



## **LAKEVIEW SURGERY CENTER MEDICAL STAFF BYLAWS**

### **PURPOSE**

The purpose of the medical staff is to organize itself in such a way as to be able to carry out the functions delegated to it through the Medical Executive Committee (MEC) by the Governing Board (GB). The MEC provides the oversight of care, treatment, and services provided by practitioners with privileges. The members work through the MEC to promote a uniform quality standard of patient care, treatment, and services.

### **ARTICLE I MEMBERSHIP**

#### **1. CRITERIA FOR MEMBERSHIP & PRIVILEGES**

Lakeview Surgery Center (LSC) grants and maintains membership and clinical privileges only to those who continuously meet the following criteria:

- (a) Demonstrate the professional background, experience, training, knowledge, judgment, ability to perform, technical skills and current competence in his or her specialty for privileges requested;
- (b) Provide evidence of physical and mental health that does not impair the fulfillment of membership responsibilities and the specific privileges granted;
- (c) Maintain appropriate personal qualifications, including consistent observance of ethical and professional standards;
- (d) Abstinance from participation in fee splitting or other illegal payment, receipt, or remuneration with respect to referrals or patient service opportunities;
- (e) A history of consistently acting in a professional, appropriate, and collegial manner with others and refraining from disruptive conduct;
- (f) Deemed to have appropriate written and verbal communication skills; and
- (g) Demonstrated capacity to provide continuous care to his or her patients.

#### **2. EVIDENCE NEEDED TO REQUEST MEMBERSHIP & PRIVILEGES**

Applicants for appointment and re-appointment must provide the following evidence. Only the GB may create exceptions to these qualifications after consultation with the MEC.

- (a) Personal identification, educational history, professional training and experience, to include interruption in experience for a period of 30 days or more, continuing medical education and/or surgical logs related to procedures being requested, current and past state licensure, current Federal DEA and Iowa Controlled Substance Act licensure as appropriate;
- (b) Peer references familiar with current clinical, professional competence, and ethical character;
- (c) Specific clinical and surgical privileges being requested;
- (d) Professional liability coverage history to include policy periods, coverage limits, exclusions, retroactive dates and information regarding any refusal or cancellation of coverage;
- (e) Current and past professional liability claims history including final judgments, settlements and/or any cases pending with details;
- (f) Physical, mental health, and/or chemical dependency status;

- (g) Past, current or pending professional disciplinary action, licensure limitations, complaints or adverse action reports filed with any local, state, or national-professional society, with details;
- (h) Admitting and peer-reviewed privileges at Iowa Health Systems Des Moines or Mercy Medical Center Des Moines. Radiologists, pathologists and dentists are exempt from the admitting requirement;
- (i) Denial, suspension, limitation, termination, or non-renewal of professional privileges at any clinic, hospital or health plan;
- (j) Conviction of any criminal offense with details;
- (k) Any Medicare/Medicaid sanctions with details; and
- (l) Specific degree qualifications:
  - 1. Physicians:**
    - **M.D. or D.O. degree, and**
    - Documentation of completion of an approved AOA/ACGME medical residency program **and** approved AOA or ABMS specialty board certification within primary area of practice or;
    - Current specialty board eligibility with specialty board certification in primary area of practice within 5 years of residency;
  - 2. Dentists:**
    - **General dentistry:** hold a D.D.S. or D.M.D. degree; or
    - **Pediatric dentistry:** hold a D.D.S. or D.M.D. degree, and documentation of completion of an accredited ADA residency program in pediatric dentistry; or
    - **Oral/maxillofacial dentistry:** hold a D.D.S. or D.M.D. degree and documentation of completion of an accredited ADA residency in oral/maxillofacial surgery;
  - 3. Podiatrists:**
    - **D.P.M. degree, and**
    - Documentation of completion of a CPME approved minimum one- year postgraduate training program in podiatric orthopedics, or one- year postgraduate training program in primary podiatric medicine, rotating podiatric medicine and/or podiatric surgery **and**
    - Approved ABPS or ABPOPPM board certification or current board eligibility with board certification within 5 years of residency.

