive Committee disagrees with and the basis for such disagreement, from the record.
3. The action which the Executive Committee recommends to the Board after reconsideration of this matter.
4. The basis for the recommendation of the Executive Committee.

Sec. 7.18 Recommendation for Appointment or Reappointment of Medical Staff Membership or Granting or Renewing of Clinical Privileges

If the Executive Committee decides, after review of the Hearing Panel's report and reconsideration of the request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, that such request should be granted, this recommendation shall be forwarded to the District Medical Advisory Committee for review and transmittal to the Board in accord with Sections 5.2 (D) and (E) of these Medical Staff Bylaws. The Executive Committee may condition their recommendation for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges with any corrective action that does not involve a reduction or suspension

of clinical privileges, nor suspension nor expulsion from the Medical Staff. When such recommendation for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges is conditioned upon the above specified types of corrective action, those conditions shall be binding on the practitioner upon approval of the appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges by the Board, and the affected practitioner shall not be entitled to appellate review by the Board of such corrective action.

Sec. 7.19 Notice of Right to Appellate Review

If, as a result of a review of the Hearing Panel's report, the Executive Committee decides on a reconsidered recommendation to the Board, which if adopted by the Board would deny the practitioner's request for appointment or reappointment of Medical Staff membership or granting or renewing of clinical privileges, then the practitioner shall be notified, by the Administrator in writing, of his right to appellate review by the Board of this matter. Said notice shall be sent by certified mail, return receipt requested and shall include:

1. A copy of the Executive Committee's recommendation to the Board;
2. A statement that the failure of the practitioner to request appellate review by the Board within 30 days of his receipt of the notice, or his failure to appear, without good cause, at any scheduled appellate review hearing shall be deemed a waiver of the practitioner's right to appellate review.

Sec. 7.20 Waiver of Right to Appellate Review

If the practitioner does not request appellate review by the Board within 30 days from his receipt of the notice, his right to such appellate review shall be waived.

Sec. 7.21 Scheduling of Appellate Review

The Administrator shall, within 15 days after receiving a timely request for appellate review from the practitioner, schedule a date for appellate review. The Administrator shall send, by certified mail, return receipt requested a notice to the practitioner specifying the date, time and place of the appellate review hearing. The date of the appellate review hearing shall be not less than ten (10) days nor more than thirty (30) days from the date the request for the review is received by the Administrator.

Sec. 7.22 Procedure for Appellate Review

- A. When requested by the affected practitioner, the appellate review shall be conducted by the Board and a quorum of its members must be present.

- B. The practitioner shall have access to the report and the record (and transcription, if any) of the hearing, as well as all other material, favorable or unfavorable, that was considered in making the adverse reconsidered recommendation or decision against him.

- C. An accurate record of the appellate review hearing must be maintained by the use of a court reporter who will be present to make an electronic recording or a stenographic record. The cost of the court reporter shall be borne by the Hospital.

- D. Postponement of the hearing beyond the time limit stated in these Bylaws for appellate review may be done only with the approval of the Chairman of the Board, at his sole discretion, and only when good cause is shown.

- E. The practitioner shall be entitled to be accompanied to the appellate review, and/or represented, by a member of the Medical Staff in good standing and/or by legal counsel.

- F. The Chairman of the Board shall preside over the appellate review, determine the order of procedure during the appellate review, assure that all participants in the appellate review have a reasonable opportunity to present relevant arguments based on the record, and maintain decorum. The Chairman of the Board may receive advice on such matters by legal counsel for the Hospital District.

- G. The appellate review need not be conducted in strict accordance with the rules of appellate procedure. Only the record to date shall be considered. Prior to or during the appellate review, the practitioner shall be entitled to submit a written statement concerning any issue of procedure or fact, and such information shall be made a part of the appellate review record.

- H. The Executive Committee shall appoint one of its members or another member of the Medical Staff and/or legal counsel as its representative at the appellate hearing to present relevant portions of the record supporting the adverse recommendation of the Executive Committee. The affected practitioner shall thereafter be responsible for supporting from the record his challenge to the adverse recommendation of the Executive Committee with an

appropriate demonstration that the charges or grounds involved lack any factual basis, or that the recommendations based on the findings of fact are either arbitrary or capricious.

- I. The practitioner or his representative and the Executive Committee's representative shall have the following rights:
 1. To make arguments based on the record;
 2. To submit a written statement at the close of the appellate hearing.

Sec. 7.23 Personal Appearance Required

The personal presence of the practitioner for whom the hearing has been scheduled shall be required. A practitioner, who, without good cause, fails to appear and proceed with the hearing, shall be deemed to have waived his rights to appellate review of the matter. If the practitioner wishes to have his absence excused, he may:

- A. Obtain permission from the Chairman of the Board at any time in advance of an anticipated absence. Such permission will be granted or withheld by the Chairman of the Board, at his sole discretion.
- B. Request, within seven days following an unanticipated absence, an opportunity to appear before the Board to demonstrate that the practitioner had good cause for his anticipated absence. The Board will review the practitioner's explanation for his unanticipated absence.

If the practitioner does not request a review by the Board of his unanticipated absence within seven days of such absence, or if the Board determines, after reviewing the practitioner's explanation for the unanticipated absence, that the practitioner did not have good cause for such absence, then the practitioner's rights to appellate review shall be deemed to be waived.

Sec. 7.24 Effect of Waiver of Right to Appellate Review

When the practitioner waives his rights to appellate review, either by failure to request appellate review within the time specified in these Bylaws, or by his failure to appear without good cause, then effective immediately, the practitioner's privileges or Medical Staff membership which was the subject of the recommendation for denial shall be either denied, if not previously granted, or terminated, if previously granted, without further action by the Board.

Sec. 7.25 Board Action on the Matter

- A. The Board shall take action on the matter by adopting or rejecting or modifying the Executive Committee's recommendation in whole or in part, or by referring the matter back to the Executive Committee for further reconsideration. Any such referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt.
- B. Within thirty (30) days after the conclusion of the appellate review, and the Board's consideration of any additional matters referred by the Board to the Executive Committee, the Board shall render its final decision in the matter in writing and shall send notice thereof to the practitioner by certified mail, return receipt requested, to the Chief Executive Officer, the Chief of Staff, Administrator, and to the Executive Committee.
- C. Final action by the Board shall affect the practitioner's privileges and membership at all District facilities.

ARTICLE 8: CORRECTIVE ACTION

Sec. 8.1 Grounds for Requesting Corrective Action

1. When there is cause to question the clinical competence of a Staff member; or
2. When there is cause to question the care or treatment of a patient performed by a staff member; or
3. When a Medical Staff member has committed a known or suspected violation of these Medical Staff Bylaws, of the Medical Staff Rules and Regulations, the Department Rules and Regulations, and/or the Rules and Regulations of the Hospital; or
4. When there is cause to question whether a staff member has failed to comply with the ethics of his profession; or
5. When there is reason to suspect that a staff member may be subject to a physical or mental impairment which would interfere with his or her ability to render appropriate care; or
6. Where there is reason to suspect that a Medical Staff member does not have the ability to work compatibly and efficiently with others.

Sec. 8.2 Initiating a Request for Corrective Action

A request for corrective action may be sent:

- A. By any member or any Medical Staff Department to the Chief of his Department; OR
- B. By any officer of the Medical Staff, by the Chief of any Department, by a Chairman of any Medical Staff standing committee, by the Chief Executive Officer, by the Administrator, or by the Board, to the Executive Committee, which will forward the request for corrective action to the Chief of the Medical Staff Department in which the practitioner has privileges.

Sec. 8.3 Form of Requests for Corrective Action

Any request for corrective action initiated under this Article 8 shall be in writing, and it shall state:

- 1. The reason for the request for corrective action, stating which of the grounds specified under Section 8.1, above gave rise to the request; and
- 2. Allegations of specific acts, omissions, conduct or deficiencies which constitute grounds for the request for corrective action; and
- 3. The source, if known, of the allegations. Where possible, and appropriate, the request for corrective action should specifically cite relevant medical records or other supporting documents.

Sec. 8.4 Appointment of Ad Hoc Committee

Upon receiving a request for corrective action, either from a member of the Medical Staff Department, or from the Executive Committee, the Chief of the Department shall appoint an ad hoc committee to investigate the matter and shall designate a Chairman of the ad hoc committee. The ad hoc committee will be composed of members of the Medical Staff, and may include members who are not members of that particular Department. The Chief of the Department may, at his discretion, investigate the matter as a committee of one.

Sec. 8.5 Review of the Request for Corrective Action by the Ad Hoc Committee

- A. The Medical Staff member, who is the subject of the request for corrective action, shall be advised in writing by certified mail, return receipt requested, of the request for corrective action, and shall be given a copy of the written request for corrective action which was submitted to the Chief of the Department.

- B. The ad hoc committee shall review the matter, and shall allow the practitioner being investigated to appear for an interview before the investigating committee. This interview shall not constitute a hearing, and shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply. The practitioner being investigated may submit a written response concerning the request for corrective action.
- C. At the conclusion of a review of the request for corrective action, the ad hoc committee shall submit a report of its investigation to the Chief of the Department.
- D. If, as a result of the investigation and review, the ad hoc committee recommends corrective action which does not involve a reduction or suspension of clinical privileges, nor suspension nor expulsion from the Medical Staff, nor a reprimand, counseling, or requirement for education due to the practitioner having been held liable for medical negligence, and if the Chief of the Department agrees with the recommendations of the ad hoc committee, then the Chief of the Department may take the recommended corrective action, and send documentation of this corrective action to the Chief of Staff and the Administrator. The action taken under this Section may include, without limitation, a requirement for supervision, mandatory consultations, or increased observation for the practitioner, or greater scrutiny of the practitioner's medical records. No actions taken by the Chief of the Department pursuant to this Subsection D shall entitle the affected practitioner to a hearing before a Hearing Panel, or to appellate review by the Board.
- E. If, as a result of the investigation and review, the ad hoc committee recommends corrective action which involves a reduction or suspension of privileges, or suspension or expulsion from the Medical Staff, or a reprimand, counseling, or requirement for education due to the practitioner having been held liable for medical negligence, then the Chief of the Department shall, within fourteen (14) days, send the report of the ad hoc committee to the Executive Committee and the Administrator. If the practitioner under investigation submitted a written response to the ad hoc committee, this shall also be sent to the Executive Committee and to the Administrator with the report of the ad hoc committee and the original request for corrective action. In these circumstances, the report of the ad hoc committee is referred to as a "recommendation for corrective action".

Sec. 8.6

Report of Ad Hoc Committee

The report of the ad hoc committee shall be in writing and shall state:

- A. The ad hoc committee's recommendations regarding the request for corrective action;
- B. Relevant findings of fact which support the ad hoc committee's recommendations.

Sec. 8.7 Status of Privileges During Review of a Recommendation for Corrective Action

Except as otherwise provided in this Article 8, the affected practitioner shall retain any privileges which may be the subject of a recommendation for corrective action, pending the hearing and appellate review specified in this Section. Nothing in this Section precludes a summary suspension of such privileges pursuant to Article 9 of these Medical Staff Bylaws. If a summary suspension is imposed at any time during proceedings under this Article, the procedures specified in Article 9 for summary suspension shall take precedence. Duplicate proceedings under Article 9 shall not be required for matters reviewed pursuant to this Article 8. Without limiting the foregoing, each practitioner shall be entitled to no more than one hearing before a Hearing Panel and no more than one appellate review by the Board regarding any specific matter.

Sec. 8.8 Notification

Within 14 days from the date the recommendation for corrective action is sent by the Chief of the Department to the Executive Committee, and the Administrator, notification of the recommendation shall be sent to the subject practitioner by the Administrator, by return of a certified mail receipt, and this notice shall:

- (a) state that a recommendation for corrective action against the practitioner has been sent to the Executive Committee;
- (b) contain a copy of the request for corrective action and the recommendation for corrective action;
- (c) advise the practitioner to refer to the Medical Staff Bylaws;
- (d) specify at which South Broward Hospital District hospital the recommendation for action originated;
- (e) specify the practitioner has the right to request the Executive Committee of the Hospital where the recommendation for action originated to consider the practitioner's arguments against the recommendation for corrective action;

- (f) advise that if the practitioner does not make this request in writing to the Administrator by certified mail, return receipt requested, within 30 days following the day of receipt of this notice, then his failure to make this request within the 30 day time period shall constitute a waiver of his right to have the Executive Committee consider his arguments against the recommendation for corrective action, and a waiver of his right to a hearing and appellate review on the matter;
- (g) state that after receipt of his request for consideration of his arguments against the recommendation for corrective action by the Executive Committee, the practitioner will be notified of the date, time, and place of the meeting of the Executive Committee; and
- (h) contain a copy of this Article 8 of the Medical Staff Bylaws, which pertains to corrective action.

