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THE LANCASTER GENERAL HOSPITAL
LANCASTER, PENNSYLVANIA

MEDICAL AND DENTAL STAFF

BYLAWS

PREAMBLE

BECAUSE, the Lancaster General Hospital is a non-profit corporation organized under the laws of the Commonwealth of Pennsylvania; and

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

BECAUSE the Medical and Dental Staff is an integral part of the Hospital and has responsibilities concerning the quality of medical care in the Hospital and must accept and discharge these responsibilities, subject to the ultimate authority of the Hospital's governing body, and that the cooperative efforts of the Medical and Dental Staff, the chief executive officer and governing body are necessary to fulfill the Hospital's obligations to patients:

THEREFORE, the physicians and dentists practicing in Lancaster General Hospital hereby set forth these Bylaws, and Rules and Regulations in conformity with applicable State law, the Charter and Bylaws of the Hospital and the requirements of the Joint Commission on Accreditation of Healthcare Organizations.
ARTICLE ONE

DEFINITIONS

For the purpose of these Bylaws, and the Rules and Regulations adopted by the Medical and Dental Staff and approved by the Board, the following terms shall have the meanings assigned to them in this Article unless the context clearly indicates otherwise.

Attending Physician - the physician with primary responsibility for management of the medical care rendered to the patient within the hospital. That physician whose service was assigned at the time of the patient's admission until the patient is reassigned or transferred to another physician.

Board - The Board of Directors of the Lancaster General Hospital.

Clinical Privileges - Permission to provide medical, dental or other patient care services in Lancaster General Hospital within defined limits established by the hospital.

Clinical Department - An organized division of the Medical and Dental Staff which is delegated the responsibility for meetings; review and evaluation of the quality of medical care provided by its members, hospital-based continuing education of its members and shall report to the Executive Committee.

Dentist - A person who holds a license to practice dentistry.

Executive Committee - The Executive Committee of the Medical and Dental Staff unless otherwise specified.

Medical Affiliates - Any specialist in allied fields of medicine and dentistry who may render care to patients in the Hospital in accordance with the provisions of these Bylaws and the laws of the Commonwealth of Pennsylvania.

Medical and Dental Staff or Staff - All licensed physicians and dentists who have been granted clinical privileges at Lancaster General Hospital. Whenever the word "Staff" appears in these Bylaws and Rules and Regulations, it shall mean Medical and Dental Staff unless the context clearly indicates it does not.

Member - A physician or dentist who has been granted clinical privileges at Lancaster General Hospital and membership on the Staff.

Physician - An individual who holds an M.D. or D.O. degree and who is fully licensed to practice medicine in all its phases.

President - The Chief Executive Officer of the Lancaster General Hospital.

Resident - A graduate of an approved medical, osteopathic or dental school who participates in a hospital training program including patient care under the direction of licensed physicians of the appropriate profession who have clinical privileges in the Hospital.

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. Captions or headings are for convenience only and are not intended to limit or define the scope of any provision herein.

ARTICLE TWO

NAME

The name of this organization shall be the "Medical and Dental Staff of the Lancaster General Hospital".
ARTICLE THREE

PURPOSE

The purposes of the Medical and Dental Staff are:

1. To provide appropriate care to all patients;
2. To provide a means whereby issues concerning the Hospital may be discussed by the Staff with the Board and the Hospital administration;
3. To initiate and maintain rules and regulations for governance of the Staff and to carry out the Staff's responsibilities as delegated by the Board;
4. To provide medical education and maintain educational standards;
5. To maintain an appropriate level of professional performance by each individual granted clinical privileges;
6. To delineate clinical privileges and make recommendations to the Board on requested appointments to the Staff;
7. To conduct peer review and make recommendations to the Board as required;
8. To provide the Board with advice and recommendations necessary to carry out the Staff's and Hospital's respective duties concerning patient care.
9. To perform those functions required by the Hospital, State and Federal law and applicable provisions of the Joint Commission on the Accreditation of Healthcare Organizations.
10. To assist the administration in achieving economic and efficient utilization of patient care resources.
11. To review complaints of physician impairment and act in accordance with the Impaired Physicians Committee.

ARTICLE FOUR

MEMBERSHIP ON THE MEDICAL AND DENTAL STAFF

1. Membership on the Staff is a privilege which shall be extended only to physicians and dentists who have been granted clinical privileges at the Hospital and who continuously meet the qualifications, standards and requirements set forth in these Bylaws and those of the Hospital.

2. Only physicians and dentists licensed to practice in the Commonwealth of Pennsylvania, and who are located close enough to the Hospital to provide continuous patient care, and who can document their background, including graduation from an approved or recognized medical, dental or osteopathic school, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others, sufficient to assure the Staff and the Board that any patient treated by them in the Hospital will receive appropriate medical care, shall be qualified for membership on the Staff. Suspension or revocation of a physician's or dentist's license to practice in the Commonwealth of Pennsylvania will cause automatic suspension of clinical privileges and staff membership.

3. No physician or dentist shall be entitled to membership on the Staff or to the exercise of any clinical privileges in the Hospital merely by virtue of being duly licensed to practice medicine or dentistry in this or in any other state, or is a member of some professional organization, or had in the past, or presently has, such privileges at another hospital.
4. Clinical privileges may be denied if an application for privileges is not consistent with community needs or Hospital or departmental needs and facilities, as determined by the Board of Directors.

5. No person shall be denied Staff membership or clinical privileges on the basis of sex, race, creed, color, or national origin.

6. Acceptance of Staff membership shall constitute the member's certification that he has, in the past, and his agreement that he will, in the future, abide strictly by the Principles of Medical Ethics of the American Medical Association or by the Principles of Ethics of the American Dental Association, or by the Code of Ethics of the American Osteopathic Association, whichever is applicable.

7. In addition to any general qualifications set forth in these Bylaws relating to the granting of clinical privileges, each applicant must meet the criteria established by the appropriate Clinical Department, including but not limited to initial board certification, to obtain the privileges sought. Such criteria shall be in writing and approved by the Executive Committee and the Board.

8. Once initial board certification is achieved in accordance with the established rules and regulations of each Clinical Department, certification must thereafter remain current to maintain Staff membership and clinical privileges. A 'provisional status' will be granted for a Staff member at the end of his or her current certification only if the Staff member has 1) fully completed all requirements for recertification except passing the recertification exam; 2) either failed the recertification exam, or was scheduled to take the exam but was unable to sit for it prior to certification lapse due to extraordinary circumstances beyond the control of the physician, as determined by the Department Chair and as agreed upon by the MEC and the Board (extraordinary circumstances would include documented inability to sit for the exam due to the acute illness of the physician or other similar unforeseeable circumstance); and 3) on review by his or her Division Chief and Department Chair, demonstrates good clinical competence to continue to practice on the Staff at LGH within the clinical privileges previously granted. If these conditions are fully met, the physician will be granted provisional status to maintain Staff membership and clinical privileges only until the next earliest opportunity to retake the recertification exam and have those scores reported. If recertification is incomplete at the time the test results are reported, the physician’s Staff membership and clinical privileges shall automatically terminate.

9. As a continuing requirement of Medical and Dental Staff membership, each person to whom these Bylaws apply (including all members and applicants) shall promptly notify the President of the Medical and Dental Staff and the President of the Hospital of any of the following: the revocation or suspension of limitation of his professional license by any state licensing body, the revocation or suspension or limitation (for reasons of discipline or professional competence) of his staff appointment or clinical privileges at any hospital or other healthcare institution for more than thirty (30) days, the commencement of a formal investigation or the filing of charges by the U.S. Department of Health and Human Services, or any other federal or state law enforcement agency or health regulatory agency, payment by or on professional negligence or wrongdoing, whether by verdict or settlement; loss of professional liability insurance coverage; or, any other event which is required to be reported to the National Practitioner Data Bank. Failure to provide such notice will result in appropriate disciplinary action, including an immediate suspension from the Staff for thirty (30) days.

10. Physicians and Dentists are obligated to self-report to the State Board of Medicine/Dentistry within 60 days of the occurrence of any of the following: receipt of service of a civil malpractice complaint, notice of disciplinary action by another jurisdiction, any controlled substance conviction, and any arrests for criminal offenses such as homicide, assault, sexual offenses, and controlled substance violations. Failure to report may result in disciplinary action against the physician's license.
Physicians, other health care workers, and medical facilities also have responsibilities to report any event involving the clinical care of a patient that results in an unanticipated death or patient injury.

11. As a continuing requirement of Medical and Dental Staff membership, each physician and dentist shall earn continuing medical education credit hours in an amount which shall be established by the Medical and Dental Staff Executive Committee from time to time. Appropriate documentation of such continuing medical education credit hours shall be provided to the President of the Medical and Dental Staff. Satisfactory compliance with this continuing medical education requirement shall include completion of an approved residency within the prior two years, completion of a required specialty board recertification or receipt of a current AMA Physicians' Recognition Award Certificate or its equivalent.

12. As a continuing requirement of Medical and Dental Staff membership, each physician and dentist must be willing to accept reasonable service assignments, including:

a. Acceptance of emergency consultation requests by other members of the Medical and Dental Staff; and

b. Emergency call responsibilities as required by department and division rules and regulations, Hospital policy, and as required by federal and state law (e.g., EMTALA); and

c. Acceptance of clinical service appointments and responsibilities as determined by the President of the Medical and Dental Staff or the Department Chair.

Physicians and dentists may be excused (on a limited or permanent basis) or limited in their service responsibilities, including the responsibility to take emergency call, if they meet criteria established by the Medical and Dental Staff Executive Committee. The Medical Executive Committee shall review and adopt such criteria from time to time as deemed necessary.

In order to ensure timely, competent, and efficient patient care for patients presenting to the Emergency Department, physicians or dentists with restricted privileges are not eligible for emergency call or trauma privileges.

ARTICLE FIVE

APPLICATION FOR APPOINTMENT OR REAPPOINTMENT

A. APPLICATION PROCESS

1. Each application for clinical privileges and appointment shall be in writing on the prescribed form.

2. The application form shall state that the applicant has received and read these Bylaws and Rules and Regulations and he agrees to be bound by their terms.

3. The application form shall be approved by the Staff and the Hospital and include as a minimum:

   (a) adequate documentation of the applicant's qualifications including, but not limited to, evidence of current licensure; relevant training, education and experience; current competence and health status;

   (b) current evidence of required professional liability insurance;

   (c) claims history of involvement, final judgments, and settlements in any professional liability action;
(d) previous or current challenges to or voluntary or involuntary relinquishment of any licensure or registration;

(e) voluntary or involuntary loss or reduction of clinical privileges or staff membership at any other hospital or institution;

(f) a request for specific clinical privileges;

(g) names of three references, one of whom must be a peer.

(h) demographic information to include current office address, office telephone number, home and/or cell phone number, and current preferred email address to contact the applicant.

4. The application shall be presented to the Hospital President who will acknowledge it and forward it to the Secretary of the Staff. The Secretary shall then refer the application to the Credentials Committee. The Credentials Committee shall verify the information on the application, promptly inform the appropriate department chairman of the application, and shall post a copy in the doctors' lounge.

5. The applicant shall produce adequate information for a proper evaluation of his request for privileges and membership. If an applicant does not supply all documents, material or other information requested within three (3) months from the date the request is initiated by the Hospital, then the application shall be deemed void and shall not be considered by the Credentials Committee. In such event, if the applicant still desires to apply for privileges, the applicant shall submit an entirely new application. For good cause, the Chairman of the Credentials Committee may extend the period for thirty (30) days.

6. Each applicant shall appear upon request for an interview in regard to his application. By applying for privileges, each applicant authorizes the Hospital to consult with members of medical staffs of other hospitals with which he has been associated and with others who may have information bearing on his competence, character, ethics, and other qualifications; consents to the Hospital's inspection of all records and documents needed to evaluate his qualifications; releases from any liability all representatives of the Hospital and the Staff for their acts performed in connection with evaluating the applicant and his qualifications or credentials; and releases from any liability all individuals and organizations who provide information to the Hospital concerning the applicant's competence, ethics, character and other qualifications for appointment or clinical privileges. The terms "Hospital" and "all representatives of the Hospital and the Staff" as used in this section are intended to include the Board of Directors, the Hospital President and their authorized representatives, and all members of the Staff who have responsibility for collecting or evaluating the applicant's credentials or acting upon his application.

B. PROCEDURE FOR INITIAL APPOINTMENT

1. Within sixty (60) days after receipt of a completed application, the Credentials Committee shall make a written report to the Executive Committee. Prior to making this report, the Credentials Committee shall examine the character, professional competence, qualifications and ethical standing of the physician or dentist and shall determine, through information contained in references given by the applicant and from other sources available to the Committee, whether the applicant has established and met the criteria set forth in Article Five, Section C.1. and all qualifications for the category of Staff membership and the clinical privileges requested. The Chairman of the Clinical Department in which appointment is sought, after consultation with the Chief of the appropriate division, shall provide the Credentials Committee with specific written recommendations for appointment in the department. These recommendations are to be reported to the Credentials Committee.
within thirty (30) days of its request and shall be made a part of the report. The Credentials Committee shall transmit to the Executive Committee the completed application together with its report and a recommendation that the applicant be provisionally appointed to the Staff or rejected, that the requested privileges be granted, modified or denied, or that the application be deferred for further consideration.

2. At its next regular meeting after receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend the applicant be provisionally appointed to the Staff or rejected for membership, the requested privileges be granted, modified or denied, or the application be deferred for further consideration. All recommendations to appoint must state the specific clinical privileges to be granted.

3. The Executive Committee shall inform the Staff, via the Executive Committee minutes, of all recommendations made on applications for appointment or additional privileges.

4. The Hospital President shall be notified promptly in writing of the action taken by the Executive Committee.

5. When the recommendation of the Executive Committee is to defer the application for further consideration, it should be followed within thirty (30) days with a subsequent recommendation for provisional appointment or rejection for membership or that the requested privileges be granted, modified or denied.

6. The recommendation of the Executive Committee shall be forwarded promptly, together with all supporting documentation, to the Board of Directors.

8. At its next regular meeting after receipt of the recommendation, the Board or its Executive Committee shall act on the application. If the Board's decision is adverse with respect to appointment or clinical privileges, the Hospital President promptly shall give written notice of the Board's action to the applicant. Except as otherwise provided in Article Ten, the Board's decision with respect to appointment and clinical privileges shall be final; however, the Board may defer final action by referring the matter back to the Executive Committee of the Staff, as appropriate, for reconsideration or clarification of any issue. All decisions to appoint will include a delineation of the clinical privileges which the applicant may exercise.

