



ChristianaCare

Medical-Dental Staff Bylaws

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DEFINITIONS

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

ADVANCED PRACTICE CLINICIAN (APC)

Advanced practice nurses, physician assistants, optometrists, registered dietitians, and other health care providers who are not members of the Medical-Dental Staff but who are credentialed by the Medical- Dental Staff pursuant to these Bylaws.

ADVANCED PRACTICE NURSE

Nurse practitioners, certified nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

BOARD

The Christiana Care Health Services, Inc. Board of Directors.

BOARD CERTIFICATION

The designation conferred by one of the affiliated specialties of the American Board of Medical Specialties (“ABMS”), the American Osteopathic Association (“AOA”), the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Surgery, or the American Board of Professional Psychology upon a practitioner, as applicable, who has successfully completed an approved educational training program and an evaluation process, including passing an examination, in the practitioner’s area of clinical practice.

CHRISTIANACARE

ChristianaCare Health Services, Inc.

CHIEF EXECUTIVE OFFICER (CEO)

The individual appointed by the Board to act on its behalf in the overall management of the Hospital.

CHIEF PHYSICIAN EXECUTIVE or CPE

The CPE is the senior physician executive. The CPE has broad leadership responsibilities including oversight of strategic planning, clinical services, professional performance, care management, performance improvement, patient safety, and medical education. The CPE serves as advisor to the Medical-Dental Staff and its officers and leaders, assists the Department Chairs in the performance of their duties, and acts as a liaison between the Medical-Dental Staff, ChristianaCare leadership and the Board.

CLINICAL PRIVILEGES

The authorization granted by the Board to a provider to render specific patient care services.

CORE PRIVILEGES

Clinical privileges for those procedures or treatments in a medical specialty or subspecialty that are routinely covered in residency, that a majority of applicants in the specialty or subspecialty can be expected to be competent to provide, and for which the relevant departments have adopted credentialing and peer review criteria based on practitioners' demonstration of current clinical competence in the interrelated skill sets of the core.

DAYS

Calendar days.

DENTIST

A Doctor of Dental Surgery (D.D.S.) or Doctor of Dental Medicine (D.M.D.).

DEPARTMENT CHAIR

The individual elected by the Department or appointed by the Board to act as the administrative and clinical leader of a particular department.

DIRECT ECONOMIC COMPETITION

An individual is in direct economic competition with a practitioner if he or she stands to gain a direct financial benefit from an adverse action taken against the practitioner, such that it renders the competitor incapable of objectively weighing the recommendation and reaching a determination in good faith.

EXECUTIVE SESSION

Only members of the Medical Executive Committee who will meet to consider a credentialing or peer review matter will consist of the following: Medical-Dental Staff officers, department chairs, at-large and alternate members of the Medical Executive Committee, service line leaders, administrative clinical leaders (Chief Physician Executive, Chief Medical Officers, and the Vice President of Medical Affairs). All others shall be excused. The President of the Medical-Dental Staff may invite other persons he or she deems appropriate to attend the Executive Session without vote.

GOVERNANCE DOCUMENTS

Those documents that related to the governance of the Medical-Dental Staff and the activities of Medical-Dental Staff members. This term may be used interchangeably with the term “Medical-Dental Staff policies.”

MEDICAL-DENTAL STAFF

The organization of all physicians, dentists, oral surgeons, podiatrists and psychologists who have been appointed to the Medical-Dental Staff by the Board. The Medical-Dental Staff does not include locum tenens, residents, APCs, optometrists, and other licensed health care providers not identified in these Bylaws.

MEDICAL EXECUTIVE COMMITTEE

The Executive Committee of the Medical-Dental Staff.

MEDICAL-DENTAL STAFF LEADER

Any Medical-Dental Staff Officer, Chief Physician Executive, Chief Medical Officer, Department Chair, Section Chief, Vice President of Medical Affairs (VPMA), or Medical-Dental Staff Committee Chair.

MEMBER

Any physician, dentist, oral surgeon, podiatrist, or psychologist who has been granted Medical-Dental Staff appointment and Clinical Privileges by the Board to practice at CCHS.

NOTICE

Written communication by any means of delivery confirmation, including certified mail, e-mail, facsimile, or commercial delivery service.

PHYSICIAN

Includes both Doctors of Medicine (M.D.s) and Doctors of Osteopathy (D.O.s).

PHYSICIAN ASSISTANT (PA)

An individual who has obtained the education, maintains PA certification, is licensed as a PA and provides medical services under the supervision of and/or in collaboration with a physician.

PODIATRIST

A doctor of podiatric medicine (D.P.M.).

PROVIDER

An individual who is a physician or an APC. This term may be used interchangeably with the term “practitioner” or “clinician.”

PSYCHOLOGIST

An individual with a doctorate in clinical psychology.

SCOPE OF PRACTICE

The nature and extent of practice authorized under a health care provider’s license and authorized by the Board or CEO, as applicable under the supervision of or in collaboration with, a designated provider.

SUPERVISING OR COLLABORATING PHYSICIAN

A member of the Medical-Dental Staff with clinical privileges, who has agreed to supervise, or collaborate with, an APC.

THE CHRISTIANACARE WAY

We serve our neighbors as respectful, expert, caring partners in their health. We do this by creating innovative, effective, affordable systems of care that our neighbors’ value.

ChristianaCare
Medical-Dental Staff Bylaws
Part I: GOVERNANCE

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SECTION 1: MEDICAL STAFF PURPOSE AND RESPONSIBILITIES

1.A. NAME

The name of this organization shall be the ChristianaCare Medical-Dental Staff (“Medical-Dental Staff”).

1.B. CODE OF CONDUCT AND RESPONSIBILITIES

The Medical-Dental Staff has adopted the principles of the ChristianaCare Way to guide and, the Culture of Responsibility to evaluate the conduct of its members. Members of the Medical-Dental Staff are expected to:

- (1) Provide care in accordance with accepted standards of medical practice.
- (2) Physicians generally shall not treat themselves or members of their immediate families.
- (3) Display courtesy and professionalism in all interactions with patients, employees and peers.
- (4) Maintain appropriate behavior, avoid offensive or demeaning language, and verbal abuse in all interactions with patients, visitors, ChristianaCare employees, and peers
- (5) Respect confidentiality in discussing protected health information as well as other sensitive matters, or potentially controversial issues. Request assistance/consultation when appropriate.
- (6) In emergency situations, provide assistance/consultation when requested by a member of the Medical-Dental Staff.
- (7) Display professionalism in personal appearance and behavior while acting in a professional capacity.
- (8) Maintain effective communication with patients and their families, hospital staff, other members of the health care team, and peers.

- (9) Maintain an environment that promotes the dignity and trust of those who are under our care.
- (10) Comply with federal and state laws and regulations. Adhere to ChristianaCare and Medical-Dental Staff policies, including but not limited to those relating to discrimination/harassment, emergency medical treatment (EMTALA), fraud and abuse, prescribing practices, government reporting, and privacy.
- (11) Not discriminate when accepting or treating patients on the basis of any protected class, or insurance.
- (12) Participate and cooperate with ChristianaCare's charitable mission and reasonably attend to patients who do not have the ability to pay for their medical care.
- (13) Cooperate with the Medical-Dental Staff, Departments, and ChristianaCare by participating in peer review and by attending interviews and/or providing information necessary for evaluation of his/her credentials or resolution of any issues or concerns regarding patient care and/or professional interactions.

1.C. INDEMNIFICATION WHEN PERFORMING CREDENTIALING AND PEER REVIEW FUNCTIONS

ChristianaCare shall provide a legal defense for, and shall indemnify, all Medical-Dental Staff officers, department chairs, section chiefs, peer review committee chairs, peer review committee members, and authorized representatives when acting in good faith in those capacities, including as outlined in these Bylaws, to the fullest extent permitted by law.

1.D. TIME LIMITS

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

1.E DELEGATION OF FUNCTIONS

When a function is to be carried out by a member of Medical-Dental Staff Executive Committee, by a Medical-Dental Staff member, or by a Medical-Dental Staff Committee, the individual, or the committee, through its chair, may delegate performance of the function to one or more qualified designees.

SECTION 2: INFORMATION SHARING

2.A. HEALTH SYSTEM AFFILIATION

ChristianaCare is part of, or affiliated with, the ChristianaCare Health System, Inc. (“system”). One of the purposes of the system is to maintain comparably high professional standards among its patient care facilities and to strive to provide efficient patient care and support services. In keeping with the foregoing, cooperative credentialing, peer review, corrective action, and procedural rights are hereby authorized, in accordance with the guidelines in these Bylaws.

- (1) **Credentialing.** ChristianaCare or the Medical-Dental Staff may enter into arrangements with other system members to assist in credentialing activities. This may include, without limitation, relying on information in other system members' credentials and peer review files in evaluating applications for appointment and reappointment, and utilizing the other system members' medical or professional staff support resources to process or assist in processing applications for appointment and reappointment.
- (2) **Peer Review.** ChristianaCare or the Medical-Dental Staff may enter into arrangements with other system members to assist it in peer review activities. This may include, without limitation, relying on information in other system members' credentials and peer review files, and utilizing the other system members' medical or professional staff

support resources to conduct or assist in conducting peer review activities.

- (3) **Corrective action.** ChristianaCare or the Medical-Dental Staff may work cooperatively with any other system member at which a Medical Staff member holds privileges to develop and impose coordinated, cooperative, or joint corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, giving timely notice of emerging or pending problems, as well as notice of corrective actions imposed and/or reciprocal effectiveness of such corrective actions as provided in the Bylaws.
- (4) **Joint Hearings and Appeals.** ChristianaCare or the Medical-Dental Staff. are authorized to participate in joint hearings and appeals with other system members provided the applicable procedures are substantially comparable to those set forth in the Bylaws Hearings and Appellate Reviews.

SECTION 3: MEDICAL-DENTAL STAFF MEMBERSHIP

3.A. QUALIFICATIONS

To be eligible for initial appointment as well as maintain membership and Clinical Privileges, Members of the Medical-Dental staff shall demonstrate initial and continuous satisfaction of all Membership Criteria, as well as other factors for consideration outlined in the Part II, Section 2.A of these Bylaws and other ChristianaCare and Medical staff policies, including appropriate education, training, experience, professional conduct, licensure, and clinical competence and ability to perform the Clinical Privileges requested.

3.B. INITIAL CREDENTIALING/ APPOINTMENT AND RE-CREDENTIALING/ REAPPOINTMENT

The Medical-Dental Staff follows a detailed process for evaluating requests for appointment, reappointment, and Clinical Privileges to the Medical-Dental Staff. Additional procedures are set forth in Part II, Section 3 of these Bylaws.

3.C. GRANTING OF CLINICAL PRIVILEGES

Consideration of requests for Clinical Privileges, whether initial or additional, shall be evaluated using a process similar to that for appointment or reappointment to the Medical- Dental Staff. The process is set forth in Part II, Section 4 of these Bylaws.

3.D. MEDICAL-DENTAL STAFF DUES AND FUNDS

- (1) Annual Medical-Dental Staff dues shall be set by the Medical Executive Committee.
 - a) Members of the Telemedicine and Pediatric Courtesy categories are exempted from paying dues.
- (2) Dues shall be payable annually upon request. A Medical-Dental Staff Member shall be automatically administratively suspended if the member fails to pay dues within 60 days after notification that these funds are due. Failure to respond within 120 days of notification will result in administrative termination.
- (3) Expenditures from Medical-Dental Staff funds in excess of \$1,000 must be approved by two current officers.
- (4) Departments may also assess reasonable dues.

SECTION 4: CATEGORIES OF THE MEDICAL-DENTAL STAFF

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

4.A. ATTENDING STAFF

4.A.1. Qualifications

This category shall consist of members who demonstrate their interest in and commitment to ChristianaCare through active clinical practices and participation in

Medical-Dental Staff activities and responsibilities. Members of this category must request inpatient and/or outpatient privileges and must exercise these privileges at a ChristianaCare facility or be employed by ChristianaCare.

4.A.2. Prerogatives

Attending Staff members may:

- (1) vote in all general and special meetings of the Medical-Dental Staff;
- (2) serve on Medical-Dental Staff committees (with vote);
- (3) hold office in the Medical-Dental Staff; and,
- (4) serve as department chairs.

4.A.3. Responsibilities

Attending Staff members must:

- (1) demonstrate involvement in the care and treatment of ChristianaCare patients;
- (2) actively participate in any Medical-Dental Staff activities and responsibilities assigned, including committee and departmental assignments;
- (3) assume the functions and responsibilities of membership on the Medical-Dental Staff, including emergency call, care for unassigned patients, consultations and teaching assignments as determined by the department chair;
- (4) actively participate in the peer review, patient safety and performance improvement process, including the evaluation of members during their focused professional practice evaluation (FPPE) upon request from the department chair or designee;
- (5) comply with ChristianaCare and Medical-Dental Staff policies and procedures;
- (6) pay application fees, dues, and assessments; and

(7) perform any other duties assigned.

4.A.4. Other

Attending Staff members who have met criteria defined by Departmental Rules may request removal from emergency call and other rotational obligations.

4.B. AMBULATORY STAFF

4.B.1. Qualifications

The primary purpose of this category is to promote professional and educational opportunities including continuing medical education and to permit access to ChristianaCare services for their patients by referral of patients to Attending Staff members for admission and care. The Ambulatory Staff consist of those members who are associated with, but do not have Clinical Privileges at ChristianaCare . Members of this category include physicians, podiatrists and psychologists.

4.B.2 Prerogatives

Ambulatory staff members may:

- (1) visit their hospitalized patients, review their ChristianaCare medical records, and write notes in their medical records, although they may not admit patients, attend patients, exercise any Clinical Privileges or write orders;
- (2) attend educational activities of the Medical-Dental Staff and ChristianaCare;
- (3) vote on departmental matters; and,
- (4) serve on Medical-Dental Staff Committees (with vote).

4.B.C. Responsibilities

Ambulatory Staff members must:

- (1) comply with ChristianaCare and Medical-Dental Staff policies and procedures;
- (2) pay application fees, dues and assessments; and
- (3) perform any other duties assigned.

4.B.3. Transfer from Attending to Ambulatory

Unless otherwise approved by the Department Chair, a physician requesting transfer from Attending to Ambulatory or Administrative Staff must submit a written request for consideration to the Medical-Dental Staff Office a minimum of four months prior to the date at which the physician desires the transfer to become effective. The recommendation from the Department on approval of this request will be made through the normal credentialing process.