Sec. 8.9 Waiver of Rights

The failure of a practitioner to request consideration of his arguments against the recommendation for corrective action by the Executive Committee of the applicable Medical Staff within 30 days of his receipt of the written notice specified in Section 8.8 above shall be deemed a waiver of his right to provide such arguments, and to the hearing and appellate review that would otherwise have been available under this Article 8, and the Executive Committee may adopt the recommendation for corrective action and forward same to the Board, which may take action on the recommendation without further arguments or information submitted by or on behalf of the affected practitioner.

Sec. 8.10 Executive Committee Review

If the practitioner requests consideration of his arguments against the recommendation for corrective action by the Executive Committee of the applicable Medical Staff, the Executive Committee shall hold a meeting to review the recommendation for corrective action and consider the practitioner's arguments. The Administrator shall notify the practitioner of the time, place, and date of the Executive Committee meeting.

At the meeting of the Executive Committee convened pursuant to a practitioner's request for consideration of his arguments, the Chairman of the ad hoc committee making the recommendation for corrective action shall appear to discuss the recommendation and the reasons for the recommendation. The affected practitioner shall be permitted to make an appearance at said meeting to discuss, explain or refute the charges upon which the recommendation for corrective action was based, but neither party will present evidence. The affected practitioner shall not be

permitted to be present when the Executive Committee votes on action regarding the recommendation for corrective action. The meeting of the Executive Committee pursuant to this Section shall not constitute a hearing and none of the rules provided in these Bylaws with respect to hearings shall apply.

A record of these proceedings shall be made by the Executive Committee.

In reviewing a recommendation for corrective action under this Section, the Executive Committee shall consider whether the alleged acts or omissions of the practitioner, as stated in the findings of fact by the ad hoc committee in its recommendations for corrective action, would justify the recommended action, if they are true. The Executive Committee shall not review evidence at this meeting. In reviewing the recommendation for corrective action and the practitioner's arguments, the Executive Committee shall assume that the allegations contained in the recommendation for corrective action are true, and shall decide on a recommendation to the Board regarding the ad hoc committee's recommendation for corrective action, which may include, without limitation, adopting or rejecting the recommendation for corrective action, in whole or in part, or imposing different corrective action.

Sec. 8.11 Rejecting the Recommendation for Corrective Action

If the Executive Committee decides, after consideration of the request for corrective action and the practitioner's arguments against it, that no corrective action is warranted, the recommendation for corrective action shall be deemed rejected and the matter concluded without further action by the Board. The Executive Committee may alternatively impose any corrective action that does not involve a reduction or suspension of clinical privileges, nor suspension nor expulsion from the Medical Staff, nor a reprimand, counseling nor requirement for education due to the practitioner being found liable for medical negligence. When such alternative corrective action is imposed by the Executive Committee, it shall be binding on the practitioner without further action by the Board, and the affected practitioner shall not be entitled to a hearing before a Hearing Panel nor to appellate review of such corrective action by the Board.

Sec. 8.12 Appointment of a Hearing Panel

If, as a result of a review of a recommendation for corrective action and the practitioner's arguments against it, the Executive Committee decides on a recommendation to the Board, which, if adopted by the Board, would reduce or suspend the practitioner's privileges, or which would require a reprimand, counseling, or education due to the practitioner's having been held liable for medical negligence, then the affected practitioner shall be entitled to a hearing before a Hearing Panel. At the meeting of the Executive Committee at which the adverse recommendation to the Board

is decided upon, the Hearing Panel shall be appointed by the Administrator or his designee. The Hearing Panel shall be composed of not less than three members.

The panel members will be individuals who are not:

- (a) in direct economic competition with the practitioner whose privileges or membership is under consideration;
- (b) individuals having a prior relationship with the affected practitioner of shared medical practice, including without limitation, partnership, employment or agency relationships;
- (c) relatives of the affected practitioner;
- (d) individuals exhibiting racial, religious, ethnic, or other prohibited prejudice as demonstrated by reasonable evidence as determined by the Executive Committee;
- (e) individuals who are creditors or debtors of the affected practitioner;
- (f) members of the Executive Committee;
- (g) individuals who demonstrate any conflict of interest, which could adversely affect such individual's ability to fairly and objectively review the matter under consideration, as determined in the judgment of the Executive Committee.

Sec. 8.13 Scheduling and Notice of Hearing

The Administrator shall schedule the hearing. The Administrator shall mail written notice to the practitioner under suspension stating time, place and date of the hearing. The hearing shall commence within 30 days of the meeting at which the Executive Committee reviewed the recommendation for corrective action and the practitioner's arguments against it and decided upon its adverse recommendation to the Board. The notice of hearing shall be sent to the practitioner via certified mail, return receipt requested.

As part of, or together with, the notice of hearing, the Administrator shall state in writing, in concise language, the acts or omissions with which the practitioner is charged, the names and addresses of witnesses, if known, and a list of the medical records, if any, in question. The notice shall also state that failure, without good cause, of the practitioner to appear at the hearing before the Hearing Panel shall be deemed a waiver of the practitioner's right to a hearing and appeal. If the representative of the Executive Committee requests a list of witnesses, then the practitioner

shall furnish a written list of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence supporting him at the hearing. The names and addresses of witnesses will be provided as soon as reasonably possible, but no later than 10 days after receiving the notification of the hearing.

Sec. 8.14 Failure to Appear

Failure, without good cause, of the practitioner requesting the hearing to appear at such hearing, shall be deemed to constitute voluntary waiver of his right to a hearing before a panel and a waiver of his right to an appeal to the Board.

If the practitioner wishes to have his absence excused, he may:

- (a) Obtain written permission from the Chairman of the Hearing Panel at any time in advance of an anticipated absence. Such permission will be granted or withheld by the Chairman of the Hearing Panel at his sole discretion.
- (b) Request, within 7 days following an unanticipated absence, an opportunity to appear before the panel to demonstrate that the practitioner had good cause for his unanticipated absence. Within 14 days following such a request from the affected practitioner, the panel shall convene for the express purpose of reviewing the practitioner's explanation for his unanticipated absence.

If the practitioner does not request a review by the Hearing Panel of his unanticipated absence within seven days of such absence, or if the Hearing Panel determines, after reviewing the practitioner's explanation for the unanticipated absence, that the practitioner did not have good cause for such absence, then within 7 days after such determination, the recommendations which the Executive Committee decided upon under Section 8.10 of these Bylaws shall be forwarded to the Board, which may take action without further information or argument from or on behalf of the affected practitioner.

Sec. 8.15 Hearing Procedure

- A. The Chairman of the Hearing Panel shall act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present all oral and documentary evidence, and that decorum is maintained throughout the hearing. The Chairman of the Hearing Panel shall be entitled to determine the order of procedure throughout the hearing. He shall have the authority and discretion, to make rulings on all questions which pertain to matters

of procedure. He may be advised upon such matters by legal counsel to the Hospital.

- B. Postponement of hearings beyond the time limit stated in these Bylaws may be done only with the approval of the Hearing Panel and may be done only when good cause is shown.
- C. The practitioner is entitled to be accompanied to a hearing or represented at the hearing by an attorney or other person of the practitioner's choice.
- D. The hearing need not be conducted in strict accordance with rules of the law pertaining to examination of witnesses and/or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of any existing common law or statutory rule which might make evidence inadmissible over objection in civil or criminal law. Prior to, or during the hearing, the practitioner shall be entitled to submit evidence concerning any issue or procedure of fact, and such information shall be made a part of the hearing record.
- E. The Executive Committee shall appoint one of its members or at its discretion, an attorney, or another member of the Medical Staff as its representative at the hearing, to present facts supporting the suspension of privileges and to examine witnesses.
- F. The affected practitioner shall thereafter be responsible for supporting his challenge to the adverse action through and appropriate demonstration that the charges or grounds involved lack any factual basis, or that suspension of privileges based on the allegations is either arbitrary or capricious.
- G. The practitioner or his representative, and the Executive Committee representative shall have the following rights:
 - (1) To call and examine witness;
 - (2) To introduce evidence;
 - (3) To cross-examine any witness on any matter relevant to issue of the hearing;
 - (4) To challenge any witness;
 - (5) To rebut any evidence;
 - (6) To submit a written statement at the close of hearing.

- H. The Hearing Panel may order that oral evidence be taken under oath or affirmation and administered by a notary Public of the State of Florida.
- I. A majority of the Hearing Panel members must be present throughout the hearing and deliberations. If a panel member is absent from any part of the proceedings, he shall be immediately excused from the panel. The Hearing Panel may recess the hearing and reconvene with written or verbal notice to the interested parties. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Panel shall thereupon conduct its deliberations with only the Hearing Panel members present. Upon conclusion of its deliberations, the Hearing Panel shall be declared finally adjourned.

Sec. 8.16 Record of Hearing

The Hearing Panel shall maintain a record of the hearing by having a court reporter present to make a record of the hearing through an electronic recording, or a stenographic record of the proceedings. The cost of such court reporter shall be borne by the Hospital.

Sec. 8.17 Personal Appearance Required

The personal appearance of the practitioner for whom the hearing has scheduled is required.

Sec. 8.18 Hearing Panel Report

The Hearing Panel shall make a written report and recommendation. The recommendation of the Hearing Panel shall be determined by majority vote of its members and shall be based on the evidence presented at the hearing. The report of the Hearing Panel shall contain:

- (1) a statement of the Hearing Panel's recommendations
- (2) a statement of relevant findings of fact which support the Hearing Panel's recommendations.

The Hearing Panel's recommendation and written report shall be forwarded to the Executive Committee within 30 days after final adjournment of the hearing. The report may recommend any appropriate action with respect to the practitioner's privileges, based on its findings at the hearing, including without limitation, accepting or rejecting the recommendation for corrective action in whole or in part, or implementing different corrective action.

Sec. 8.19 Executive Committee Review of Hearing Panel Report

Within 30 days from the time the Executive Committee has received the Hearing Panel's report, the Executive Committee shall convene and

reconsider action on the recommendation for corrective action. Members of the Executive Committee who are in direct economic competition with the practitioner, or who otherwise have a conflict of interest, shall not participate in decision making under this Section. These reconsidered recommendations of the Executive Committee shall be based on the report of the Hearing Panel, except where:

- (1) The Executive Committee disagrees with the findings of fact of the Hearing Panel, and the hearing record supports an alternate finding of fact.
- (2) The Executive Committee finds that the action recommended by the Hearing Panel is not justified by the findings of fact by the Hearing Panel, or by the facts as presented in the hearing record.

Either the affected practitioner or the representative of the Medical Staff can submit written arguments to the Executive Committee for consideration at its meeting to review the Hearing Panel's report. Neither the affected practitioner nor anyone representing the affected practitioner will be allowed to attend this meeting of the Executive Committee. Evidence will not be presented at this meeting of the Executive Committee. After reviewing the Hearing Panel's recommendations, the Executive Committee will reconsider the matter and recommend action to the Board which it deems appropriate, which may include, without limitation, adopting or rejecting the recommendation for corrective action, in whole or in part, or imposing different corrective action.

Sec. 8.20

Executive Committee Recommendation

The reconsidered recommendation of the Executive Committee, based on its review of the report of the Hearing Panel shall be adopted by a majority of votes and shall be in writing and shall state:

- (1) The portions of the Hearing Panel report that the Executive Committee agrees with.
- (2) The portions of the Hearing Panel report that the Executive Committee disagrees with and the basis for such disagreement, from the record.
- (3) The action which the Executive Committee recommends to the Board after reconsideration of this matter.
- (4) The basis for the reconsidered recommendations of the Executive Committee.

Sec. 8.21 Rejecting the Recommendation for Corrective Action After Reconsideration

If the Executive Committee decides, after reconsideration of the matter, that no corrective action is warranted, the recommendation for corrective action shall be deemed rejected and the matter concluded without further action by the Board. The Executive Committee may alternatively impose any corrective action that does not involve a reduction or suspension of clinical privileges, nor suspension nor expulsion from the Medical Staff, nor a reprimand, counseling, nor requirement for education due to the practitioner being found liable for medical negligence. When such alternative corrective action is imposed by the Executive Committee, it shall be binding on the practitioner without further action by the Board, and the affected practitioner shall not be entitled to appellate review of such corrective action by the Board.