9. When the Board's decision is final, the Hospital President shall notify the Secretary of the Staff, the Chairman of the appropriate department, the Chief of the appropriate division, the applicant, and all appropriate hospital personnel. The names of those individuals approved by the Board shall be published in the monthly Medical and Dental Staff newsletter.

C. PROCEDURE FOR REAPPOINTMENT

1. On or before September 30, in alternate years (see paragraph 3), the Chairman of each Clinical Department, with the concurrence of the Chief of each respective division, shall submit to the Credentials Committee his recommendations for reappointment and clinical privileges for each person having privileges in that department. Each recommendation shall be based upon the individual’s clinical competence and professional performance in the treatment of patients during the preceding year or years as evaluated by departmental quality assurance activities; his ethics and conduct; his attendance at meetings and participation in Staff affairs; his compliance with the Hospital Bylaws and the Staff Bylaws, Rules and Regulations; his compliance with the continuing medical education requirements established by the Executive Committee; his cooperation with
Hospital personnel; his economic and efficient use of Hospital facilities; his relationships with other physicians and dentists; his general attitude toward patients, the Hospital and the public; and an appraisal of his present physical and mental capabilities, including any deterioration in physical strength or health or in mental acuity or emotional stability which might adversely affect his ability to treat patients or participate in Staff affairs.

2. Each individual requesting reappointment and continuation of clinical privileges shall submit a claims history of involvement in any professional liability action.

3. Reappointment of those members of the Staff in the Departments of Family and Community Medicine, Medicine and Pediatrics shall be considered in the even years. Reappointment of those members in the Departments of Anesthesiology, Emergency Medicine, Obstetrics and Gynecology, Pathology, Psychiatry, Radiology and Diagnostic Imaging, and Surgery shall be considered in odd years.

4. On or before October 31, the Credentials Committee shall make written recommendations to the Executive Committee concerning the reappointment of each of those members of the Staff being processed that year and include with those recommendations the specific clinical privileges to be granted to each reappointee for the ensuing period. If non-reappointment or a change in clinical privileges is recommended, the reasons for such shall be stated. A written record of each reappointment shall be made a part of the permanent file of the Hospital on each member.

5. Promptly following its next regular meeting in early November, the Executive Committee shall make written recommendations to the Board of Directors concerning the reappointment of each individual being processed that year. These recommendations shall include the specific clinical privileges to be granted to each reappointee for the ensuing period. If non-reappointment or a change in clinical privileges is recommended, the reasons for the recommendation shall be stated.

6. The recommendations of the Executive Committee will be forwarded to the Board for review at its November meeting.

7. Thereafter, the procedures relating to recommendations of the Executive Committee on applications for membership or additional privileges shall be followed.

8. Staff members agree to submit to a medical examination as directed by the Executive Committee whenever a question of physical or mental competency is raised.

D. PROVISIONAL APPOINTMENT AND REAPPOINTMENT -- GENERAL

1. Provisional Appointment

All initial appointments to the Staff shall be provisional for a period of one (1) year from the time of appointment. Upon completion of the one-year provisional appointment, the Chairman of the appropriate department(s) shall make specific recommendations to the Executive Committee concerning whether regular appointment should be granted and concerning the delineation of privileges granted to the physician or dentist. The recommendation shall be based upon observation of clinical competence during the provisional period and the other criteria used in evaluating an applicant for membership or additional privileges. The Executive Committee shall recommend whether regular appointment and the privileges requested shall be granted. This recommendation shall be recorded in the Executive Committee minutes, and the Board of Directors shall be notified in writing of the Executive Committee's action. Once acted upon by the Board, the Hospital President shall give written notice to the Staff via the Executive Committee Minutes, Secretary of the Staff, the Chairman of the appropriate department(s), the Chief of the appropriate division and the physician or dentist.
The Executive Committee may decide to extend the period of provisional membership for an additional one year, at the end of which the failure to advance from provisional to regular membership shall be deemed an automatic termination of the initial appointment. A provisional appointee whose membership is terminated shall have the rights accorded by these Bylaws under Article Ten. All regular appointments to the Staff shall be for a period not to exceed two years or the end of the applicable calendar year for reappointment. The requirement for provisional appointment shall not apply to newly appointed Departmental Chairmen or newly appointed Division Chiefs.

2. Reappointments

Under normal circumstances, all reappointments to the Staff shall be made by the Board for a period of two calendar years.

E. LEAVE OF ABSENCE

Leave of absence may be requested in writing by a member for reasons of health or temporary absence from the community. Leave of absence must be approved by the Executive Committee of the Staff and the Board. Approvals shall specify the duration of the leave of absence. In order to regain clinical privileges, the individual shall apply in writing to the Executive Committee for reinstatement prior to the end of the leave of absence. If requirements for obtaining specific clinical privileges have changed during the leave, the individual must meet the new criteria which are applicable at the time reinstatement is requested. Only under unusual circumstances will a leave of absence extend beyond one year.

F. PROFESSIONAL LIABILITY COVERAGE

As a condition to maintaining clinical privileges and Staff membership, each individual at all times shall insure against professional liability claims as required by the Commonwealth of Pennsylvania or adopt a self-insurance plan approved by the Pennsylvania Insurance Department. Each member will submit annually to the Hospital through the office of the President of the Staff evidence of the required insurance or self-insurance. Clinical privileges automatically shall be suspended for any member who fails to meet these insurance requirements. If any member's insurance coverage is terminated, the member shall immediately notify the President of the Staff and the President of the Hospital.

ARTICLE SIX

CORRECTIVE ACTION

A. SUMMARY SUSPENSION

1. The President of the Hospital, the President of the Staff, the Vice President of the Staff or the Department Chairman, with the concurrence of any other of the foregoing, may summarily suspend for a period of five business days the privileges of any member for a violation of these Bylaws, or the Rules and Regulations of the Staff or Hospital, or for other actions which may pose a threat to proper patient care. The individual initiating the suspension shall immediately notify in writing the involved member and the President of the Hospital and the President of the Staff.

2. If the suspension is to continue beyond five (5) business days, the President of the Staff shall appoint a committee consisting of at least three (3) members who shall determine whether the member shall remain suspended and submit a written report to the Staff President. The member shall receive written notice that a committee has been formed, and the member shall be permitted to submit a written statement to the committee along with any other materials which the member believes may be relevant to the allegations. If the member does not submit a statement or other materials to the committee prior to the end of its deliberations, the member shall be deemed to have waived any right to submit such statement or materials.
If the committee recommends a continuation of the member's suspension beyond five (5) business days, its written report shall make a recommendation on the continued length of suspension (e.g., thirty days, one year, permanent). A copy of the committee's written report shall be promptly provided to the President of the Staff, the President of the Hospital and the member. If the President of the Staff decides to continue the suspension, the President of the Hospital shall give promptly written notice to the member, and this notice shall contain a statement that the member's suspension is being continued, the length of the suspension, the reasons therefore, and a copy of the procedural rights set forth in Article Ten. The member shall have thirty days from the date of this notice to submit a written request for a hearing to the President of the Hospital, who shall forward such request to the President of the Staff. Failure to request a hearing within the time frame allotted shall constitute a waiver of all rights to contest the suspension. The member shall remain suspended during the hearing and appeal process.

B. CARE OF PATIENTS

A member under suspension is prohibited from admitting and attending patients and from scheduling operations in the Hospital. The President of the Staff, following consultation with the suspended member, shall arrange for another member to act as attending physician for the suspended member's patients then in the Hospital. The suspended member shall confer with the designated member concerning the continued care and treatment of these patients. A member whose appointment has been revoked shall be relieved of responsibility for the care of patients already in the Hospital as soon as this can be accomplished without hazard to the patients. The President of the Staff shall designate another member as attending physician for these patients and the member whose privileges have been revoked shall confer with the designated member concerning the continued care and treatment of these patients. Where feasible, the wishes of the patient shall be met with respect to the selection of an alternate physician.

C. INITIATION OF INVESTIGATION

1. Whenever the President of the Hospital or the President of the Staff becomes aware of activities, conduct, or behavior of any member which may be considered unprofessional, disruptive of the operations of the Hospital, otherwise not in keeping with the standard of conduct required of members, violative of these Bylaws, or violative of the Rules and Regulations of the Staff or Hospital, he shall consult with the other President concerning such matters. Either may consult with other members of the Staff, appropriate administrative officers of the Hospital and members of the Board. If an employee of the Hospital is involved, the President of the Hospital will extend the grievance procedure, or such other administrative procedures as may have been invoked by such employee, to permit the President of the Staff to conduct such investigation, or appoint such committees as he deems appropriate to conduct such investigations, so that the matter may be concluded giving due consideration to the rights of the member and the employee.

2. If any member becomes aware of activities, conduct, or behavior of any other member which may be considered unprofessional, disruptive of the operations of the Hospital, otherwise not in keeping with the standard of conduct required of members, violative of these Bylaws, or violative of the Rules and Regulations of the Staff or Hospital, it shall be his or her professional duty to report such activities, conduct, or behavior to the President of the Staff.

3. The President of the Staff, with the agreement of the President of the Hospital, may conduct an informal investigation either himself or through appointed designees. At the conclusion of such investigation, the President of the Staff may take corrective action where in the exercise of his discretion such action is appropriate;
provided, however, that any such corrective action may not constitute Adverse Action which affects the Medical Staff membership or clinical privileges of a member (as defined in Article Ten, Section A) without the written consent of the member.

4. Except where the President of the Staff proceeds informally as described in Subsection 3 above, when the President of the Staff becomes aware of activities, conduct, or behavior of a member as described in Subsections 1 or 2 above, the procedure shall be as follows:

(a) The President of the Staff shall give written notice to the member which: (i) summarizes the allegations to be investigated; (ii) describes in general terms the manner in which the investigation will be conducted (e.g., delegation to a named individual, formation of an ad hoc committee); and (iii) requests that the member provide any information which may be relevant to the allegations.

(b) The President of the Staff, through a designee or an ad hoc committee appointed by the President of the Staff, shall investigate the allegations against the member. Neither the President's designee nor any member of an ad hoc committee shall be a person who has brought such allegations to the attention of the President. In the course of the investigation, the designee or ad hoc committee shall interview the member in question (with the consent of such member) and accept from such member for review and consideration any charts, memoranda, or other information which the member feels may be relevant to the allegations.

(c) At the conclusion of the investigation, the designee or ad hoc committee shall prepare a written report setting forth the findings of the investigation along with recommendations, including corrective action where appropriate. A copy of the written report shall be given to the President of the Staff, the President of the Hospital, and the member.

(d) If the President of the Hospital and the President of the Staff agree with the findings and recommendations of the investigation, they shall discuss the same with the member involved. At such meeting, the member shall be given adequate opportunity to provide any information which he or she believes is relevant to the allegations. If the member accepts the recommendations, and any proposed corrective action which the Presidents shall suggest in their discretion, the matter need not be submitted to the Executive Committee for further action. The President may proceed to impose the corrective action on the member.

(e) Except as provided in Subsection (d), the report of the investigation, together with any comments from the President of the Staff and President of the Hospital, shall be forwarded to the Executive Committee for action.

(f) The member shall be notified in writing by the President of the Hospital that the matter is being forwarded to the Executive Committee. The notice shall include the date upon which the Executive Committee will review the matter, and a statement that the member may submit a written rebuttal of the investigation report to the Executive Committee for its consideration. If the member does not submit a written rebuttal to the Medical and Dental Staff Office prior to the date of the Executive Committee meeting referenced in the notice, the member shall be deemed to have waived any right to submit a written rebuttal to the Executive Committee.
D. ACTION BY EXECUTIVE COMMITTEE

1. Based on the information submitted to it, the Executive Committee will take appropriate action on the request for corrective action by majority vote of those present.

2. The Executive Committee may reject the request for corrective action; issue a warning, a letter of admonition, or a letter of reprimand; impose terms of probation or a requirement for consultation; co-admission or monitoring; or recommend reduction, suspension or revocation of clinical privileges.

3. The Hospital President shall promptly notify the member in writing of the action taken by the Executive Committee.

4. The recommendation of the Executive Committee shall be presented to the Board of Directors for consideration.

5. Unless the member has been summarily suspended pursuant to paragraph A above, any recommendations for corrective action by the Executive Committee and the Board shall not be implemented until either: (i) the Board has acted, the member has received notification of the Board's action pursuant to Article Ten, Section A, 1 and the member has failed to request a hearing within the time period allotted; or (ii) the member has exhausted the hearing and appeal procedure described in Article Ten.

ARTICLE SEVEN

CATEGORIES OF THE MEDICAL AND DENTAL STAFF

The Staff shall be divided into Honorary, Active, Courtesy and Associate Staff.

A. THE HONORARY STAFF

1. The Honorary Staff shall consist of members from the Active Staff who have reached the age of sixty-five (65) years and are granted honorary status, and members who have in the past served the Hospital in such a manner that the Staff and the Board wish to honor them with this form of recognition. The transfer from Active to Honorary Staff shall become effective whenever recommended by the Staff and approved by the Board.

2. All members of the Active Staff who are age 65 or older must notify the Secretary of the Staff if they wish to be considered for transfer to the Honorary Staff. No member, or applicant for initial appointment to the Active Staff, shall be appointed to the Honorary Staff solely because of his age.

3. Members of the Honorary Staff shall be appointed to specific departments. They may serve on committees and shall be eligible to vote at staff, departmental and committee meetings. They are not required to pay dues. They shall not be eligible to hold office nor serve as department chairmen or division chiefs.

B. THE ACTIVE STAFF

1. The Active Staff shall consist of members who are located close enough to the Hospital to provide continuous patient care and who assume all the functions and responsibilities of membership on the Active Staff including, where appropriate, emergency service care and consultation assignments. In general, the term “located close enough to the Hospital to provide continuous patient care” shall mean either: (i) that the member lives and provides the majority of his or her professional medical care within an average arrival time of thirty (30) minutes from the Hospital; or (ii) the member is an employee of a group practice with offices within Lancaster County, the majority of patient encounters of the group practice occur at the group’s offices in Lancaster County or health care facilities in
Lancaster County, and the majority of the group practice’s employed physicians or dentists live in Lancaster County.

2. Members of the Active Staff shall be appointed to specific departments, shall be eligible to vote, to hold office and to serve on Staff committees, and shall be required to attend Staff meetings and to pay regular dues.