### 3. EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, the applicant shall have the burden of producing all information for a proper evaluation of his/her application and other information needed for resolving any doubt about qualifications. Each applicant:

- (a) Attests to the accuracy and completeness of all information submitted;
- (b) Agrees that any inaccuracy; omission; or misrepresentation will be grounds for termination of the application process without the right to a hearing or appeal as provided for in the Fair Hearing Manual. If the accuracy, omission, or misstatement is discovered after an individual has been granted appointment and/or clinical privileges, the individual's appointment and privileges shall lapse effective immediately upon notification to the individual, without right to a hearing or appeal as provided for in the Fair Hearing Manual.
- (c) Consents to appear for interviews regarding the application;
- (d) Authorizes consultation with others who have been associated with the applicant and who may have information bearing on the applicant's

- competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
- (e) Consents to inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
  - (f) Releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in good faith in connection with investigating and evaluating the applicant and will execute any confirmation of this fact which is reasonably requested by MEC;
  - (g) Releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information in good faith regarding the applicant, including otherwise confidential information;
  - (h) Consents to the disclosure to other organizations, hospitals, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding the applicant's professional or ethical standing within the organization, and releases the MEC and GB from liability for so doing to the fullest extent permitted by law;
  - (i) Understands no privileges shall be granted at LSC until approved by the MEC and GB; and
  - (j) Reports any change of information on the application to the President of MEC upon becoming aware of such a change.

#### 4. **VALIDATION OF INFORMATION**

All information supplied on the application and all supporting documentation will be validated. The application process will also include a query to the National Practitioner Data Bank. Problems in obtaining required documentation are the applicant's obligation. When collection and validation is accomplished, all such information shall be transmitted to the MEC and the GB for membership assessment and evaluation.

#### 5. **NONDISCRIMINATION**

Medical Staff membership or clinical privileges shall not be denied on the basis of sex, race, age, creed, color or national origin.

#### 6. **APPLICATION CATEGORIES**

To expedite applications for appointment, all applications will be classified into the following categories based on degree of complexity:

(a) **Category I**

- Recently trained (5 years or less);
- No difficulty in information verification;
- No potential problems indicated by professional references;
- No malpractice actions;
- Few prior hospital affiliations;
- No reports of disciplinary actions on licensure;
- No type of investigations; and
- Privileges requested consistent with specialty or criteria.

(b) **Category II**

- In practice for greater than 5 years, post training;
- Several prior hospital appointments;
- Reference letters suggest that physician may have problems with peers or in providing patient care; and
- Any applicant not meeting the criteria for Categories I or III.

- (c) **Category III**
- Many hospital affiliations throughout the country;
  - Substantial number of state medical licenses;
  - Clinical privileges revoked, diminished or otherwise altered by another healthcare organization;
  - Large number of medical malpractice claims or large settlements;
  - Disciplinary action by a state board, federal organization, or a criminal conviction;
  - Request for clinical privileges varies substantially from those generally associated with the specialty; or
  - Any other reason.

## 7. **PROCESSING OF APPLICATIONS**

Processing of applications will be as follows:

- (a) **Category I & II**
- President of MEC and MEC specialty representative review and make decision on behalf of MEC
  - MEC recommendation forwarded to Chair of the Governing Board.
  - Chair of GB reviews and makes decision on behalf of GB.
  - If recommendation is not unanimous approval; the application is automatically re-classified as a Category III and processed accordingly.
- (b) **Category III**
- Full Medical Executive Committee for assessment and recommendation;
  - Then forwarded to full Governing Board for review and decision.

Full MEC and full GB can review any application, for any reason.

## **ARTICLE II MEMBERSHIP STATUS**

### 1. **ACTIVE STAFF QUALIFICATIONS**

Active Staff consist of members who:

- (a) Meet the general qualifications for membership set forth in Article I; and
- (b) (1) Provide surgical care for at least six patients per appointment period; **or**  
(2) Provide anesthesia care.