Sec. 8.22 Notice of Right to Appellate Review

If, as a result of review of the Hearing Panel's report, the Executive Committee decides on a reconsidered recommendation to the Board which, if adopted by the Board, would reduce or suspend the practitioner's privileges, or which would require a reprimand, counseling, or education due to the practitioner having been held liable for medical negligence, then the practitioner shall be notified, in writing, of his right to appellate review by the Board on this matter. Notice shall be sent in writing by certified mail, return receipt requested and such notice shall include:

- (1) A copy of the Executive Committee's recommendation to the Board;
- (2) A statement that the failure of the practitioner to request appellate review by the Board within 30 days of his receipt of the notice, or his failure to appear, without good cause, at any scheduled appellate review hearing shall be deemed a waiver of the practitioner's right to appellate review.

Sec. 8.23 Waiver of Right to Appellate Review

If the practitioner does not request appellate review by the Board within 30 days from his receipt of the notice, his right to such appellate review shall be waived.

Sec. 8.24 Scheduling of Appellate Review

The Administrator shall, within 15 days after receiving a timely request for appellate review from the practitioner, schedule a date for appellate review. The Administrator shall send, by certified mail, return receipt requested a notice to the practitioner specifying the date, time, and place of the appellate review hearing. The date of the appellate review hearing shall be not less than 10 days nor more than 30 days from the date the

request for the review is received by the Administrator. When appellate review is waived, the Board shall take action on the reconsidered recommendations of the Executive Committee without regard to any deadlines.

Sec. 8.25 Procedure for Appellate Review

- A. When requested by the affected practitioner, the appellate review shall be conducted by the Board and a quorum of its members must be present.
- B. The practitioner shall have access to the report and the record (and transcription, if any) of the hearing, as well as all other material, favorable or unfavorable, that was considered in making the adverse reconsidered recommendation of the Executive Committee.
- C. An accurate record of the appellate review hearing must be maintained by the use of a court reporter who will be present to make an electronic recording or a stenographic record. The cost of the court reporter shall be borne by the Hospital.
- D. Postponement of the hearing beyond the time limit stated in these Bylaws for appellate review may be done only with the approval of the Chairman of the Board, at his sole discretion, and only when good cause is shown.
- E. The practitioner shall be entitled to be accompanied to the hearing, and/or represented, by a member of the Medical Staff in good standing and/or by legal counsel.
- F. The Chairman of the Board shall preside over the hearing, determine the order of procedure during the hearing, assure that all participants in the hearing have a reasonable opportunity to present relevant arguments based on the record, and maintain decorum. The Chairman of the Board may receive advice on such matters by legal counsel for the Hospital District.
- G. The hearing need not be conducted in strict accordance with the rules of appellate procedure. Only the record to date shall be considered. Prior to or during the hearing, the practitioner shall be entitled to submit a written statement concerning an issue of procedure or fact, and such information shall be made a part of the appellate hearing record.
- H. The Executive Committee shall appoint one of its members or another member of the Medical Staff and/or legal counsel as its

representative at the appellate hearing to present relevant portions of the record supporting the adverse recommendation of the Executive Committee. The affected practitioner shall thereafter be responsible for supporting from the record his challenge to the adverse recommendation of the Executive Committee with an appropriate demonstration that the charges or grounds involved lack any factual basis, or that the recommendations based on the findings of fact are either arbitrary or capricious.

- I. The practitioner or his representative and the Executive Committee's representative shall have the following rights:
 - (1) To make arguments based on the records;
 - (2) To submit a written statement at the close of the appellate hearing.

Sec. 8.26 Personal Appearance Required

The personal presence of the practitioner for whom the hearing has been scheduled shall be required. A practitioner, who, without good cause, fails to appear and proceed with the hearing, shall be deemed to have waived his rights to appellate review of the matter.

If the practitioner wishes to have his absence excused, he may:

- A. Obtain written permission from the Chairman of the Board at any time in advance of an anticipated absence. Such permission will be granted or withheld by the Chairman of the Board, at his sole discretion.
- B. Request, within 7 days following an unanticipated absence, an opportunity to appear before the Board to demonstrate that the practitioner had good cause for his unanticipated absence. At its next regularly scheduled meeting the Board will review the practitioner's explanation for his unanticipated absence.

If the practitioner does not request a review by the Board of his unanticipated absence within 7 days of such absence, or if the Board determines, after reviewing the practitioner's explanation for the unanticipated absence, that the practitioner did not have good cause for such absence, then, the practitioner's right to appellate review shall be deemed to be waived.

Sec. 8.27 Effect of Waiver of Right to Appellate Review

When the practitioner waives his rights to appellate review, either by failure to request appellate review within the time specified in these Bylaws, or by his failure to appear without good cause, the Board shall act

on the recommendations of the Executive Committee without regard to deadlines, and may take any action regarding the practitioner's privileges without being required to consider any arguments or information submitted by, or on behalf of, the practitioner.

Sec. 8.28 Board Action on the Matter

- A. The Board shall take action on the matter by adopting or rejecting or modifying the Executive Committee's recommendation in whole or in part, or by referring the matter back to the Executive Committee for further reconsideration. Any such referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt.

- B. Within 30 days after the conclusion of the appellate review, and the Board's consideration of any additional matters referred by the Board to the Executive Committee, the Board shall render its final decision in the matter in writing and shall send notice thereof to the practitioner by certified mail, return receipt requested, to the Chief Executive Officer, the Chief of Staff, Administrator, and to the Executive Committee.

- C. Final action by the Board shall affect the practitioner's privileges at all District facilities.

Sec. 8.29 Automatic Suspension or Termination

- A. Until a practitioner's medical records are completed, temporary suspension through termination of his practice privileges shall be enforced in the following circumstances:
 - (1) When medical records have not been completed within 15 days of a patient's discharge, the director of the medical records Department shall notify the practitioner of his delinquency.

 - (2) The Chief of Staff or his designee may grant a reasonable exemption from these provisions if the practitioner is out-of-town, disabled due to illness or has some other valid, similar reason for not completing the medical records. In no event shall the exemption exceed 30 days.

 - (3) The practitioner has 7 days to correct the deficiency. Failure to comply within 7 days will result in the automatic loss of his privileges to admit, examine and/or treat new patients until the delinquent charts have been completed. Copies of the

notice shall be sent to the Chief of Staff, the Chief of his Department, and the Administrator.

- (4) It shall not be permissible for associates of the practitioner to serve on his behalf during the time of automatic loss of privileges. However, a member who has lost his privileges shall be permitted to continue caring for his patients already in the Hospital until they are discharged.
 - (5) It will be the duty of Administration to cooperate with the Chief of Staff in enforcing all automatic suspension.
 - (6) Any member of the Medical Staff whose privileges are automatically suspended because of medical record delinquency, will be asked to appear before the Executive Committee at its next scheduled meeting.
 - (7) Medical Records will provide to Medical Staff Services a list of any physicians whose privileges are suspended because of medical record delinquency. Medical Staff Services will then notify those physicians of the suspension by certified mail, return receipt requested and fax. This notice will also request the physician to appear before the Executive Committee at its next scheduled meeting for disciplinary action. If a physician fails to appear before the Executive Committee, without good cause, and if his or her records have not been completed, Medical Staff membership and privileges shall be automatically terminated and the practitioner's failure to appear before the Executive Committee shall be deemed a waiver of any right to a hearing or appeal under these Bylaws regarding such automatic termination of Medical Staff membership and privileges.
- B. Action by the State Board of Medical Examiners, revoking or suspending a practitioner's license shall automatically suspend all privileges at all District facilities.
 - C. Termination of any privileges or Medical Staff membership at one of the District's Hospitals due to waiver of a practitioner's rights to a hearing and/or appellate review pursuant to Articles 7, 8, or 9 of these Medical Staff Bylaws shall result in automatic termination of those privileges or membership at all District facilities.
 - D. Any practitioner who is convicted of a felony related to Healthcare or who is presently listed by a Federal agency as debarred,

excluded, or otherwise ineligible for participating in a federally funded Healthcare Program shall be automatically terminated from membership in the Medical Staff.

- E. Automatic termination or suspension under this Section 8.30 does not entitle a practitioner to a hearing before a Hearing Panel nor an appeal to the Board.

Sec. 8.30 Hospital-Based Contract Physicians

A practitioner's Medical Staff membership or privileges will terminate automatically when such automatic termination is specified under the terms and conditions of a contract between the Hospital District and the physician, or between the Hospital District and the entity which employs or otherwise retains the physician.

ARTICLE 9: SUMMARY SUSPENSION

Sec. 9.1 Imposing Summary Suspension

The Chief of Staff, the Administrator, the Chief Executive Officer, or the Board shall each have the authority to summarily suspend all or any portion of a practitioner's clinical privileges when such action is, or reasonably appears to be, immediately necessary to prevent an immediate threat to the well being of patients and/or personnel of the Hospital.

Summary suspension shall become effective immediately, when given verbally or in writing to the affected practitioner. The summary suspension shall remain effective until modified or terminated in accord with this Article 9.

Once summary suspension is imposed, the Chief of Staff or the Chief of the practitioner's Department shall have immediate responsibility for providing alternate medical coverage for the practitioner's patients still in the Hospital at the time of the suspension. The wishes of the patients shall be considered in the selection of alternate practitioners.

Sec. 9.2 Notification

Notification of summary suspension shall be verified by certified mail, return receipt requested. This notice of summary suspension shall be sent by the party imposing the summary suspension and shall:

- (a) state that a summary suspension has been imposed upon the practitioner. If only a portion of the practitioner's privileges have been suspended, the notice shall specify which privileges have been suspended; and

- (b) state the general grounds for such action; and
- (c) advise the practitioner to refer to the Medical Staff Bylaws; and
- (d) specify at which Memorial Healthcare System Hospital the disciplinary action originated; and
- (e) advise that the suspension is effective at all Memorial Healthcare System hospitals; and
- (f) specify that the practitioner has the right to request the Executive Committee of the Hospital where the disciplinary action originated to convene and review the matter; and
- (g) advise that if the practitioner does not make this request in writing to the Administrator by certified mail, return receipt requested, within 30 days following the date of receipt of this notice, then his failure to make this request within the 30 day time period shall constitute a waiver of rights to a review by the Executive Committee, and a waiver of his right to a hearing and appellate review on the matter; and
- (h) state that after receipt of his request for review of the matter by the Executive Committee, the practitioner will be notified of the date, time and place of the meeting of the Executive Committee;

Sec. 9.3 Waiver of Rights

The failure of a practitioner to request review of the matter by the Executive Committee of the applicable Medical Staff within 30 days of his receipt of the written notice specified in Section 9.2, above, shall be deemed a waiver of his right to said review and to the hearing and appellate review that would otherwise have been available under this Article 9.

Effective on the date of such waiver, the portion of the practitioner's Medical Staff privileges that were summarily suspended shall be automatically revoked at all South Broward Hospital District facilities without further action by the Board. If all the practitioner's Medical Staff privileges were summarily suspended, then, effective on the date of the waiver, the practitioner's membership on the Medical Staffs of all South Broward Hospital District hospitals shall be automatically terminated without further action by the Board.

Sec. 9.4 Executive Committee Review

If the practitioner requests review by the Executive Committee of the applicable Medical Staff, as soon as reasonably possible but not later than 14 days after receipt of a request for review from a practitioner who has been summarily suspended, the Executive Committee shall hold a meeting to review said action. The Administrator shall notify the practitioner of the time, place and date of the Executive Committee meeting.

At the meeting of the Executive Committee convened pursuant to a practitioner's request for review of his summary suspension, the party imposing the suspension or his designee shall appear to discuss the action taken and the reasons for the action. The affected practitioner shall be permitted to make an appearance at said meeting to discuss, explain or refute the charges upon which the suspension was based, but neither party will present evidence. The affected practitioner shall not be permitted to be present when the Executive Committee votes on action regarding the suspension. The meeting of the Executive Committee pursuant to this Section shall not constitute a hearing and none of the rules provided in these Bylaws with respect to hearings shall apply. A record of these proceedings shall be made by the Executive Committee.