3. No member of the Active Staff may hold a position on the active staff of any other general hospital.

4. Members of the Active Staff must be willing to accept reasonable service assignments including:
   a. Acceptance of consultation and emergency call responsibilities as required by Department and/or Division Rules and Regulations and Hospital Policy and as required by Federal and State law (e.g. EMTALA).

   (It shall be the responsibility of each Department/Division to provide a Physician On-Call list to the Lancaster General Hospital Department of Emergency Medicine to insure that the Emergency Medicine Department is prospectively aware of which physicians, including specialists and subspecialists, are available to provide treatment necessary to stabilize patients with emergency medical conditions.)

   b. Acceptance of clinical service appointments and responsibilities as determined by the President of the Medical and Dental Staff or the Department Chair.

   c. Service on the Medical and Dental Staff Executive Committee, other Medical Staff Committees, and Board Committees.

5. Membership on the Active Staff shall be limited to those individuals who are credentialed to provide substantially the full range of services which the member provides at any location in which he or she renders professional medical services. No practitioner may be a member of the Active Staff while credentialed for only a limited number of services or procedures when compared to the services or procedures which other physicians or dentists in the same department or division are credentialed to perform, unless the practitioner limits his or her entire practice, regardless of practice site, to those limited services or procedures.

6. Notwithstanding any other provision contained in this Section, the Medical and Dental Staff reserves the right to determine, in any particular instance, whether an applicant for the Active Staff is capable, by himself or herself, through his or her group practice, or through other documented coverage arrangements, to provide continuous patient care for those patients which the applicant may treat at the Hospital. The burden of proving that the applicant is capable of providing continuous patient care shall be on the applicant.

C. THE COURTESY STAFF

1. The Courtesy Staff shall consist of those members who meet the education, training, and experience qualifications for appointment to the Active Staff, who wish to attend patients in the Hospital, but who do not wish to be members of the Active Staff.

2. Members of the Courtesy Staff shall be appointed to specific departments and are required to pay dues. They shall not be eligible to vote nor hold office, but they may be appointed to committees and shall be encouraged to attend departmental and divisional meetings.

3. All members of the Courtesy Staff shall be required to maintain membership on the active staff of another local general hospital;
however, members of the Courtesy Staff who electively admit or provide consultation to fewer than 20 patients per year at Lancaster General Hospital shall be excused from this requirement.

4. Except as otherwise provided herein, all members of the Courtesy Staff shall be located close enough to the Hospital to provide continuous patient care. As used in this Section, the term “located close enough to the Hospital to provide continuous patient care” shall mean either: (i) that the member lives and provides the majority of his or her professional medical care within an average arrival time of thirty (30) minutes from the Hospital; or (ii) the member is an employee of a group practice with offices within Lancaster County, the majority of patient encounters of the group practice occur at the group’s office in Lancaster County or health care facilities in Lancaster County, and the majority of the group practice’s employed physicians or dentists live in Lancaster County. Applicants who do not meet this requirement will be considered for Courtesy Staff membership only if they meet the following requirements:

a. Upon initial application to the Medical and Dental Staff, and as a part of any reappointment process, the applicant must specify the name of one or more Active Staff members or group practices consisting of one or more Active Staff members who have agreed to provide consultation and backup coverage for the applicant’s inpatients and outpatients during the applicant’s absence from the Hospital. A Courtesy Staff member may notify the Medical and Dental Staff at any time of changes in coverage arrangements, provided, however, that the member must always have in place coverage arrangements to adequately care for patients.

b. The back-up physician must have the specific clinical privileges necessary to provide back-up care for the applicant's patients.

c. Each department and division of the Medical and Dental Staff may recommend standards for the appropriate use of back-up coverage within that department or division.

d. In the event the capacity to admit new patients to the hospital is limited, first preference will be given to patients from Lancaster County over non-emergent patients from outside of Lancaster County.

e. As provided in Article Four, Number 4 of these Bylaws, the Board may elect to grant clinical privileges to those applicants who have demonstrated a special need; e.g., their home communities lack the facilities required to perform the procedures which the applicant seeks permission to perform at Lancaster General Hospital.

f. Notwithstanding subsection a. above, in evaluating applications for initial membership or reappointment to the Courtesy Staff, each department and division, with the approval of the Credentials Committee and the Medical Executive Committee, may recommend granting Courtesy Staff membership to an applicant not meeting any of the other coverage requirements described in this Section 4, if the applicant is seeking limited credentials for outpatient services only, and it is determined that the likelihood of the need for inpatient services due to potential complicating factors is minimal.

5. Notwithstanding any other provision contained in this Section, the Medical and Dental Staff reserves the right to determine, in any particular instance, whether an applicant for the Courtesy Staff is capable, by himself or herself, through his or her group practice, or through other documented coverage arrangements,
to provide continuous patient care for those patients which the applicant may treat at the Hospital. The burden of proving that the applicant is capable of providing continuous patient care shall be on the applicant.

D. THE ASSOCIATE STAFF

1. The Associate Staff shall consist of those members who meet the qualifications established for this Medical and Dental Staff category by the Medical and Dental Staff Executive Committee. The qualifications shall include: current license to practice medicine in the Commonwealth of Pennsylvania, insured against professional liability claims as required by the Commonwealth of Pennsylvania, one year of post-graduate training, and two years of clinical practice experience.

2. Notwithstanding any other provision of these Bylaws, members of the Associate Staff shall not be appointed to, nor shall they be members of, any specific departments. Associate Staff members shall not be required to pay dues. They shall not be eligible to vote nor hold office, but they may be appointed to committees at the discretion of the President of the Medical and Dental Staff.

3. Notwithstanding any other provision of these Bylaws, members of the Associate Staff shall not have admission privileges nor clinical privileges. However, records of histories and physicals performed by Associate Staff members in their offices may become part of the medical record of a patient at the discretion of the Attending Physician. Histories and physicals created by Associate Staff members shall be subject to review by the Quality Improvement Committee of the Medical and Dental Staff.

4. Appointment and reappointment for members of the Associate Staff shall follow the same general procedure (where applicable) as outlined in Article Five of these Bylaws where not inconsistent with this Section. Applications for appointment or reappointment to the Associate Staff shall be made on a form and contain such information as approved by the Medical and Dental Staff Executive Committee. Appointments of members of the Associate Staff may be terminated at the will of the Board after consultation with the Medical and Dental Staff Executive Committee. Refusal, suspension, or revocation of an Associate Staff member shall not be deemed to give any Associate Staff member a right to a hearing or appeal under Article Ten of these Bylaws.

5. Except for those individuals who were members of the Associate Staff as of January 1, 2010, the Associate Staff is closed as of that date, and no new members shall be added to this category.

ARTICLE EIGHT

MEDICAL AFFILIATES

A. INDEPENDENT MEDICAL AFFILIATES

1. Independent medical affiliates are those licensed allied health professionals who may receive clinical privileges to provide patient care in the Hospital and who are not employed by, or under contract with, the Hospital or its Medical and Dental Staff. They may include other licensed allied health professionals who may be approved by the Board from time to time. [See Hospital Board resolution dated November 19, 1987.]

2. The clinical privileges of independent medical affiliates shall be determined in the same general manner as those for physicians and dentists. Each individual seeking appointment and privileges as an independent medical affiliate shall make written application on the prescribed form and shall comply with and be bound by the requirements of Article Nine of these Bylaws.
a. Appointment and clinical privileges granted to an independent medical affiliate shall be based upon his training, experience and demonstrated competence and judgment within his authorized scope of licensure, in accordance with the procedures set forth in Article Five of these Bylaws.

b. Each clinical department will recommend the type and scope of clinical privileges for each independent medical affiliate who may come under that department's jurisdiction. Such recommendations shall be reviewed and approved through the usual credentialing mechanism.

c. All independent medical affiliates shall be required to have their clinical privileges reviewed and obtain reappointment in the same manner as physicians and dentists.

3. The independent medical affiliate may exercise independent judgment and may participate directly in the management and care of patients, within the scope of his licensure, privileges and competence.

a. The admission and discharge of a patient of an independent medical affiliate shall be the dual responsibility of the independent medical affiliate and a physician member of the Staff. The physician shall be responsible for performing a history and physical examination of the patient, and shall be responsible for the care of any medical problems present at the time of admission or arising during the hospitalization.

b. The independent medical affiliate shall document reports and progress notes on the patient's records and order treatment as required by these Bylaws, Rules and Regulations, within the scope of his licensure, privileges and competence.

4. Independent medical affiliates are not members of the Medical and Dental Staff and, therefore, have none of the duties or rights of Staff members, except as specified herein or in the rules and regulations of the appropriate clinical department.

a. Independent medical affiliates are not entitled to vote or hold office on the Medical and Dental Staff. They may, at the discretion of each clinical department, be entitled to attend and vote at department meetings.

b. Independent medical affiliates may serve on appropriate committees of the Medical and Dental Staff if approved by the Executive Committee. Such individuals may, as a condition of continued privileges, be required to attend meetings involving the clinical review of patient care in which they have participated.

B. DEPENDENT MEDICAL AFFILIATES

1. Dependent Medical Affiliates are those licensed health professionals who may receive clinical privileges to provide patient care in the Hospital and who are employed by, or under contract with, the Hospital or a Member of the Staff. Dependent Medical Affiliates include licensed allied health professionals who may be approved by the Board from time to time, including Certified Registered Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists.

2. Clinical privileges shall only be granted to individuals who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and the Rules and Regulations of a Clinical Department and Clinical Division. Only allied health professionals who: (i) maintain a current and unrestricted license to practice in the Commonwealth of Pennsylvania; (ii) graduated from an approved academic institution; (iii) maintain professional
liability insurance as required by Pennsylvania law; and (iv) are board certified by an approved certifying agency for the individual’s respective allied health profession (i.e., American Nursing Credentialing Center, American Association of Nurse Practitioners, National Commission on Certification of Physician Assistants, American Midwifery Certification Board, National Board of Certification and Recertification of Nurse Anesthetists, or such other certifying agency as approved by a Clinical Department from time to time) shall be eligible to apply for clinical privileges.

3. An individual who qualifies as a Dependent Medical Affiliate must apply for clinical privileges in accordance with Article Five of these Bylaws. Clinical privileges may be granted to individuals who qualify as Dependent Medical Affiliates based on the individual’s education, training, experience, and demonstrated competence and judgment. In addition to the requirements contained in Article Five and elsewhere in these Bylaws, a Dependent Medical Affiliate must meet the following requirements at all times:

a. Collaborate with, or be under the supervision of, a Member of the Staff;
b. Earn continuing education credit hours as required by state law; and
c. Hold prescriptive authority, provided the Dependent Medical Affiliate’s respective allied health profession is authorized to hold prescriptive authority under state law.

4. The clinical privileges of a Dependent Medical Affiliate are limited to those clinical duties specified: (i) by applicable federal and state laws and regulations; (ii) in the rules and regulations of the Clinical Department and Clinical Division to which the Dependent Medical Affiliate is assigned; and (iii) in the applicable clinical privilege statement for the Dependent Medical Affiliate.

Notwithstanding any Clinical Department or Clinical Division rule or regulation, a patient who is admitted to the Hospital by a Dependent Medical Affiliate must be seen and evaluated by a Member who supervises or collaborates with that Dependent Medical Affiliate as clinically indicated, but no later than 24 hours after admission excluding uncomplicated normal vaginal deliveries and normal healthy newborns. In addition, a patient assigned to a Dependent Medical Affiliate must be seen and evaluated by a Member who supervises or collaborates with that Dependent Medical Affiliate when the patient’s clinical status changes to a higher level of care as clinically indicated, but no later than 24 hours after change in status. Dependent Medical Affiliates may perform consults, however nothing in these Bylaws shall limit the right of a Member to request a consult be seen by another Member.

5. Unless law or regulation requires a longer period of provisional status than required by these Bylaws, provisional clinical privileges will apply: (i) for the first six (6) months following the grant of clinical privileges for individuals with less than one (1) year of hospital-based clinical experience in the individual’s respective allied health profession; or (ii) for the first three (3) months following the grant of clinical privileges for individuals with greater than one (1) year of hospital-based clinical experience in the individual’s respective allied health profession. In addition, provisional clinical privileges for a period of three (3) months will apply to a Dependent Medical Affiliate who is granted clinical privileges in a new area of specialty.

Unless law or regulation requires additional oversight responsibilities of a Dependent Medical Affiliate on provisional status, provisional clinical privileges requires: (i) a Member or a non-provisional Dependent Medical Affiliate to independently and in a timely manner see and evaluate patients and discuss and review all H&Ps, consults, and associated orders with the provisional Dependent Medical Affiliate; (ii) a Member or a non-provisional Dependent
Medical Affiliate to discuss and review all discharges and discharge orders with the provisional Dependent Medical Affiliate; and (iii) completion of any other requirements determined by a Clinical Department or Clinical Division. After the Dependent Medical Affiliate’s provisional period, the Department Chair shall make specific recommendations to the MEC concerning the clinical privileges granted to the Dependent Medical Affiliate.

6. Each Clinical Department or Clinical Division shall implement ongoing professional practice evaluation to periodically monitor the quality of patient care provided by Dependent Medical Affiliates.

7. The clinical privileges of a Dependent Medical Affiliate will automatically terminate in the event: (i) the Dependent Medical Affiliate is no longer employed by, or under contract with, the Hospital or a Member of the Staff; or (ii) the Dependent Medical Affiliate’s collaborating or supervising physician is no longer a Member of the Staff.

8. Dependent Medical Affiliates are not members of the Staff and have none of the duties and rights of Members, except as otherwise provided in these Bylaws.

C. MOONLIGHTING PRIVILEGES FOR RESIDENTS AND FELLOWS NOT AFFILIATED WITH LANCASTER GENERAL HOSPITAL RESIDENCY PROGRAMS - SPECIAL CREDENTIALS PROCEDURE

1. Residents and fellows may render professional medical services in certain hospital departments subject to policies approved by the department involved, the Staff and the Hospital. All residents and fellows approved for such "moonlighting" shall be credentialled according to the procedures set forth in this section.

2. Any department wishing to utilize a resident or fellow on a moonlighting basis must establish a policy covering the use of the resident and recommend the training and experience required for granting privileges. Such policy and credentials recommendations must be approved by the Medical Staff and Hospital.

3. If a resident or fellow receives approval to work in a clinical department according to approved policy, he shall make a written request to the Department Chairman for privileges. Such request shall sufficiently set forth the resident's qualifications for privileges sought. Residents will be supervised at all times.