#### **Prerogatives**

Active Medical Staff members shall:

- a) Admit patients;
- b) Exercise clinical privileges granted pursuant to Article V;
- c) Attend and vote on matters presented by the MEC; and
- d) Hold MEC membership and serve as a voting member of committees to which he/she is elected or appointed.

### 2. **COURTESY STAFF QUALIFICATIONS**

Courtesy Medical Staff consist of members who:

- (a) Meet the general qualifications for membership set forth in Article I; and
- (b) Provide radiology or pathology care;

### **Prerogatives**

Courtesy Medical Staff member shall:

- a) Exercise clinical privileges granted pursuant to Article V; and
- b) Attend meetings of the Medical Staff, but shall have **no right to vote** at such meetings, except within committees when the right to vote is specified at the time of appointment. Courtesy staff members shall not be eligible for membership on the MEC and shall have no right to vote on matters presented by the MEC.

## **ARTICLE III** **RESPONSIBILITIES OF MEDICAL STAFF**

### **1. BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP**

Ongoing responsibilities of members include, but are not limited to the following:

- (a) Provide quality care meeting the standards set by the Medical Staff of the LSC;
- (b) Abide by the Medical Staff's Bylaws, Rules and Regulations and LSC policies and procedures;
- (c) Accept committee assignments;
- (d) Participate in safety drills;
- (e) Abide by ethical principles of the AMA and member's professional association;
- (f) Work cooperatively with others so as not to adversely affect patient care;
- (g) Refuse to engage in improper inducements for patient referral;
- (h) Participate in peer evaluation activities,
- (i) Report immediately to the President of MEC any physical or mental condition of any physician (including self-reporting) that could reasonably be expected to impair ability to exercise privileges, or which could adversely impact the well-being of others, and
- (j) Notify the President of MEC immediately in writing of any new or changed information provided in connection with most recent application/reappointment to the Medical Staff. This obligation shall extend to, but is not limited to, information concerning, action on medical staff appointment or clinical privileges that have been denied, revoked, suspended, reduced, not renewed, voluntarily or involuntarily relinquished at any hospital, health care facility or by the State Medical Board; withdrawal of liability insurance; whether a narcotics license or license to practice any profession in any state or membership in local, state or national medical societies has been voluntarily or involuntarily suspended, modified, or terminated.

## **ARTICLE IV** **APPOINTMENT AND REAPPOINTMENT**

### **1. GENERAL**

It is the policy of Lakeview Surgery Center to approve for appointment and reappointment only those individuals who meet the criteria for appointment as identified in these bylaws and who have been determined by the MEC and GB to be providers of effective care that is consistent with Lakeview's risk, quality, and safety management programs.

### **2. DURATION OF APPOINTMENT AND REAPPOINTMENT**

Medical Staff appointments shall be for no more than two years. Failure to meet Active Status volume requirements will result in automatic voluntary resignation. No Medical Staff member shall be re-appointed without specific review of individual performance and qualifications by the MEC setting forth its recommendations for approval, renewal, or deferral of privileges for

each physician to the GB. When the GB has taken final action, LSC will transmit this information to the applicant or member in writing.

### **3. REAPPOINTMENT PROCEDURE**

The following information will be collected during the reappointment process;

- (a) A summary of clinical activity at LSC;
- (b) Performance information at LSC and other facilities where the practitioner has provided clinical care since the last appointment or reappointment, including but not limited to, patterns of care, performance improvement activities, clinical judgment and skill in the treatment of patients, and behavior and cooperation with staff and patients;
- (c) Evidence of continuing medical education;
- (d) Compliance with the bylaws, policies & procedures, rules & regulations, of the facility and the medical staff;
- (e) Information on any practice gaps since previous appointment or reappointment;
- (f) Malpractice history since the previous appointment or reappointment;
- (g) Peer assessment as deemed appropriate; and
- (h) Current NPDB report.