In reviewing a summary suspension under this Section, the Executive Committee shall consider whether the alleged acts or omissions of the practitioner, as stated by the person who suspended the practitioner, would justify the suspension, if they are true. The Executive Committee shall not review evidence at this meeting. In reviewing the summary suspension, the Executive Committee may, at its discretion, vote to continue, terminate or modify the terms of the summary suspension. The actions taken by the Executive Committee, with respect to the practitioner's privileges after reviewing a summary suspension, shall apply uniformly to all South Broward Hospital District hospitals.

Sec. 9.5 Appointment of a Hearing Panel

In cases in which the Executive Committee action is favorable to the practitioner with respect to all of his privileges, which were under suspension, the summary suspension shall be immediately terminated and the practitioner's privileges restored.

If, as a result of review of a summary suspension, the action taken by the Executive Committee reduces the practitioner's privileges or continues the suspension of the practitioner's privileges, the affected practitioner shall be entitled to a hearing before a panel. At the meeting of the Executive Committee at which the decision is made to continue the suspension of all, or a portion of the practitioner's privileges, the Hearing Panel shall be appointed by the Administrator or his designee. The Hearing Panel shall be composed of not less than three members.

The panel members will be individuals who are not:

- (a) in direct economic competition with the practitioner whose privileges or membership is under consideration;
- (b) individuals having a prior relationship with the affected practitioner of shared medical practice, including without limitation, partnership, employment or agency relationships;
- (c) relatives of the affected practitioner;
- (d) individuals exhibiting racial, religious, ethnic, or other prohibited prejudice as demonstrated by reasonable evidence as determined by the Executive Committee;
- (e) individuals who are creditors or debtors of the affected practitioner;
- (f) members of the Executive Committee; and
- (g) individuals who demonstrate any conflict of interest, which could adversely affect such individual's ability to fairly and objectively review the matter under consideration, as determined in the judgment of the Executive Committee.

At any time prior to the commencement of the hearing by the Hearing Panel, the Administrator may appoint additional replacement panel members. Panel members may include, without limitation, physician or laymen not associated with the Hospital. Such appointment by the Administrator shall include designation of the Chairman of the Hearing Panel. Knowledge of the matter involved shall not preclude any person from serving as a member of the Hearing Panel. The terms of the summary suspension, if sustained or modified by the Executive Committee, shall remain effective until modified, or terminated in accord with this Article 9.

Sec. 9.6 Scheduling and Notice of Hearing

The Administrator shall schedule this hearing. The Administrator shall mail written notice to the practitioner under suspension stating the time, place and date of the hearing. The hearing shall commence within 14 days of the meeting at which the Executive Committee reviewed the matter and sustained or modified the suspension of privileges. The notice of hearing shall be sent to the practitioner via certified mail, return receipt requested.

As part of, or together with, the notice of hearing, the Administrator shall state in writing, in concise language, the acts or omissions or deficiencies with which the practitioner is charged, the name and addresses of witnesses, if known, and a list of the medical records, if any, in question. The notice shall also state that the failure, without good cause, of the practitioner to appear at the hearing before the Hearing Panel shall be deemed a waiver of the practitioner's right to a hearing and appeal. If the representative of the Executive Committee requests a list of witnesses, then the practitioner shall furnish a list of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence supporting him at the hearing. The names and addresses of witnesses will be provided as soon as reasonably possible, but no later than 10 days after receiving the notice of the hearing.

Sec. 9.7 Failure to Appear

Failure, without good cause, of the practitioner requesting the hearing to appear at such a hearing, shall be deemed to constitute voluntary waiver of his right to a hearing before a panel and a waiver of his right to an appeal to the Board.

If the practitioner wishes to have his absence excused, he may:

- (a) Obtain permission from the Chairman of the Hearing Panel at any time in advance of an anticipated absence. Such permission will be granted or withheld by the Chairman of the Hearing Panel at his sole discretion.
- (b) Request, within 7 days following an unanticipated absence, an opportunity to appear before the panel to demonstrate that the practitioner had good cause for his unanticipated absence. Within 14 days following such a request from the affected practitioner, the panel shall convene for the express purpose of reviewing the practitioner's explanation for his unanticipated absence.

If the practitioner does not request a review by the Hearing Panel of his unanticipated absence within 7 days of such absence, or if the Hearing Panel determines, after reviewing the practitioner's explanation for the unanticipated absence, that the practitioner did not have good cause for such absence, then effective immediately upon such determination, the practitioner's privileges that were under suspension shall be automatically terminated without further action by the Board, and, if all the practitioners privileges were under suspension, the practitioner's membership on the Medical Staff shall be automatically terminated without further action by the Board.

Sec. 9. Hearing Procedure

- A. The Chairman of the Hearing Panel shall act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present all oral and documentary evidence, and that decorum is maintained throughout the hearing. The Chairman of the Hearing Panel shall be entitled to determine the order of procedure throughout the hearing. He shall have the authority and discretion to make rulings on all questions, which pertain to matters of procedure. He may be advised upon such matters by legal counsel to the Hospital.

- B. Postponement of hearings beyond the time limit stated in these Bylaws may be done only with the approval of the Hearing Panel and may be done only when good cause is shown.

- C. The practitioner is entitled to be accompanied to a hearing or represented at the hearing by an attorney or other person of the practitioner's choice.

- D. The hearing need not be conducted in strict accordance with rules of the law pertaining to examination of witnesses and/or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of any existing common law or statutory rule which might make evidence inadmissible over objection in civil or criminal law. Prior to, or during the hearing, the practitioner shall be entitled to submit evidence concerning any issue or procedure or fact, and such information shall be made a part of the hearing record.

- E. The Executive Committee shall appoint one of its members or at its discretion, an attorney, or another member of the Medical Staff as its representative at the hearing, to present facts supporting the suspension of privileges and to examine witnesses.

- F. The affected practitioner shall thereafter be responsible for supporting his challenge to the summary suspension through an appropriate demonstration that the charges or grounds involved lack any factual basis, or that suspension of privileges based on the allegations is either arbitrary or capricious.

- G. The practitioner or his representative, and the Executive Committee's representative shall have the following rights:
 - (1) To call and examine witnesses;
 - (2) To introduce evidence;

- (3) To cross-examine any witness on any matter relevant to the issue of the hearing;
 - (4) To challenge any witness;
 - (5) To rebut any evidence;
 - (6) To submit a written statement at the close of hearing.
- H. The Hearing Panel may order that oral evidence be taken under oath or affirmation and administered by a Notary Public of the State of Florida.
- I. A majority of the Hearing Panel members must be present throughout the hearing and deliberations. If a panel member is absent from any part of the proceedings, he shall be immediately excused from the panel. The Hearing Panel may recess the hearing and reconvene with written or verbal notice to the interested parties. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Panel shall thereupon conduct its deliberations with only the Hearing Panel members present. Upon conclusion of its deliberations, the Hearing Panel shall be declared finally adjourned.

Sec. 9.9 Record of Hearing

The Hearing Panel shall maintain a record of the hearing by having a court reporter present to make a record of the hearing through an electronic recording, or a stenographic record of the proceedings. The cost of such court reporter shall be borne by the Hospital.

Sec. 9.10 Personal Appearance Required

The personal appearance of the practitioner for whom the hearing has been scheduled is required.

Sec. 9.11 Hearing Panel Report

The Hearing Panel shall make a written report and recommendation. The recommendation of the Hearing Panel shall be determined by majority vote of its members and shall be based on the evidence presented at the hearing. The report of the Hearing Panel shall contain:

- (1) a statement of the Hearing Panel's recommendations.
- (2) a statement of relevant findings of fact which support the Hearing Panel's recommendations.

The Hearing Panel's recommendation and written report shall be forwarded to the Executive Committee within 30 days after final adjournment of the hearing. The report may recommend any appropriate

corrective action with respect to the practitioner's privileges, based on its findings at the hearing.

Sec. 9.12 Executive Committee Review of Hearing Panel Report

Within 30 days from the time the Executive Committee has received the Hearing Panel's report, the Executive Committee shall convene and recommend action on the practitioner's privileges to the Board. Members of the Executive Committee who are in direct economic competition with the practitioner, or who otherwise have a conflict of interest, shall not participate in decision making under this Section. The recommendations of the Executive Committee shall be based on the report of the Hearing Panel, except where:

- (1) The Executive Committee disagrees with the findings of fact of the Hearing Panel, and the hearing record supports an alternate finding of fact.
- (2) The Executive Committee finds that the action recommended by the Hearing Panel is not justified by the findings of fact by the Hearing Panel, or by the facts as presented in the hearing record.

Either the affected practitioner or the representative of the Medical Staff can submit written arguments to the Executive Committee for consideration at its meeting to review the Hearing Panel's report. Neither the affected practitioner nor anyone representing the affected practitioner will be allowed to attend this meeting of the Executive Committee. The Chairman of the Hearing Panel will be invited to attend this meeting of the Executive Committee. Evidence will not be presented at this meeting of the Executive Committee. After reviewing the Hearing Panel's recommendations, the Executive Committee will recommend action which it deems appropriate, which may include, without limitation, terminating the suspension in whole or in part, or taking corrective action.

Sec. 9.13 Executive Committee Recommendation

The recommendation of the Executive Committee, based on its review of the report of the Hearing Panel shall be adopted by a majority of votes and shall be in writing and shall state:

- (1) The portions of the Hearing Panel report that the Executive Committee agrees with.
- (2) The portions of the Hearing Panel report that the Executive Committee disagrees with and the basis for such disagreement, from the record.

- (3) The action which the Executive Committee recommends on this matter.
- (4) The basis for the recommendations of the Executive Committee.

Sec. 9.14 Terminating Suspension

In cases in which the Executive Committee recommendation is favorable to the practitioner, with respect to all his privileges, the summary suspension shall be lifted and the practitioner's privileges restored without further action by the Board.

Sec. 9.15 Notice of Right to Appellate Review

When the recommendations of the Executive Committee are adverse to the practitioner, and would terminate or reduce his privileges if approved by the Board, the practitioner shall be notified, in writing, of his right to appellate review by the Board on this matter. Notice shall be sent, in writing by certified mail, return receipt requested and such notice shall include:

- (1) A copy of the Executive Committee's recommendation to the Board;
- (2) A statement that the failure of the practitioner to request appellate review by the Board within 30 days of his receipt of the notice, or his failure to appear, without good cause, at any scheduled appellate review hearing shall be deemed a waiver of the practitioner's right to appellate review.

Sec. 9.16 Waiver of Right to Appellate Review

If the practitioner does not request appellate review by the Board within 30 days from his receipt of the notice, his right to such appellate review shall be waived.

Sec. 9.17 Scheduling of Appellate Review

The Administrator shall, within 15 days after receiving a timely request for appellate review from the practitioner, schedule a date for appellate review. The Administrator shall send, by certified mail return receipt requested, a notice to the practitioner specifying the date, time, and place of the appellate review hearing. The date, time, and place of the appellate review hearing shall be not less than 10 days nor more than 30 days from the date the request for the review is received by the Administrator. When appellate review is waived, the Board shall take action on the

recommendations of the Executive Committee without regard to any deadlines.

Sec. 9.18 Procedure for Appellate Review

- A. When requested by the practitioner under suspension, the appellate review shall be conducted by the Board and a quorum of its members must be present.
- B. The practitioner shall have access to the report and the record (and transcription, if any) of the hearing, as well as all other material, favorable or unfavorable, that was considered in making the adverse recommendation or decision against him.
- C. An accurate record of the appellate review hearing must be maintained by the use of a court reporter who will be present to make an electronic recording or a stenographic record. The cost of the court reporter shall be borne by the Hospital.
- D. Postponement of the hearing beyond the time limit stated in these Bylaws for appellate review may be done only with the approval of the Chairman of the Board, at his sole discretion and only when good cause is shown.
- E. The practitioner shall be entitled to be accompanied to the hearing, and/or represented, by a member of the Medical Staff in good standing and/or by legal counsel.
- F. The Chairman of the Board shall preside over the hearing, determine the order of procedure during the hearing, assure that all participants in the hearing a reasonable opportunity to present relevant arguments based on the record, and maintain decorum. The Chairman of the Board may receive advice on such matters by legal counsel for the Hospital District.
- G. The hearing need not be conducted in strict accordance with the rules of appellate procedure. Only the record to date shall be considered. Prior to or during the hearing, the practitioner shall be entitled to submit a written statement concerning an issue of procedure or fact, and such information shall be made part of the appellate hearing record.
- H. The Executive Committee shall appoint one of its members or another member of the Medical Staff and/or legal counsel as its representative at the appellate hearing to present relevant portions

of the record supporting the adverse recommendation of the Executive Committee. The affected practitioner shall thereafter be responsible for supporting from the record his challenge to the adverse recommendation of the Executive Committee with an appropriate demonstration that the charges or grounds involved lack any factual basis, or that the recommendations based on the findings of fact are either arbitrary or capricious.