4. Privileges may be granted to the resident upon approval of his written request by the Department Chairman, the Chairman of the Credentials Committee, the President of the Staff and the President of the Hospital and the Hospital Board.

5. A credential file shall be maintained on each resident granted privileges under this section and it shall contain written documentation of the approvals required by paragraph 4.

6. Privileges granted under this section may be suspended or revoked by the Department chairman, the President of the Staff or the President of the Hospital or their designee with the approval of the Hospital Board; provided, however, the individual desiring to revoke or suspend shall consult with the other two (2) prior to taking any such action.

7. No privileges may be granted nor may a resident or fellow perform any professional medical services pursuant to this section unless he is covered by professional liability insurance as required by law. Adequate proof of such coverage shall be provided by the resident and placed in his credential file.
D. HEARING AND APPEAL RIGHTS FOR MEDICAL AFFILIATES

1. Medical Affiliates are subject to all of the provisions of Article Six, Corrective Action.

2. Medical Affiliates are entitled to all of the procedural rights contained in Article Ten, Hearing and Appeal Procedure.

ARTICLE NINE

CLINICAL PRIVILEGES

A. CLINICAL PRIVILEGES RESTRICTED

1. Every person practicing at this Hospital shall be entitled to exercise only those clinical privileges specifically granted to him by the Board.

2. Every application for appointment must contain a request for the specific privileges desired by the applicant. The applicant shall have the burden of establishing his qualifications and competency for the clinical privileges requested.

3. In those specialties in which the American Board of Examiners or its equivalent is recognized, board eligibility or board certification shall be required for the determination of specific clinical privileges, except that the requirement of certification may be waived upon the conjoint recommendation of the Department Chairman, the Chief of the respective division, the Executive Committee and the Board. This waiver shall be based upon education, training, experience, demonstrated competence, references and other relevant information.

4. If there is a significant difference in training, education or qualifications required by different boards covering the same specialty, the Clinical Department in which the specialty is a part shall make recommendations to the Executive Committee as to the qualifications which should be required for each type of clinical privilege. Such recommendations will be based on the need to insure competence and appropriate, quality patient care. The Executive Committee will make its recommendations to the Board whose decision shall be final.

5. Adverse decisions concerning privileges may be appealed according to the procedures specified in Article Ten.

6. Clinical privileges shall be specified in detail by the clinical departments.

7. Biannual determination of clinical privileges and their increase or curtailment shall be based upon the criteria set forth in Article Five, including but not limited to: observation of care provided, review of the records of patients treated in this or other hospitals, review of the individual's claims history, review of the records of the Staff which document the evaluation of the member's participation in the delivery of medical care, and participation in the continuing education programs, educational training, and certification by specialty boards.

8. Each person must continuously meet all the qualifications set forth in this Article and Article Five in order to maintain clinical privileges.

9. The form for application for clinical privileges shall be uniform, and shall be determined by the Board after consultation with the Executive Committee.

10. In order to obtain additional privileges, a person shall complete an application, which shall state the type of clinical privileges desired and recent special training and experience. Such application shall be processed in the same manner as an initial application.
11. Privileges granted to dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures 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 Chairman of the Department of Surgery. An adequate history and physical examination by a member of the Staff with privileges to do so shall be completed and a report documented on the form provided by the hospital (outpatient procedures only), dictated, or completed within the electronic health record within twenty-four (24) hours of the admission to the hospital. A physician member of the Staff shall be responsible for the care of any medical problem present at the time of admission or that may arise during hospitalization. Consultation with a physician member of the Staff shall be required when medical complications are present; such request for consultation shall be the responsibility of the dentist.

12. Selected professionals in allied health fields (i.e., doctoral scientists) may be appointed as medical affiliates and shall be individually assigned to appropriate clinical departments. Appointment and assignment of clinical privileges shall be based upon demonstrated training, experience and competence. They may not admit patients but may participate directly in the management of patients, exercising judgment within their areas of competence, under the supervision or direction of physician members of the Staff who shall have ultimate responsibility for patient care.

B. DISASTER PRIVILEGES

In the case of a disaster, any physician, dentist, certified registered nurse practitioner, physician assistant, certified registered nurse anesthetist, or other licensed medical affiliate, as the situation deems necessary, to the degree permitted by his license to practice in any state in the United States, and regardless of department or staff status or lack of it, shall be permitted and assisted to do everything possible to save the life of a patient, using every facility of the hospital necessary, including the calling for appropriate consultations. The President of the Staff or the President of the Hospital or his or her designee(s) shall be responsible for approving disaster privileges after obtaining one of the following: a current license to practice medicine or other healthcare discipline and a valid picture ID issued by a state, federal or regulatory agency, or if presented by a current medical staff member(s) with personal knowledge regarding practitioner's identity. Once approved, an identification badge or sticker will be worn by this individual during the entire event. When the immediate situation is under control, the patient shall be assigned to an appropriate member of the Staff. “Disaster privileges” may be granted when the emergency management plan has been activated, and the organization is unable to handle the immediate patient needs. The physician, dentist, certified registered nurse practitioner, physician assistant, certified registered nurse anesthetist, or other licensed medical affiliate, as the situation deems necessary, shall document the need for services following the rendering of such professional care and forward this information to the President of the Staff and the President of the Hospital or his or her designee(s) to ensure the verification process of credentials is started immediately. The verification process is completed within 72 hours from the time the volunteer practitioner presents to the organization. This privileging process is identical to the process established under these medical and dental staff bylaws for granting temporary privileges to fulfill an important patient care need.

C. CONSULTING PRIVILEGES

A recognized authority or expert in a particular field shall be allowed clinical privileges necessary to explain, demonstrate, teach or supervise any procedure or operation in his field of expertise to interested members
of the Staff. Any such demonstration, procedure, operation, etc., shall be performed only with prior knowledge and approval of the appropriate Department Chairman, President of the Staff and President of the Hospital.

Temporary consultation privileges may be granted by the President of the Staff with the approval of the President of the Hospital to physicians or dentists whose expertise is required to evaluate a specific problem in the consultant's area of expertise.

D. EDUCATIONAL PRIVILEGES

1. A member of the Active Staff may request limited, temporary privileges for educational purposes on behalf of a physician or dentist who does not have clinical privileges at the Hospital.

2. The Staff member requesting such privileges shall document the training, experience and education of the physician or dentist requesting educational privileges and shall provide proof of current medical licensure and liability insurance which conforms to Pennsylvania law.

3. The request for educational privileges shall identify the specific procedures to be covered by the request.

4. The request shall be made in writing to the appropriate Department Chairman. No privileges shall be granted unless approved by the Department Chairman, the President of the Staff and the President of the Hospital.

5. Any physician or dentist granted educational privileges shall not be a member of the Staff.

6. The granting of educational privileges is discretionary and may be summarily revoked or suspended by the Department Chairman, the President of the Staff or the President of the Hospital. The denial, revocation, or suspension of such privileges shall not entitle the involved physician or dentist to any of the rights set forth in Article Ten.

7. Any physician or dentist granted educational privileges shall acknowledge in writing that he has read these Bylaws and Rules and Regulations and will abide by them, as well as any other applicable Department or Hospital rules.

E. PART-TIME PHYSICIAN/DENTIST EMPLOYEES

Physicians/dentists who are employed on a part-time basis by a Staff member or the hospital for a specific limited purpose shall not be considered members of the Medical Staff. Such physicians shall be required to obtain clinical privileges for the services they are expected to perform. Clinical privileges and the right to attend patients shall automatically terminate when their employment ceases. Nothing contained in these Bylaws shall be construed as giving a part-time physician/dentist employee any right to a hearing or other appellate procedures upon termination of his employment. The procedure set forth in Article Five, Section C (Procedure for Reappointment) shall apply on an annual basis for any physician/dentist employed on a part-time basis.

F. TEMPORARY PRIVILEGES/LOCUM TENENS PRIVILEGES

1. Temporary Privileges may be granted only in the following limited circumstances:

   a. When a completed clean Staff Application has been received with all primary source verification information collected and has been approved by the Division Chief, Department Chairman, and Credentials Committee but cannot be acted upon by the Medical Executive Committee or the Board due to meeting schedules; privileges may be granted by the President of the Hospital for a period of One hundred and twenty (120) days. These Temporary Privileges shall automatically terminate upon
2. Locum tenens privileges may be granted only in the following limited circumstances:
   a. When a member of the Staff has demonstrated an urgent need for temporary staffing, based upon unplanned or unusual circumstances, and the Executive Committee has approved the use of locum tenens staffing in order to meet that need.
   b. Upon approval of the use of locum tenens staffing by the Executive Committee, a completed application for appointment and clinical privileges must be submitted by an applicant who desires to serve as a locum tenens for a member of the Staff. Upon the recommendation of the appropriate Division Chief, if any, the appropriate Department Chairman, the Credentials Committee Chairman or his designee, and the President of the Staff, the President of the Hospital may grant locum tenens privileges. Locum tenens privileges shall automatically terminate upon the earlier of (i) 90 days or (ii) the end of the applicant's locum tenens services.

3. Temporary or locum tenens privileges shall be granted only when the application and available information reasonably supports a favorable determination regarding the applicant's qualifications, ability and judgment to exercise the privileges requested. Necessary information shall include but not be limited to documentation of current licensure and professional liability insurance. Special requirements of consultation may be recommended by the appropriate Department Chairman as a condition for granting temporary or locum tenens privileges. Before temporary or locum tenens privileges are granted, the applicant must acknowledge in writing that he has received and read, or been given access to and the opportunity to read, these Bylaws, Rules and Regulations and that he agrees to be bound by the terms thereof and all matters relating to his temporary or locum tenens privileges.

4. On the discovery of any information or the occurrence of any event which raises questions about an applicant's professional qualifications or ability to exercise any or all of the temporary or locum tenens privileges granted, the President of the Hospital or the President of the Staff may, after consultation with the appropriate Department Chairman, terminate any or all temporary or locum tenens privileges, provided that where the life or well-being of a patient is determined to be endangered by continued treatment by the applicant, the termination may be effected by any person entitled to impose summary suspension under Article Six. In the event of any such termination, the applicant's patients then in the Hospital shall be assigned to another member by the appropriate Department Chairman. The wishes of the patient shall be considered, where feasible, in choosing a substitute member.

5. An applicant shall not be entitled to the procedural rights afforded by Article Ten in the event his request for temporary or locum tenens privileges is refused or all or any portion of his temporary or locum tenens privileges are terminated or suspended.

G. WAIVER OF LIABILITY

1. Any person who requests clinical privileges from the Hospital expressly agrees that he is releasing all Staff members, other practitioners, Hospital personnel, members of Hospital management and the Hospital Board, from all liability, including but not limited to monetary damages, for any actions taken in connection with the investigation, approval, disapproval, modification or curtailment of any clinical privileges or renewal thereof.
2. By making application for clinical privileges or any renewal thereof, each physician, dentist or other individual certifies that he has read and understood this waiver and agrees to be bound by its provisions.

3. Where an adverse decision concerning clinical privileges has been made, a physician's or dentist's exclusive remedy shall be the procedures set forth in Article Ten of these Bylaws.

ARTICLE TEN

HEARING AND APPEAL PROCEDURE

A. HEARING

1. When the Board proposes to take Adverse Action (as defined below) with respect to a Physician's or Dentist's requested or existing clinical privileges described in 1 a. through m. below, the President of the Hospital shall give prompt written notice of the Board's decision to the Physician or Dentist involved. This notice shall set forth a description of the proposed action taken by the Board, the reason(s) therefore, and a copy of the procedural rights set forth in this Article Ten.

The following shall be considered Adverse Action:

a. Denial of initial medical staff appointment.

b. Denial of medical staff reappointment or reinstatement after a leave of absence.

c. Suspension of medical staff appointment.

d. Revocation of medical staff appointment.

e. Denial of requested appointment to or advancement in staff category.

f. Involuntary reduction of staff category.

g. Denial of requested department affiliation.

h. Denial of requested clinical privileges.

i. Involuntary reduction of clinical privileges.

j. Suspension of clinical privileges.

k. Revocation of clinical privileges.

l. Involuntary imposition of a consultation requirement, co-admission requirement or monitoring requirement.

Notwithstanding the above, the actions described in paragraphs a., b., e., g., and h., above, shall only be considered Adverse Action, giving the Physician or Dentist the procedural rights set forth in Article Ten, if the Physician or Dentist would otherwise meet the eligibility standards established by the Medical and Dental Staff, or one of its departments or divisions, for such appointment, clinical privileges, or rights to perform patient care services. A Physician or Dentist who does not meet the eligibility standards established by the Medical and Dental Staff, or one of its departments or divisions, is not entitled to the procedural rights set forth in Article Ten. For example, if an individual applies for Active Staff membership but does not hold an M.D. or D.O. degree, the individual does not meet approved guidelines, and therefore is not entitled to the procedural rights set forth in Article Ten. Likewise, if an individual does not meet approved guidelines for insurance requirements, board certification, or minimum residency requirements, he would not be entitled to the procedural rights set forth in Article Ten.
2. Within thirty (30) days from the date of the notice set forth in paragraph 1, the affected Physician or Dentist may exercise his rights under this Article by submitting a written request for a hearing to the President of the Hospital, who shall forward such request to the President of the Staff. Failure to request a hearing within the time allotted shall constitute waiver of all rights to contest the Board’s proposed decision.

3. The President of the Staff will appoint, at his discretion, either an impartial Hearing Officer or a Hearing Committee of three or five members (the number of Hearing Committee members shall be at the discretion of the President of the Staff), one of whom will be designated as Chairman. In the case of a Hearing Committee, in addition, a Hearing Committee Advisor may be appointed whose role shall be advisory and whom shall provide guidance regarding procedural issues. The Hearing Committee Advisor shall not be a member of the Hearing Committee and shall not have a vote. No member of the Credentials Committee, Executive Committee, Ad Hoc Committee or Board of Directors who participated in the credentials decision being challenged, nor anyone who is in direct economic competition with the affected Physician or Dentist, shall be a member of the Hearing Committee or shall be appointed as Hearing Officer. If any member appointed to the Hearing Committee is not a member of the Staff, the member shall at least have knowledge of the health care industry and/or hospital operations. When the hearing is to be heard by a Hearing Officer, "Hearing Officer" shall be substituted for all references to "Hearing Committee" in these Bylaws, unless the context clearly indicates otherwise. In the case of a Hearing Officer, the Hearing Officer need not be a member of the Medical and Dental Staff, but should have knowledge of the health care industry and/or hospital operations.