4.C. ORAL & MAXILLOFACIAL SURGERY AND DENTISTRY ATTENDING STAFF

4.C.3. Qualifications

The Oral & Maxillofacial Surgery and Dentistry Attending Staff shall consist of dentists and oral surgeons who provide or are responsible for the oral and maxillofacial care in ChristianaCare facilities.

4.C.2 Prerogatives

Oral and Maxillofacial Surgery and Dentistry Attending Staff members may:

- (1) vote in all general and special meetings of the Medical-Dental Staff;
- (2) serve on Medical-Dental Staff committee meetings (with vote);
- (3) hold office; and
- (4) serve as Department Chair.

4.C.3 Responsibilities

Oral and Maxillofacial Surgery and Dentistry Attending Staff members must:

- (1) demonstrate involvement in the care and treatment of patients at ChristianaCare facilities;
- (2) actively participate in Medical-Dental Staff activities and responsibilities assigned, including committee and departmental assignments;

- (3) assume the functions and responsibilities of membership on the Medical-Dental Staff, including, where appropriate, emergency call, care for unassigned patients, consultations, and teaching assignments;
- (4) actively participate in the peer review, patient safety and performance improvement process, including the evaluation of members during their focused professional practice evaluation (FPPE) period.
- (5) comply with ChristianaCare and Medical-Dental Staff policies and procedures;
- (6) pay application fees, dues and assessments; and
- (7) perform any other duties assigned.

4.B. AFFILIATE STAFF

4.B.1. Qualifications

The Affiliate Staff shall consist of podiatrists and psychologists who provide medical care at ChristianaCare facilities.

4.B.2. Prerogatives

Affiliate Staff members may:

- (1) attend Medical-Dental Staff meetings; and
- (2) serve on Medical-Dental Staff committees (with vote); and
- (3) serve as Department Chair/Section Chief.

4.B.3. Responsibilities

Affiliate Staff members must:

- (1) demonstrate involvement in the care and treatment of ChristianaCare patients;

- (2) actively participate in Medical-Dental Staff activities and responsibilities assigned, including committee and departmental assignments;
- (3) assume the functions and responsibilities of membership on the Medical-Dental staff, including, where appropriate, emergency call, care for unassigned patients, consultation, and teaching assignments;
- (4) actively participate in the peer review, patient safety and performance improvement process, including the evaluation of members during their focused professional practice evaluation period;
- (5) comply with ChristianaCare and Medical-Dental Staff policies and procedures;
- (6) pay application fees, dues and assessments; and
- (7) perform any other duties assigned.

4.C. PEDIATRIC COURTESY STAFF

4.C.1. Qualifications

- (1) The Pediatric Courtesy Staff shall consist of physicians who have their primary employment/affiliation at “Nemours Children’s Hospital, Delaware” and who practice at ChristianaCare facilities on an as-needed basis.
- (2) At each reappointment time, physicians shall provide evidence of clinical performance at “Nemours Children’s Hospital, Delaware” and any other hospital or other affiliation in such form as may be requested and other information as may be required in order to perform an appropriate evaluation of qualifications (including, but not limited to, information from the individual’s office practice, information from managed care organizations in

which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

4.C.2. Prerogatives

Pediatric Courtesy Staff members may:

- (1) attend and participate in Medical-Dental Staff and department meetings (without vote);
- (2) not hold office;
- (3) not serve as department or committee chairs;
- (4) not serve on Medical-Dental Staff committees;

4.C.3. Responsibilities

- (1) Pediatric Courtesy Staff members: provide emergency call and care of unassigned patients as determined by the Department Chair;
- (2) will cooperate in the peer review, patient safety and performance improvement process; and,
- (3) comply with ChristianaCare and Medical-Dental Staff policies and procedures.

4.D. ADMINISTRATIVE STAFF

4.F.1 Qualifications

The Administrative Category of the Medical-Dental Staff shall consist of members who do not provide clinical patient care and are engaged in providing administrative functions and services.

4.D.1. Prerogatives

Administrative Staff members may:

- (1) vote in all general and special meetings of the Medical-Dental Staff (unless otherwise specified in these bylaws);
- (2) serve on Medical-Dental Staff committees (with vote unless otherwise specified in these bylaws);
- (3) serve as Department Chairs;
- (4) not admit patients to ChristianaCare facilities;

4.D.2. Responsibilities

Administrative Staff members must:

- (1) comply with ChristianaCare and Medical-Dental Staff policies and procedures;
- (2) only meet relevant membership criteria;
- (3) pay dues and assessments; and perform any other duties assigned.

4.E. TELEMEDICINE STAFF

4.G.1. Qualifications

- (1) The Telemedicine Staff will consist of physicians who qualify for telemedicine privileges according to the approved criteria. Telemedicine is the use of medical information exchanged from one site to another via electronic communications for the purpose of improving patient care, treatment, and services.
- (2) The qualifications shall include:
 - a) current licensure by the appropriate state licensing board;
 - b) current state and federal controlled substances registration, if applicable;

- c) current professional liability insurance coverage as specified in these Bylaws;
- d) successful completion of an accredited residency and/or fellowship training program in the appropriate field; and,
- e) current medical staff membership in good standing at a Joint Commission- accredited hospital at which he/she holds pertinent privileges, or
- f) member of a Joint Commission-accredited organization.

4. G.2. Prerogatives

Telemedicine Staff members may:

- (1) perform medical evaluations, provide orders, and assist in monitoring and managing patients from a remote monitoring station.

4.G.3. Responsibilities

Telemedicine Staff members must:

- (1) comply with ChristianaCare and Medical-Dental Staff policies and procedures;
and
- (2) at reappointment, provide evidence of clinical practice activities in such form as may be required by the Medical-Dental Staff to allow for appropriate assessment of continued qualifications for staff appointment and clinical privileges.

4.H INACTIVE-RETIRED STAFF

Prior Medical-Dental Staff members who have retired may attend educational conference and meetings and receive ChristianaCare mailings as appropriate.

They may also serve on committees, without vote.

These prior members may be awarded Honorary Distinction in recognition of their outstanding or noteworthy contributions to the medical sciences or their previous long-standing services to ChristianaCare. This honor shall be recommended by the pertinent Department Chair and conferred by the Medical Executive Committee.

SECTION 5: OFFICERS

5.A. DESIGNATION

The officers of the Medical-Dental Staff will include the following:

- (1) President,
- (2) President-Elect,
- (3) Immediate Past President, and
- (4) Secretary-Treasurer.

5.B. ELIGIBILITY CRITERIA

Only those members of the Attending Staff who satisfy the following criteria initially and continuously will be eligible to serve as an officer. All Medical-Dental Staff officers shall:

- (1) be members in good standing of the Medical-Dental Staff, and have served on the Attending Staff for at least five years;
- (2) not currently serve as Department Chair;
- (3) have no pending adverse recommendations or actions relating to their Medical- Dental Staff appointment or clinical privileges;
- (4) not serve as Medical Staff officers, Board Members or Department Chairs at any other hospital;
- (5) be willing to faithfully discharge the duties and responsibilities of the position;

- (6) have experience in a leadership position, or participated in oversight of performance improvement functions within the past two years;
- (7) have demonstrated an ability to work well with others.

5.C. DUTIES

5.C.1. President

The President of the Medical-Dental Staff will:

- (1) act in coordination and cooperation with ChristianaCare management in matters of mutual concern involving patient care;
- (2) represent and communicate the views, policies and needs, and report on the activities of the Medical-Dental Staff to the CEO, CPE, and Board;
- (3) act as a liaison between the Medical-Dental Staff, ChristianaCare leadership, and the Board of Directors;
- (4) call, preside at, and be responsible for the agenda of all meetings of the Medical- Dental Staff and the Medical Executive Committee;
- (5) appoint all applicable committee chairs and committee members, in consultation with the Medical Executive Committee and CPE;
- (6) chair the Medical Executive Committee (with vote, as necessary) and be a member of all other Medical-Dental Staff committees, *ex officio*, without vote;
- (7) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical-Dental Staff and to the Policies and Procedures of ChristianaCare;

- (8) recommend Medical-Dental Staff representatives to ChristianaCare committees;
- (9) perform all functions authorized in all applicable policies; and
- (10) serve as a member *ex officio* of the Board with vote.

5.C.2. President-Elect

The President-Elect of the Medical-Dental Staff will:

- (1) assume all duties of the President of the Medical-Dental Staff and act with full authority as President of the Medical-Dental Staff in his or her absence;
- (2) serve on the Medical Executive Committee;
- (3) assume all such additional duties as are assigned to him or her by the President of the Medical-Dental Staff or the Medical Executive Committee; and
- (4) become President of the Medical-Dental Staff upon completion of his/her term or occurrence of a vacancy in that position.

5.C.3. Immediate Past President

The Immediate Past President of the Medical-Dental Staff will:

- (1) serve on the Medical Executive Committee;
- (2) serve as an advisor to other Medical-Dental Staff Leaders;
- (3) assume all duties assigned by the President of the Medical-Dental Staff or the Medical Executive Committee; and
- (4) serve as a member *ex officio* of the Board with vote and as chair of the Nominating Committee.

5.C.4. Secretary-Treasurer

The Secretary-Treasurer of the Medical-Dental Staff will:

- (1) be responsible for providing notices as specified in these Bylaws;
- (2) be responsible for assuring that attendance and minutes are recorded for all meetings of the Medical-Dental Staff and Medical Executive Committee;
- (3) serve on the Medical Executive Committee; and
- (4) be responsible for the collection of, accounting for, and disbursements of any dues and funds collected, donated, or otherwise assessed and present in the Medical-Dental Staff Fund and report on such funds to the Medical-Dental Staff.

5.D. NOMINATION AND ELECTION PROCESS

5.D.1 Nominating Process

The Nominating Committee shall identify candidates, including self-nominations, for the following Medical-Dental Staff positions:

- (1) President Elect;
- (2) Secretary-Treasurer; and
- (3) At-Large members of the Medical Executive Committee (and three alternates).

5.D.2. CANDIDATES

Candidates must notify the Nominating Committee that they wish to be considered for a Medical-Dental Staff position on or before May 15 of the odd-numbered year. The Nominating Committee will present a slate of candidates to the Medical-Dental Staff Executive Committee at the June meeting end of each odd numbered year. If two or

more qualified individuals are nominated for a particular officer position, they will be presented to the Medical-Dental Staff for vote. All candidates for at-Large Seats will be presented to the Staff for vote. Ballots shall be distributed to all voting members of the Medical-Dental Staff.

After the election, three individuals shall be appointed to serve as alternates for at-large members of the Medical Executive Committee. These seats will be filled in the following order: the candidates not elected for the Medical-Dental Staff Officer positions (first the President-Elect and then Secretary-Treasurer) and if any seats remain, the candidates who had the highest number of votes but were not elected as at-Large members of the Medical Executive Committee.

5.D.3. Election

Candidates receiving a majority of written votes cast will be elected, subject to Board confirmation. If no candidate receives a simple majority vote on the first ballot, a run-off election will be held promptly between the two candidates receiving the highest number of votes.

5.E. TERM OF OFFICE

Officers will serve for a term of two years or until a successor is elected. Provided, however, that the term of office for Secretary-Treasurer and the terms of at-large members shall be limited to three consecutive terms.

5.F. REMOVAL

- (1) An elected officer or an at-large member of the Medical Executive Committee may be recommended for removal from his/her position by a two-thirds vote of the Medical-Dental Staff, majority vote of the Medical Executive Committee, or may be removed by the Board, for:
 - (a) failure to comply with applicable ChristianaCare or Medical-Dental Staff policies, Bylaws, or Rules and Regulations;

- (b) failure to perform the duties of the position held;
- (c) conduct detrimental to the interests of ChristianaCare and/or its Medical-Dental Staff;
- (d) an infirmity that renders the individual incapable of fulfilling the duties of that office; or,
- (e) failure to remain as a member in good standing of the Medical-Dental Staff.

- (2) At least ten days prior to the initiation of any removal action, the individual will be given written notice of the date of the meeting at which action is to be considered. The individual will be afforded an opportunity to speak to the Medical Executive Committee or the Board prior to a vote on removal.

5.G. VACANCIES

A vacancy in the office of President of the Medical-Dental Staff will be filled by the President-Elect, who will serve until the end of the President's unexpired term. In the event there is a vacancy in both the office of the President and President-Elect or a vacancy in another office, the Medical Executive Committee will appoint an individual to fill the pertinent office for the remainder of the term or until a special election can be held, at the discretion of the Medical Executive Committee.

SECTION 6: STAFF DEPARTMENTS

6.A. ASSIGNMENT TO DEPARTMENT/SECTION

- (1) Upon initial appointment to the Medical-Dental Staff, each Member will be assigned to a clinical department and, if pertinent, a clinical section. Assignment to a particular department or section does not preclude an individual from seeking and being granted Clinical Privileges typically associated with another department.

- (2) An individual may request a change in department/section assignment to reflect a change in the individual's clinical practice.
- (3) Requirements for appointment to a specific clinical section within a department will be established by the Medical Executive Committee upon the recommendation of the Staff Credentials Committee after recommendation, if applicable, of the pertinent department chair and/or department credentials committee.

6.B. FUNCTIONS OF DEPARTMENTS

- (1) The departments shall be organized for the purpose of implementing departmental processes, including:
 - (a) peer review;
 - (b) performance improvement;
 - (c) credentialing and privileging; and,
 - (d) patient safety.
- (2) These functions may be delegated to standing committees, ad hoc panels or individuals as determined by the Department Chair. The standing committees may include: a department peer review committee, a department credentials committee, and/or a department executive committee.
- (3) Each department shall assure emergency call coverage for all patients.

6.C. QUALIFICATIONS OF DEPARTMENT CHAIRS

Each Department Chair will:

- (1) be a member in good standing of the Medical-Dental Staff;

- (2) be certified by an appropriate specialty board or possess comparable competence, as determined through the credentialing and privileging process;
- (3) have no pending adverse recommendations or actions relating to their Medical- Dental Staff appointment or Clinical Privileges;
- (4) not serve as a Medical-Dental Staff officer or board of director member at ChristianaCare or any other hospital or health care system;
- (5) not serve as department chair at any other hospital, excluding those hospitals that are affiliated with ChristianaCare or Christiana Care Health System, Inc.;
- (6) be willing to faithfully discharge the duties and responsibilities of the position;
- (7) have demonstrated leadership and performance improvement experience within the past two years;
- (8) attend continuing education relating to Medical-Dental Staff leadership and/or credentialing functions prior to or during the term of the office;
- (9) have demonstrated an ability to work well with others; and
- (10) not have any financial relationship (i.e., an ownership or investment interest in or compensation arrangement) with an entity that competes with the ChristianaCare, Christiana Care Health System, Inc., or its affiliates.