- I. The practitioner or his representative and the Executive Committee's representative shall have the following rights:
 - (1) To make arguments based on the record;
 - (2) To submit a written statement at the close of the appellate hearing.

Sec. 9.19 Personal Appearance Required

The personal presence of the practitioner for whom the hearing has been scheduled shall be required. A practitioner who, without good cause, fails to appear and proceed with a hearing, shall be deemed to have waived his rights to appellate review of the matter. If the practitioner wishes to have his absence excused, he may:

- A. Obtain permission from the Chairman of the Board at any time in advance of an anticipated absence. Such permission will be granted or withheld by the Chairman of the Board, at his sole discretion.
- B. Request, within 7 days following an unanticipated absence, an opportunity to appear before the Board to demonstrate that the practitioner had good cause for his unanticipated absence. At its next regularly scheduled meeting, the Board will review the practitioner's explanation for his unanticipated absence.

If the practitioner does not request a review by the Board of his unanticipated absence within 7 days of such absence, or if the Board determines, after reviewing the practitioner's explanation for the unanticipated absence, that the practitioner did not have good cause for such absence, then the practitioner's rights to appellate review shall be deemed to be waived.

Sec. 9.20 Effects of Waiver of Right to Appellate Review

When the practitioner waives his rights to appellate review, either by failure to request appellate review within the time specified in these Bylaws, or by his failure to appear without good cause, then effective immediately, the practitioner's privileges or Medical Staff membership which was the subject of the recommendation for denial shall be either

denied, if not previously granted, or terminated, if previously granted, without further action by the Board.

Sec. 9.21 Board Action on the Matter

- A. The Board shall take action on the matter by adopting or rejecting or modifying the Executive Committee's recommendation in whole or in part, or by referring the matter back to the Executive Committee for further reconsideration. Any such referral back shall state the reasons therefore, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt.
- B. Within 30 days after the conclusion of the appellate review, and the Board's consideration of any additional matters referred by the Board to the Executive Committee, the Board shall render its final decision in the matter in writing and shall send notice thereof to the practitioner by certified mail, return receipt requested, to the Chief Executive Officer, the Chief of Staff, Administrator, and to the Executive Committee.
- C. Final action by the Board shall affect the practitioner's privileges at all District Facilities.

ARTICLE 10: OFFICERS

Sec. 10.1 Officers of the Medical Staff

The Officers of the Medical Staff shall be the Chief of Staff, Vice Chief of Staff, and the Secretary-Treasurer.

Sec. 10.2 Qualification of Officers

Officers must be Active Medical Staff members for greater than four (4) years at the time of their nomination and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create an immediate vacancy in that particular office.

The nominees for Officers of the Medical Staff shall have demonstrated an interest in Memorial Hospital Pembroke and its goals, and a commitment to its mission.

The nominees for Officers of the Medical Staff shall be free of any and all conflicts of interest in relation to the Memorial Healthcare System. This shall include:

- a. They shall not concurrently serve on the Executive Committee of any other hospital including, without limitation, Memorial Regional Hospital, Joe DiMaggio Children's Hospital, Memorial Hospital West, and Memorial Hospital Miramar.
- b. They shall not serve on the Board of Directors or Board of Trustees or occupy an administrative position at any other competing hospital or medical facility in Broward and Dade Counties;
- c. They shall not have any conflict of interest as defined by the Board of Commissioners' Conflict of Interest policy;
- d. A physician whose practice is owned by a competing medical facility does not qualify to serve as an officer of the Medical Staff.
- e. While serving as an officer, if any of the above provisions are violated, it will be considered grounds for removal.

Sec. 10.3 Election of Officers

- A. Prior to, or at the January Executive Committee meetings, the Chief of Staff will appoint a Nominating Committee which shall consist of two past Chiefs of Staff and 3 Active Staff members;

They shall propose a slate of nominees for the offices of Chief of Staff, Vice Chief of Staff, and Secretary-Treasurer. These will be presented to the Executive Committee for approval at its February meeting.
- B. The Executive Committee will inform the Medical Staff of the nominees for Officers via mail. Additional nominees may be added to the slate if each additional nominee has the written nomination of at least fifteen percent of the members of the Active Medical Staff. Nominations are closed on the thirtieth day after the date the initial list of nominees was mailed to the Medical Staff.
- C. Elections for Officers, when required in accord with these Bylaws, will be held in April. The outgoing Chief of Staff, at his discretion, will determine whether the election shall be held by written ballot or at a general staff meeting.
- D. The winners of each office shall be those members who receive a majority of the votes cast for that position. If no majority is

received, a run-off election will be held between the two candidates receiving the highest number of votes for that position.

Sec. 10.4 Term of Office

Officers shall take office on the first day of the Medical Staff year, May 1st, and shall serve a 2-year term. Officers may serve additional terms if so elected.

Sec. 10.5 Vacancies in Office

In the event that an officer position is vacated and not filled by automatic succession as specified in these bylaws, then such position will be filled by a person selected by a nominating committee appointed by the Chief of Staff. Said selection must be ratified by a majority vote of the Executive Committee.

Sec. 10.6 Duties of Officers

A. The Chief of Staff shall serve as the Chief administrative officer of the Medical Staff to:

- (1) Work with the Administrator in the coordination and cooperation of all matters of mutual concern to the Hospital;
- (2) Call, preside at and be responsible for the agenda of all general and special meetings of the Medical Staff;
- (3) Serve as Chairman of the Executive Committee;
- (4) Call, preside at and be responsible for the agenda of all general and special meetings of the Executive Committee;
- (5) Be a member of the District Medical Advisory Committee;
- (6) Serve as an ex-officio member, with vote, on all other Medical Staff committees;
- (7) Be responsible for the enforcement of the Medical Staff Bylaws, rules and regulations; for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.

- (8) Appoint Chairman and members to all standing and special Medical Staff committees – except the Executive Committee, the Medical Staff Planning Committee, and the Mediation Committee;
 - (9) Represent the views, policies, needs and grievances of the Medical Staff to the Administrator, Director of Medical Affairs and the Board of Commissioners;
 - (10) Receive and interpret for the Medical Staff, the Board's policies; report to the Board on the performance and maintenance of quality for the Medical Staff's delegated responsibility to provide medical care;
 - (11) Be responsible for the educational activities of the Medical Staff; and
 - (12) Be the spokesman for the Medical Staff in its external professional and public relations
- B. The Vice Chief of Staff shall, in the absence of the Chief of Staff, assume the duties and have the same authority of the Chief of Staff. He shall be a member of the Executive Committee, Chairman of the Quality Care and Patient Safety Council, and Chairman of the Medical Staff Planning Committee. The Vice Chief of Staff shall automatically succeed the Chief of Staff if the latter fails to serve for any reason.
- C. The Secretary-Treasurer shall be a member of the Executive Committee, the Medical Staff Planning Committee, and shall serve as co-Chairman of the Healthcare System's Credentials Committee. As Treasurer, he shall collect and disburse all Medical Staff funds and shall be accountable for them. He shall submit a quarterly summary report on the Medical Staff's funds. He shall automatically succeed the Vice Chief of Staff, if the latter fails to serve for any reason.

Sec. 10.7 Removal of Staff Officers

Officers of the Medical Staff may be removed from office upon the recommendation of a 2/3's vote of the Executive Committee after the Executive Committee has received a petition from the 1/3 of the Active Medical Staff and following receipt of the report of a special ad hoc committee appointed by the Executive Committee to investigate the reasons for the petition.

Reasons for removal of an officer of the Medical Staff may include, but are not limited, to the following: (a) conflict of interest as defined by the Board policy regarding conflicts or as defined in these Bylaws; (b) disciplinary action by the Medical Staff and/or any other healthcare entity or regulatory body; (c) loss of Active Medical Staff status, i.e., leave of absence; or (d) inability to perform the duties of office.

ARTICLE 11: DEPARTMENTS

Sec. 11.1 Organization of the Departments

A. The Medical Staff shall be organized into the following Clinical Departments:

(1) Medicine

- Allergy and Immunology
- Cardiovascular Diseases
- Dermatology
- Emergency Medicine
- Endocrinology and Metabolism
- Family Practice
- Gastroenterology
- General Practice
- Hematology
- Infectious Diseases
- Internal Medicine
- Medical Oncology
- Nephrology
- Neurology and Psychiatry
- Pediatrics
- Pulmonary Diseases
- Radiology
- Rheumatology

(a) Members of the Emergency Medicine Section shall have all the duties, privileges and responsibilities of the other staff members except that:

- (i) They shall have no admitting or consultation privileges.
- (ii) They shall not be required to participate on an Emergency Room roster other than that involved in their assigned work schedule.

(b) Should members of the Emergency Medicine Section sever their relationship with the Hospital's Emergency Room, their staff appointment will also be automatically terminated. Should they then wish to rejoin the staff in a different Department, they shall make application for appointment as described in Article 5, and must meet the listed qualifications for that service.

- (2) Surgery
- Anesthesiology
 - Colon Rectal Surgery
 - General Surgery
 - Gynecology
 - Neurological Surgery
 - Ophthalmology
 - Oral and Maxillofacial Surgery
 - Orthopedics
 - Otolaryngology
 - Pathology
 - Pediatric Surgery
 - Plastic Surgery
 - Podiatry
 - Thoracic/Cardiovascular Surgery
 - Urology
 - Vascular

B. Each Department shall be organized as a separate part of Medical Staff and shall have a Chief and Vice Chief who shall be responsible for the overall supervision of clinical work within his Department.

C. Organization of Clinical Sections. Each approved and authorized clinical Section or sub-Section shall perform the functions assigned to it by the Department Chairman. Such functions may include, without limitation, the continuous monitoring of patient care practices continuing medical education programs, and credentials review and privileges delineation. The Section shall transmit regular reports to the Department Chairman on the conduct of its assigned functions.

Sec. 11.2 Qualifications, Selections and Tenure of Department and Section Chiefs

A. Each Chief of a Department or Section shall be an Active Medical Staff member, in good standing, who is best qualified for the position by his training, experience and demonstrated ability (four exceptions are described in Subsection C of this Section 2). Each

Chief of the Department shall be Board Certified in his specialty or subspecialty.

A physician whose practice is owned by a competing healthcare entity does not qualify to serve as a Chief of a Department and/or Section.

- B. The Chief of each Department, except the Chiefs of the Sections of Anesthesiology, Pathology, Radiology, and Emergency Medicine of the Medical Staff of Memorial Hospital Pembroke, shall be elected for a 2-year term by the voting members of his Department, subject to approval by the Board, in a manner which shall be set forth in the rules and regulations of the Department. A Chief may serve additional terms, if so elected.
- C. In the case of the Anesthesiology, Pathology, Radiology, and Emergency Medicine Sections, each Chief will be approved by the Board of Commissioners.

In all four of these Sections, the Chief as well as the members of the Sections, must all be members of the Medical Staff. They must meet the same requirements and proceed through the same appointment process as do all other members of the Medical Staff.

- D. In the event of a resignation or the failure of a Department Chief to serve his term, the Vice Chief of the Department shall take over the position as Chief for the unexpired term. The Vice Chief shall be an Active Medical Staff member. A vacancy in the Department Vice Chief position shall be filled by a physician nominated by a nominating committee of the Department and subsequently appointed by the Department Chief.

Sec. 11.3 Removal of Department Officers

Departmental Officers may be removed from office upon the recommendation of a 2/3's vote of the Executive Committee after the Executive Committee has received a petition from 2/3's of the Departmental members and following receipt of the report of a special ad hoc committee appointed by the Executive Committee to investigate the reasons for the Department's petition.

Reasons for removal of a Departmental chief of the Medical Staff, may include, but are not limited to, the following:

- (a) conflict of interest as defined by the Board policy regarding conflicts or as defined in these Bylaws;

- (b) disciplinary action by the Medical Staff and/or any other healthcare entity or regulatory body;
- (c) loss of Medical Staff membership or change in staff status (i.e., leave of absence); or
- (d) inability to perform the duties of office.