4. The Hospital shall provide legal counsel to the Staff to assist in the presentation of the Staff case.

5. Except in unusual circumstances, a hearing date shall be set not less than thirty (30) nor more than sixty (60) days after receipt of a hearing request.

6. The Hearing Committee, through its Chairman or Hearing Committee Advisor, shall notify the Physician or Dentist of the date, time and place of the hearing. The date of the hearing shall not be less than thirty (30) days after the date of the notice. Notice by the Hearing Committee shall also include a list of witnesses expected to testify at the hearing on behalf of the Staff.

7. The hearing shall be conducted in accordance with the following procedures:

   a. The Physician or Dentist shall have the right:

      (1) to representation by legal counsel or other person of the Physician's choice;

      (2) to call witnesses and to introduce evidence determined to be relevant by the Hearing Committee;

      (3) to cross-examine adverse witnesses;

      (4) to review all documents and recommendations upon which the decision was based; and

      (5) to submit a written statement at the close of the hearing.

   b. All testimony shall be under oath or affirmation.

   c. A stenographic transcript of the hearing shall be made. Cost of the court reporter and any transcript shall be paid equally by the Hospital and the Physician or Dentist.
d. Formal rules of evidence shall not apply and the Hearing Committee may in its discretion consider any material relevant to or bearing on the issues involved.

e. The Hearing Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration at the hearing and of any other facts which may be judicially noticed by the courts of this State. The Hearing Committee shall also be entitled to consider any pertinent material on file in the Hospital, and all other information which may be considered in connection with applications for appointment to the Staff and for clinical privileges. All such material shall be deemed part of the record before the Hearing Committee without the need for any further authentication or formal introduction into the record.

f. Failure of the Physician or Dentist to appear at the hearing without good cause shall be deemed a waiver of all rights and a voluntary acceptance of the Board's proposed decision.

g. A continuance of the hearing shall be made only for good cause and shall be granted at the sole discretion of the Hearing Committee.

h. The Staff shall proceed with its case first and has the burden of establishing that the decision from which the appeal has been taken is supported by substantial evidence. Upon completion of the Staff's case, the Physician or Dentist shall present his case and shall have the burden of establishing by clear and convincing evidence that the previous decision was lacking any factual basis and was arbitrary and capricious.

i. The Physician or Dentist involved may be called as a witness by the Staff even if he chooses not to testify in his own case.

j. Rebuttal evidence may be accepted at the discretion of the Hearing Committee.

k. The Hearing Committee may, without special notice, recess the hearing and reconvene the hearing for the convenience of the participants or for the purposes of obtaining new or additional information or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed and the Hearing Committee shall, at a time convenient to itself, conduct its deliberations in private.

l. The Hearing Committee may, in its discretion, request or accept closing briefs.

8. Within ten (10) business days after final adjournment of the hearing, the Hearing Committee shall make a written report, recommendations, and statement of the reason(s) in support of the recommendations, and through the Hospital President shall forward the report to the Board and to the involved Physician or Dentist.

9. If the Hearing Committee recommends the Board action be sustained, the procedure in Section B of this Article Ten shall be followed.

10. If the Hearing Committee recommends the Board action be modified, the procedure in Section C of this Article Ten shall be followed.

B. APPEAL -- ACTION SUSTAINED BY THE HEARING COMMITTEE

1. Within ten (10) calendar days from the date the report of the Hearing Committee sustaining the Board's proposed decision is forwarded to the involved Physician or Dentist, he may request appellate review by the Board by delivering to the President of the
Hospital, or in his absence, a Senior Vice-President of the Hospital, a written request for a review. If appellate review is not so requested within the ten (10) day period, the Board's decision shall thereupon become final.

2. Appellate review shall be limited to the following:
   a. There was a substantial and prejudicial failure to comply with Article Ten of these Bylaws; or
   b. As a matter of law, there was no substantial evidence to support the decision of the Board.

3. The request for review shall state the reasons upon which the appeal is based. Mere recitations that there was a failure to comply with the Bylaws or that the decision was not supported by substantial evidence shall not be adequate to satisfy the specificity requirement of this paragraph. Any error not raised in the request for review shall be deemed waived.

4. Upon receipt of the request for review, the President of the Hospital, or in his absence, a Senior Vice-President of the Hospital, shall forward a copy to the President of the Staff and shall order a copy of the transcript of the hearing from the court stenographer if one is not already available.

5. The President of the Hospital, or in his absence, a Senior Vice-President of the Hospital, shall review the record in light of the error asserted and make a written report to the Board recommending the appeal be sustained or denied.

6. At its next meeting, which is not less than ten (10) days from receipt of such request for review, the Board shall act on the report submitted by the President or the Senior Vice-President. If the appeal is denied, then the decision shall be final. If the appeal is sustained, the Board may:
   a. Remand the matter to the Medical and Dental Staff Executive Committee for recommendations;
   b. Grant or reinstate the clinical privileges in question;
   c. Remand the matter to the Hearing Committee with appropriate instructions; or
   d. Modify the previous decision as warranted by the record.

C. APPEAL TO THE BOARD OF TRUSTEES

1. Within ten (10) business days from receipt of the report of the Hearing Committee recommending a modification of the proposed decision, the Chairman of the Board shall appoint a Review Committee consisting of five (5) members of the Board.

2. The Review Committee shall review the entire record, including the transcript of the hearing. At the Review Committee's discretion, it may request the Medical and Dental Staff and the Physician or Dentist involved to submit written statements for consideration; however, new or additional matters not presented in previous proceedings shall not be introduced.

3. The Review Committee proceedings should be completed within sixty (60) days from the appointment of the Committee. Upon completion of its review of the record, the Review Committee shall submit a written report with recommendations to the Board.

4. At its next meeting following the submission of the recommendation of the Review Committee, the Board shall make a decision. If the Board decides to affirm its original decision, the matter shall be final. If the Board decides to modify the original decision, the matter shall be referred to the Executive Committee for review and
recommendation. At its next meeting after receipt of the recommendation of the Executive Committee, the Board shall make its final decision. Written notice of the final decision shall be given promptly to the Physician or Dentist.

D. TIMES

1. The times set forth for the filing of a request for a hearing or for appellate review are mandatory and failure to abide by such shall be deemed a waiver of any rights provided in this Article Ten.

2. Failure of a committee or the Board to take action within the time frames suggested by these Bylaws shall not be grounds for appeal or for voiding action subsequently taken.

E. MISCELLANEOUS MATTERS

1. Waiver of Liability. The provisions of Article Nine, Section F regarding waiver of liability of these Bylaws apply to all actions taken in connection with the procedures set forth in this Article.

2. Contract Waiver. A Physician or Dentist who is under contract to serve in a medico-administration position, to serve as a faculty member, or to provide patient care services in the Hospital shall be entitled to procedural rights under this Article Ten with regard to any adverse action set forth in Section 1 a-m, except to the extent that he/she has waived those rights in a signed writing or he/she is not entitled to those rights by another provision in these Bylaws.

3. Automatic Suspension or Limitation of Practice Privileges. The procedural rights set forth in this Article Ten do not apply when a Physician's or Dentist's license or legal credentials to practice has been revoked or suspended.

ARTICLE ELEVEN

DEPARTMENTAL ORGANIZATION

The clinical departments of the Staff shall be as follows:

A. CLINICAL DEPARTMENTS

1. Department of Anesthesiology

2. Department of Emergency Medicine

3. Department of Family and Community Medicine

   Divisions include:
   (a) Occupational Medicine

4. Department of Medicine

   Divisions include:
   (a) Allergy and Immunology
   (b) Cardiology
   (c) Dermatology
   (d) Endocrinology
   (e) Gastroenterology
   (f) General Internal Medicine
   (g) Hematology and Oncology
   (h) Infectious Diseases
   (i) Nephrology
   (j) Neurology
   (k) Physical Medicine and Rehabilitation
   (l) Pulmonary Medicine
   (m) Rheumatology
5. Department of Obstetrics and Gynecology
6. Department of Pathology and Laboratory Medicine
Divisions include:
(a) Blood Bank/plasmapheresis
(b) Chemistry
(c) Cytology
(d) Hematology
(e) Microbiology/immunology/serology
(f) Point of care testing
(g) Surgical pathology/histology
7. Department of Pediatrics
Divisions include:
(a) General Pediatrics
(b) Neonatology
(c) Pediatric Specialties
8. Department of Psychiatry
9. Department of Radiology and Diagnostic Imaging
Divisions include:
(a) Angiography
(b) Computerized Tomography
(c) Diagnostic Radiology
(d) Mammography
(e) Neuroradiology
(f) Nuclear Medicine
(g) Radiation Oncology
(h) Ultrasonography
10. Department of Surgery
Divisions Include:
(a) Dental, Oral & Maxillofacial Surgery
(b) General Surgery
(c) Neurosurgery
(d) Ophthalmology
(e) Orthopedic Surgery
(f) Otorhinolaryngology, Head and Neck Surgery
(g) Peripheral Vascular Surgery
(h) Plastic Surgery
(i) Podiatric Surgery
(j) Thoracic-Cardiovascular Surgery
(k) Trauma
(l) Urology
11. Any other clinical department as subsequently created by the Staff with the approval of the Board.

B. ORGANIZATION OF CLINICAL DEPARTMENTS

1. Each clinical department shall have a Chair, who shall be a member of the Active Staff and be board certified in his or her specialty. A Department Chair shall be selected based upon the following process:

   (i) When a Department Chair position becomes open, the position requirements and expectations will be made known to the Staff.

   (ii) Candidates for the position may be nominated by others, self-nominated, or specifically solicited for nomination.

   (iii) A Selection Committee of eight (8) members will be appointed, and will consist of: the President of the Staff; three members selected by the President of the Medical Staff with advice from the Executive Committee; the President of the Hospital or his designee; and three members selected by
the President of the Hospital. One of whom shall be the Chief Physician Executive or Associate Physician Executive and two shall be from the department. The Human Resources Department of the Hospital will act as staff to the Selection Committee.

(iv) It will be the responsibility of the Selection Committee to screen, interview, and develop recommendations on all applicants.

(v) The Selection Committee will develop a formal interview process for the candidates. The interview process shall provide for interviews with no less than six (6) to eight (8) members of the Department, as well as interviews with Hospital Administrators, staff, or any other individuals which, in the discretion of the Selection Committee, would provide useful feedback.

(vi) The Selection Committee will then consider all the information which it has received on the candidates, and provide feedback, including a recommendation on one or more candidates.

(vii) The Department will then be presented with the candidate or candidates recommended by the Selection Committee. The Department shall vote on the candidates. A majority vote of all Active Staff members of the Department is required to advance a candidate for consideration by the President of the Hospital.

(viii) Once the President of the Hospital has successfully negotiated an appropriate Agreement with the final candidate, the President will present the candidate to the Board of Trustees, which shall appoint a Chair.

2. Department Chairs will normally be appointed for terms of three (3) years, and such terms may be renewed thereafter. Chairs will be subject to annual performance appraisals. At the end of the second year of each three-year term, a comprehensive review of the Chair’s performance will be assessed, using a “360-degree” approach so that a wide array of members of the Staff and Administrators can provide feedback.

3. Chairs are subject to removal by; (i) a vote of two-thirds of all of the Active Staff members of the Department; or (ii) upon review and recommendation by the Executive Committee to the President of the Hospital and the President of the Medical and Dental Staff and their mutual agreement thereto.

4. If there is a vacancy in a Department Chair position, on an interim basis the position may be filled by the President of the Staff in consultation with the President of the Hospital and the Division Chiefs within the Department until such time as a new Department Chair is selected in accordance with the process described above.

5. Duties of the Department Chair include, but are not limited to, the following:
   a. Recommendation to the Executive Committee of a Division Chief for each division within the department.
   b. Appointment of committees for the necessary functions of the department.
   c. Review of the professional performance of each member of the department and recommendations of clinical privileges for each member of the department.
   d. Review of all prospective applicants for membership in the department and recommendations of clinical privileges for the same.
e. Responsibility for conducting departmental meetings at least quarterly and presenting a brief review of clinical activities and peer review at this meeting.

f. Submission of a monthly report of the department's activities to the Executive Committee.

g. Service on the Executive Committee when mandated by the Bylaws.

h. Responsibilities for quality management activities within the department.

i. Responsibilities for the establishment and maintenance of departmental rules and regulations to reflect the current practice of the department.

j. Responsibility for promoting and ascertaining appropriate economic and efficient utilization of hospital resources within the department.

k. Assess and recommend to the Medical Executive Committee any off-site services being requested.

The duties and responsibilities of the Chair shall be incorporated into a job description and shall be provided to the Chair. The President of the Hospital and the President of the Staff shall work with each Chair to set annual goals, and review progress against goals.

6. Each Division within a Department shall have a Division Chief appointed by the Department Chair in accordance with the following process.

   (i) When a Division Chief position becomes open, the requirements and expectations will be made known to members of the Division.

   (ii) The Department Chair will then meet with the Division in order to establish a slate of nominees, who may be nominated by others, self-nominated, or specifically solicited by the Chair.

   (iii) The Department Chair will employ an inclusive review process to formally review candidates with Division members to get input. The Department Chair may consult with other members of the Staff, the Administration, use a search committee, or employ any other process to meet the needs of the Department and Division.

   (iv) Division Chiefs will be appointed for a term of three (3) years, and such terms may be renewed thereafter. Chiefs shall be subject to an annual performance appraisal conducted by the Chair.

   (v) Chiefs are subject to removal by; (i) a vote of two-thirds of all of the Active Staff members of the Division subject to appeal by the Chief to the Executive Committee; or (ii) by the Chair with the approval of the Executive Committee.

   (vi) If there is a vacancy in a Division Chief position, on an interim basis the position may be filled by the Department Chair in consultation with the President of the Staff and the members of the affected Division until such time as a new Division Chief is selected in accordance with the process described above.

The duties and responsibilities of each Chief will be incorporated into a job description and will be provided to each Chief.

7. Each clinical department shall review and report at least quarterly
an analysis of its clinical work. A large division supervised by a Chief may, with the approval of the Department Chair, discharge this responsibility. This duty can be delegated to a special subcommittee of the Department or Division.

8. Each department or division shall compile rules and regulations under which it operates.

C. Notwithstanding any other provisions in these Bylaws to the contrary, any votes required or permitted at Divisions or Departments pursuant to this Article Eleven may in the discretion of the President of the Staff, be held either in person or by written ballot.