6.D. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS

- (1) The chairs of the following departments will be named by the holder of the exclusive contract subject to approval of the CPE:
 - (a) Anesthesiology;
 - (b) Emergency Medicine;

- (c) Pathology; and,
- (d) Radiation Oncology.

These Department Chairs may be removed from office by the CPE, after consultation with the CEO, the officers of the Medical-Dental Staff and representatives of the individual's department.

- (2) All other Department Chairs will be appointed by the CPE and may be removed in accordance with their employment agreements.

6.E. DUTIES OF DEPARTMENT CHAIRS

Each Department Chair is responsible for the following:

- (1) all clinically-related activities of the department;
- (2) all administrative activities of the department, unless otherwise provided for by ChristianaCare;
- (3) continuing surveillance, and if necessary, collegial intervention or corrective action on of the professional performance of providers in the department who have delineated clinical privileges,;
- (4) provision of recommendations of criteria for Clinical Privileges that are relevant to the care provided in the department;
- (5) evaluation and provision of recommendations on applications for initial appointment and Clinical Privileges, including interviewing applicants;
- (6) evaluation and provision of recommendations on applicants for reappointment and renewal of Clinical Privileges;
- (7) evaluation of individuals during the FPPE period;

- (8) delegation to a designee such duties as appropriate, including but not limited to, the review of applications for appointment, reappointment, or Clinical Privileges, and peer review of clinical performance (provided, however, that the Department Chair must provide credentialing recommendations)
- (9) determination of the qualifications and competence of department or service personnel (for both licensed independent practitioners and non-licensed independent practitioners) who provide patient care services;
- (10) development of recommendations for a sufficient number of qualified and competent persons to provide care, treatment or service;
- (11) assessment and recommendations of off-site sources for needed patient care services not provided by the department or ChristianaCare;
- (12) development of recommendations for equipment, drugs and new services to be provided at ChristianaCare ;
- (13) the integration of the department into the primary functions of t ChristianaCare;
- (14) the coordination and integration of inter- and intra-departmental services;
- (15) the development and implementation of policies and procedures that guide and support the provision of care, treatment and services;
- (16) continuous assessment and improvement of the quality of care and services provided;
- (17) development of recommendations and implementation of performance improvement and patient safety activities applicable to the Department;
- (18) maintenance of quality monitoring programs, as appropriate;

- (19) oversight of educational programs and research;
- (20) the orientation and continuing education of all persons in the department;
- (21) development of recommendations for space and other resources needed by the department;
- (22) supervision of contracted, employed, and leased Physicians assigned to the department; and
- (23) performance of other duties and functions as are assigned by these Bylaws, ChristianaCare policies, Medical-Dental Staff Leaders, ChristianaCare administrative leadership or the Board.

6.F. SECTIONS

6.G.1. Functions of Sections

Sections may perform any of the following activities:

- (1) continuing education;
- (2) discussion of policy;
- (3) discussion of equipment needs and recommendations for new programs;
- (4) development of recommendations to the Department Chair or department committees regarding the appointment, reappointment or Clinical Privileges of members of the section, which may thereafter be submitted to the Medical Executive Committee;
- (5) participation in the development of criteria for Clinical Privileges (when requested by the Department Chair);
- (6) development of recommendations regarding a specific issue at the special request of a Department Chair or the Medical Executive Committee;

- (7) development of recommendations to the Department Chair regarding performance improvement and patient safety activities applicable to the section; and
- (8) performance of peer review and developments of recommendations regarding the patient care and professional conduct of members of the section.

6.G.2. Qualifications and Appointment of Section Chiefs

Section chiefs will meet the qualifications and will be subject to appointment and removal provisions as outlined in departmental rules.

6.G.3. Duties of Section Chiefs

The section chief will carry out the duties requested by the Department Chair. These duties may include:

- (1) review and reporting on applications for initial appointment and Clinical Privileges, including interviewing applicants;
- (2) review and reporting on applications for reappointment and renewal of Clinical Privileges;
- (3) evaluation of individuals during the provisional period;
- (4) participation in the development of criteria for Clinical Privileges;
- (5) review and reporting on the professional performance of individuals practicing within the section;
- (6) delegation to a designee such duties as appropriate, including, but not limited to, the review of applications for appointment, reappointment, or Clinical Privileges or questions that may arise if the Section Chief has a conflict of interest with the individual under review; and,

- (7) upon request of the Department Chair or designee, conduct peer review for cases applicable to the section.

SECTION 7: MEDICAL-DENTAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

7.A. MEDICAL EXECUTIVE COMMITTEE

7.A.1. Composition

- (1) The Medical Executive Committee will include the following officers of the Medical-Dental Staff:
 - a) The chair of each department,
 - b) The chair of the Bylaws Committee,
 - c) The chair of the Residents' Council, and
 - d) Seven Medical-Dental Staff members (with three alternates) elected at large by the Medical-Dental Staff.
- (2) The President of the Medical-Dental Staff will chair the Medical Executive Committee.
- (3) The Chief Executive Officer, Chief Physician Executive, Chief Learning Officer, Service line directors, Chief Nursing Executive, will be *ex officio* members of the Medical Executive Committee, without vote

7.A.2. Duties:

The Medical Executive Committee has the primary oversight authority related to professional activities and functions of the Medical-Dental Staff and performance improvement activities regarding the professional services provided by Medical-Dental Staff Members with Clinical Privileges. The Medical Executive Committee is responsible for the following:

- (1) acting on behalf of the Medical-Dental Staff in the intervals between Medical- Dental Staff meetings (the officers are empowered to act in urgent situations between Medical Executive Committee meetings);
- (2) recommending directly to the Board on at least the following issues:
 - a) the Medical-Dental Staff's structure;
 - b) the mechanism used to review credentials and to delineate individual Clinical Privileges;
 - c) the granting of Medical-Dental Staff appointment to individual applicants;
 - d) delineation of Clinical Privileges for each eligible applicant;
 - e) participation of the Medical-Dental Staff in ChristianaCare performance improvement activities;
 - f) the termination or restriction of Medical-Dental Staff appointment and/or Clinical Privileges; and
 - g) implementation of hearing procedures.
- (3) representing the Medical-Dental Staff;
- (4) consulting with ChristianaCare leadership on quality-related aspects of contracts for patient care services;
- (5) receiving and acting on reports and recommendations from Medical-Dental Staff committees, departments, the Graduate Medical Education Committee, and other groups as appropriate;
- (6) making appropriate recommendations for improvement or action when there are significant departures from established or expected clinical practice patterns or professional conduct;

- (7) formulating, implementing and enforcing Medical-Dental Staff policies;
- (8) reviewing (or delegating the review of) quality indicators;
- (9) providing leadership in activities related to patient safety;
- (10) providing oversight in the process of analyzing and improving patient satisfaction;
- (11) reviewing or delegating to the Bylaws Committee the responsibility to review the Bylaws and associated Medical-Dental Staff Governance Documents s and other associated documents of the Medical-Dental Staff and recommending such changes as may be necessary or desirable; and
- (12) performing such other functions as are assigned to it by the governance documents, or the Board.

The authority delegated pursuant to this Section may be removed by amendment of these Bylaws.

7.A.3. Meetings:

The Medical Executive Committee will meet as often as necessary to fulfill its responsibilities and shall maintain a permanent record of its proceedings and actions. At least ten regular meetings shall be scheduled annually.

7.B. OTHER MEDICAL-DENTAL STAFF COMMITTEES

- (1) The Medical Executive Committee may, by resolution and approval of the Board, establish additional committees to perform one or more staff functions. The Medical Executive Committee may also create special task forces or ad hoc committees as necessary. In the same manner, the Medical Executive Committee may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical-Dental Staff functions. Any function required to be performed by these Bylaws that is not assigned to an individual, a standing

committee, or a special task force will be performed by the Medical Executive Committee. Specific other Medical-Dental Staff committees are addressed in Part IV of these Bylaws.

- (2) Other Medical-Dental Staff committees shall meet as necessary to accomplish their functions, and shall maintain a permanent record of their findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the Medical Executive Committee and to other committees and individuals as may be necessary.

7.C. APPOINTMENT OF COMMITTEE CHAIRS AND MEMBERS

- (1) All Medical-Dental Staff committee chairs and members (other than the Medical Executive Committee) unless otherwise provided for in this document, shall be appointed by the President of the Medical-Dental Staff in collaboration with the CPE for a term of three years and there shall be no limitation in the number of terms they may service. All chairs shall be selected based on the following criteria:
 - a) Have been a member in good standing of the Attending staff for at least five years
 - b) Are certified and maintain certification by an appropriate specialty or subspecialty
- (2) Members
 - (a) Except as otherwise provided for in this document, members of each committee shall be appointed by the President of the Medical-Dental Staff in collaboration with the CPE for a term of two years and there shall be no limitation in the number of terms they may serve. All appointed members may be removed and vacancies filled at the discretion of the President of the Medical- Dental Staff in collaboration with the CPE.

- (3) Medical-Dental Staff interested in serving on a Medical-Dental Staff Committee are encouraged to contact their Department Chair.
- (4) The President of the Medical-Dental Staff and the CEO (or their respective designees) will be members, *ex officio*, without vote, on all committees, unless otherwise stated.

7.D. PERFORMANCE IMPROVEMENT FUNCTIONS

The Medical-Dental Staff is actively involved in performance improvement functions, including reviewing data and recommending and implementing processes to address the following issues, including but not limited to:

- (1) reduce patient harm and promote patient safety;
- (2) ChristianaCare's and individual providers' performance on Joint Commission accreditation standards and Centers for Medicare & Medicaid Services ("CMS") core measures;
- (3) medication usage, including review of significant adverse drug reactions, medication errors and the use of experimental drugs and procedures;
- (4) the utilization of blood and blood components, including review of significant transfusion reactions;
- (5) operative and other procedures, including tissue review and review of discrepancies between pre-operative and post-operative diagnoses;
- (6) education of patients and families;
- (7) coordination of care, treatment and services with other providers and ChristianaCare personnel;

- (8) accurate, timely and legible completion of medical records;
- (9) the use of developed criteria for autopsies;
- (10) sentinel events, including root cause analyses and responses to unanticipated adverse events;
- (11) nosocomial infections and the potential for infection;
- (12) unnecessary procedures or treatment;
- (13) appropriate resource utilization;
- (14) peer review/performance improvement; and
- (15) patient satisfaction.

7.E. REGULATORY COMPLIANCE FUNCTIONS

The Medical-Dental Staff is actively involved in the ChristianaCare Corporate Compliance Program and, specifically, complies with all of its policies and with the requirements of federal and state laws and regulations, and specifically, with regard to the following:

- (1) appropriate coding for services performed (supported by documentation in the medical record including documentation of medical necessity);
- (2) submission of appropriate claims for payment, including those relating to teaching activities;
- (3) refraining from improper relationships and/or referrals, including those in violation of the Stark law or the Ant kickback Statute;

- (4) compliance with the requirements of the Emergency Medical Treatment and Active Labor Act (“EMTALA”);
- (5) compliance with the requirements of the ChristianaCare IRB, research policies, and federal and state law regulations regarding the protection of human subjects;
- (6) disclosure of any conflicts of interest or potential conflicts of interest with ChristianaCare and recusal from participation in any consideration or decisions related to real or apparent conflicts;
- (7) compliance with HIPAA and other federal and state laws and regulations and ChristianaCare policies regarding protection of patient privacy and confidentiality of protected health information;
- (8) reporting to the Compliance Officer, or other appropriate members of the administration any actual or suspected violations of the standards of conduct, ChristianaCare’s compliance policies, or any federal or state laws or regulations.

SECTION 8: MEETINGS OF THE MEDICAL-DENTAL STAFF

8.A. MEDICAL-DENTAL STAFF YEAR

The Medical-Dental Staff year is November 1 to October 31.

8.B. MEDICAL-DENTAL STAFF MEETINGS

8.B.1. Regular Meetings

The Medical-Dental Staff will meet at least once a year.

8.B.2. Special Meetings

Special meetings of the Medical-Dental Staff may be called by the President of the Medical- Dental Staff, the Medical Executive Committee, the Board, or by a petition signed by not less than one-fourth of the Attending Staff.

If a Special meeting is called as a result of a conflict on issues related to the provisional amendment to the Rules and Regulations, the President of the Medical-Dental Staff, in collaboration with the Chief Physician Executive will select at least two of the Attending Staff, not on the Medical Executive Committee to represent the Medical-Dental Staff. Such appointed representatives shall meet in good faith to resolve the conflict.

8.C. DEPARTMENT, SECTION AND COMMITTEE MEETINGS

8.C.1. Regular Meetings

Except as otherwise provided in these Bylaws, each department, section and committee, will meet at least annually, at times set by the presiding officer.

8.C.2. Special Meetings

A special meeting of any department, section or committee may be called by or at the request of the department or committee chair (or other presiding officer), the President of the Medical-Dental Staff, or by a signed petition. If the special meeting is being called by petition, the petition must be signed by no less than one-fourth of the Attending Staff members of the department, section, or committee, and by no fewer than three members.

8.D. PROVISIONS COMMON TO ALL MEETINGS

8.D.1. Notice of Meetings

- (1) Medical-Dental Staff members will be provided notice of all regular meetings of the Medical-Dental Staff and regular meetings of their departments, sections, and committees at least 14 days in advance of the meetings. All notices will state the date, time, and place of the meetings.
- (2) When a special meeting of the Medical-Dental Staff, a department, a section and/or a committee is called, the notice period will be 48 hours. Posting may not be the sole mechanism used for providing notice. All notices will state the date, time, and place of the meetings.

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

8.D.2. Quorum and Voting:

- (1) A quorum is required for the transaction of business.
- (2) For any regular or special meeting of the Medical-Dental Staff, or its committee (other than the Medical Executive Committee), twenty-five percent (25%) of the voting members will constitute a quorum.
- (3) For any regular or special meeting of the Medical Executive Committee, fifty percent (50%) of the voting members will constitute a quorum.
- (4) For any regular or special meeting of the department or section or their committees, a quorum shall be determined by the departmental rules.
- (5) Recommendations and actions of the Medical-Dental Staff, departments, sections, and committees will be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote when a quorum is present or as stipulated in these bylaws.
- (6) The voting members of the Medical-Dental Staff, a department, or a committee may also be presented with a question by electronic communication, and their votes returned to the Chair by the method designated in the notice. A quorum for purposes of these votes will be determined by the number of members returning responses to the Chair by the date indicated or as stipulated in these bylaws. The question raised will be determined in the affirmative if a majority of the responses returned has so indicated.
- (7) Meetings may be conducted by telephone and/or electronic conference. Elections and voting may be conducted electronically.