Sec. 11.4 Function of Department Chiefs

The responsibilities of each Department Chief shall include the following:

- A. Establish together with the Medical Staff and administration, the type and scope of services required to meet the needs of the patients and the Hospitals;
- B. Serve as a member of the Executive Committee;
- C. Be accountable for all clinical related activities of the Department;
- D. Be accountable for all administratively related activities of the Department, unless otherwise provided for by the Hospital;
- E. Be responsible for the integration of the Department into the primary functions of the organization;
- F. Develop and implement policies and procedures that guide and support the provision of services;
- G. Make recommendations regarding sufficient numbers of qualified and competent persons to provide care or services;
- H. Coordination of interDepartmental and intraDepartmental services;
- I. Orient and provide continuing medical education for members of the Department;
- J. Maintain continuing surveillance of the professional performance of all individuals who possess delineated clinical privileges in the Department;
- K. Recommend to the Medical Staff the criteria for clinical privileges in the Department;
- L. Make recommendations regarding clinical privileges for each member of the Department to the Credentials Committee;

- M. Continually assess and make recommendations for improving the quality and safety of care and services provided and work towards addressing all national patient safety goals;
- N. Maintain quality control programs as appropriate;
- O. Make recommendations for space and other resources needed;
- P. Assess and recommend to Administration the off-site sources for needed patient care, treatment and services not provided by the Department and/or hospital; and
- Q. Determine the qualifications and competence of Department personnel who are not licensed independent practitioners and who provide patient care, treatment and services.

Sec. 11.5 Functions of Departments

The primary responsibility delegated to each Department is to implement and conduct specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided in the Department.

To carry out this responsibility, each Department shall:

- A. Conduct ongoing monitoring to analyze, review and evaluate the quality and efficiency of care within the Department based on objective criteria reflecting current knowledge and clinical experience. This activity shall include without limitation, identification of the important aspects of care for the Department, identification of the indicators used to monitor the quality and appropriateness of care. Each Department shall review all clinical work performed under its jurisdiction. The Department shall also identify actions to be taken to resolve identified problems.
- B. Establish criteria for granting Clinical Privileges in the Department and submit the recommendations required under these Bylaws regarding the specific privileges to be granted to each Staff member or applicant and each health professional affiliate.
- C. Conduct or participate in, and recommend continuing education programs pertinent to changes in the state-of-the-art and to findings of review and evaluation activities.
- D. Monitor, on a continuing and concurrent basis, adherence to: (a) Staff Bylaws, Rules and Regulations, and hospital policies and procedures; (b) requirements for alternate coverage and

consultations; (c) sound principles of clinical practice; and (d) fire and other regulations designed to promote patient safety.

- E. Coordinate the patient care provided by the Department's members with nursing and ancillary services and administrative support services.
- F. Foster an atmosphere of professional decorum within the Department appropriate to the healing arts.
- G. Submit written reports to the Executive Committee on a regularly scheduled basis concerning: (a) findings of the Department's review and evaluation activities, action taken thereon, and the results of such action; (b) care provided in the Department and the Hospital; and (c) such other matters as may be requested from time to time by the Executive Committee.
- H. Meet at least quarterly each year to receive, review and consider patient care audit findings and the results of the Department's other monitoring, evaluation and education activities and to perform or receive reports on other Department and staff functions.
- I. Establish and describe such committees or other mechanisms as are necessary to perform properly the functions assigned to it.
- J. Establish written rules and regulations for the organization, operation and function of the Department that do not conflict with the Medical Staff Bylaws and Rules and Regulations. The rules and regulations must be reviewed annually and any additions, deletions, revisions or changes must be approved by the Executive Committee and ratified by the Board. In no case shall the Department's rules and regulations supersede or counteract the Medical Staff Bylaws, and Rules and Regulations.
- K. Each Department shall participate in the ongoing review of its care and submit quarterly reports to the Quality Care and Patient Safety Council.

Sec. 11.6 Formation of New Departments

- A. New Departments may be formed, by disciplines which admit patients to the Hospital, in the following manner:
 - (1) Staff members specializing in a particular discipline may petition the Executive Committee to form a separate Department.

- (2) The proposed Department must meet the following qualifications:
 - a. The Department must consist of a specialty recognized as a distinct discipline or number of specialties in related disciplines;
 - b. There must be at least five staff members who are Board certified or Board eligible for certification in their specialty;
 - c. At least one staff member must be an Active Medical Staff member;
 - d. The members requesting the formation of the new Department must demonstrate that they admit a combined total of at least 350 patients per year to the Hospital in that specialty, except for those clinical Departments which are excluded from any admitting privileges;
 - e. The request for the formation of a new Department shall be sent to the Executive Committee. They will investigate the need, desirability, advantages and disadvantages of providing such a Department to the patients and the Hospital. A decision regarding the request will then be made by a majority vote.
 - f. Any adverse ruling from the Executive Committee will result in rejection of the request. A favorable ruling will be sent on to the Board for final approval.

B. New Departments without admitting privileges may be formed, if the need exists, in the following manner:

- (1) The Executive Committee shall, de novo, or in response to a request from the Medical Staff, the Administrator or the Board, consider the advisability of forming such a Department.
- (2) If the Executive Committee agrees that such a step is warranted, it shall direct the Bylaws Committee to draw up the necessary bylaw amendments and present them to the Executive Committee.
- (3) The Executive Committee will then consider the proposed amendments and if approved, with or without further alteration,

the proposed amendments will be presented to the Medical Staff in accordance with Article 17 of the Bylaws.

- (4) In accordance with Article 17 of the Bylaws, such amendments shall become effective when approved by the Board.

Sec. 11.7 Formation of Sections

Nothing in these Bylaws prohibits the formation of specialty or subspecialty Sections within a Department, as long as it is expressly understood that such Section will remain subsidiary to that Department, and the rules and regulations of the Department will continue to take precedence over the Section's rules and regulations.

A Section may be formed upon the Department's decision, and must then be approved by the Executive Committee.

ARTICLE 12: COMMITTEES
(In Alphabetical Order)

Sec. 12.1 Bylaws Committee

- A. This committee is a system-wide committee performing its functions for the Medical Staffs of Memorial Regional Hospital, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Pembroke and Memorial Hospital Miramar. The Bylaws committee shall consist of Co-Chairmen representing each of the Hospitals, as well as Medical Staff representation from each of the facilities.
- B. The Bylaws Committee shall annually review and revise as necessary the Medical Staff Bylaws so that they reflect current staff practices. This review shall consist of comparing the Bylaws to standards recommended by the JCAHO and other accrediting bodies, as well as comparing the Bylaws to current practice. This committee shall also review all proposals for amendments to the Bylaws and submit recommendations to the Executive Committee. This committee will meet as often as necessary, at the call of chairman, but at least once a year.
- C. The Committee shall maintain a record of its proceedings and make timely reports to the Executive Committees.

Sec. 12.2 Cancer Committee

- A. The Cancer Committee shall be multidisciplinary in nature and will include representatives from the Medical Staffs of the Memorial Healthcare System specializing in surgery, medical oncology, pediatric oncology, internal medicine, gynecology, pediatrics,

urology, diagnostic radiology, radiation oncology, pathology, and family practice. The Committee will also include representatives from Administration, Nursing, Social Work, Rehabilitation, the Oncology Data Center, and from Quality Management. The American College of Surgeons Commission on Cancer Liaison Physician will serve as a permanent member of this committee.

- B. The Committee will be responsible for planning, initiating, stimulating, and assessing all cancer-related activities in the healthcare system.
- C. The Committee will:
 - (1) Organize, publicize, conduct, and evaluate weekly educational and consultative cancer conferences that are multi-disciplinary, system-wide, and patient oriented.
 - (2) Assurance consultative services from all major disciplines are available to all patients;
 - (3) Plan and complete two patient care evaluations annually, including survival and comparison data;
 - (4) Ensure rehabilitation services and a supportive care system is in place for all patients and families;
 - (5) Supervise the Oncology Data Center and ensure accurate and timely abstracting, staging, and follow-up reporting; and
 - (6) Monitor cancer program activities to maintain the standards for Comprehensive Community Cancer Program approval.
- D. The Committee shall meet at least quarterly.

Sec. 12.3

Credentials Committee

There will be 2 distinct Credentials Committees of the Memorial Healthcare System appointed for a period of 2 years by the Chiefs of the Staffs as follows: (1) a committee to handle all pediatric-related credentialing issues; and (2) a committee to handle all credentialing issues that are not pediatric related. The "adult" Credentials Committee shall consist of co-chairmen who are the elected Secretary-Treasurers of the Medical Staffs of the Memorial Healthcare System. The "pediatric" Credentials Committee shall consist of co-chairmen who are appointed by the Chiefs of Staffs and who may or may not be the elected Secretary-Treasurers of the Medical Staff.

The Credentials Committee shall consist of members of the Active Staffs, appointed for a period of 2 years by the Chiefs of Staffs, and selected to ensure representation by the major clinical specialties, the Hospital-based specialties, and the Medical Staffs at large. There will be representation from Administration.

- A. The duties of the Credentials Committee shall be:
- (1) To review the credentials of all applicants, and make recommendations for membership and delineation of clinical privileges according to Articles 4, 5 and 6;
 - (2) To report to the Executive Committee on each applicant for staff membership and/or clinical privileges, including specific consideration of the recommendations from the Departments in which the applicant has requested privileges;
 - (3) To periodically review all available information regarding the competency of the Medical Staff's members and to make subsequent recommendations to the Executive Committee for granting of privileges, reappointments and the assignment of practitioners to the various Departments, as provided in Articles 4, 5 and 6 of these bylaws;
 - (4) To investigate any breach of ethics reported to it; and
 - (5) To review any reports referred to it by the Executive Committee, the quality care council, the Departments, and/or Chief of Staff.
- B. The Credentials Committee shall meet as often as necessary to perform its functions, shall maintain a permanent record of its proceedings and actions and shall make regular reports of its recommendations to the Executive Committee.

Sec. 12.4

Critical Care Committee

- A. The Critical Care Committee shall consist of a chairman and at least six members of the Medical Staff which include members of the specialties of family practice, neurology, neurosurgery, internal medicine, general surgery, and cardiology, all appointed by the Chief of Staff. There will also be representatives appointed from administration, nursing, and other paramedical personnel.
- B. The Critical Care Committee shall be responsible for recommending policies and procedures for the critical care areas, as well as implementing such policies and procedures approved by the Executive Committee. This Committee will handle problems arising within the units concerning physicians, bed utilization, and

medical management concerns. The Committee will also assist with nursing staff training and on-going education and promote staff physician participation. In support of performance improvement, the Committee also assumes responsibility for the quality and appropriateness of care in the critical care units.

- C. The Committee shall meet as necessary and shall maintain a record of its proceedings and make timely reports to the Executive Committee.

Sec. 12.5 District Medical Advisory Committee

- A. The South Broward Hospital District shall have a District Medical Advisory Committee to assist the Board of Commissioners with issues relating to Medical Staff credentialing, and physician coverage for all District facilities.
- B. The District Medical Advisory Committee will consist of: (1) Chiefs of Staffs of District Hospitals; (2) the chairmen of the Credentials Committee of District Hospitals; (3) the Administrators of District Hospitals, or their designee; (4) the Chief Executive Officer of the Hospital District or his designee; and (5) the Directors of Medical Affairs (ex-officio without vote).
- C. The duties of the District Medical Advisory Committee shall be as follows:
 - (1) To review discordant credentials and privileges for consistency at all District facilities prior to being presented to the Board for approval;
 - (2) To review all adverse recommendations of District hospitals' Executive Committees for consistency with policy at all District facilities prior to Board final action;
 - (3) To make recommendations regarding specific physician coverage needs at any District Hospital, including, without limitation, emergency call;
 - (4) To deal with conflicting Medical Staff issues at all District facilities.
- D. The District Medical Advisory Committee shall meet as necessary or as required by the Bylaws of the Medical Staffs. A permanent record of the proceedings and reports shall be maintained.
- E. Recommendations and reports of the District Medical Advisory Committee will be forwarded to the Board within 30 days or as otherwise required by these Medical Staff Bylaws.

Sec. 12.6 Emergency Preparedness Committee

- A. The Emergency Preparedness Committee shall consist of a chairman and at least 6 members of the Medical Staff, all appointed by the Chief of Staff. One of these members shall be the Chief of Emergency Medicine or his designee. The Administrator may appoint suitable hospital personnel to serve ex-officio without vote.