D. THE DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

The Department of Family and Community Medicine shall have a specified number of "core" privileges available to its members. These privileges shall be agreed upon by the Chair of the Department of Family and Community Medicine and various other involved Department Chairmen. Any disagreement or dispute regarding any privilege will be reviewed by the Credentials Committee and its recommendations shall be reported to the Executive Committee.

ARTICLE TWELVE

OFFICERS AND COMMITTEES

(In this Article only the word "President" shall refer to the President of the Staff unless otherwise specified.)

A. OFFICERS

1. The officers of the staff shall be President, Vice-President and Secretary-Treasurer. The Vice-President and Secretary-Treasurer shall be elected at the annual meeting of the Staff (in September) and shall serve in office until the next succeeding annual meeting or until successors have been elected. The President shall be elected for a one-year term at the annual meeting of the Staff and may serve a maximum of three consecutive terms. Only members of the Active Staff in good standing shall be eligible for these offices. Officers shall be elected by majority vote.

2. The President:

a. Shall preside at all meetings of the Staff.

b. Shall be Chairman of the Executive Committee and member ex-officio of all other committees.

c. Shall appoint all committees with the approval of the Executive Committee and the Board.

d. Shall inform the President of the Hospital of all suggestions, recommendations or resolutions emanating from either the Staff or the Executive Committee.

3. The Vice-President, in the absence of the President, or in the event of a vacancy of the office of the presidency, shall assume the duties and have the authority of the office. He shall be a member of the Executive Committee, with full voting privileges and shall attend all meetings.

5. The Secretary-Treasurer shall keep accurate and complete minutes of all meetings, call meetings on order of the President, keep attendance records at all Staff meetings, attend to all correspondence, and perform such other duties as ordinarily pertain to his office. He is Chairman of the Budget Committee. He shall be a member of the Executive Committee with full voting privileges and shall attend all meetings.
6. Vacancies in office during the Staff year, except for the presidency, shall be filled by appointment of the Executive Committee. If there is a vacancy in the office of the presidency, the Vice-President shall assume the office for the remainder of the term. Thereafter, he may be elected to serve as President in his own right.

7. In the event any officer of the Staff fails to carry out his duties as required by these Bylaws, the directives of the Board, the Hospital's Bylaws or the Rules and Regulations of the Staff, or otherwise shall be unable to perform the functions of his office, he shall be subject to removal from office by the Staff. If the Board believes there are grounds for removal of an officer of the Staff, it shall request the Staff to initiate removal procedures. If the Staff fails to do so, the Board after consultation with the Executive Committee may remove the involved officer. A two thirds vote of the voting staff is necessary to remove any officer. Removal of any officer is subject to the approval of the Board.

8. There will be a representative to the Hospital Medical Staff Section of the Pennsylvania Medical Society. The individual shall be elected by the Staff at the annual meeting to serve for one year.

B. COMMITTEES

Committees of the Staff shall be standing and special. Special committees may be appointed by the President whenever they are needed. All standing committees other than the Executive Committee shall be appointed by the President with the approval of the Executive Committee and the Board.

The president shall designate a member of each committee to be chairman. Committees shall meet as specified in these Bylaws or as often as required to carry out their designated responsibilities. All committees shall meet not less than annually. Committees shall report the actions of each meeting in writing to the Performance Improvement Council or the Executive Committee, whichever is appropriate.

Members of the standing committees shall be appointed for a term of one year unless otherwise specified.

All members are eligible for committee assignment. Termination of staff membership shall automatically terminate the member’s appointment to any committee. All committees shall maintain minutes and attendance records. The following standing committees shall be created and maintained according to the policy described under each separate committee:

Biomedical Ethics, Budget, Cancer, Credentials, (including the following subcommittees: Endoscopy, Laser, Radiologic Special Procedures), Executive, Impaired Physicians, Graduate Medical Education, Nominating, and Performance Improvement Council.

Non-Staff members may be appointed to committees. Except in cases where the Hospital or Staff Bylaws require the President of the Hospital be a member of a committee, the President of the Staff shall have the right to approve the appointment of any non-Staff member.

Voting privileges of non-physician members of Staff committees shall be at the discretion of the committee chairman.

The number and type of committees, their duties and functions, their general composition and all committee appointments are subject to Board approval.

1. BIO-MEDICAL ETHICS COMMITTEE

The primary purpose of the Bio-Medical Ethics Committee is to provide guidelines and recommendations for handling ethical and legal questions on death and dying and related patient care issues. The members of this committee shall consist of a minimum of five (5) members of the Active Staff, an attorney, a representative of the
President of the Hospital, a representative of the Department of Nursing and the hospital chaplain. It shall meet as necessary to conduct its business and when requested to meet by a member of the Staff.

2. BUDGET COMMITTEE

The Budget Committee shall be charged with the responsibility of the assignment and the dispersal of the funds of the Staff. The amount of the Staff dues shall be set each year at the annual meeting and shall be collected by the Secretary-Treasurer of the Staff. The Committee shall account for all financial transactions in its annual report to the Staff. It shall consist of a minimum of three (3) members of the Active Staff and the Secretary-Treasurer of the Staff who shall serve as Chairman. The committee shall meet at least annually. The proposed budget for the ensuing year shall be included in its recommendations and be approved by the Executive Committee and the Staff.

3. CREDENTIALS COMMITTEE

The Credentials Committee shall review all applications for appointment to all categories of the Staff. The committee shall consult with the appropriate Department Chairman and recommend assignment of Staff members to departments. After consultation with the appropriate Department Chairman, the Credentials Committee shall recommend the specific privileges to be granted to applicants for Staff appointment. It will act in consultation with the Executive Committee whenever requested in the investigation of a member considered for disciplinary action. After proper investigation of the credentials of an applicant, its recommendation shall be submitted to the Executive Committee for action. This Committee shall be responsible for the biannual reappraisal and recommendation of reappointment for each member of the Staff. One member of the committee shall be a representative of the President of the Hospital.

The following subcommittees shall report to the Credentials Committee:

a. Endoscopy Subcommittee

The Endoscopy Subcommittee shall set up and enforce rules governing the granting of privileges or the performance of any endoscopy procedure. This subcommittee shall advise the Credentials Committee in regards to granting endoscopy privileges.

b. Laser Subcommittee

The Laser Subcommittee shall set up and enforce rules governing the granting of privileges or the performance of any laser procedure. This subcommittee shall advise the Credentials Committee in regards to granting laser privileges.

c. Radiologic Special Procedures Subcommittee

The Radiologic Special Procedures Subcommittee shall set up and enforce rules governing the granting of privileges for the performance of any radiologic special procedure by anyone other than members of the radiology staff. This subcommittee shall advise the Credentials Committee of any privileges recommended in radiologic special procedures and these privileges shall be subject to annual review.

The subcommittee shall consist of a minimum of five (5) members, including a radiologist as chairman, a neurosurgeon, a neurologist, a cardiothoracic surgeon and an internist.
4. EXECUTIVE COMMITTEE

The Executive Committee shall consider business before it is brought to the attention of the full Staff and has power to act on it before it is brought forth. It will present matters for discussion to the Staff accompanied, when possible, with its recommendations. This committee shall meet at least monthly. Its functions and responsibilities are:

a. To coordinate the activities of the Staff and assure that the duties delegated by the Board to the Staff are reasonably performed;

b. To coordinate the activities and general policies of the Staff and clinical departments;

c. To act for the Staff as a whole under such limitations as may be imposed by the Staff and these Bylaws, Rules and Regulations;

d. To receive and act upon the reports of all committees of the Staff;

e. To supervise the maintenance of medical records at the required standard of completeness and review on at least a quarterly basis data pertaining to medical staff whose medical record practices fail to conform with necessary record keeping requirements. This committee shall serve as the sanctioning body for non-compliance;

f. To consider and recommend action to the President of the Hospital;

g. To make recommendations to the Board, gather information and conduct investigations concerning appointment, reappointment and request for corrective action as described elsewhere in these Bylaws;

h. To provide the requisite number of staff representatives on the Quality committee of the Board;

The Executive Committee of the Medical and Dental Staff shall consist of voting and non-voting members. Voting members will include the President, Vice-President, and Secretary-Treasurer of the Medical Staff; The Chairman or their designee of the Departments of Anesthesiology, Emergency Medicine, Family & Community Medicine, Medicine, Ob/Gyn, Pathology, Pediatrics, Psychiatry, Radiology and Diagnostic Imaging and Surgery. Voting members will also include the Medical Quality Management Coordinator, the Trauma Medical Director, and the Chief Physician Executive.

In addition to the above, the Executive Committee shall have three (3) at large voting members elected by the Staff. The at large members shall be elected for a one-year term at the annual meeting of the Staff. Of the three individuals initially elected as at large members, one shall be designated as being limited to two consecutive one-year terms, one shall be designated as being limited to three consecutive one-year terms, and one shall be designated as being limited to four consecutive one-year terms. Thereafter, all at large members may serve a maximum of three consecutive one-year terms. Only members of the Active Staff in good standing shall be eligible to be elected as an at large member of the Executive Committee.

Non-voting members shall include the President of the Hospital, the Chief Operating Officer, the Vice President of Nursing, the Chair of the Pharmacy and Therapeutics Committee, the Chief of the Division of Cardiology, the General Counsel of the hospital or their designees, and any other guests, either regularly or from time to time, invited by the Committee.
Committee members shall serve their appointed term unless they resign or are removed by a simple majority vote of those voting committee members present (excluding the member in question). The vote will be held on recommendation from the Medical Staff President after consultation with the President of the Hospital (or his/her designee) and four other committee members selected at random to review the incident in question.

The Medical & Dental Staff may temporarily remove the Executive Committee’s delegated authority, as appropriate, to protect the Medical & Dental Staff interests, by a vote of at least two-thirds of the voting members.

5. IMPAIRED PHYSICIANS COMMITTEE

   a. The Impaired Physicians Committee is established by these Bylaws as a peer review organization pursuant to the Pennsylvania Peer Review Protection Act. This program is entirely independent of any other committee and entirely separate from any disciplinary or enforcement activities established or authorized by the Bylaws.

   b. The Committee exists to receive and evaluate concerns the Medical and Dental Staff have about fellow members regarding abilities of members in question to function because of impairment caused by:

      (1) Drug or alcohol abuse
      (2) Psychological aberrations
      (3) Health problems

   It is emphasized that review because of professional incompetence is not the responsibility of this Committee.

   Members of the Impaired Physicians Committee shall refrain from participating in deliberations of any committee reviewing the clinical performance and competency of a Staff member who is at that same time being evaluated by the Impaired Physicians Committee.

   c. Membership Composition:

      (1) The Impaired Physicians Committee will be composed of five (5) members of the Medical and Dental Staff, with one member being a psychiatrist. Members will serve a maximum of four (4) years.

      (2) The Chairman will serve for two years.

      (3) No more than two (2) members will be replaced each year.

   d. Function:

      (1) The committee will function in an informal environment, as an advisory, non-disciplinary, non-administrative Committee. The Committee shall be a physician advocate, and will oversee and follow-up any therapeutic intervention that is indicated for the impaired physician. It will not be involved in providing the therapy, but will be more of an intervener.

      (2) The Committee may enlist the aid of other Staff members, as well as physicians who are part of the Pennsylvania Medical Society Physician Impairment Program -- not necessarily members of the Medical and Dental Staff of the Lancaster General Hospital.
e. Procedures:

(1) Concerns about Staff members would be directed to the Chairman of the Impaired Physicians Committee, who will review the complaints with the entire Committee. The source of the complaint will be kept confidential and not revealed to the Staff member in question unless agreed to by the complainant.

(2) Once complaints are evaluated and found to be of substance, the Committee will meet with the appropriate Department Chairman and the President of the Medical and Dental Staff before approaching the Staff member involved.

(3) If therapy is felt to be appropriate, the Committee will recommend specific care, follow the progress of therapy, and aid in re-establishing the member as an active participant of the Medical and Dental Staff.

(4) If the complaint is because of impairment due to a non-correctable condition, such as infirmities of age, consultation with Staff members of the appropriate medical field will be sought. The results of this consultation will be considered before rendering a decision as to impairment.

(5) As long as the impaired physician is cooperative, the deliberations of the Impaired Physicians Committee will remain informal and confidential.

(6) If a physician is uncooperative or exhibits an impairment in his ability to perform the clinical privileges granted him, his case shall be forwarded to the President of the Medical and Dental Staff for appropriate action.

After approval of this initial plan the committee shall review at appropriate intervals (not less than annually) and make recommendations for modifications to the Executive Committee, Staff and Board.

6. GRADUATE MEDICAL EDUCATION COMMITTEE

The Graduate Medical Education Committee shall act in an advisory and supportive capacity to the Vice President of Medical Affairs and the Residency Program Director in matters pertaining to educational policies and assignment of teaching personnel to provide the necessary training of residents, and to provide continuing education for the Staff.

The recruitment of residents shall be the joint responsibility of the committee, the Vice President of Medical Affairs and the Residency Program Director.

The Committee shall act in an advisory capacity to the President of the Staff and the President of the Hospital in the selection, government and discipline of residents.

In all professional functions, residents shall be responsible to the Residency Program Director and clinical clerks shall be responsible to an Associate Director of the Residency Program. When assigned to any department, they shall be responsible to the Chairman of his Department for the treatment of patients or the conduct of clinical or laboratory work. Treatment by the resident staff does not relieve the attending physician of the responsibility for care of the patient.

The Committee shall consist of no less than nine (9) members of the Staff, at least two (2) of whom shall be members of the Department of Family and Community Medicine. The Vice President of Medical
Affairs, the Residency Program Director, the Resident Coordinator and Chief Resident of the respective residencies, and a representative of the President of the Hospital shall be members also. All members shall have voting privileges.

The Residency Program Director will report to the Medical Executive Committee on a quarterly basis concerning the safety and quality of patient care provided by, and the related educational and supervisory needs of, residents in the Family Practice Residency Program. The Graduate Medical Education Committee, through the Residency Program Director will communicate with the Medical Executive Committee on a quarterly basis addressing the educational needs and performance of the residents in the Family Practice Residency Program.

7. NOMINATING COMMITTEE

A Nominating Committee shall be appointed at the May meeting by the President. This committee will present a list of nominees for all elective offices in writing to all members of the Staff at least thirty (30) days before the September meeting of the Staff. Additional candidates may be nominated from the floor at the September meeting.