8.D.3. Agenda:

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

8.D.4. Rules of Order:

Robert's Rules of Order will not be binding at Medical-Dental Staff meetings or elections but may be used for reference in the discretion of the presiding officer for the meeting.

Specific provisions of these Bylaws, and Medical-Dental Staff department, section or committee custom will prevail at all meetings, and the Department Chair or committee chair will have the authority to rule definitively on all matters of procedure.

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

- (1) Minutes of all meetings of the Medical-Dental Staff, departments, and committees (and applicable section meetings) will be prepared and will include a record of the attendance of members and the recommendations made and the votes taken on each matter.
- (2) A summary of all recommendations and actions of the Medical-Dental Staff, departments, sections, and committees will be transmitted to the Medical Executive Committee, CEO, and Chief Physician Executive. The Board will be kept apprised of the recommendations of the Medical-Dental Staff and its departments, sections, and committees.
- (3) The CEO or his or her authorized designee will maintain a permanent file of the minutes of all meetings, in accordance with ChristianaCare's policies on document retention.

8.D.6. Confidentiality

Actions taken and recommendations made pursuant to these Bylaws (Part, I, II, III, IV) will be strictly confidential. Members of the Medical-Dental Staff who have access to, are

engaged in, or are the subjects of credentialing and/or peer review information agree to maintain the confidentiality of this information. Individuals participating in, or subject to, credentialing and peer review activities will make no disclosures of any such information (discussions or documentation) outside of peer review committee meetings, except:

- (1) When the disclosures are to another authorized member of the Medical-Dental Staff or authorized ChristianaCare employee and are for the purpose of conducting legitimate credentialing and peer review activities;
- (2) When the disclosures are authorized by a Medical-Dental Staff or ChristianaCare policy;
- (3) When the disclosures are authorized, in writing, by the CPE or by legal counsel to ChristianaCare or
- (4) When required by court order as long as the CPE has been notified and ChristianaCare has been afforded an opportunity to object or seek a protective order.

A breach of confidentiality may severely jeopardize peer review protections. The CPE or President of the Medical-Dental Staff may take action against any individual who is determined to have breached the confidentiality of credentialing or peer review information, including but not limited to: corrective action for unprofessional conduct, exclusion from further participation in peer review activities, and/or other disciplinary or legal action.

8.D.7. Protection of Professional Review Committees

- 1) All credentialing and peer review activities pursuant to this Part and related Medical- Dental Staff documents will be performed by professional review committees, which may be comprised of physicians or have multi-disciplinary members, and shall be entitled to the immunities and privileges in accordance with law. Medical-Dental Staff peer review committees shall include those committees set forth in the Peer Review Policy or other Medical-Dental Staff policy.
- 2) All reports, proceedings, and minutes made of professional review committees shall be confidential and privileged.

SECTION 9: CONFLICTS OF INTEREST

9.A. CONFLICTS OF INTEREST, GENERALLY

When performing a function outlined in these Bylaws, or the Rules and Regulations, if any Medical-Dental Staff member has or reasonably could be perceived as having a conflict of interest in any credentialing or peer review matter, the individual with a conflict shall not participate in the deliberations or voting on the matter, and will be excused from any meeting during that time. However, the individual may provide relevant information and may answer any questions concerning the matter before leaving.

- (1) Any member with knowledge of the existence of a potential conflict of interest or bias on the part of any other member shall call the conflict of interest to the attention of President of the Medical-Dental Staff (or to the President-Elect if the President of the Medical- Dental Staff is the person with the potential conflict), or the applicable department or committee chair. The President of the Medical-Dental Staff or the applicable department or committee chair will make a final determination as to whether the provisions in this Section should be triggered.
- (2) The fact that a Department Chair or staff member is in the same specialty as a member whose performance is being reviewed or the fact that an individual is employed by ChristianaCare does not automatically create a conflict. In addition, 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. Only Medical-Dental Staff leadership and/or the CPE – and not any other member of the Medical-Dental Staff -- has a right to compel disqualification of another staff member based on an allegation of conflict of interest. No Medical-Dental Staff Member may compel the disqualification of another staff Member based on an unsubstantiated allegation of conflict of interest.

- (3) The fact that a committee member or Medical-Dental Staff leader chooses to refrain from participation, or is excused from participation, will not be interpreted as a finding of actual conflict.

9.B. CORPORATE COMPLIANCE AND CONFLICTS OF INTEREST

On an annual basis, Medical-Dental Staff members shall complete a Corporate Compliance Training and a Conflict of Interest Disclosure Questionnaire. These annual requirements will be administered through the Christiana Care Health System Office of Corporate Compliance

(1) Corporate Compliance Training. Medical-Dental Staff members will be notified when the annual Corporate Compliance Training is available for completion. The annual Corporate Compliance Training must be completed within 90 days of receipt of notification.

- a) Medical-Dental Staff members who do not complete the annual Corporate Compliance Training within the required 90-day timeframe will receive a notice of delinquency.
- b) Medical-Dental Staff members who do not complete the annual Corporate Compliance Training within 30 days of receipt of the notice of delinquency will be administratively suspended.
- c) Medical-Dental Staff members who do not complete the annual Corporate Compliance Training within 60 days of receipt of the notice of delinquency will be administratively terminated.

(2) Other Enforcement Actions

The imposition of administrative suspension or administrative termination for failure to timely comply with the Annual Compliance Training and Conflict of Interest Disclosure Questionnaire and required updates, are in addition to, and do not supplant any other recourse available to the Medical-Dental Staff.

9.C. CONFLICT RESOLUTION

In the event of a conflict among or between the Board, ChristianaCare administration, Medical Executive Committee and/or the Medical- Dental Staff, and upon request of a representative of any of them, the Chair of the Board shall determine whether or not to initiate a Joint Conference Group. If the Chair of the Board decides to initiate a Joint Conference Group, the President of the Corporation shall convene a Joint Conference Group within two weeks of the request. The Group shall consist of equal representation of not less than two representatives from each constituent including, Board members (who are not members of the Medical-Dental Staff) appointed by the Chair of the Board, physicians appointed by the President of the Medical-Dental Staff and members of administration appointed by the President of the Corporation.

SECTION 10: PATIENT CARE AND HISTORY AND PHYSICAL

The assessment and reassessment of patients will be completed in a timely manner and will be appropriate to the patient's problem and will be determined by:

- (1) patient's diagnosis;
- (2) treatment setting;
- (3) patient's desire for treatment; and
- (4) patient's response to previous treatment.

Assessment of dying patients shall include social, spiritual, and cultural variables.

The History and Physical (H&P) examination will be completed by provider who has been granted clinical privileges by ChristianaCare to perform H&Ps. The H&P will be completed and documented in the medical record no more than 30 days prior to or within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services (except for emergency procedures- see CCHS Rule Section 11.5). For a history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition will be completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure

requiring anesthesia services. Additional guidance can be found in CCHS Rules and Regulations.

SECTION 11: AMENDMENTS

11.A. Bylaws

- (1) All proposed Bylaw amendments must be reviewed and approved by the Medical Executive Committee prior to a vote by the Medical-Dental Staff.
- (2) Following approval by the Medical Executive Committee, the proposed amendments shall be submitted to the voting members of the Medical-Dental Staff members via special ballot, which will be mailed, faxed or e-mailed. Voting period shall be ten days.
- (3) Approval of proposed amendments require majority affirmative vote of the ballots returned.
- (4) The Medical Executive Committee, in its discretion, also may provide to the voting staff an executive summary of the proposed amendments.
- (5) The Medical Executive Committee will have the power to adopt on the Medical-Dental Staff's behalf any amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
- (6) All amendments will be effective only after approval by the Board.
- (7) If the Board has determined not to accept a recommendation submitted to it by the Medical Executive Committee or the Medical-Dental Staff, the Medical Executive Committee may request a conference between the officers of the Board and the officers of the Medical-Dental Staff. Such conference will be for the purpose of further communicating the Board's rationale for its contemplated action and permitting the officers of the Medical-Dental Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the CEO within two

weeks after receipt of a request for same submitted by the President of the Medical-Dental Staff.

11.B. Other Medical-Dental Staff Documents

- (1) In addition to the Medical-Dental Staff Bylaws, the Medical-Dental Staff shall adopt the following governance documents:
 - a) Medical-Dental Staff policies;
 - b) The Medical-Dental Staff Rules and Regulations; and,
 - c) Department and Section Rules.
- (2) All proposed adoptions and amendments to other staff documents will be reviewed by the Medical Executive Committee prior to distribution to the Medical-Dental Staff.
- (3) Following review and endorsement by the Medical Executive Committee, the proposed amendments shall be provided to each voting member to allow for comment. This should occur at least ten days prior to the Medical Executive Committee meeting when the vote is to take place. A summary of comments may be submitted to the Medical Executive Committee for final review and vote.
- (4) Notice of Department documents are required to be provided only to the voting members of the applicable department prior to consideration by the Medical Executive Committee.
- (5) Medical-Dental Staff governance documents shall only be effective when approved by the Board.
- (6) In the event that urgent action is required to comply with law or regulation, the Medical- Dental Staff hereby authorizes the Medical Executive Committee to

provisionally adopt a Rule and Regulation and forward it to the Board for provisional approval and immediate implementation, subject to the following.

- (7) If the Medical-Dental Staff did not receive prior notice of the proposed Rule and Regulation, the Medical-Dental Staff will be notified of the provisionally-adopted and approved Rule and Regulation, The Medical-Dental Staff may, within 30 days of distribution of the notice, request a special meeting, by petition as outlined in Part I, Section 8.C.2, to resolve any conflict related to the provisionally adopted amendments. If the outcome of the meeting is to modify the amendment, the final recommendation will be forwarded to the Medical Executive Committee and the Board.
- (8) If there is no conflict between the organized medical staff and the Medical Executive committee, the provisional amendment stands.
- (9) The Medical-Dental Staff Bylaws will control over any inconsistent governance document or policies.

SECTION 12: APPROVAL

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

ChristianaCare
Medical-Dental Staff Bylaws
Part II: CREDENTIALS PROCEDURES

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SECTION 1: GENERAL

NOTE: All provisions in this Part apply to Advanced Practice Clinicians (APCs) as well as Medical-Dental Staff members unless specifically noted. While APCs are not members of the Medical-Dental Staff, they must be granted delineated clinical privileges in order to practice at ChristianaCare

1.A. DELEGATION OF FUNCTIONS

With the exception of the Telemedicine Staff Category, ChristianaCare does not delegate its credentialing decisions to any outside organization. When a credentialing function is the responsibility of a member of ChristianaCare management, a Medical-Dental Staff member, or a Medical-Dental Staff committee, such function may be delegated to a designee as appropriate, which may include, but shall not be limited to, the review of applications for appointment, reappointment or clinical privileges and/or peer review of clinical performance. Provided, however, that the department chair, after consultation with the department credentials committee, must provide the credentialing or peer review recommendations.

SECTION 2: QUALIFICATIONS, CONDITIONS AND RESPONSIBILITIES

2.A. QUALIFICATIONS

2.A.1. Eligibility Criteria

- (1) Medical-Dental Staff Members: To be eligible to apply for initial appointment or reappointment to the Medical-Dental Staff, a physician, dentist, oral and maxillofacial surgeon, podiatrist, or psychologist must:
 - a) Have a current, unrestricted license to practice medicine under appropriate state law and have never had his/her license to practice revoked or suspended by any state licensing agency;
 - b) If applicable to his/her practice, have a current, unrestricted DEA registration and, if applicable, a state controlled substance license;

- c) Demonstrate availability to provide services for ChristianaCare patients as appropriate to his or her responsibility and to fulfill his/her Medical-Dental Staff responsibilities;
- d) Have current, valid professional liability insurance coverage in a form satisfactory to ChristianaCare , except for members of the Administrative Staff Category;
- e) Provide a cell phone number and e-mail address to Medical-Dental Staff Office;
- f) Have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil penalties for the same;
- g) Have never been, and are not currently, excluded or restricted from participation in Medicare, Medicaid, or other federal or state governmental health care program;
- h) Have never had medical staff appointment, clinical privileges, or status as a participating provider denied, revoked, suspended or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct, and/or have never resigned appointment or relinquished privileges during a Medical-Dental Staff investigation into clinical competence or professional conduct or in exchange for not conducting such an investigation;
- i) Have never had a conviction or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving professional practice, controlled substances, illegal drugs, insurance or healthcare fraud (including Medicare, Medicaid, other federal or state governmental, or private third-party payer programs), sexual misconduct, violent or abusive acts against another, or other crimes of moral turpitude.

- j) Agree to fulfill emergency call responsibilities as determined by the department chair;
- k) Have appropriate coverage arrangements with other members of the Medical- Dental Staff in the same specialty and with the same privileges likely to be needed for those times when the covered provider will be unavailable;
- l) Have successfully completed an accredited residency training program in the specialty in which the applicant seeks clinical privileges;
- m) Be board certified (as provided in the definitions section) and, except for psychologists, dentists, and members of the Administrative Staff, maintain board certification in their primary area of practice. Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years will be eligible for Medical-Dental Staff appointment. However, in order to remain eligible for Medical-Dental Staff membership, those applicants must achieve board certification in their primary area of practice within five years from the date of completion of residency or fellowship training. The deadlines for initial board certification or recertification may be extended up to one additional year if necessary to afford the member with a reasonable opportunity to obtain certification in his/her primary specialty or subspecialty. In order to be eligible to request such an extension, the member must, at a minimum, satisfy the following criteria:
 - (i) The individual must be a member of the Medical-Dental Staff in good standing; and,
 - (ii) The individual must provide a letter from the appropriate certifying board confirming that the individual remains eligible to take the certification or recertification examination the next year;

- (iii) The applicable department chair must provide a favorable report concerning the individual's qualifications; and
 - (iv) The individual must satisfy all remaining member criteria.
- n) Demonstrate recent active clinical practice for at least two of the last four years;
 - o) Practice in a department or specialty that is not closed to applicants unless employed by ChristianaCare or the contractor with an exclusive contract; and
 - p) Meet any membership criteria and such other criteria as the Board may adopt from time to time.
- (2) Advanced Practice Clinicians (APCs): For APCs to be eligible to apply for initial and continued clinical privileges at ChristianaCare , the individuals must:
- a) Meet the applicable criteria in (1)(a) – (i) above;
 - b) Satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by ChristianaCare ; and
 - c) Be employed by ChristianaCare , a practice with an exclusive contract, or a physician on the Medical-Dental Staff and have a consultative relationship with a Collaborating/Supervising Physician.