### **4. FAILURE TO FILE REAPPOINTMENT APPLICATION**

Failure to submit a reapplication will result in automatic expiration of clinical privileges at the end of the current appointment period. Procedures set forth in the Fair Hearing Manual shall not apply. Submission of a late re-appointment application can result in the applicant having to go through the initial application process again.

## **ARTICLE V** **CLINICAL PRIVILEGES**

### **1. EXERCISE OF PRIVILEGES**

A Medical Staff member providing clinical services at LSC shall exercise only those clinical privileges specifically granted by the GB. Privileges and services must be within the scope of the license, certificate or other legal credential authorizing the individual to practice in the State and consistent with any restriction thereon.

Medical Staff privileges may be granted, continued, modified or terminated by the GB upon recommendation of the MEC. Unless specifically restricted, privileges are granted to:

- (a) Admit patients;
- (b) Perform histories and physicals;
- (c) Order diagnostic and therapeutic services;
- (d) Chart in patients' medical records;
- (e) Make referrals and request consultations
- (f) Provide consultations within the scope of an individual's privileges;
- (g) Use all skills normally learned during medical school or residency program; and
- (h) Render any care in a life-threatening emergency

### **2. REQUEST FOR PRIVILEGES**

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired.

A request by a member for additional clinical privileges may be made at any time, but must be supported by documentation of training, education, experience (i.e. surgical logs), and demonstrate competence supportive of the request.

If a request for privileges is submitted for which no criteria has been established, the request will be tabled until the MEC can formulate the necessary criteria and recommend these to the GB. Once the GB has approved the criteria the request will be processed.

**3. PRIVILEGE DETERMINATION**

Clinical privileges shall be evaluated on the basis of the applicant's professional background, education, training, clinical experience, professional competence and judgment, clinical performance, patient care, competence-enhancing activities and other quality review and monitoring which the MEC deems appropriate.

**4. REVISION OF PRIVILEGE FORMS**

When privileges are revised, all staff members holding clinical privileges in the affected clinical specialty must, if MEC recommends complete a request and be processed for privileges added, or comply with the fact that a privilege was deleted.

**5. EMERGENCY PRIVILEGES**

An emergency is defined as a condition in which serious or permanent harm would result to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In the case of an emergency, any Practitioner, to the degree permitted by his/her license and regardless of specialty affiliation, staff status or clinical privileges, shall be permitted to do, and shall be assisted by LSC personnel in doing, everything possible to save the life of a patient or to save a patient from serious harm.

A Practitioner exercising Emergency Privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up. Members shall be expected to provide urgent or emergency care in LSC upon direction of the Medical Director or designee.

**6. LEAVE OF ABSENCE**

A member may request a leave of absence. Requests for leave will be forwarded with a recommendation from the MEC and affirmed by the GB. Leaves of Absence are matters of courtesy, not of right and therefore the GB determination is final and there is no provision for a fair hearing. The board may impose any conditions on the reinstatement it deems appropriate for patient safety or effective operation of the surgery center.

**ARTICLE VI**  
**MEDICAL STAFF MEMBER RIGHTS**

**1. BASIC MEDICAL STAFF RIGHTS**

As an active member of the Lakeview Surgery Center you have the following rights:

- (a) An audience with the MEC on matters relevant to responsibilities of the MEC.
- (b) To initiate a recall election of a medical staff officer or MEC members at large.
- (c) To call a general staff meeting to discuss a matter relevant to the medical staff.
- (d) To raise a challenge to any rule or policy established by the MEC

To initiate the above rights contact a MEC officer for criteria and process.

The above sections (a)-(d) do not pertain to issues involving peer review, formal investigations of professional performance or conduct, denial or requests for appointment or clinical privileges, or any other matter relating to individual membership or privileges. See Article VIII of these bylaws for recourse in these matters.

**ARTICLE VII**  
**CORRECTIVE ACTION**

**1. CRITERIA FOR INITIATION**

Any person may provide information to any member of the MEC about the conduct, performance, or competence of medical staff members. Requests for corrective action shall be in writing and shall be submitted to the MEC President and shall set forth the specific conduct constituting the basis for the request.