8. PERFORMANCE IMPROVEMENT COMMITTEE

The Performance Improvement Committee serves as the coordinating body for performance improvement initiatives occurring at the Lancaster General Hospital and its appropriate satellite areas of patient care. The Committee is responsible for identifying quality performance opportunities as specified in its Charter, as approved by the Quality Committee of the Board of Trustees. The Committee shall include either the Vice President of the Medical Staff or a physician appointed by the President of the Medical Staff.

9. PHARMACY AND THERAPEUTICS COMMITTEE

The Pharmacy and Therapeutics Committee evaluates the clinical use of drugs, develops policies for managing drug use and drug administration, and manages the formulary system. This committee is composed of physicians, pharmacists, and other health professionals selected with the guidance of the medical staff. It is a policy-recommending body to the medical staff and the administration of the organization on matters related to the therapeutic use of drugs across the entire medication use process.

(1) Purposes:

(a) Policy Development, Implementation and Monitoring. The committee formulates policies regarding evaluation, selection, and therapeutic use of drugs and related devices.

(b) Education. The committee recommends or assists in the formulation of programs designed to meet the needs of the professional staff (physicians, nurses, pharmacists, and other health-care practitioners) for complete current knowledge on matters related to drugs and drug use.

(c) Formulary management. The application of various techniques to ensure high quality and cost-effective drug therapy through the formulary system.

(2) Organization and Operation

(a) The P&T committee shall be composed of at least the following voting members: physicians, pharmacists, nurses, administrators, quality-assurance coordinators, clinical nutritionists, risk managers, care manager and others as appropriate. The size of the committee may
vary depending on the scope of services provided by the organization. Committee members shall be appointed by the President of the Medical and Dental Staff.

(b) A chairperson from among the physician representatives shall be appointed. The Director of Pharmacy Services shall serve as secretary.

(c) They shall meet regularly, at least six times per year, preferably monthly.

(d) The committee shall invite to its meeting persons within or outside the organization who can contribute specialized or unique knowledge, skills, and judgments.

(e) An agenda and supplementary materials (including minutes of the previous meeting) shall be prepared by the secretary and submitted to committee members in sufficient time before each meeting for them to review the material properly.

(f) The minutes of committee meetings shall be prepared by the secretary and maintained in the permanent records of the organization.

(g) Recommendations of the committee shall be presented to the Medical and Dental Staff through its Executive Committee.

(h) Liaison with other organizational committees concerned with drug use shall be maintained.

(i) Actions of the committee shall be routinely communicated to the various health-care personnel involved in the care of the patient.

(j) The committee shall be organized and operated in a manner that ensures the objectivity and credibility of its recommendations. The committee shall establish a conflict of interest policy with respect to committee recommendations and actions.

(k) In formulating drug use policies for the organization, the committee shall be attentive to the content and changes in pertinent guidelines and policies of professional organizations and standards-setting bodies such as the American Society of Health System Pharmacists, the American Hospital Association, medical and nursing associations, the Joint Commission on Accreditation of Healthcare Organizations, governmental agencies, and others as appropriate.

3) Functions and Scope:

(a) To serve in an evaluative, educational, and advisory capacity to the medical staff and organizational administration in all matters pertaining to the use of drugs (including investigational drugs).

(b) To develop a formulary of drugs accepted for use in the organization and provide for its constant revision. The selection of items to be included in the formulary shall be based on objective evaluation of their relative therapeutic merits, safety, and cost. The committee shall minimize duplication of the same basic drug type, drug entity, or drug product.

(c) To establish programs and procedures that help ensure safe and effective drug therapy.

(d) To establish programs and procedures that help ensure cost-effective drug therapy.
(e) To establish or plan suitable educational programs for the organization's professional staff on matters related to drug use.

(f) To participate in quality-assurance activities related to distribution, administration, and use of medications.

(g) To monitor and evaluate adverse drug (including, but not limited to, biologics and vaccines) reactions in the health-care setting and to make appropriate recommendations to prevent their occurrence.

(h) To initiate or direct (or both) drug use evaluation programs and studies, review the results of such activities, and make appropriate recommendations to optimize drug use.

(i) To advise the pharmacy department in the implementation of effective drug distribution and control procedures.

(j) To disseminate information on its actions and approved recommendations to all organizational healthcare staff.

ARTICLE THIRTEEN

MEETINGS

A. THE ANNUAL MEETING

The annual meeting of the Staff shall be held in September. Officers for the year shall be elected and installed.

B. REGULAR MEETINGS

Regular meetings of the Staff shall be held six (6) times a year on the second Wednesday of January, March, May, July, September and November at a time and place to be announced by the Secretary-Treasurer.

C. SPECIAL MEETINGS

Special meetings of the Staff may be called at any time by the President on the written request of five (5) voting members of the Staff. The purpose of the special meeting shall be stated and only stated matters shall be considered. Special meetings requested by the members shall be held no sooner than one week and no later than two weeks after the date the request was received.

D. ATTENDANCE AT MEETINGS

Attendance requirements for meetings and the meaning to be ascribed to excessive, unexcused absences shall be set forth in the Rules and Regulations of the Staff.

E. QUORUM

Those members of the Active and Honorary Staff who are present shall constitute a quorum.

F. AUTHORITY

Roberts' Rules of Order, Revised, shall be the authority governing all legislative actions of the Staff.
ARTICLE FOURTEEN

DUES

The Staff may assess its active and courtesy members for such dues as it deems necessary. The amount of the dues shall be determined by the Executive Committee and announced at the annual meeting. Dues shall be due on January 1 of each year and shall be billed and collected by the Secretary-Treasurer. Any member of the Active or Courtesy Staff delinquent in payment of dues ninety (90) days after January 1 shall be referred to the Executive Committee for appropriate action.

ARTICLE FIFTEEN

RULES AND REGULATIONS

The Staff shall adopt such rules and regulations as may be necessary for the proper conduct of its work. Such rules and regulations shall be a part of these Bylaws except that they may be amended without previous notice by a majority vote of those present and eligible to vote at any regular meeting at which time a quorum is present. Such amendments shall become effective when approved by the Board.

ARTICLE SIXTEEN

AMENDMENTS

A proposal for amendment of the Bylaws, Rules and Regulations of the Staff may be introduced at any regular meeting of the Staff and presented to the Executive Committee in writing at any time. Any proposed amendment shall be referred to the Executive Committee for its study and recommendation. After a proposed amendment has been approved by the Executive Committee, the proposed amendment must be presented in writing to all members of the Staff at least thirty (30) days before the next regular meeting of the Staff. A proposed amendment may be approved by either of the following methods:

1. By two thirds of the voting members present at a meeting where a quorum exists; or

2. By written ballot, subject to the following conditions. When a proposed amendment is voted upon by written ballot, a ballot shall be mailed to each voting member at the business address of the member then on file with the Medical and Dental Staff Office. The ballot shall contain or attach the proposed amendment, and shall specify when ballots must be returned to be counted. Members shall be given no more than 30 days in which to return ballots. A ballot may be returned by mail, hand delivery, or by priority delivery (e.g., UPS, Fed Ex, etc.). A ballot will only be counted if it arrives in the Medical and Dental Staff Office no later than 5 pm on the return date designated on the ballot. In order for the amendment to be approved, two thirds of all voting members returning ballots must vote in favor of the amendment.

Voting method will be determined on an individual basis by the Medical Executive Committee. If not so designated as a ballot vote by the Medical Executive Committee the Staff may request a ballot vote by a majority vote of those present.

Amendments so made shall become effective when approved by the Board.

Should the need arise for an urgent amendment necessary to comply with law or regulation, the Medical Executive Committee, is delegated by the voting members of the Medical & Dental Staff, to provisionally adopt an urgent amendment without prior notification of the Medical & Dental Staff. In such cases, the Medical & Dental Staff will be immediately notified by the Medical Executive Committee. The Medical & Dental Staff has the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict
between the Medical & Dental Staff and the Medical Executive Committee, the provisional amendment stands. If there is conflict over the provisional amendment, the process for resolving conflict between the Medical & Dental Staff and the Medical Executive Committee is implemented. If necessary, a revised amendment is then submitted to the governing body for action.

**ARTICLE SEVENTEEN**

**ADOPTION AND REVOCATION**

These Bylaws, together with the appended Rules and Regulations may be adopted at any regular meeting of the Staff. They shall replace any previous Bylaws, Rules and Regulations, when they have been made effective by the approval of the Board.

These Bylaws, together with the appended Rules and Regulations, are subject to the approval of the Board.

**ARTICLE EIGHTEEN**

**REVIEW**

The Bylaws shall be reviewed by the Executive Committee at least once every two years.

**ARTICLE NINETEEN**

**DEPARTMENT AND DIVISION RULES AND REGULATIONS**

A proposal for a new division rule or regulation may be introduced in writing at any time during a regular meeting of the division. After such a proposed rule or regulation has been approved by the division, it shall be presented in writing to the relevant department for introduction during a regular meeting. If approved by the department, the rule or regulation shall be introduced for approval at a regular meeting of the Medical and Dental Staff Executive Committee. If approved, the rule or regulation shall be submitted for final approval by the Board. New department rules and regulations require the same approval beginning with approval at a regular meeting of the department.

**ARTICLE TWENTY**

**EFFECT OF CONFLICT**

A. If there is a conflict between the Bylaws, Rules and Regulations, the Bylaws will prevail.

If there is a conflict between the Medical & Dental Staff Bylaws and the Hospital Bylaw or policies, the Medical & Dental Staff Bylaws shall prevail as the only mutually adopted document.

B. Organized Medical & Dental Staff and Medical Executive Committee

At any meeting of the Medical & Dental Staff, its members may, if the Medical & Dental Staff votes to do so, address and as feasible manage or arrange for the management of conflicts between the Board and Medical & Dental Staff, the Medical Executive Committee and the Medical & Dental Staff, or otherwise within the Medical & Dental Staff. Conflicts may also be resolved by a simple majority vote of the Medical & Dental Staff on the issue causing conflict.
RULES AND REGULATIONS

ADMISSIONS

1. Patients may be admitted to the Hospital only by members who are in good standing on the Honorary, Active or Courtesy Staff.

2. Except in an emergency, no patient shall be admitted to the Hospital until a provisional diagnosis has been stated. In an emergency situation, the provisional diagnosis shall be stated as soon after admission as possible. Staff members admitting patients shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger from any cause whatsoever.

3. It is the sole responsibility of the admitting or referring physician to notify the attending physician of a patient's need for admission to the Hospital. If for some reason the referring physician cannot contact the attending physician, the patient should be referred to the Emergency Medicine Department for evaluation and admission, if appropriate.

MEDICAL RECORDS

1. Preparation and Completion - Members of the Medical and Dental Staff shall ensure that their documentation in the medical record is legible, timely, and accurate. The medical record must contain sufficient information to identify the patient; support the diagnosis; justify the treatment; document the course and results; and facilitate continuity of patient care.

(a) Documentation Content: The medical record shall contain objective and relevant documentation that pertains to the direct care of the patient. The following should not be documented within the medical record:

1. Reference to an Event Report.
2. Statements criticizing or demeaning to the patient, the family, other care givers.

(b) The use of unapproved abbreviations is not permitted. Only approved abbreviations should be used in the medical record. The unapproved and approved abbreviation lists for Lancaster general Hospital are located on the Intranet.

(c) The medical record must be completed within thirty (30) days of discharge. For purposes of monitoring delinquent medical records for regulatory and accrediting agencies, incomplete medical records greater than 21 days post-discharge will be considered delinquent. No medical record shall be considered complete until all assigned deficiencies have been completed.

The process of notifying physicians of medical record status will be approved by the Medical Executive Committee and administered by the Health Information Management Department. Suspension of clinical privileges may occur when a physician has incomplete medical records that are older than 28 days post-discharge.

Clinical privileges will automatically be reinstated if delinquent records are completed within thirty (30) days of the suspension. After thirty (30) days, the suspended member will be required to reapply for clinical privileges and appointment under Article Five in these Bylaws. The President of the Medical and Dental Staff will provide written notification to those members whose clinical privileges are being suspended. In the event of such a suspension, the procedure for assigning the responsibility for the care of patients as set forth in Article Six, B, shall apply.
However, members whose clinical privileges are suspended for failure to complete medical records shall not be entitled to a hearing or appeal under Article Ten of these Bylaws.

2. Ownership of the medical record - All medical records are the property of the Hospital and shall not be removed from the Hospital except in response to a properly executed subpoena, court order, statute, or for some special reason if approved by the President of the Hospital, or his designee. In case of re-admission of a patient, prior medical records shall be available for the use of those members of the Medical and Dental Staff involved in the care of the patient.

3. History and Physical Examination

(a) Inpatients - A history and physical examination shall be completed and a report dictated or completed within the electronic health record within twenty-four (24) hours of inpatient admission to the hospital. History and Physical (H&P) reports completed by allopathic or osteopathic physicians who are not members of the Hospital’s Medical and Dental Staff or by first year residents, nurse practitioners, clinical nurse specialists, or physician assistants are acceptable only if signed by the professional completing the H&P and counter-signed by the attending physician. Complete history and physical documentation is not required for normal newborns and vaginal delivery patients. Labor/Delivery/Newborn records may serve as the history and physical for a normal newborn and the prenatal record for a vaginal delivery.

Minimum Recommended Requirements for Inpatient H&P Reports:
- Chief Complaint
- Relevant Past Medical History
- Relevant Social History
- Physical Examination—include relevant positive and negative findings
- Pertinent data including drug allergies and medications
- History of Present Illness
- Relevant Family History
- Review of Systems
- Diagnostic Impressions

(b) Outpatients - History and Physical (H&P) Reports are required for all outpatient observation, invasive procedures, procedures involving anesthesia or moderate sedation and those procedures defined as high risk listed herein. The H & P Report should be documented on the form provided by the Hospital, dictated, or completed in the electronic health record, and meet the *recommended documentation requirements outlined herein.