2.A.2. Waiver of Criteria

- (1) Any individual who does not satisfy one or more of the criteria outlined above (except for state licensure, unrestricted DEA registration, or professional liability insurance) may request to the Board that it be waived. Requests for a waiver shall be reviewed in accordance with the Medical-Dental Staff appointment process (review by the Department, Staff Credentials Committee, Medical-Executive Committee and the Board). The individual requesting the waiver bears the burden of demonstrating that the requirement is not necessary,

that he/she can help satisfy ChristianaCare's unmet clinical need, and/or that his or her qualifications are equivalent to or exceed the criterion in question.

- (2) No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver. A determination that an individual is not entitled to a waiver is not a "denial" of appointment or clinical privileges.
- (3) An application for appointment for an applicant who does not satisfy an eligibility criterion will not be processed until the Board has ruled upon the waiver.

2.A.3. Factors for Evaluation and Decision

- (1) In evaluating any application for membership, a provider's ability to meet the following expectations shall be considered:
- (2) Patient Care: Providers are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
- (3) Medical/Clinical Knowledge: Providers are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.
- (4) Technical Skills: Providers are expected to be able to appropriately perform technical procedures within their specialty.
- (5) Practice-Based Learning and Improvement: Providers are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices.
- (6) Interpersonal and Communication Skills: Providers are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and

other members of health care teams as well as to facilitate hand-off communications necessary to continuity of care.

- (7) Professionalism: Providers are expected to demonstrate behaviors that promote the provision of quality healthcare, including appropriate interactions with others in the workplace. Providers are also expected to demonstrate a commitment to continuous professional development and ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society.
- (8) Systems-Based Practice: Providers are expected to demonstrate an understanding of the contexts and systems in which health care is provided; the ability to practice within ChristianaCare's systems, facilities, and policies and procedures; and the ability to apply systems-based knowledge to improve and optimize the efficacy, efficiency and cost-effectiveness of health care.

2.A.4. No Entitlement to Appointment or Clinical Privileges

No individual is entitled to receive an application or to be appointed or reappointed to the Medical-Dental Staff or to be granted particular clinical privileges merely because he or she:

- (1) Is licensed to practice a profession by any state;
- (2) Is a member of any particular professional organization;
- (3) Participated in a ChristianaCare training program or has had in the past, or currently has, Medical-Dental Staff appointment or privileges at ChristianaCare or at any other hospital or health care facility;
- (4) Resides in the geographic service area of ChristianaCare ; or
- (5) Is affiliated with, or under contract to, any managed care plan, insurance plan, or other entity.

2.A.5. Nondiscrimination

In making credentialing decisions, an applicant's race, religion, ethnic/national identity, gender, age, disability, marital status, sexual orientation, genetic information, veteran's status, the types of procedures (e.g., abortions) performed, or payors (e.g., Medicaid) of the applicant's practice shall not be considered.

To maintain compliance with this nondiscrimination requirement, a signed attestation statement will be collected annually from members of all credentialing committees.

2.B. GENERAL CONDITIONS OF PRACTICE

2.B.1. Responsibilities and Requirements

- (1) Medical-Dental Staff Members: As a condition for appointment or reappointment, and as a condition of continued membership, every Medical-Dental Staff member specifically agrees to the following:
 - (a) To provide timely care to all patients for whom the member has responsibility;
 - (b) To communicate clearly and professionally with other health team members so as to promote effective hand-off communications and care continuity;
 - (c) To abide by all Bylaws, policies, and Rules and Regulations of ChristianaCare and its Medical-Dental Staff;
 - (d) To accept committee assignments, emergency call obligations, care of unassigned patients, consultation requests, participate in quality improvement and peer review activities, and such other reasonable duties and responsibilities as assigned by the department chair;
 - (e) To provide the names of at least one member of the Medical-Dental Staff who will provide coverage of his/her hospitalized patients should he/she not be available. The covering provider shall be in the same specialty and

with the privileges likely to be needed for those times when the covered provider will be unavailable;

- (f) To comply with care management guidelines and protocols, including those adopted by the Medical-Dental Staff or ChristianaCare and those related to national patient safety initiatives and core measures, that are established by, and must be reported to, regulatory or accrediting agencies or patient safety organizations or clearly document the clinical reasons for variance;
- (g) To utilize ChristianaCare procedures, protocols, and systems (including electronic health records and electronic ordering when available) for the care of patients receiving care at a ChristianaCare facility;
- (h) To inform the Department Chair and Medical-Dental Staff Office of any adverse change in the provider's status or any change in the information provided on the individual's application forms. The provider shall provide this information -- with or without request -- within 60 days from when the change occurs. The information to be reported includes, but is not be limited to, adverse actions affecting licensure status, medical staff membership or clinical privileges at another hospital, or participation in Medicare or other federal health benefit programs; changes in professional liability insurance coverage; changes in credentials, or health conditions that affect the member's ability to safely and competently exercise clinical privileges (including impairment due to substance abuse) and any interruption of practice for a period longer than 30 days;
- (i) When requested, to participate in the development, review, and revision of care management guidelines, protocols and pathways pertinent to his/her medical specialty, including those related to national patient safety initiatives and core measures;
- (j) To comply with Medical-Dental Staff policies;

- (k) To comply with the Code of Conduct (see Part I, Section 1.B of these Bylaws);
- (l) When requested by department or ChristianaCare leadership and/or peer review committee, to appear for personal interviews in regard to an application for initial appointment, reappointment, and/or clinical privileges;
- (m) When required by ChristianaCare or department leadership or a peer review committee, to respond in a timely manner, appear upon request and participate to address an issue or concern;
- (n) To maintain ABMS or AOA board certification, if applicable to specialty;
- (o) To comply with peer review, performance improvement, and patient safety processes;
- (p) To complete all medical records and other required records and information requests;
- (q) To abide by the terms of Christiana Care's Notice of Privacy Practices with respect to health care delivered through ChristianaCare;
- (r) To perform all services and conduct himself or herself at all times in a cooperative and professional manner;
- (s) To promptly pay any applicable dues, assessments and/or fines;
- (t) To satisfy continuing medical education requirements and any certification requirements related to clinical practice (including but not limited to ACLS, BLS and CPR certifications) as requested by the Department or Section;

- (u) To maintain and provide to ChristianaCare a current e-mail address and cell phone and/or pager number; and,
 - (v) To acknowledge that the individual has had an opportunity to read a copy of this Part and any other applicable bylaws, policies, rules and regulations (including applicable departmental rules) and agrees to be bound by them.
- (2) Advanced Practice Clinicians: As a condition of being granted permission to provide patient care and as a condition for continued permission to provide patient care, APCs will comply with the applicable duties and responsibilities in 2.B.1(1) above, as well as the following:
- (a) To abide by the scope of practice defined by his or her license, state law and regulations, and by the authorization to practice granted by ChristianaCare.
 - (b) To accept committee assignments, participate in quality improvement and peer review activities, and such other reasonable duties and responsibilities as assigned;
 - (c) To comply with adopted protocols and pathways or document reasons for variance;
 - (d) To refrain from illegal fee splitting or other illegal inducements relating to patient referrals;
 - (e) To refrain from assuming responsibility for diagnosis or care of patients for which he or she is not qualified or without adequate supervision;
 - (f) To refrain from deceiving patients as to his or her status as an APC;
 - (g) To seek consultation when appropriate; and,
 - (h) To participate in clinical care monitoring and evaluation activities.

2.B.2. Burden of Providing Accurate Information

- (1) Medical-Dental staff members, APCs, and applicants have the burden of producing in a timely manner all information deemed necessary by ChristianaCare for a proper evaluation of current competence, character, ethics, and other qualifications and any additional information requested for resolving any doubts regarding the same.
- (2) The individual going through the credentialing or renewal process agrees that any misstatement in or omission from any credentialing document may be grounds for ChristianaCare to stop processing the application or renewal. The individual will be informed in writing of the nature of the misstatement or omission and permitted to provide a written response. The Department Chair will decide whether to permit the individual to submit a corrected application and resume processing.

2.B.3. Provider Rights in Credentialing

Providers applying for appointment or reappointment to the Medical-Dental Staff or for clinical privileges shall have the following rights:

- (1) To be informed of what documents were submitted pertaining to their credentialing application (but not the right to view or be provided with documents);
- (2) To have an opportunity to be informed and respond to issues that may lead to denial of their application for appointment, reappointment or clinical privileges; and
- (3) To be informed, upon request, of the status of the application for appointment, reappointment or clinical privileges.

Applicants shall not be entitled to view or obtain copies of letters of recommendation or other documents submitted with an expectation of confidentiality.

2.B.4. Legal Agreements

By requesting an application, applying for or being granted appointment, reappointment, or clinical privileges as a member of the Medical-Dental Staff or an APC, the individual expressly accepts the conditions in paragraphs (1) through (6) of this sub-section 2.B.4:

(1) Immunity:

To the fullest extent permitted by law, the individual releases from any and all liability, extends immunity to, and agrees not to sue ChristianaCare, any member of the Medical-Dental Staff, their authorized representatives, and third parties who provide information for any matter relating to appointment, reappointment, clinical privileges, scope of practice, or the individual's qualifications for the same. This immunity covers any actions, recommendations, reports, statements, communications, and/or disclosures involving the individual that are made, taken, or received by ChristianaCare, its authorized agents, or third parties in the course of credentialing and peer review activities.

(2) Authorization to Obtain Information from Third Parties:

The individual specifically authorizes ChristianaCare, Medical-Dental Staff leaders, and their representatives (1) to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on his or her qualifications for initial and continued appointment to the Medical-Dental Staff, clinical privileges or scope of practice; and (2) to obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of third parties that may be relevant to such questions. The individual also specifically authorizes third parties to release this information to ChristianaCare and its representatives upon request and will sign a consent form agreeing to the same. The individual also agrees to sign necessary consent

forms to permit a consumer reporting agency to conduct a criminal background check on the individual and report the results to ChristianaCare .

(3) Authorization to Release Information to Third Parties:

The individual also authorizes ChristianaCare representatives -- now and whether or not appointment/reappointment or clinical privileges are granted -- to release information to other hospitals, health care facilities, managed care organizations, government regulatory and licensure boards or agencies, and their agents when information is requested in order to evaluate his or her professional qualifications for appointment, privileges, and/or participation at the requesting organization/facility, and any licensure or regulatory matter.

(4) Hearing and Appeal Procedures:

The individual agrees that the hearing and appeal procedures set forth in these Bylaws will be the sole and exclusive remedy with respect to any professional review action taken by ChristianaCare.

(5) Legal Actions:

If, notwithstanding the provisions in this Section, an individual institutes legal action and does not prevail, he or she agrees to reimburse ChristianaCare and any member of the Medical-Dental Staff named in the action for all costs incurred in defending such legal action, including reasonable attorney's fees.

(6) Authorization to Share Information among Components ChristianaCare and the Christiana Care Health System, Inc.:

The individual specifically authorizes ChristianaCare, and those organizations affiliated with Christiana Care Health System, Inc. to share credentialing and peer review information pertaining to the individual's clinical competence and/or professional conduct. This information may be shared at any time during or after the individual's affiliation with ChristianaCare, consistent with ChristianaCare's information sharing policies.

SECTION 3: CREDENTIALING PROCEDURE

3.A. CREDENTIALING PROCEDURE

3.A.1. Pre-Application

- (1) Individuals requesting membership and/or clinical privileges shall be required to submit a pre-application and the required pre-application fee to the Medical-Dental Staff Office. Once the relevant application documents are received, the Medical-Dental Staff Office will begin processing the applications for clinical privileges as an Application. As a preliminary step, the Medical-Dental Staff Office will review the Application to make sure that all questions have been answered and that the applicant satisfies all threshold eligibility criteria set forth in Part II, Section 2.A.1 of these Bylaws.
- (2) If the individual meets the membership criteria for appointment, and provides the application fee, the individual will be sent an application package. Provided, however, that an individual applying to a clinical service or department with a closed staff, shall not be provided with an application unless they meet the requirements for that clinical service (e.g., employment by ChristianaCare or the exclusive contractor).
- (3) A provider who belongs to a category of providers that has not been approved by the Board to practice at ChristianaCare will not be eligible to receive a pre-application.
- (4) If the applicant does not satisfy membership criteria for Medical-Dental Staff appointment or the criteria for APC clinical privileges, the applicant may request a waiver if permitted pursuant to Section 2.A.2 of Part II of the Bylaws.
- (5) The application fee is non-refundable – even if the applicant withdraws his or her application.

- (6) Applications may be provided to residents who are in the final six months of their training. Final action will not be taken until all applicable membership criteria are satisfied.
- (7) The decision to not grant an application does not constitute denial of Medical-Dental Staff appointment or clinical privileges and shall not entitle the individual to procedural rights (fair hearing and appeal) under Part 3 of these Bylaws.

3.A.2. Submission of an Application

- (1) A completed application form with copies of all required documents must be returned to Medical-Dental Staff Office within 45 days of its receipt.
- (2) It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed.
- (3) An application will become incomplete if the need arises for new, additional or clarifying information any time during the evaluation. Any application that continues to be incomplete 45 days after the individual has been notified of the additional information required will be deemed to be withdrawn. Upon a reasonable request from an applicant, the Chief Physician Executive (CPE) may provide an extension for a specified time period not to exceed 30 days.

3.A.3. Initial Review of an Application

- (1) As a preliminary step, the Medical-Dental Staff Office will review the application to determine that the individual satisfies all threshold criteria. An individual who fails to meet the eligibility criteria set forth in Section 2.A.1 of Part II will be notified that his or her application will not be processed and that, if permitted, the applicant must request a waiver.
- (2) The Medical-Dental Staff Office will also review the application to determine if all questions have been answered, all references and other information or materials have been received, and pertinent information provided on the

application has been verified with primary sources. Information will be verified in accordance with CMS, The Joint Commission and NCQA standards, with the primary source being preferred whenever possible. When an application is complete, it will be transmitted, along with all supporting documentation, to the applicable department chair and/or department credentials committee.