When reliable information indicates that a member may have exhibited acts, demeanor or conduct reasonably likely to be lower than the standards of the Medical Staff; or to be disruptive to the operation of the facility; or to constitute fraud or abuse; or to be detrimental to the quality of patient care; or to be detrimental to the facility's accreditation; or be detrimental to the facility or Medical Staff efforts to comply with any professional review organization, third-party payor or utilization review requirements; or to be in violation of the Medical Staff bylaws, rules and regulation, or policies of the facility; or to be in violation of the ethics of their profession; or if any member is believed to have engaged in disruptive, unprofessional or criminal conduct, corrective action may be requested.

**2. INVESTIGATION**

If the MEC concludes an investigation is warranted, it shall notify the GB. The MEC may conduct the investigation itself, or may assign the task to an appropriate Medical Staff member or committee. If the investigation is delegated to a member or committee, such person(s) shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the MEC as soon as feasible. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in such a manner as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a hearing as defined in the Fair Hearing Manual, nor shall the procedural rules with respect to hearings apply.

Despite the status of any investigation, at all times the MEC shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigation process or other action.

**3. MEDICAL EXECUTIVE COMMITTEE ACTION**

After the conclusion of the investigation, MEC may take the following action without limitation:

- (a) Determine no corrective action is needed;
- (b) Defer action for a reasonable time;
- (c) Issue a letter of admonition, censure, reprimand, or warning. In the event such a letter is issued, the affected member may make a written response that shall be placed in the member's file;
- (d) Recommend terms of probation or special limitation upon privileges or membership including, without limitation, requirements for mandatory consultation, or monitoring;
- (e) Recommend suspension, restriction or termination of privileges or membership;  
or
- (f) Make other recommendation deemed necessary or appropriate.



If the recommendation is supported by substantial evidence, the recommendation of the MEC shall be adopted by the GB as final unless the member is eligible for a Fair Hearing and requests such a hearing, in which case the final decision shall be determined as set forth in the Fair Hearing Manual, as applicable.

#### 4. **SUMMARY RESTRICTION OR SUSPENSION**

Whenever a member's conduct appears to require that immediate action be taken to reduce a substantial and imminent likelihood of significant impairment of the life, health, or safety of anyone, the MEC or any member thereof, may summarily suspend the membership of such member. Unless otherwise stated, such summary suspension shall become effective immediately upon imposition and the person(s) responsible shall promptly give written notice to the member and the GB. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until the issue is resolved as set forth in these Bylaws.

As soon as feasible after such summary restriction or suspension has been imposed, a meeting of the MEC as a whole shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the MEC may impose. In no event, however, shall any meeting of the MEC, with or without the member, constitute a hearing within the meaning of the Fair Hearing Manual, nor shall any procedural rules apply. The MEC may modify, continue, or terminate the summary suspension, and shall furnish the member written notice of its decision. Unless the MEC promptly terminates the summary suspension, the member shall thereafter be entitled to the procedural rights afforded by the Fair Hearing Manual.

#### 5. **AUTOMATIC SUSPENSION, LIMITATION OR TERMINATION**

In the following instances, membership or privileges may be suspended, relinquished, or limited as described, which action shall be final without a right to a hearing as provided for in the Fair Hearing Manual. When a bona fide dispute exists as to whether the circumstances have occurred, the action will stand until the MEC determines it is not applicable. Reporting requirements to the National Practitioner Data Bank will be followed as well as those required by the state or federal law or regulations.

##### **LICENSURE**

- (a) **Revocation and Suspension:** Whenever a member's license or other legal credential authorizing practice in this state is revoked or suspended, medical staff membership and privileges shall be automatically revoked as of the date such action becomes effective.
- (b) **Failure to renew:** Whenever a member fails to renew a state licensure on expiration date medical staff membership and privileges shall be suspended until license is renewed.
- (c) **Restriction:** Whenever a member's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges exercised at LSC which are within scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date of such action becomes effective and throughout its term.
- (d) **Probation:** Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership or privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

### **MEDICARE/MEDICAID**

Whenever a member is sanctioned or barred from Medicare or Medicaid, medical staff membership and privileges shall be considered automatically relinquished as of the date such action becomes effective.