- B. The Emergency Preparedness Committee shall assist the Hospital in the preparation and review of internal and external and disaster plans. The Committee shall assure that there is Medical Staff participation in disaster drills and the Committee will review the evaluation of these drills. The Committee will meet as often as necessary, at the call of the chairman, but at least annually.

- C. The Committee shall maintain a record of its proceedings and make timely reports to the Executive Committees.

Sec. 12.7 Ethics Committee

- A. The Ethics Committee shall be a system-wide committee performing its functions for the Medical Staffs of Memorial Regional Hospital, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Pembroke, and Memorial Hospital Miramar. The Ethics Committee will consist of four co-chairmen representing each of the Medical Staffs and at least four representatives from each facility. A representative from the lay community will be appointed to the Committee, as well as a representative from the clergy. The Administrators may appoint other hospital personnel to serve as ex-officio members of this committee, including legal representation.

- B. The functions of the Ethics Committee shall include education of the Committee members, Medical Staff and hospital staff members, patients, and families; policy recommendations; and case review of problematic cases. The Hospital-specific representatives appointed to the system-wide Ethics Committee will handle emergency case reviews at the Hospital level.

- C. The Committee shall make its recommendations to the Executive Committee. In case reviews, the Committee will make its recommendations to the attending physician, patient, and/or family members and submit a brief summation of its proceedings to the Executive Committees.

Sec. 12.8 Executive Committee

- A. Each Department shall be entitled to a single vote on the Executive Committee for each twenty Active members in the Department, plus one vote for any fraction thereof. No individual on the Committee shall personally cast more than two votes and any Department entitled to more than two votes shall elect an additional Active member to serve on the Committee as defined in Section 12.2.B.(3). Each May, the number of Active Staff members in each Department will be recalculated to ensure proper representation at the Executive Committee.
- B. The Executive Committee shall consist of the following members of the Medical Staff:
- (1) The Chief of Staff, the Vice Chief of Staff, and the Secretary-Treasurer of the Medical Staff, each elected by the Medical Staff with the procedures described in Article 10, Section 3. Each of the three Officers of the Medical Staff shall have one vote.
 - (2) The elected Chiefs of the Departments. As provided in Subsection A above, of this Article 12, Section 1, each Chief of a Department with 1 to 20 Active members shall be entitled to 1 vote, and those Departments with 21 to 40 Active members shall be entitled to 2 votes.
 - (3) Those Departments with 41 to 60 and 61 to 80 Active members shall elect another member to serve on the Executive Committee with the right to cast 1 or 2 votes, respectively. When Departments have over 80 Active members, similar increments shall continue in the same ratio.
 - (4) The Chiefs of the hospital-based Sections (Anesthesiology, Emergency Medicine, Pathology, and Radiology), each appointed as described in Article 11, Section 11.2 (C). Each hospital-based Section Chief shall have one (1) vote.
 - (5) If a vacancy occurs with an at-large member, the Chief of the Department shall appoint an at-large member who will serve the remainder of the term.
 - (6) The Administrator, the Chief Medical Officer, the Director of Medical Affairs, the immediate past Chief of Staff, Chief Nursing Officer, and other administrative staff as deemed appropriate, shall be ex-officio members without vote.
- C. The duties of the Executive Committee shall be as follows:

- (1) To represent and act on behalf of the Medical Staff, subject to those limitations set forth in these bylaws;
- (2) To coordinate the activities and general policies of the different services;
- (3) To receive and act on reports of Medical Staff committees, Departments and other assigned activity groups;
- (4) To implement those Medical Staff policies for which the Departments are not responsible;
- (5) To provide a liaison mechanism between the Medical Staff, the Administrator and ultimately the Board;
- (6) To make recommendations to the Board, through the Administrator, on matters which are of a medico-administrative nature;
- (7) To make recommendations to the Board, through the Administrator, on hospital-management matters;
- (8) To make recommendations regarding the organized Medical Staff structure;
- (9) To fulfill the Medical Staff's responsibility to the Board by accounting for the medical care rendered to the Hospital's patients;
- (10) To ensure that the Medical Staff is kept abreast of the Joint Commission on Accreditation of Healthcare Organizations standards and to inform the staff of the Hospital's accreditation status;
- (11) To provide for the preparation of all staff meeting programs, either directly or by delegating this responsibility to a program committee or some other individual;
- (12) To review the credentials of all applicants and to make subsequent recommendations regarding staff membership, assignment to Departments and delineation of clinical privileges to the Governing Board;
- (13) To periodically review all available information regarding the performance and clinical competence of staff members and other practitioner's clinical privileges for making subsequent

recommendations regarding reappointments and renewal or changes in clinical privileges.

- (14) To take all reasonable steps for ensuring competent clinical performance and professionally ethical conduct by all members of the Medical Staff, including the initiation of and/or participation in warranted corrective or review measures for the Medical Staff.
- (15) To provide each member of the Medical Staff with information regarding significant Executive Committee actions;
- (16) Review and recommend amendments to the Bylaws;
- (17) To make recommendations regarding the mechanisms used to review credentials and delineated individuals clinical privileges to the Governing Board;
- (18) To organize the Medical Staff's performance improvement activities and establish a mechanism designed to conduct, evaluate, and revise such activities;
- (19) To develop the mechanism by which Medical Staff membership may be terminated; and
- (20) To create the mechanism for fair hearing procedures.

D. The Executive Committee shall meet at least 10 times a year, preceding the regular monthly Board meeting, unless specifically changed by the Chief of Staff. A permanent record of the proceedings and actions taken at these meeting shall be maintained and are available for review by members of the Medical Staff.

Fifty percent of the duly-elected voting members (or their substitutes, as specified in Article 12, Section 12.2) will constitute a quorum.

Only members of the Executive Committee and specially invited guests are permitted to attend these meetings.

E. Significant actions taken by the Executive Committee, as recorded in its minutes, shall be sent to the members of the Medical Staff within twenty days after each meeting. These will be considered automatically ratified and approved by the Medical Staff on the 14th

day after they are sent, unless a staff member files a written objection with the Chief of Staff prior to that date (any staff member so objecting may also request to appear at the Executive Committee's next meeting).

If the Executive Committee has considered a staff member's objection and has rejected it, then the staff member may, in writing to the Chief of Staff, request that the matter be presented at the next regular Medical Staff meeting or at any special meeting called to consider the matter. Through this procedure any decision made by the Executive Committee may be overruled at the next Medical Staff meeting, by a two-thirds majority vote of the members present and voting provided there is a quorum.

- F. A member of the Medical Staff who is officially requested in writing by the Chief of Staff, the Administrator, or their designee by certified mail to appear at an Executive Committee meeting must appear at the time and place requested, unless excused by the Chief of Staff for good cause. Failure to appear may result in corrective action.
- G. Election of Executive Committee Representatives
 - (1) On or before February 1 of each year, the Chief of the Department will appoint a nominating committee which shall consist of at least 3 Active attending members;
 - (2) The Nominating Committee shall propose to the Department a slate of nominees for Department representatives to the Executive Committee. The slate will separately specify the nominees for representatives who have one vote and the nominees for representatives who have two votes. The slate will be presented to the Department for a vote no later than March 1. The Chief of the Department may at his or her discretion, determine whether the vote for Executive Committee representatives shall be taken at a Department meeting or by mail.
 - (3) The representatives of the Department to the Executive Committee shall be those members who receive a majority of the votes cast for that position. If no majority is received, a run-off election will be held between the two candidates receiving the highest number of votes for that position. Executive Committee members shall begin serving on the first day of the Medical Staff year, May 1st of each year, and shall serve a 2-year term. Executive Committee members may serve additional terms if so elected.

Sec. 12.9 Formulary Committee

- A. A system-wide Formulary Committee shall be responsible for the development of a system-wide Formulary that is reviewed annually. The Committee will consist of physician representatives from Memorial Regional Hospital, Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Pembroke, and Memorial Hospital Miramar appointed by the Chiefs of Staff, and hospital representatives appointed by each Administrator.

- B. The Committee will meet as often as necessary and submit reports to the Executive Committees.

Sec. 12.10 Institutional Review Board

- A. The Institutional Review Board shall be a committee of the Memorial Healthcare System performing its functions for the Medical Staffs of all facilities within the Memorial Healthcare System. The Institutional Review Board shall consist of a chairman and at least three other members of the Medical Staff, all appointed by the chief of staffs. The director of the Hospital pharmacy of Memorial Regional Hospital shall be a member of the Institutional Review Board, as may also be such suitable hospital personnel as the Administrators may appoint. A representative from the lay community will also be appointed to the board, as well as a representative from the clergy.

- B. The Institutional Review Board shall be responsible for review of all experimental procedures and the use of experimental drugs. The Committee will meet as necessary, at the call of the chairman.

- C. The Institutional Review Board shall maintain a record of its proceedings and make timely reports to the appropriate Executive Committee.

Sec. 12.11 Medical Staff Planning Committee

- A. The Medical Planning Committee shall consist of the Chief of Staff, Vice Chief of Staff, Secretary-Treasurer, Chief of the Department of Medicine and the Chief of the Department of Surgery as voting members. Ex-officio members without vote shall include the Administrator, the Director of Medical Affairs and other administrative personnel as deemed appropriate.

- B. The Vice Chief of Staff shall serve as Chairman of the Committee.

- C. The duties of the Medical Staff Planning Committee are to receive and consider matters referred to it by the Board, the Administrator,

or the Chief of Staff, and to make recommendations to the Executive Committee.

- D. The Committee shall meet at the call of the Chairman, shall maintain a record of its proceedings, and shall submit timely reports to the Executive Committee.

Sec. 12.12 Nominating Committee

- A. The Nominating Committee shall consist of two past Chiefs of Staff and three members chosen by the Executive Committee as a whole upon the recommendation of the Chief of Staff, with the Chairman appointed by the Chief of Staff.
- B. The duties of the Nominating Committee are to present to the Executive Committee at its February meeting, a slate of nominees for the following offices:
 - (1) One or more candidates for the office of Chief of Staff;
 - (2) One or more candidates for the office of Vice Chief of Staff;
 - (3) One or more candidates for the office of Secretary-Treasurer.

Sec. 12.13 Pharmacy and Therapeutics Committee

- A. The Pharmacy and Therapeutics Committee shall consist of a chairman and at least four other members of the Medical Staff, all appointed by the Chief of Staff. The Director of the Hospital Pharmacy shall be a member of the Committee with vote, as may also be such suitable hospital personnel as the Administrator may appoint, which shall include nursing representation.
- B. The Pharmacy and Therapeutics Committee shall be responsible for the development and surveillance of pharmacy and therapeutics policies and practices, ongoing planned and systematic review of drug usage, and the review of all untoward reactions. The Committee will meet as often as necessary, at the call of the chairman, but at least quarterly.
- C. The Committee shall maintain a record of its proceedings and make timely reports to the Executive Committee.

Sec. 12.14 Quality Care and Patient Safety Council

- A. Membership shall consist of the following ex-officio members with vote: (1) a representative from the Governing Board; (2) the Vice Chief of Staff; (3) the Chairman of the Pharmacy and Therapeutics Committee; (4) the Director of Medical Affairs or his designee; (5) the Risk Manager; (6) a representative from the Medical Records Department; and (7) a representative from the Nursing Department.

Other voting members of the council will be as follows: (1) the Vice Chairman of the Department of Surgery, (2) the Vice Chairman of the Department of Medicine and (3) representatives from two other Sections (all four appointed by the Chief of Staff).

- B. This council shall be responsible for all performance improvement activities within the Hospital. The review will include, but not be limited to, the performance improvement activities of the Hospital Departments, the Medical Staff Departments, the Medical Staff functions including surgical case review, blood usage, drug usage, medical records, infection control, utilization review, mortalities review, and development of standards and criteria for medical care.
- C. The Quality Care and Patient Safety Council shall meet at least quarterly and shall maintain a permanent record of its findings, proceedings and actions. They shall make a quarterly report to the Executive Committee.