3.A.4. Department Procedure

- (1) Medical-Dental Staff Office will transmit the complete application and all supporting materials to the chair of each department in which the applicant seeks clinical privileges. The chair may seek the input of the section chief and/or department credentials committee.
- (2) The Department and all committees may examine evidence of the applicant's character, professional competence, qualifications, behavior, and ethics. This information may be contained in the application and/or obtained from references and any other available sources, including the applicant's past or current department leaders at other health care entities, residency training director, and others at ChristianaCare elsewhere who may have knowledge about the applicant.
- (3) An interview with the applicant will be conducted by the department chair or designee. The applicant's department chair may waive the interview if the applicant recently completed a residency or fellowship ChristianaCare or is in the Telemedicine Category. The purpose of the interview is to discuss and review any aspect of the applicant's application, qualifications, and requested clinical privileges. At the interview,

the provider shall be informed, and have an opportunity to respond, to any concerns or issues that may be the basis for denial of his/her appointment or clinical privileges.
- (4) Each chair -- if applicable, with the assistance of the section chief or department credentials committee -- will transmit the determination of whether the applicant

has satisfied all of the qualifications for appointment, clinical privileges and/or scope of practice requested.

- (5) The department chair or credentials committee may recommend the imposition of specific conditions on appointment. These conditions may relate to behavior (e.g., code of conduct) or to clinical issues (e.g., general consultation requirements, proctoring) or to practice-related certifications (e.g., ACLS, BLS). The chair or credentials committee may also recommend that appointment be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.
- (6) If it appears that the application will not be supported, the department chair or designee shall inform the applicant of the concerns and afford the applicant an opportunity to withdraw his/her application.
- (7) The department chair and, if applicable, section chief or department credentials committee members will be available to the Staff Credentials Committee, Medical Executive Committee, and the Board to answer any questions that may be raised with respect to that department chair's report and findings.

3.A.5. Special Committee Review Procedure:

When a physician applicant requests special privileges, such as privileges for Robotics, Heart and Vascular Radiology procedures, or transplantation procedures, the application and all supporting materials shall be transmitted to the Service Credentials Committee.

The Committee will transmit its determination to the Medical-Dental Staff Office.

3.A.6. Staff Credentials Committee Procedure

- (1) The Staff Credentials Committee will review and consider the report of the Department/Section and will make a recommendation.
- (2) If additional information is required to evaluate an applicant's qualifications, background or credentials, the Staff Credentials Committee may return the application to the department with a request for more information or may use the

expertise of the department chair, department credentials committee, any member of the department, an outside consultant, or any other internal or external source for the information. The Staff Credentials Committee may invite the applicant to a meeting to address any concern or provide additional information.

- (3) If the Staff Credentials Committee is considering a recommendation to deny appointment or reappointment; deny, restrict or reduce clinical privileges; or deny a requested change in staff category, the chair of the committee shall notify the individual of the possible recommendation and invite the individual to meet prior to any final recommendation being made. At the meeting, the individual should be informed of the concern and the general nature of the information supporting the recommendation contemplated and asked to discuss, explain or refute it. This meeting is not a hearing, and none of the procedural rules for hearings will apply. The committee will indicate as part of its report that such a meeting occurred and summarize the meeting in its report.
- (4) After determining that an applicant is otherwise qualified for appointment and privileges, the Staff Credentials Committee will review the applicant's Delineation of Privileges form to determine if there is any question about the applicant's ability to perform the privileges requested and/or the responsibilities of appointment.
- (5) If the recommendation of the Staff Credentials Committee is delayed longer than 60 days, the Chair of the Staff Credentials Committee should inform the applicant, preferably in writing with a copy to the CPE, explaining the reasons for the delay.

3.A.7. Medical Executive Committee Procedure

- (1) The Medical Executive Committee will consider credentialing matters in an Executive Session.
- (2) After receipt of the written findings and recommendation of the Department/Section (as approved by the department chair) and those from the Staff Credentials Committee, the Medical Executive Committee will:

- a) Adopt the findings and recommendation of the Staff Credentials Committee or Department Chair, as its own; or
 - b) Refer the matter back to the Staff Credentials Committee or Department Chair for further consideration and responses to specific questions raised by the Medical Executive Committee prior to its final recommendation; or
 - c) Render its own recommendation, stating the reasons in its report and recommendation.
- (3) If the recommendation of the Medical Executive Committee is to appoint the applicant and/or grant clinical privileges, the recommendation will be forwarded to the Board through the CPE.
- (4) If the recommendation of the Medical Executive Committee is adverse to the applicant and would entitle the applicant to request a hearing, the Medical Executive Committee will forward its recommendation to the CPE, who will promptly send notice to the applicant. The CPE will then hold the application until after the applicant has completed or waived the procedural process outlined in Section 2 of Part III for Medical-Dental Staff members or the procedural process set forth in Section 3 of Part III of the Medical-Dental Staff Bylaws for APCs.

3.A.8. Board Action

- (1) For Medical-Dental Staff members and APCs, upon receipt of a recommendation that the applicant be granted appointment and/or clinical privileges, the Board may:
- a) Approve the applicant and grant clinical privileges or scope of practice as recommended; or

- b) Refer the matter back to the Medical Executive Committee or to another source inside or outside ChristianaCare for additional focused information; or
 - c) Deny the applicant, as applicable, Staff membership and/or clinical privileges; or
 - d) Deny the applicant some or all of the clinical privileges requested; or
 - e) Take any other action it deems advisable in its discretion (including, but not limited to, placing conditions on an applicant's Staff membership and/or clinical privileges).
- (2) Expedited Credentialing: The Board may delegate to a committee, consisting of at least two Board members, to take action on the clinical privileges requested if there has been a favorable recommendation from the Staff Credentials Committee and the Medical Executive Committee and there is no evidence of any of the following:
- (a) A current or previously successful challenge to any license or registration;
 - (b) An involuntary termination, limitation, reduction, denial, or loss of appointment or privileges at any other hospital or other entity; or
 - (c) An unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

Any decision reached by the Board Committee to grant the clinical privileges requested will be effective immediately and will be forwarded to the Board for ratification at its next meeting.

- (3) If the Board decides to reject a favorable recommendation from the Medical Executive Committee, it may, in its discretion, submit the matter to the Joint Conference group as outlined in Part I, Section 9 of these Bylaws.
- (4) Any final decision by the Board (whether to grant, deny, revise or revoke appointment and/or clinical privileges) shall be promptly communicated by the

CPE to the individual and other appropriate individuals and, as required, shall be reported to appropriate entities.

3.A.9. Time Periods for Processing

Most applications, once deemed complete, are expected to be processed within 120 days. This time period is intended to be a guideline only and will not create any right for the applicant to have the application processed within this precise time period. An applicant shall be informed of the status of his or her application upon request.

SECTION 4: CLINICAL PRIVILEGES

4.A. CLINICAL PRIVILEGES

4.A.1. Generally

- (1) Appointment, reappointment, or employment alone will not confer any clinical privileges or right to practice at ChristianaCare. Each individual is entitled to exercise only those clinical privileges specifically granted by the Board.
- (2) In order for a request for privileges to be processed, the applicant must satisfy any applicable criteria.
- (3) An applicant's request for clinical privileges will be reviewed by the department chair and, if applicable, the department credentials committee. The department's recommendation will be forwarded to the chair of the Staff Credentials Committee and the Medical Executive Committee and processed as a part of the application for staff appointment or reappointment or authorization to practice as an APC.
- (4) For Medical-Dental Staff members, as well as APCs, the clinical privileges recommended to the Board will be based upon consideration of the following:
 - a) Ability to perform the privileges requested competently and safely based on education, relevant training, experience, demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism;

- b) Utilization patterns;
 - c) Information resulting from ongoing and focused professional practice evaluation, performance improvement and other peer review activities, if applicable;
 - d) Availability of appropriate coverage arrangements with other members of the Medical-Dental Staff in the same specialty and with the privileges likely to be needed for those times when the covered provider will be unavailable;
 - e) Professional liability insurance coverage at the minimum limits determined by ChristianaCare;
 - f) ChristianaCare's available resources and personnel;
 - g) Any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;
 - h) Any information concerning professional review actions or voluntary or involuntary termination, limitation, reduction, or loss of appointment or clinical privileges at another hospital;
 - i) Provider-specific data as compared to aggregate data, when available;
 - j) Morbidity and mortality data, when available; and
 - k) Professional liability actions, especially any such actions that reflect a concerning pattern or number of actions.
- (5) The applicant has the burden of establishing qualifications and current competence for all clinical privileges requested.
- (6) During the term of appointment, an individual may request additional privileges by applying in writing. The request will state the specific additional clinical privileges requested and information sufficient to establish eligibility, as specified

in applicable criteria. If the individual is eligible and the application is complete, it will be processed in the same manner as an application for initial clinical privileges.

- (7) No provider may perform a procedure or service without appropriate privileges; providers who do so will be subject to corrective action.
- (8) A provider who wishes to obtain the privilege to perform a particular procedure or service must first request approval from the applicable department and/or section. If approval is recommended, the department and/or section shall coordinate the request and submit documentation of training, coursework or other evidence of qualification to the Medical-Dental Staff Office. Exercise of newly granted privileges will be under concurrent proctoring until such time as the department/section confirms the provider's competency.

4.A.2. Clinical Privileges for Dentists and Oral and Maxillofacial Surgeons

- (1) The scope and extent of surgical procedures that a dentist or an oral and maxillofacial surgeon may perform at ChristianaCare will be delineated and recommended in the same manner as other clinical privileges.
- (2) Surgical procedures performed by dentists or oral and maxillofacial surgeons will be under the overall supervision of the Chair of the Department of Oral and Maxillofacial Surgery & Dentistry.
- (3) Oral and maxillofacial surgeons who have been granted admitting privileges, may perform the required history and physical. Medical consultation should be obtained if deemed appropriate by the surgeon.
- (4) The dentist will be responsible for the dental care of the patient, including the dental history and dental physical examination, as well as all appropriate elements of the patient's record. Dentists and oral and maxillofacial surgeons may write orders within the scope of their licenses and consistent with the Medical-Dental Staff Bylaws, Rules and Regulations and this Part.

4.A.3. Clinical Privileges for Podiatrists

- (1) The scope and extent of surgical procedures that a podiatrist may perform at ChristianaCare will be delineated and recommended in the same manner as other clinical privileges.
- (2) Surgical procedures performed by podiatrists will be under the overall supervision of the Chair of the Department of Surgery.
- (3) Podiatrists are permitted to admit patients and provide care that is within their scope of practice and specifically related to podiatry. An attending physician of the Medical- Dental Staff with admitting privileges will be consulted at the time of admission (co- management) and will supervise required medical care.
- (4) A history and physical examination of the patient admitted for podiatric surgery will be completed by an attending physician in collaboration with the p podiatrist who will complete that portion of the history and physical that relates to podiatry.
- (5) Podiatrists may write orders which are within the scope of their licenses and consistent with the Medical-Dental Staff Bylaws, Rules and Regulations and this Part.

4.A.4. Clinical Privileges for Psychologists

- (1) The scope and extent of services that a psychologist may provide at ChristianaCare will be delineated and recommended in the same manner as for other clinical privileges.
- (2) Care provided by psychologists will be under the overall supervision of the chair of the Department of Psychiatry.

4.A.5. Telemedicine Privileges

- (1) Individuals applying for telemedicine privileges will meet the qualifications for Medical- Dental Staff appointment outlined in this Part, except for those requirements relating to geographic residency, coverage arrangements emergency

call responsibilities, and, as applicable, state Controlled Substance Registrations (CSRs) and Federal Drug Enforcement Administration Registration (DEA).

- (2) Individuals must also meet the requirements for the specific telemedicine privileges requested. (Subject to the approval of the Medical Executive Committee and the Board, each department will develop criteria for granting any privilege that may be appropriately performed via telemedicine.)
- (3) Telemedicine privileges granted in conjunction with a contractual agreement will be incident to and coterminous with the agreement.
- (4) Applications for telemedicine privileges from physicians providing telemedicine services to another facility on behalf of ChristianaCare will be processed in accordance with the provisions of this Part in the same manner as for any other applicant.
- (5) For telemedicine services provided to ChristianaCare through contract, the Medical-Dental Staff, in making recommendations on privileges for telemedicine physicians and APCs, may rely upon the credentialing and privileging decisions of the distant-site hospital or entity as long as the following requirements are met:
 - a) The distant-site telemedicine provider is a Medicare-participating hospital or a telemedicine entity that has a credentialing and privileging process that meets the standards of the Medicare Conditions of Participation (42 C.F.R § 482(a)(1) through (a)(7) and § 482.22 (a)(1) and (2));
 - b) The physician is privileged to provide the telemedicine services to the distant-site telemedicine provider as evidenced by a current list of the physician's privileges provided by the distant-site hospital;
 - c) The physician is qualified for membership on the Telemedicine Staff, including holding a state license.

ChristianaCare shall perform an internal review of the telemedicine physician's performance of his/her privileges and shall send such information to the telemedicine hospital or entity for use in the periodic appraisal of the telemedicine physician. This information shall include all adverse events that result from the telemedicine services provided by the physician to ChristianaCare patients and all complaints regarding the physician.

- (6) Telemedicine privileges, if granted, will be for a period of not more than two years.
- (7) Physicians who provide telemedicine services to another facility on behalf of ChristianaCare shall renew their privileges through the regular process. They must complete an application and, upon request, provide ChristianaCare with evidence of current clinical competence. This information may include, but is not limited to, a quality profile from the applicant's primary practice affiliation and evaluation form(s) from qualified supervisor(s).
- (8) For physicians providing telemedicine services to ChristianaCare under a contract between ChristianaCare and a distant site hospital or telemedicine entity meeting the requirements of subsection (6) above, the Medical-Dental Staff may also rely on the credentialing and privileging decisions of the distant-site hospital or entity with regard to its recommendations regarding the renewal of privileges.
- (9) All physicians granted telemedicine privileges will be subject to ChristianaCare's performance improvement, ongoing and focused professional practice evaluations and peer review activities.

4.B. CLINICAL PRIVILEGES FOR PHYSICIANS NOT ON THE MEDICAL-DENTAL STAFF

4.B.1. Physicians in Training

Generally, as participants in a training program, a physician will not be a member of the Medical-Dental Staff and will not be granted specific clinical privileges. The program director, clinical faculty, and/or attending staff member will be responsible for the direction and supervision of the on-site and/or day-to-day patient care activities of each

trainee, who will be permitted to perform only those clinical functions set out in curriculum requirements, affiliation agreements, and/or training protocols approved by the appropriate ChristianaCare committee. The applicable program director will be responsible for verifying and evaluating the qualifications of each physician in training. Nothing in this section prevents a Medical-Dental Staff member who enters a training program from remaining a member of the Medical-Dental Staff. Participants in training programs must apply for and be granted clinical privileges to moonlight outside of their training program.