The following procedures have been defined as high risk and require an H & P Report:
- Deep Organ Fine Needle Biopsy
- Deep Core Needle Biopsy (CT, US, Bone, Liver, Kidney)
- Arteriogram
- Percutaneous Drainage
- Cardiac Catheterization
- Intra-arterial Urokinase
- Angioplasty
- Percutaneous Nephrostomy
- Percutaneous Transhepatic Cholangiogram
- Transesophageal Echocardiogram
- Vena Cavagram
- Elective Cardioversion
- Amniocentesis
• Chest Tubes
• Bronchoscopy

*Minimum Recommended Requirements for Outpatient invasive and/or high risk procedures and those procedures involving moderate sedation:
• History of Present Illness
• Physical Examination – must include relevant system/organ examination and also document examination of heart and lung
• Pertinent data including drug allergies and medications
• Indications for Procedures
• Relevant Assessment of Mental Status (oriented, disoriented, etc.)
• Diagnostic Impressions

(c) A H&P Report may be utilized if it has been performed within thirty (30) days prior to admission, and is consistent with the minimum requirements established for H&P Reports. All H&P Reports must be updated within 24 hours of admission. If the patient is scheduled for an invasive, high risk, of moderate sedation procedure, the H&P must be updated prior to the procedure. Updates may be added to the Progress Notes or the H&P. The update is to assess and document, if there has been any change to the health status of the patient since the H&P was performed and/or to assess any areas where more current data was requested or available. The provider uses his/her clinical judgment based on assessment of the patient’s medical condition and medical history when deciding the depth of the assessment that needs to be performed and what information needs to be included in the updated note.

(d) If the preadmission history and physical examination is older than thirty (30) days, a complete history and physical examination report must be recorded in the medical record meeting the timeframes specified on (c) above.

(e) When the history and physical examination is not documented prior to the time stated for an operative or invasive procedure, the procedure shall be canceled unless the physician documents in the medical record that such delay would constitute a hazard to the patient (i.e. extreme emergency).

(f) Extreme emergency and minimum pre-operative requirements:

Extreme emergency is defined as any circumstance that is an acute threat to life or limb and the physician has documented the nature of the emergent situation. The preoperative diagnosis shall be documented and the appropriate communication to the Operating Room personnel or other specialized interventional units and Anesthesia. Complete documentation shall be recorded as soon as possible thereafter.

4. ORDERS

(a) Standing orders may be formulated by the various departments. Standing orders shall be approved by the Pharmacy and Therapeutics Committee. No standing orders may include orders for the administration of narcotics. Specific orders for patients take precedence over standing orders, which constitute orders for treatment, only in the event the attending staff member does not have more specific orders.

(b) All orders for treatment shall be complete in the electronic medical record by the responsible practitioner. Only members with clinical privileges in this Hospital and residents may document orders within the medical record. Medical affiliates may provide orders consistent with licensure restrictions and written collaborative agreement.
Oral or written orders for medication or treatment shall be accepted only when it is impractical for such orders to be entered into the electronic medical record by the responsible practitioner. Oral orders shall be taken only by qualified personnel who shall add the orders in the proper place in the medical record of the patient. Each oral order shall include the date, time, full signature and title of the person taking the order, shall be read-back to and verified with the ordering provider and shall be countersigned by the prescribing physician or dentist or his designee within seven (7) days.

The following are authorized to accept oral orders for treatment or medication within each respective professionals’ scope of practice:

1. residents;
2. registered nurses;
3. graduate nurses;
4. physical therapists;
5. respiratory therapists;
6. pharmacists;
7. speech-language pathologists;
8. nurse practitioners;
9. physician assistants;
10. certified registered nurse anesthetists;
11. registered dietician nutritionists;
12. occupational therapists;
13. radiology technicians;

Oral orders may not be issued or accepted for initiation of antineoplastic agents.

(d) Stop-order on drugs: All drug orders for narcotics, sedatives, hypnotics, and anti-coagulants shall be discontinued automatically after 48 hours and antibiotics after five days unless:

1. the order indicates an exact number of doses to be administered;
2. an exact period of time for the medication to be administered; or,
3. the attending staff member re-orders the medication.

5. Progress Notes

(a) Pertinent progress notes shall be recorded at the time of observation, sufficient to permit continuity of care and transferability. Wherever possible, each of the patient’s clinical problems should be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment. Daily progress notes by the attending physicians are desirable. Progress notes shall be documented at least daily on the critically ill patients and those where there is difficulty in diagnosis or management of a clinical problem.

(b) Progress notes shall be dated, timed, signed, and entered on the medical record on the day of the visit to the patient. Retrospective progress notes are to be discouraged. In the unusual occasion in which a retrospective progress note may become necessary, the member shall record the date of the writing, the actual date(s) the patient was visited, and the reason for the delay in recording such retrospective progress note.

6. Operative and Procedure Notes

(a) Minimum preoperative diagnostic studies shall be delineated by the Department of Anesthesiology and the Department of Surgery.

(b) A post-procedure note must be documented immediately following the operation or procedure and include the following elements:
1. The name of the Procedure performed
2. A description of the procedure
3. The name(s) of the licensed independent practitioner(s) who performed the procedure and his or her assistant(s)
4. Any estimated Blood Loss
5. Findings of the procedure
6. Any specimen(s) Removed
7. The Post-Operative Diagnosis

(c) All operative and invasive procedure notes shall be dictated or completed within the electronic health record immediately upon completion of the procedure and shall contain a description of the findings and a detailed account of the technique used and tissue removed. This includes procedures performed in the operating room, endoscopy suite, radiology and diagnostic imaging, and designated procedures performed in the cardiac catheterization laboratories.

(d) All appliances, tissues and foreign bodies removed at operation shall be sent to the hospital pathologist who shall make such examinations as he may consider necessary to arrive at a pathological diagnosis. Specific exceptions may be granted by the Medical Staff utilizing the following mechanism:

Surgical Specimens: On an annual basis, or on special request submitted to the Invasive Procedure Appraisal Committee, the Invasive Procedure Appraisal Committee, in conjunction with the Department of Pathology, shall review and delineate in writing those tissues, materials, or exudates removed during a surgical procedure that do not need to be sent to the laboratory for pathological examination. Those surgical specimens not requiring submission for pathological examination shall be determined in compliance with the Commonwealth of Pennsylvania Code of Regulations governing the Licensure of Hospitals, specifically 28 Pa. Code §135.15. The list of surgical specimens excluded from pathological submission shall be included in the written Operating Room Structure Standards Manual maintained in the Main Operating Room and the Procedure Manual of the Department of Pathology, and published annually in the minutes of the Executive Committee of the Medical and Dental Staff.

Foreign object of forensic significance, such as a missile or weapon, may be handed directly to a responsible law enforcement official, if present, and so noted in the medical record.

7. CONSULTATIONS

(a) Consultation may be declared to be mandatory in certain clinical situations or diseases. Such requirements shall be delineated in these rules and regulations or in those of the respective departments.

(b) Guidelines of a consultation: Consultations shall be dictated or completed within the electronic health record, authenticated by the consultant, and should include:
   (1) Reference to chart review
   (2) Patient examined
   (3) Impression/Recommendations

   The patient is to be seen within twenty-four (24) hours of notification unless otherwise stated in the consultation order. An opinion signed by the consultant shall be recorded in emergency or urgent situations. When operative procedures are involved, the consultation note, except in an emergency, shall be recorded prior to the operation.

(c) Responsibility for requesting consultations: The patient’s attending physician is responsible for requesting consultations when they are indicated.
He should present the problem upon which the consultant's opinion is desired. He should stipulate whether he wishes a consultation, wishes the consultant to follow the patient with him, or wishes to transfer the patient to the consultant's service.

(d) The attending physician responsible for the care of the patient shall be responsible for judgments as to the serious nature of the illness and any questions of doubt as to diagnosis and treatment.

(e) It is the duty of the Staff through its Department Chairmen and Executive Committee to make certain that members of the Staff request consultations when needed.

(f) Both Physician Assistants and Certified Registered Nurse Practitioners can dictate or complete the consultation report in the electronic health record only after the case has been presented to the physician and the supervising physician has reviewed the chart and evaluated the patient. All dictated or electronic health record notes should state specifically that the physician saw and evaluated the patient and discussed the plan of care.

8. DISCHARGES AND THE DISCHARGE SUMMARY

(a) Attending physicians are responsible for evaluating the disposition of the patient early enough so that appropriate planning may be accomplished by both the patient and Hospital personnel. Patients should be advised of their discharge by the attending physician or nursing personnel in sufficient time for them to make necessary arrangements to comply with Hospital policy.

(b) Any patient leaving the Hospital against the advice of the attending staff member shall be requested to sign a statement releasing the Hospital and the Staff member from any responsibility. In the case of a minor, such a statement should be executed by his legal representative. In cases where this request is denied, the Staff member shall so state in the record.

(c) A discharge summary shall be dictated or completed in the electronic health record of each hospitalized patient, including observation patients. Any inpatient who dies in the hospital shall have a dictated or electronic health record death summary.

The discharge summary should include, at a minimum, the following:

1. Reason for hospitalization
2. Significant findings
3. Procedures and care, treatment and services provided
4. Patient’s condition at discharge
5. Medications dispensed or prescribed on discharge
6. Discharge instructions to the patient and/or family
7. Provisions for follow-up care
8. Patient’s discharge disposition

The completion of the Newborn Discharge Summary form shall be sufficient for normal newborn infants. If such form is not completed, a newborn discharge summary shall be dictated or completed in the electronic health record. In all instances, the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and end result.

(d) Co-signatures by attending physician are required on all discharge summaries completed by first year residents.
INFORMED CONSENTS

1. It shall be the responsibility of each Staff member or physician designee to obtain informed consents for any treatment or procedure he may perform for which consent is required. The risks, benefits and alternatives shall be explained to the patient. Consents for treatment or procedure shall be documented on forms provided for that purpose by the Hospital whenever possible. If consent cannot be obtained in writing prior to the treatment, e.g., an emergency condition, the reasons shall be stated by the Staff member in the patient’s record.

2. A surgical operation shall be performed only on consent of the patient or his legal representative. In emergencies, if the patient is unconscious or incapable of making a decision and there is not sufficient time to locate a relative who can authorize the procedure, the requirement for informed consent can be waived.

SURGICAL STERILIZATION

1. If an operation to accomplish sterilization is recommended by the physician for medical indication, the recorded opinion of a knowledgeable consultant is required.

2. If sterilization is requested by the patient and the attending physician agrees, consultation is not necessary.

3. In all cases where primary sterilization is to be performed, or where sterilization may result from an indicated operation, it is important that the patient understand that any subsequent attempt at restoration of fertility is unlikely to be successful.

ABORTION

1. Abortion may be performed in accordance with the laws of the Commonwealth of Pennsylvania.

2. No physician shall be required to perform, nor shall any patient be forced to accept an abortion. If an operation to accomplish termination of pregnancy is recommended by a physician for medical indications, the recorded opinion of a knowledgeable consultant is required.

ADOPTION

1. No member of the Staff shall in any way act as an intermediary or place an infant in a free foster home or in any family for the purpose of adoption, except through an agency licensed for adoption by the Commonwealth of Pennsylvania.

AUTOPSIES

1. Permission to perform an autopsy should be sought by a member of the Medical and Dental Staff when an autopsy might provide a significant health care or educational purpose. Examples of this include:

   (a) Death in which autopsy may explain unanticipated medical or surgical complications to the attending physician or the family.

   (b) Deaths at any age in which it is reasonably believed that an autopsy would disclose a suspected illness which may have a bearing on survivors or recipients of transplant organs. In these cases the attending physician or his/her designee should approach the legal next of kin for permission for an autopsy and so document in the medical record.

2. In addition, the following cases should be referred to the Lancaster County forensic medical jurisdiction (the Coroner or his designee):

   (a) Unexplained deaths occurring during or immediately following any dental, medical or surgical diagnostic procedure and/or therapy.
(b) Other unexplained deaths including:

1. Persons dead on arrival at hospital
2. Unexplained death occurring with twenty-four hours of admission
3. Deaths in which the patient sustained or apparently sustained an injury while hospitalized
4. All obstetrical deaths
5. All Code T deaths

3. The attending physician should discuss the case and the reason for autopsy with the pathologist prior to the autopsy being performed. The pathologist should report his findings to the attending physician as soon as possible after completion of the autopsy. The final autopsy report shall be completed within 90 days.

4. No autopsy shall be performed without a legally valid consent. All autopsies shall be performed by a hospital pathologist or by a physician to whom he may delegate the duty.

INFECTIONS

1. Attending physicians are required by the Pennsylvania Department of Health to report all cases of communicable diseases. A list of the reportable diseases is maintained at each nursing station. The reporting forms are available from the nurse epidemiologist.

2. Methods of control of in-hospital infections:

   (a) Standards as set forward by the Environmental Control Subcommittee of the Hospital for the control and prevention of infections shall be followed.

   (b) All infections shall be reported on the proper forms or submitted via the electronic health record.

DIETS

1. The Hospital Diet Manual is maintained on the Intranet (StarNet) and is available to all employees 24 hours per day, seven days a week. This manual is reviewed annually by the clinical nutrition staff and the dates of all revision are indicated. Hospital diets that are ordered by members of the Medical & Dental Staff are selected from this manual.

2. Every patient should have a diet order included in his/her admission orders, including NPO order when appropriate. If a diet order is not included in the admission orders, one should be obtained prior to the next meal.

3. Nutrition Education Consultations should be ordered 24 hours before the estimated discharge date so that adequate consultation time may be arranged between the dietitian and the patient.

ALTERNATE STAFF MEMBER DESIGNATION

Each member of the Staff shall designate a Staff member who may be called to attend his patients in an emergency. If the named Staff member is unavailable, or if no Staff member has been designated, the appropriate Department Chairman or his designee is authorized to call upon any member of the Staff to provide necessary treatment.
MEETING ATTENDANCE REQUIREMENTS

Active Staff Members are required to attend two Medical and Dental Staff Meetings per calendar year.

SUPERVISION OF RESIDENTS

The Medical and Dental Staff assures that each resident in the Family Practice Residency Program is supervised in his/her patient care responsibilities by a licensed independent practitioner, who has been granted clinical privileges through the medical staff process. Written descriptions of the role, responsibilities, and patient care activities of the residents in the Family Practice Residency Program is provided in the Residency Education Evaluation Project/Policy Manual and are provided to the members of the Medical and Dental Staff responsible for supervision of the Family Practice residents.

The supervisory responsibilities of teaching physicians are delineated in the Residency Education Evaluation Project/Policy Manual.

Written evaluations are completed by the supervising Medical and Dental Staff member and forwarded to the Program Director of the Family Practice residency program. These evaluations are reviewed with the residents on a tri-annual basis by each resident’s faculty advisor who also conducts and prepares a written formative and summative evaluation; these evaluations are forwarded to the Program Director of the Family Practice residency program who conducts annual performance reviews of each family practice resident. The Program Director of the Family Practice residency program communicates to the Graduate Medical Education Committee regarding failure of any resident to meet the program requirements relating to progressive involvement and independence in specific patient care activities. This information is included in the Biannual Report presented to the Medical Executive Committee of the Medical and Dental Staff by the Program Director of the Family Practice residency program.