Sec. 12.15 Transfusion Committee

- A. The Transfusion Committee shall be a system-wide committee performing its functions for the Medical Staffs of Memorial Regional Hospital, the Joe DiMaggio Children's Hospital, Memorial Hospital West, Memorial Hospital Pembroke and Memorial Hospital Miramar.
- B. The Transfusion Committee shall consist of a chairman and other members, three of which are members of the Medical Staff of Memorial Regional Hospital appointed by the Chief of the Medical Staff of Memorial Regional Hospital, one of which is a member of the Medical Staff of the Joe DiMaggio Children's Hospital appointed by the Chief of the Joe DiMaggio Children's Hospital Medical Staff, three of which are members of the Medical Staff of Memorial Hospital West, three of which are members of the Medical Staff of Memorial Hospital Pembroke, and three of which are members of the Medical Staff of Memorial Hospital Miramar. The supervisor of the blood bank at Memorial Regional Hospital shall be an ex-officio member without vote, as may also be such suitable hospital personnel as each Administrator may appoint.
- C. The Transfusion Committee will be responsible for the evaluation of all confirmed transfusion reactions, the development or approval of policies and procedures relating to the distribution, handling, use and administration of blood and blood components, the review of the adequacy of transfusion services to meet the needs of patients and review of ordering practices for blood and blood products. The

committee will assist the clinical Departments in the development and review of screening criteria for blood usage review.

- D. The Committee shall maintain a record of its proceedings and make timely reports to the Executive Committees.

Sec. 12.16 Utilization Review Committee

- A. This committee is a single committee performing its functions for the Medical Staffs of Memorial Regional Hospital and the Joe DiMaggio Children's Hospital. The Utilization Review Committee shall consist of a chairman and at least four other members, three of which are members of the medical staff of Memorial Regional Hospital appointed by the Chief of the Medical Staff of Memorial Regional Hospital, and one which is a member of the Medical Staff of Joe DiMaggio Children's Hospital appointed by the Chief of the Medical Staff of Joe DiMaggio Children's Hospital. The Medical Director of Clinical Resource Management and the Director of Clinical Resource Management shall be ex-officio members without vote, as may also be such suitable hospital personnel as the Administrator may appoint.
- B. The Utilization Review Committee will be responsible for oversight of all utilization, clinical resource, length of stay, and appropriateness of care issues.
- C. The Committee shall meet as often as necessary at the call of the Chairman. The Committee shall maintain a record of its proceedings and make timely reports to the Executive Committee.

Sec. 12.16 Other Committees

- A. Provisions for additional standing committees may be made at any time by amendments of these Bylaws in accordance with Article 17.
- B. The Chief of Staff may at any time appoint an ad hoc committee for a specified purpose. An ad hoc committee ceases to exist at the completion of its specified tasks or at the end of the staff year, whichever comes first, but may be reinstated the following year by the Chief of Staff, as he deems necessary.

ARTICLE 13: MEDICAL STAFF MEETINGS

Sec. 13.1 General Staff Meeting

A general staff meeting shall be held as necessary. Written or printed notices, indicating the time and place of the meeting, shall be mailed by the Director of Medical Staff Services to each member of the Medical Staff

not less than seven (7) days nor more than twenty-one (21) days before the meeting date.

Sec. 13.2 Special Meetings

The Chief of Staff or the Executive Committee may call a special meeting of the Medical Staff at any time.

The Chief of Staff shall call a special meeting within fifteen (15) days after he receives a written request for such, signed by not less than one-fourth of the Active Staff and stating the purpose of the meeting.

The Executive Committee shall designate the time and place for any special meeting.

- A. Written or printed notices, indicating the time, place and purpose of the special meeting shall be mailed by the Director of Medical Staff Services to each member of the Medical Staff not less than seven (7) days nor more than fourteen (14) days before the date of such meeting.
- B. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

Sec. 13.3 Quorum

A quorum will be comprised of the voting members present, but not less than two members of the Active Medical Staff.

Sec. 13.4 Robert's Rule of Order

Robert's Rule of Order will prevail at all meetings unless they are in conflict with these Bylaws.

ARTICLE 14: COMMITTEE AND DEPARTMENT MEETINGS

Sec. 14.1 Regular Meetings

Committees shall meet as often as stated in these Bylaws, the time and place to be determined by the respective Chairmen.

Each Department of the Medical Staff will meet at least quarterly.

Sec. 14.2 Special Meetings

At the request of any Chairman or Chief, a special meeting of any committee or Department may be called. A special meeting may also be called at the request of the Chief of Staff or by one-third of the group's membership.

Sec. 14.3 Notice of Meetings

Written or verbal notice stating the time and place of any special or regular meeting shall be given to each member of the committee or Department, by the person or persons calling the meeting, not less than seven days prior to the meeting.

Sec. 14.4 Quorum

A quorum will be comprised of the voting members present, but not less than two members of the Active Medical Staff of the Department or Committee.

Individuals serving under these Bylaws as non-voting, or ex-officio members of a committee shall not be included when determining whether or not a quorum exists.

Sec. 14.5 Manner of Action

- A. The action of a majority of the members present at a meeting when a quorum exists, shall be the action of the committee or Department; a minority report may be submitted to the Executive Committee.

- B. By unanimous consent, action may be taken without a meeting, as long as the action taken is stated in writing and signed by each member eligible to vote.

Sec. 14.6 Minutes

Minutes of each regular and special meeting of a committee or Department shall be prepared and will include a record of the members' attendance and the vote taken on each matter.

The minutes shall be signed by the presiding officer and forwarded to the Executive Committee. For each of their meetings, each committee or Department shall maintain a permanent file of their minutes.

Sec. 14.7 Attendance Requirements

- A. Each member of the active or provisional Medical Staff is encouraged to attend Departmental and committee meetings.

- B. A practitioner whose patient's clinical course is scheduled for discussion at a regular Department meeting or clinical conference shall be so notified by the Chief of the Department and shall be expected to attend the meeting.

Whenever apparent or suspected deviation from standard clinical practice is involved, the practitioner shall be so notified by certified mail, return receipt requested. The notice shall include a statement

that his attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

- C. A practitioner's failure to attend any such meeting when he was notified that attendance was mandatory, unless excused by the Executive Committee after showing good cause, shall result in automatic suspension of all or such portion of the practitioner's clinical privileges as the Executive Committee may direct, such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action if necessary.

In all other cases, should the practitioner request postponement after showing good cause that his absence will be unavoidable, the presentation may be postponed by the Chief of the Department.

If the practitioner involved is a Chief of a Department, then the Executive Committee may postpone the presentation.

In either case, postponement shall not be any longer than the next regular Department meeting. Otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

Sec. 14.8 Robert's Rule of Order

Robert's Rule of Order will prevail at all meetings, unless in conflict with these Bylaws.

ARTICLE 15: IMMUNITY FROM LIABILITY

The following shall be express conditions to any practitioner's application for exercise of, clinical privileges at this hospital:

- A. The applicant releases from any liability all representatives of the Hospital and its Medical Staff for their acts or omissions in connection with evaluating the applicant and his credentials, and releases from any liability all individuals and organizations who provide information to the Hospital concerning the applicant's competence, ethics, and other qualifications for staff appointment and clinical privileges including otherwise privileged or confidential information. The applicant further agrees to execute authorizations and releases to accomplish the preceding clauses on the application forms provided by the Hospital.
- B. That any act, communication, report recommendation or disclosure, with respect to any such practitioner, performed or made in good faith and without malice and at the request of an authorized representative or this or any other health care facility, for the purpose of achieving and maintaining

quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by laws.

- C. That such privilege shall extend to members of the Hospital's Medical Staff and to its Board, its other practitioners, its Administrator and his representatives and to third parties, who supply information to any of the foregoing, authorized to receive, release or act upon the same.

For the purpose of this Article 15, the term "third parties" means both individuals and organizations from whom information has been requested by an authorized representative of the Board or of the Medical Staff.

- D. That there shall, to the fullest extent permitted by the law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation or disclosure even where the information involved would otherwise be deemed privileged.

- E. That such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related but not limited to:

- (1) Applications for appointment or clinical privileges;
- (2) Periodic re-appraisals for reappointment or clinical privileges;
- (3) Corrective action, including summary suspension;
- (4) Hearings or appellate reviews;
- (5) Medical care evaluations;
- (6) Utilization reviews; and
- (7) Other hospital Departmental, clinical Department, or committee activities related to performance improvement and inter-professional conduct.

- F. That acts, communications, reports, recommendations and disclosures referred to in this Article 15 may relate to practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics or any other matter that might directly or indirectly have an effect on patient care.

- G. That in furtherance of the foregoing, each practitioner shall, upon request of the Hospital, execute releases in accordance with the tenor and import of this Article 15 in favor of the individuals and organizations specified in Subsection B, subject to such requirements, including those of good faith, absence of malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State.

- H. That the consents, authorizations, releases, rights, privileges and immunities provided in Sections 1 and 2 of Article 5 of these Bylaws for

the protection of this hospital's practitioners, other appropriate hospital officials and personnel and third parties, in connection with applications for initial appointment shall also be fully applicable to the activities and procedures covered by this Article 15.

ARTICLE 16: 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 Board. These shall relate to the proper conduct of Medical Staff organization activities, as well as embody the level of practice that is to be required of each practitioner in the Hospital. Each Department shall adopt rules and regulations as necessary to more specifically implement the general principles found within these Bylaws, within their Department. In no case may the rules and regulations of the Department supersede or counteract the Medical Staff's Bylaws, Rules and Regulations.

The Medical Staff and Department Rules and Regulations shall be approved by the Executive Committee, then submitted to the Board and shall become effective when approved by the Board. These rules shall be reviewed and revised as necessary.

Neither the organized Medical Staff nor the Governing Board may unilaterally amend the Rules and Regulations.

ARTICLE 17: AMENDMENTS

Proposals for amendments to these Bylaws may be initiated by a voting member of the Medical Staff who obtains a signed concurrence of 15 other voting members, and shall be submitted to the Bylaws Committee. Proposals for amendments may also be initiated by action of the Executive Committee.

The Bylaws Committee shall report on the proposed amendment, with a recommendation to the Executive Committee, within 60 days. The Executive Committee may initiate changes to these Bylaws without prior report from the Bylaws Committee. Any Bylaws amendments approved by the Executive Committee shall be deemed to be adopted by the Medical Staff on the 14th day after the amendments are sent to the Medical Staff in accord with Section 12.2 (E) of these Medical Staff Bylaws, unless any member of the Medical Staff objects as stated in Section 12.2 (E) of these Medical Staff Bylaws. Such amendments adopted by the Executive Committee without objection from any staff member shall become effective when approved by the Board.

If any staff member, objects to Bylaws approved by the Executive Committee within said 14 day time period, or if the Executive Committee votes against adopting a proposed amendment to the Bylaws which was requested on a petition signed by 16 voting members of the Medical Staff, then in order to bring the proposed amendment to the Medical Staff, the supporters of the amendment must first obtain a petition signed by 30 voting members of the Medical Staff which petition supports the proposed amendment. This petition must be presented to the Executive Committee which shall then arrange

for the proposed amendment to be presented to each member of the Medical Staff, by mail. Members of the Medical Staff shall vote on the proposed amendment by mail. In order to be counted, votes must be received in the Medical Staff Office within 30 days from the date the proposed amendment was first mailed to the Medical Staff. A vote of at least 2/3 of the Medical Staff members voting in favor of the amendment shall be required in order to constitute approval of the Medical Staff for purposes of presenting such an amendment to the Board. Such amendments shall become effective if approved by the Board.

The Medical Staff Bylaws will be reviewed annually and revised as necessary to reflect current staff practices. This review will be conducted by the members of the Bylaws Committee and will consist of comparing the Medical Staff Bylaws to standards recommended by the Joint Commission on Accreditation of Healthcare Organizations and other accrediting bodies, a review by the Hospital attorney (if deemed appropriate), and comparison of the Bylaws to current staff practices.

Neither the organized Medical Staff nor the Governing Board may unilaterally amend the Medical Staff Bylaws.

ARTICLE 18: ADOPTION

These Bylaws, together with the appended rules and regulations shall be adopted by the Medical Staff on the 14th day after they are sent to the Medical Staff in accordance with Section 12.2.E. of these Bylaws and shall become effective when approved by the Board of Commissioners.

These Bylaws are adopted by the Medical Staff of Memorial Hospital Pembroke and its meeting of October 14, 2004, held at Memorial Hospital Pembroke.

Melvyn Rech, DO, Chief of Staff

Nicholas Suite, MD, Vice-Chief of Staff

Jeffrey Snow, MD, Secretary/Treasurer

These Bylaws were subsequently approved by the Board of Commissioners of the South Broward Hospital District at its meeting of October 27, 2004.

Albert C. Jones, Chairman

Shane Strum, Vice-Chairman

Kevin Tynan, Secretary/Treasurer