4.B.2. Clinical Privileges for House Practitioners

- (1) House practitioners shall consist of those practitioners who provide patient care on a coverage basis on behalf of ChristianaCare or for certain departments or individual members of the Medical-Dental Staff. House practitioners shall not include members of the Medical-Dental Staff providing services pursuant to a coverage or contractual relationship and shall not include practitioners serving in their capacity as trainees in a residency or fellowship program.
- (2) House practitioners shall not be granted membership in the Medical-Dental Staff but shall be credentialed and awarded as appropriate those clinical privileges necessary to provide services to patients under their care pursuant to a coverage or contractual arrangement.
- (3) The training, experience and demonstrated competence of these house practitioners shall be sufficient to permit the performance of the following functions:
 - a) The exercise of judgment within their areas of competence; provided that a member of the Medical-Dental Staff shall have ultimate responsibility for the patient's care;
 - b) Direct participation in the management of patients admitted by a Member of the Medical-Dental Staff;

- c) The writing of orders and the recording of reports and progress notes on the medical records of patients, within the limits and in compliance with the requirements established by the Medical-Dental Staff and consistent with generally accepted standards of quality.
- (4) The clinical privileges of a house practitioner shall only be active when the practitioner is providing coverage services and shall be automatically and administratively terminated upon the termination of his/her contract or coverage arrangement.

4.B.3. Locum Tenens

- (1) Locum Tenens privileges may be granted under two situations:
 - a) The provider is needed to provide services, as a substitute, during a limited period of time (maximum period of 180 days)) during which a Medical-Dental Staff member or APC is absent or unable to provide some or all of the services he/she normally would provide; or
 - b) The service is provided under contract to perform services that are temporarily needed by ChristianaCare during a provider shortage.
- (2) Locum Tenens providers shall be credentialed and privileged as delineated in these Bylaws and Medical Dental Staff policies and must meet all eligibility requirements for, as applicable, Medical- Dental Staff membership or APC privileging. Locum Tenens physicians will not be appointed to the Medical-Dental Staff.

4.C. CORE PRIVILEGES

4.C.1. Application Process Requirements

- (1) Individuals requesting clinical privileges at ChristianaCare may need to apply for core privileges in their specialties as may be defined by each clinical department. The scope of core privileges for each clinical department shall be recommended by the department chair and must be approved by the Staff

Credentials Committee, Medical Executive Committee, and Board. Core privileges (and the eligibility criteria related to them) may be revised if recommended by the department chair and approved by the Staff Credentials Committee, Medical Executive Committee, and Board. Applicants must request inpatient and/or outpatient privileges and must exercise these privileges at a ChristianaCare facility or be employed by ChristianaCare.

4.C.2. Exercise of Core Privileges

Individuals who have been granted core privileges shall:

- (1) Provide emergency call coverage for patients requiring emergency care within the scope of their core privileges; and
- (2) Provide consultations for patients requiring consults within the scope of their core privileges.

4.C.3. Exemption from Core Privileges

- (1) Any individual who wishes to be exempt from a particular privilege within the core for a specialty must apply for an exemption in writing, documenting the good cause basis for the request.
- (2) After considering the recommendations from the relevant department chair and the Staff Credentials Committee, the Medical Executive Committee shall make a recommendation

in support of or against such exemption. The following factors may be considered by the Medical-Dental Staff leadership in their review of the request:

- a) ChristianaCare's mission and its obligation to serve the health care needs of the community by providing timely, quality health care on a local basis;
- b) Fairness to the individual requesting the exemption, including past service and the other demands placed upon the individual;

- c) Fairness to the other Medical-Dental Staff members who serve on the call roster in that specialty, including the effect that the removal would have upon them;
 - d) Any gaps in call coverage that might/would result from a Medical-Dental Staff member's removal from the call roster for the specific privilege;
 - e) The expectations of other members of the Medical-Dental Staff who are in different specialties but who routinely rely on the specialty in question for the care of the patients who present to the emergency department;
 - f) The perceived inequities in exemptions being available to some; and
 - g) How the request may affect ChristianaCare's ability to comply with applicable regulatory requirements, including the Emergency Medical Treatment and Active Labor Act.
- (3) If the Medical Executive Committee recommends against granting an exemption, the individual shall be entitled to appear before the Medical Executive Committee before the Medical Executive Committee makes a final recommendation to the Board.
- (4) If the Medical Executive Committee recommends in favor of granting the exemption, the recommendation shall be forwarded to the Board for its review and action.
- (5) The Board shall make a final decision on the exemption request based upon consideration of the factors set forth in 4.C.3(2) above. The Board's decision shall be reported by the CEO or designee to the member, the Medical Executive Committee, and the applicable department chair.
- (6) Individuals who have been granted an exemption from certain privileges within the core for their specialty are nevertheless required to participate in the

emergency call schedule and to provide consultations for the privileges that remain within their core.

- (7) No individual is entitled to an exemption. A denial of a request for exemption does not entitle a Medical- Dental Staff member to the procedural rights contained in Section 2 of this Part III.

4.C.4. Special Privileges Beyond the Core

Individuals who have requested and been granted special privileges in addition to the core privileges for their specialty shall be required to provide such services on an emergency and consultative basis, as may be requested.

4.D. SPECIAL PRIVILEGE SITUATIONS

4.D.1. Clinical Privileges for New Procedures

- (1) Requests for clinical privileges to perform either a new procedure not currently being performed at ChristianaCare or a new technique to perform an existing procedure ("new procedure") will not be processed until: (1) a determination has been made that the procedure will be offered by ChristianaCare and (2) criteria to be eligible to request and obtain those clinical privileges have been established.
- (2) The individual department requesting the new procedure will make a preliminary recommendation to the Staff Credentials Committee as to whether the new procedure should be offered to the community. Factors to be considered by the department include, but are not limited to, whether there is empirical evidence of improved patient outcomes and/or other clinical benefits to patients, whether the new procedure is being performed at other similar hospitals and the experiences of those institutions, and whether ChristianaCare has the resources, including space, equipment, personnel, and other support services, to safely and effectively perform the new procedure.
- (3) If it is recommended that the new procedure be offered, the department will investigate and consult with experts, including those on the Medical-Dental

Staff and those outside ChristianaCare, as necessary, to develop recommendations regarding (1) the minimum education, training, and experience necessary to perform the new procedure, and (2) the extent of monitoring and supervision that should occur if the privileges are granted. The department may also develop criteria and/or indications for when the new procedure is appropriate.

- (4) The Staff Credentials Committee will review the department's recommendations and report to the Medical Executive Committee and the CPE. The Medical Executive Committee will then submit its recommendations to the Board for decision.

4.D.2. Clinical Privileges That Cross Specialty Lines

- (1) When a provider requests clinical privileges that, at ChristianaCare, have been exercised only by individuals from another specialty/department, his/her request will not be processed until the steps outlined in this section have been completed and a determination has been made regarding the individual's eligibility to request the clinical privileges in question.
- (2) The department chair of the individual requesting the privilege will investigate and consult with experts, as necessary, including those on the Medical-Dental Staff (e.g., department chairs, individuals on the Medical-Dental Staff with special interest and/or expertise) and those outside ChristianaCare (e.g., other hospitals, residency training programs, specialty societies).
- (3) The department chair of the requesting individual may or may not recommend that practitioners from a new category be permitted to request the privileges at issue. If the chair recommends that the request be considered, the chair shall discuss the matter with the department chair where such privileges are generally placed and obtain his/her recommendations regarding:
 - a) The minimum education, training, and experience necessary to perform the clinical privileges in question;

- b) The clinical indications for when the procedure is appropriate;
 - c) The extent of monitoring and supervision that should occur (and the pertinent Department/Section having that responsibility) if privileges would be granted;
 - d) The manner in which the procedure would be reviewed as part of ChristianaCare's ongoing performance improvement activities (including an assessment of outcomes data for all relevant specialties); and
 - e) The impact, if any, on emergency call responsibilities.
- (4) If the department chairs cannot agree, the matter shall be submitted to an independent ad hoc committee appointed by the President of the Medical-Dental Staff. Otherwise, the department chairs will forward their recommendations to the Staff Credentials Committee, which will review the matter and forward its recommendations to the Medical Executive Committee and then to the Board for final action.

4.D.3. Privileges Related to Closed Staff

- (1) From time to time, ChristianaCare may close a portion of its staff and enter into contracts or employment arrangements with physicians and/or groups of physicians for the performance of clinical and/or administrative services at ChristianaCare. All licensed independent practitioners functioning pursuant to such contracts will obtain and maintain Medical-Dental Staff appointment and/or clinical privileges at ChristianaCare, in accordance with the terms of this Part.
- (2) To the extent that any such contract or arrangement confers the exclusive right to perform specified services at ChristianaCare on the other party to the contract, no other person may exercise clinical privileges to perform the specified services while the contract or arrangement is in effect.
- (3) If any such exclusive contract would have the effect of preventing an existing Medical-Dental Staff member from exercising clinical privileges that had previously been granted, the affected member will be given notice of the possibility of a closed staff and have the

right to meet with the Board or a committee designated by the Board to discuss the matter prior to the decision. At the meeting, the affected member will be entitled to present any information relevant to the decision to close the staff. The individual will not be entitled to any other procedural rights with respect to the decision or the effect of the decision on his or her clinical privileges, notwithstanding any other provision of this Part. The inability of a physician to exercise clinical privileges because of an exclusive contract or employment arrangement is not a matter that requires a report to a state licensure board or to the National Practitioner Data Bank.

- (4) In the event of any conflict between Part I, II, II, or IV of these Bylaws and the terms of a ChristianaCare exclusive contract, the terms of the exclusive contract will control.
- (5) Should a Medical-Dental Staff member practicing pursuant to an exclusive employment arrangement or exclusive contract, cease to be employed by ChristianaCare or the exclusive contractor group, respectively, the member's Medical-Dental Staff membership and clinical privileges will automatically terminate and the member shall not be entitled to a hearing or other procedural rights. If qualified, the member may thereafter apply for privileges in any other department.

4.E. TEMPORARY CLINICAL PRIVILEGES

4.E.1. Eligibility to Request Temporary Clinical Privileges

- (1) When recommended by the President of the Medical-Dental Staff or the pertinent department chair, temporary clinical privileges may be granted by the CEO or his/her designee, the CPE, but only for a period that is no longer than 120 days and only in the following limited circumstances:
 - a) While the applicant is awaiting completion of the credentialing process; or
 - b) When there is an important patient care, treatment or service need (including the need for external proctors). In this case, current licensure and competence will be verified prior to granting temporary privileges.

- (2) Temporary privileges for applicants for new privileges will be granted when the application is completed, including verification of current licensure, relevant training or experience, current competence, ability to exercise the privileges requested, required amount of professional liability coverage; compliance with privileges criteria; and consideration of information from the Data Bank and from a criminal background check. In order to be eligible for temporary privileges, an individual must demonstrate that there are no issues pertaining to his or her application, including but not limited to current or previously successful challenges to his or her licensure or registration and that he/she has not been subject to involuntary termination of Medical-Dental Staff membership, or involuntary limitation, reduction, denial, or loss of clinical privileges, at another health care facility.

4.E.2. Supervision Requirements

In exercising temporary privileges, the individual will act under the supervision of the department chair or his/her designee. Special requirements of supervision and reporting may be imposed on any individual granted temporary clinical privileges.

4.E.3. Termination of Temporary Clinical Privileges:

- (1) The granting of temporary privileges is a courtesy and may be immediately terminated by the CPE or Department Chair for any reason.
- (2) Neither the denial nor termination of temporary privileges will entitle the individual to a hearing or appeal.

4.F. EMERGENCY SITUATIONS

4.F.1. Emergency Situations

- (1) For the purpose of this section, an "emergency" is defined as a condition which could result in serious or permanent harm to a patient(s) and in which any delay in administering treatment might add to that harm.

- (2) In an emergency situation, a member of the Medical-Dental Staff may administer treatment to the extent permitted by his or her license, regardless of department status or specific grant of clinical privileges.
- (3) When the emergency situation no longer exists, the patient will be assigned by the department chair or CPE to a member with appropriate clinical privileges, after giving due consideration to the wishes of the patient.

4.F.2. Disaster Privileges

- (1) When the disaster plan has been implemented and the immediate needs of patients in the facility cannot be met, the CPE or the President of the Medical-Dental Staff may use a modified credentialing process to grant disaster privileges to eligible volunteer licensed independent practitioners ("volunteers"). Safeguards must be in place to verify that volunteers are competent to provide safe and adequate care.
- (2) Disaster privileges are granted on a case-by-case basis after verification of identity and licensure.
 - a) A volunteer's identity may be verified through valid government-issued photo identification (i.e., driver's license or passport).
 - b) A volunteer's license may be verified in any of the following ways: (i) current picture ID card from a health care organization that clearly identifies the individual's professional designation; (ii) current license to practice; (iii) primary source verification of the license; (iv) identification indicating that the individual has been granted authority to render patient care in disaster circumstances or is a member of a Disaster Medical Assistance Team, the Medical Reserve Corps, the Emergency System for Advance Registration of Volunteer Health Professionals, or other recognized state or federal organizations or groups; or (v) identification by a current ChristianaCare employee or Medical-Dental Staff member who

possesses personal knowledge of the volunteer's ability to act as a licensed independent practitioner during a disaster.

- (3) Primary source verification of a volunteer's license will begin as soon as the immediate situation is under control or within 72 hours from the time the volunteer presents him or herself to the hospital, whichever comes first..
- (4) In extraordinary circumstances when primary source verification cannot be completed within 72 hours, it should be completed as soon as possible. In these situations, there must be documentation of the following:
 - a) The reason primary source verification could not be performed in the required time frame;
 - b) Evidence of the volunteer's demonstrated ability to continue to provide adequate care; and
 - c) An attempt to obtain primary source verification as soon as possible. If a volunteer has not provided care, then primary source verification is not required.
- (5) The Medical-Dental Staff will oversee the care provided by volunteers. This oversight will be conducted through direct observation, mentoring, clinical record review, or other appropriate mechanism developed by the Medical-Dental Staff and ChristianaCare.

4.G. FOCUSED PROFESSIONAL PRACTICE EVALUATION.

4.G.1. Focused Professional Practice Evaluation

- (1) Initial appointments to the Medical-Dental Staff and initial awards of clinical privileges shall be subject to focused professional practice evaluation. FPPE allows for focused evaluation of a specific aspect of a provider's performance. This process is time- or volume-limited and evaluates a provider's competency in a specific privilege. FPPE may consist of more than one type of proctoring.

Advanced Practice Clinicians who hold administrative positions and provide no clinical care are exempted from the FPPE requirement.