### **FELONY CONVICTION**

A practitioner who has been convicted of, or pled "guilty" or pled "no contest" or its equivalent to a felony shall be automatically suspended as of the date such plea is made regardless of whether an appeal is filed. Such suspension shall remain in effect until the matter is resolved by subsequent action of the GB.

### **CONTROLLED SUBSTANCES**

Whenever a DEA or CSA certificate is revoked, limited, or suspended, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

Whenever a DEA or CSA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

### **PROFESSIONAL LIABILITY INSURANCE**

Failure to maintain professional liability insurance shall be grounds for automatic suspension of a member's clinical privileges, and if within five (5) working days after written warnings of the delinquency the member does not provide evidence of required professional liability insurance, the member's membership on the Medical Staff shall be automatically terminated.

### **CLINICAL RECORDS**

Failure to complete operative dictation as described in the "Medical Staff Rules and Regulations" shall result in an automatic termination of privileges.

### **BOARD CERTIFICATION**

A practitioner who fails to become board certified or fails to maintain board certification in compliance with these bylaws will have their clinical privileges immediately and voluntarily suspended until action can be taken by the MEC and the GB.

## **ARTICLE VIII**

### **HEARINGS**

Except as otherwise provided in these Bylaws, an applicant or member shall be entitled to request a hearing whenever an unfavorable recommendation with regard to clinical competence or professional conduct has been made by the MEC or the GB. See Fair Hearing Manual for rights, process and procedures.

## **ARTICLE IX**

### **MEDICAL EXECUTIVE COMMITTEE**

#### **1. GENERAL**

There shall be a Medical Executive Committee (MEC) that represents the Medical Staff, that is concerned with the effectiveness of all medical activities of the Medical Staff and that acts on behalf of the Medical Staff. The MEC shall meet as often as necessary, but at least once a quarter and shall maintain a record of its proceedings and actions.

## **2. OFFICERS AND DUTIES**

Initial officers shall serve by appointment of the GB and thereafter shall be elected by the Medical Staff.

Officers of Medical Staff shall be:

### **President - Duties**

- Primary officer of the medical staff,
- Advocate to the Governing Board and Administration for the Medical Staff.
- Fulfill duties specified in item 13 of this article.

### **President Elect - Duties**

- Secondary officer of the medical staff.
- Assume duties of the President in the absence of the President.
- Perform such duties to assist the president as the president may request.

### **Secretary - Duties**

- Sign and authenticate MEC minutes

## **3. QUALIFICATIONS**

Officers must be members of a LSC shareholder group, an active Medical Staff member at the time of appointment and must remain in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

## **4. VACANCIES OF OFFICE**

Vacancies of office occur upon the death, disability, resignation, disqualification or removal from office, or loss of membership on the Medical Staff. The MEC shall fill vacancies of office during the medical staff year, with the exception of the office of the medical staff president. If there is a vacancy in the office of the medical staff president, the president elect shall serve the remainder of the term.

## **5. NOMINATIONS**

The Medical Staff election year shall be each even numbered year. The MEC shall nominate one or more nominees for each office. The MEC will notify the Medical Staff of the nominations not later than 60 days prior to the election.

Any voting member of the Medical Staff may make further nominations for any office, provided that the name of the candidate is submitted in writing to the President of the MEC and bears the candidate's written consent. These nominations shall be delivered at least thirty days (30) prior to the date of election.

## **6. ELECTIONS**

Ballots shall be delivered to members of the Medical Staff at least 20 days prior to the election. A nominee shall be elected upon receiving a majority of the valid votes cast. If no candidate for the office receives a majority vote on the first ballot, a run-off election between the two candidates receiving the highest number of votes shall be held promptly by facsimile ballot. In the case of a tie on the second ballot, the majority vote of the Medical Executive Committee shall decide the election by secret written ballot at its next meeting or at a special meeting called for that purpose.

## **7. COMPOSITION**

MEC shall consist of the officers, the Medical Director and a minimum of two members at large appointed by MEC to represent varied specialties. Ex-officio (non-voting members) of the MEC includes the Executive Director, Clinical Director, Office Manager and Quality Coordinator.

Officers of MEC at the first meeting following the election shall appoint members at large. Members at large must be an active Medical Staff member at time of appointment and must remain a member in good standing during term of office.

**8. TERM OF ELECTED OFFICE**

Officers and members at large of the MEC will serve two-year terms. Officers and members may serve successive terms if elected.

**9. REMOVAL FROM THE MEDICAL EXECUTIVE COMMITTEE**

Members of MEC may be removed at any time, with or without cause by a petition signed by 25% of the active staff members and a subsequent two-thirds affirmative vote by ballot of the active staff.

Automatic removal shall be for failure to conduct those responsibilities assigned within these bylaws; failure to comply with policies and procedures of the medical staff; conduct or statements damaging to the facility, its goals, or its programs; failure to attend at least 50% of MEC meetings, or an automatic or summary suspension of clinical privileges that lasts for more than 30 days. The Governing Board will determine the existence of such failures after consultation with the MEC.

**10. QUORUM**

A quorum of the MEC shall consist of a majority of the voting members of the Committee.

**11. MANNER OF ACTION**

Except as otherwise specified; the action of a majority of the members present and voting at a meeting of the MEC at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting. Committee action may be conducted by telephone conference, which shall be deemed to constitute a meeting for the matters discussed in that telephone conference. Valid action may be taken without a meeting by the committee if it is acknowledged in writing setting forth the action so taken which is signed by at least two-thirds (2/3) of the members entitled to vote.

**12. INDEMNITY**

All MEC Officers and members (including ex-officio members), shall be indemnified when acting within the scope of his or her duties as an official representative of LSC to the full extent as provided for the Managers of LSC in Section 11.2 or the Operating Agreement of LSC.

**13. RESPONSIBILITIES**

Functions and concerns of the MEC shall include, but not be limited to, the following:

- (a) Provide leadership for measuring, assessing and improving processes of Medical Staff and other practitioner's credentialed through the medical staff process;
- (b) Enforce the Medical Staff Bylaws, Rules and Regulations;
- (c) Assure implementation of professional and organizational policies;
- (d) Recommend actions to the GB on matters of a medical-administrative nature;
- (e) Monitor and oversee actions of Quality Management Program, Risk Management Program and Safety Program;

- (f) Establish the structure of the Medical Staff, the mechanism to review credentials and delineate individual clinical privileges;
- (g) Account to the Board for the overall quality, performance and efficiency of the Medical Staff through ongoing clinical record peer review;
- (h) Review the qualifications, credentials, performance, professional competence, and character of applicants and Medical Staff members / Allied Health Practitioners and make recommendations to the GB regarding staff appointments, re-appointments, privileging and corrective action;
- (i) Designate such committees and make appointments to those committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff;
- (j) Review Medical Staff Bylaws, Rules and Regulations, policies relating to the medical staff, and list of approved procedures and make recommendations for modifications to these documents as necessary;
- (k) Appoint MEC members in case of vacancies;
- (l) Assist in obtaining and maintenance of accreditation; and
- (m) Report to the GB, at least quarterly, the findings and results of all Medical Staff Quality activity.

## **ARTICLE X CONFIDENTIALITY AND CONFLICT OF INTEREST**

### **1. CONFIDENTIALITY**

When engaged in professional review activities, activities of the MEC, Governing Board or their committees shall be deemed to be “professional review bodies” as that term is defined in the Health Care Quality Improvement Act of 1986. The following applies:

- (a) The records of the MEC, Governing Board or their committees responsible for the evaluation and improvement of the quality of patient care shall be maintained as confidential;
- (b) Access to such records shall be limited to duly appointed persons and committees of the Governing Board and MEC for the sole purpose of discharging their responsibilities and subject to the requirement that confidentially be maintained;
- (c) Information which is disclosed to the Governing Board of the organization or its appointed representatives, in order that the Governing Board may discharge its lawful obligations and responsibilities, shall be maintained by that body as confidential;
- (d) Information contained in the credentials file of any member may be disclosed with the member’s consent, to any professional licensing board, or as required by law;
- (e) A Medical Staff member shall be granted access to his/her own credentials file, subject to the following provisions:
  - Timely notice by the member to the Medical Executive Committee;
  - The review by the member shall take place during normal work hours, with a designee of the Medical Executive Committee present. The practitioner may review all information, except those submitted in confidence to the facility, including peer review committee findings.
  - When a member has reviewed his/her file, he/she may address to the Medical Executive Committee a written request for correction or deletion of information in his/her credentials file. Such request shall include a statement of the basis for the action requested. The MEC shall review such request within a reasonable time and shall decide whether or not to make the correction or deletion requested. The member shall be

notified promptly of the decision of the MEC. In any case, the member shall have the right to add to his/her own credentials file, upon written request to the MEC, a statement responding to any information contained in the file; and

- (f) All records or information shared or developed during any credentialing process or any investigation by the Governing Board, MEC or their committees or any person responding or assisting in such activities shall be considered confidential peer review records as part of a formal peer review process for the purpose of furthering quality health care.

## **2. COVERED ACTIVITIES**

The confidentiality obligations in this article X apply to all information or disclosures performed or made in connection with the facilities activities of LSC concerning, but not limited to:

- (a) Applications for appointment or clinical privileges;
- (b) Periodic re-appraisals for renewed appointment or clinical privileges;
- (c) Corrective or disciplinary actions;
- (d) Hearings;
- (e) Quality assessment and performance improvement and peer review activities;
- (f) Utilization review;
- (g) Claims review;
- (h) Risk management and liability prevention activities; and
- (i) Other activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

## **3. CONFLICT OF INTEREST**

When performing a function outlined in these Bylaws, if any member of the Medical Staff has, or reasonably could be perceived as having, a conflict of interest in any matter; they must disclose this conflict to the committee/ board. This member may participate in the general discussion but after discussion will leave the meeting and may not participate in the vote.

Any member with knowledge of the existence of a potential conflict of interest on the part of any other member may call the conflict to the attention of the Medical Staff president, Administrator or the applicable committee chairperson.

The evaluation of whether a conflict of interest exists will be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. No staff member has a right to compel a determination that a conflict exists.

The fact that a committee member or medical staff leader chooses to refrain from participation, or is excused from participation, will not be interpreted as a finding of actual conflict.

## **ARTICLE XI AMENDMENTS**

### **1. BYLAWS**

The initial approval and adoption of the Bylaws shall be by the GB. Thereafter, upon request of the MEC, or upon written petition signed by at least ten percent (10%) of the members of the Medical Staff in good standing who are entitled to vote, consideration shall be given to the amendment or repeal of these Bylaws. The amendment or repeal proposed by the Medical Staff shall be submitted to the MEC for consideration. Any proposed amendment or repeal of the Bylaws must first be approved by a majority of the voting members of the MEC then in office. The proposed amendment or repeal of the Bylaws shall then be submitted to the GB for its consideration and shall become effective following approval by the GB.

Bylaw changes adopted by the MEC shall become effective immediately following approval by the GB.

**2. RULES AND REGULATIONS**

The MEC shall initiate and adopt such Rules and Regulation and policies as it may deem necessary for the proper conduct of its work and shall periodically review and revise these documents to comply with current medical staff practice, state and federal regulations, and other regulatory or accreditation organizations. Amendments or modifications to these documents are to be made and approved by a two thirds (2/3) vote of the members of the MEC present and eligible to vote. Adoption of the changes shall become effective following approval by the Governing Board. If there is a conflict between the Bylaws and the Rules and Regulations and policies, the Bylaws shall prevail.