- (2) The department chair shall make a recommendation to the Staff Credentials Committee, which shall determine the number and type of cases each provider reasonably needs to have reviewed to determine the clinical competence of the individual.
- (3) During the FPPE period, a provider must arrange for, or cooperate in arranging for, the required numbers and types of cases to be reviewed by the department chair, department credentials committee, or a designee.
- (4) Generally, unless otherwise approved by the Department Chair, the FPPE process will be completed within a period of six months.

4.G.2. Failure to Complete FPPE

- (1) Practitioners who do not complete the initial FPPE requirements prior to the end of their initial appointment term and who, in the opinion of the pertinent chair have had insufficient activity for a recredentialing review, shall be given the option to either be administratively reassigned to the Ambulatory Staff or request a shortened reappointment term conditioned upon completion of an FPPE.
- (2) A provider shall automatically relinquish his or her appointment and privileges, or specific clinical privileges, at the end of the extension of the FPPE period if that provider fails to:
 - a) Participate in the required number of cases as defined by Departmental Rules or the department chair or section chief;
 - b) Cooperate with the monitoring and review conditions; or
 - c) Fulfill all requirements of appointment or clinical privileges, including but not limited to those relating to completion of medical records and/or emergency call responsibilities.

- (3) When, based on FPPE, clinical privileges are terminated, revoked, or restricted for reasons related to clinical competence or professional conduct, the individual shall be entitled to procedural rights. If the individual is deemed to have automatically relinquished his or her privileges, the individual shall not be entitled to procedural rights.

4.H. LEAVE OF ABSENCE

4.H.1. Initiation of Leave

- (1) A leave of absence permits a provider to take a temporary hiatus from clinical practice at ChristianaCare. During the leave of absence, the individual may not exercise any clinical privileges at ChristianaCare. In addition, the individual shall be excused from all Medical-Dental Staff responsibilities (e.g., meeting attendance, committee service, emergency call obligations).
 - a) A provider may request a leave by submitting a written request to the provider's department chair or the CPE. The request shall include the reason, and the beginning and expected ending dates of the leave, which shall not exceed one year. A leave of absence to permit a provider to fulfill military service will be granted upon written request. Except for military leaves, a leave of absence is a matter of courtesy, not a right. In the event a voluntary leave is not granted, the determination will be final, with no recourse to a hearing or appeal.
 - b) The CPE in consultation with the President of the Medical-Dental Staff may institute an administrative leave of absence under the following circumstances:
 - (i) When required by the Clinician Fitness to Practice or other applicable Medical-Dental Staff policy; or,
 - (ii) When a member of the Medical-Dental Staff is away from Medical-Dental Staff and/or patient care responsibilities for a period likely to last longer than 30 days.

- (2) Any provider requesting or being placed on a leave of absence shall complete all medical records if possible prior to the initiation of the leave.
- (3) The CPE will report the granting of a leave to the Department, Staff Credentials Committee, Medical Executive Committee and the Board.

4.H.2. Reinstatement

- (1) Individuals requesting reinstatement will submit to the CPE and Medical-Dental Staff Office a written summary of their professional activities during the leave, and any other information that may be requested by ChristianaCare.
- (2) Requests for reinstatement will then be reviewed by the relevant department chair, the Chair of the Staff Credentials Committee, the President of the Medical-Dental Staff, and the CPE. If all these individuals recommend reinstatement, the Medical-Dental Staff member may immediately resume clinical practice at ChristianaCare. This recommendation will then be forwarded to the Staff Credentials Committee, the Medical Executive Committee and the Board for ratification.
- (3) If, however, any of the individuals reviewing the request have any questions or concerns, those concerns shall be noted and referred to the department to conduct a full review and recommend whether reinstatement should be granted. The department's recommendations shall be transmitted to the Staff Credentials Committee, Medical Executive Committee, and then the Board. If the Medical-Dental Staff or Board denies a request for reinstatement, the member will be entitled to request a hearing and appeal.
- (4) A provider returning from a leave of absence to fulfill military service will be immediately reinstated upon showing that the leave has been shorter than six months or that he or she has engaged in clinical activity during the leave.
- (5) If the leave of absence was requested for mental or physical health reasons, the request for reinstatement must be accompanied by a report from the individual's provider indicating that the individual is fit for duty and can safely exercise

the clinical privileges requested with or without reasonable accommodation. If any of the individuals reviewing the request have any questions or concerns, those concerns will be documented and managed as outlined in the Clinician Fitness to Practice Policy and other Medical-Dental Staff policies.

- (6) A Medical-Dental Staff member's membership and clinical privileges will be automatically relinquished at the end of a leave unless the individual applies for reinstatement or an extension of the leave. Extension of a leave of absence beyond one year will be considered only in extraordinary cases where the extension of a leave is in the best interest of ChristianaCare.
- (7) If an individual's current appointment is due to expire during the leave, the individual must apply for reappointment and clinical privileges or they will be automatically relinquished at the end of the appointment period.

SECTION 5: RECREDENTIALING/RENEWAL OF CLINICAL PRIVILEGES

5.A. RENEWAL

Renewal of Medical-Dental Staff appointment and/or clinical privileges shall be for a determined period not to exceed two years. All terms, conditions, requirements, and procedures relating to initial appointment will apply to continued appointment, reappointment, and ongoing and renewal of clinical privileges.

5.A.1. Submission of Application

- (1) The granting of appointment, renewal of appointment, and/or clinical privileges is a courtesy and should be considered neither routine nor automatic. A request to renew any of these credentials will be considered only upon submission of a completed renewal application.
- (2) At least three months prior to the date of expiration of the appointment, reappointment, and/or clinical privileges, the Medical-Dental Staff Office will notify the individual of the date of expiration and provide the individual with access to the renewal application.

- (3) Failure to complete the renewal application at least 30 days prior to the expiration of the individual's appointment and/or clinical privileges will result in automatic expiration of appointment and clinical privileges at the end of the then current term.
- (4) Once an application for renewal of clinical privileges has been completed and submitted to the Medical-Dental Staff Office, it will be evaluated following the same procedures outlined in this Part regarding initial applications.

5.A.2. Factors for Evaluation of Renewal of Appointment and/or Clinical Privileges

- (1) In considering a Medical-Dental Staff member's application for reappointment, the factors listed in Part II, Section 2.A.3 of these Bylaws will be considered as well as the following factors:
 - a) Compliance with the Bylaws, governance documents, and ChristianaCare policies;
 - b) Completion of all medical records and response to any billing inquiries;
 - c) Completion of all continuing medical education requirements;
 - d) Satisfaction of all Medical-Dental Staff responsibilities, including payment of dues, fines, and assessments;
 - e) Continuing satisfaction of the applicable qualifications and criteria for appointment and/or the clinical privileges requested;
 - f) Reverification from primary sources of licensure, board certification and the National Practitioner Data Bank;
 - g) As applicable, maintenance of sufficient patient contacts to enable the chair to assess current clinical judgment and competence for the privileges requested. Peer recommendations are obtained from a provider in the same professional discipline as the applicant with personal knowledge of the applicants ability to

practice when insufficient data are available before the application will be considered complete and processed further; additionally undergo a period of FPPE to determine ongoing competency;

- h) Participation in Medical-Dental Staff duties, including committee assignments and emergency call;
 - i) The results of ChristianaCare's performance improvement, ongoing professional practice evaluations, and other peer review activities, taking into consideration practitioner-specific information compared to aggregate information concerning other individuals in the same or similar specialty (provided, that other practitioners will not be identified);
 - j) Demonstration of appropriate communication with health team members especially with regard to hand-offs;
 - k) The findings of any focused professional practice evaluations;
 - l) Complaints and compliments received from patients and/or staff; and
 - m) Other reasonable indicators of continuing qualifications.
- (2) In considering an APC's application for renewal of clinical privileges, the above factors will be considered as well as an assessment prepared by the Supervising or Collaborating Physician.

5.A.3. Processing Renewal Applications

- (1) Renewal applications will be reviewed by Medical-Dental Staff Office to determine that all questions have been answered and that the individual satisfies all criteria for reappointment and/or for the clinical privileges requested.
- (2) Medical-Dental Staff Office will oversee the process of gathering and verifying relevant information. Medical-Dental Staff Office will also be responsible for confirming that all relevant information has been received. To obtain complete

- information concerning a practitioner's satisfaction of the criteria for reappointment and/or clinical privileges, hospital and Medical-Dental Staff leaders may obtain references or evaluations from individuals who are familiar with the practitioner's work (other physicians, nurse managers, members of management, etc.).
- (3) Medical-Dental Staff Office will forward the application to the relevant department chair/section chief and the renewal application will be processed in a manner consistent with applications for initial appointment and/or clinical privileges. For department chairs, the CPE shall perform this review. The department chair will submit his/her recommendation for reappointment and/or clinical privileges to the Staff Credentials Committee, which will then submit its recommendation to the Medical Executive Committee and, which will then submit its recommendation to the Board for decision.
 - (4) If the Staff Credentials Committee considers a recommendation to deny renewal, change the physician's staff category, or reduce clinical privileges, the chair of the Staff Credentials Committee shall notify the individual of the possible recommendation and invite the individual to meet prior to any final recommendation being submitted to the Medical Executive Committee. At the meeting, the individual should be informed of the recommendation and the general nature of the information supporting it and given an opportunity to respond. This meeting is not a hearing, and none of the procedural rules for hearings will apply. All reappointments and clinical privileges must be approved by the Board.

5.A.4. Conditional Reappointments

- (1) Recommendations for reappointment and renewed privileges may be contingent upon an individual's compliance with certain specific conditions. These conditions may relate to behavior (e.g., code of conduct), credentials (e.g., board certification, completion of CME requirements) or to clinical issues (e.g., general consultation requirements, proctoring). Unless the conditions involve the matters set forth in Section 2.A.1(1) of Part III, the imposition of such conditions does not entitle an individual to request the procedural rights set forth in Section 2 and 3 of Part III.

- (2) In addition, at any stage of peer review, renewal of appointment and/or clinical privileges may be recommended/granted for periods of less than two years in order to permit closer monitoring of an individual's conduct, practice or compliance with any conditions that may be imposed. A recommendation for a period of less than two years does not alone entitle an individual to the procedural rights set forth in Section 2 and 3.

5.A.5. Time Periods for Processing

Once a renewal application is deemed complete, it is expected to be processed within 120 days, unless it becomes incomplete. This time period is intended to be a guideline only and will not create any right for the applicant to have the application processed within this precise time period.

SECTION 6: EMPLOYEES

The employment of a physician or credentialed healthcare provider by ChristianaCare will be governed by ChristianaCare's employment policies and manuals and the terms of the individual's employment relationship and/or written contract. To the extent that ChristianaCare's employment policies or manuals, or the terms of any applicable employment contract, conflict with this Part, the employment policies, manuals and descriptions, and terms of the individual's employment relationship and/or written contract will apply.

If employment is terminated for cause, the individual's Medical-Dental Staff membership, clinical privileges and/or scope of practice will automatically expire without any procedural rights set forth in this Part.

ChristianaCare

Medical-Dental Staff Bylaws

Part III: INVESTIGATIONS, CORRECTIVE ACTIONS, HEARING AND APPEAL PLAN

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SECTION 1: REMEDIAL, CORRECTIVE, OR PEER REVIEW ACTION

1.A. PEER REVIEW ACTION

- (1) Whenever a provider with clinical privileges shall engage in, make or exhibit acts, statements, demeanor, or professional conduct, either within or outside of the ChristianaCare, and the same is, or is reasonably likely to be detrimental to patient safety or the delivery of quality patient care or undermine the operations of ChristianaCare or violate the Code of Conduct detailed in Part I, Section I of these Bylaws, officer of the staff, the CEO or his/her designee, the CPE, the department chair, or the officer of the Board may initiate a peer review action against the practitioner.
- (2) Peer review actions may be taken to address concerns relating to a provider – whether clinical, administrative or behavioral -- pursuant to the progressive procedures set forth in Medical-Dental Staff governance documents.
- (3) In situations where a department chair has reasonable cause to believe that a practitioner's issues pertain to a physical health, mental health or addiction issue, he/she shall refer the matter for evaluation and, if necessary, resolution pursuant to the Clinician Fitness to Practice Policy and other applicable Medical-Dental Staff policies.
- (4) Progressive steps by Medical-Dental Staff leaders and ChristianaCare management are encouraged, beginning with remedial action including coaching and other collegial and educational efforts, to address issues or questions relating to an individual's clinical practice and/or professional conduct. The goal of these efforts is to arrive at responsive actions by the individual to resolve issues or concerns that have been raised.
- (5) When a provider's conduct, activities or issues cannot be expeditiously resolved through application of the Medical-Dental Staff governance documents or when they could result in imminent danger to the health or safety of any individual, or may seriously interfere with the orderly operation of Christiana Care, the matter

may be handled through corrective/remedial action or automatic administrative action as set forth in Part III of these Bylaws.

1.B. PROCESS FOR CORRECTIVE/REMEDIAL ACTION

1.B.1 Department Review and Recommendations

The Department – through its Department Chair and/or the designated departmental committee – shall report in writing the grounds suggesting the need for corrective/remedial action. This report shall be supported by reference to the specific clinical activities or unprofessional conduct investigated through the Department and Peer Review Processes and shall detail the findings of those processes, the prior peer review actions to date, and recommend specific corrective/remedial action.

1.B.2 Staff Credentials Committee Review and Recommendations

The Department Chair's report shall be submitted to and considered by the Staff Credentials Committee. The Staff Credentials Committee may perform its own investigation of the matter or remand the matter to the department for further review or for further information. The Staff Credentials Committee may meet with the provider to discuss the matter. If the recommended corrective action could result in the restriction or termination of Medical-Dental Staff appointment and/or clinical privileges, the Staff Credentials Committee shall provide the provider with an opportunity to meet to discuss the recommendation. If the Staff Credentials Committee concurs that corrective/disciplinary action is warranted, it will submit its recommendation to the Medical Executive Committee for further action. The Chair of the Staff Credentials Committee shall inform the CPE and the provider of its recommendations.

1.B.3 Medical Executive Committee Review

- (1) The Medical Executive Committee will consider peer review matters in an Executive Session.

- (2) The Medical Executive Committee may accept, modify, or reject any recommendation it receives from the Staff Credentials Committee.
- (A) Specifically, the Medical Executive Committee may take the following actions:
- i. Determine that no action is justified;
 - ii. Issue a letter of guidance, counsel, warning, or reprimand;
 - iii. impose a requirement for monitoring or consultation;
 - iv. require additional training or education;
 - v. Any other action not affecting Medical-Dental Staff membership or the exercise of clinical privileges.
- (B) The Medical Executive Committee may recommend to the Board any other action affecting a practitioner's clinical privileges, including:
- i. Reduction or restriction of clinical privileges;
 - ii. Suspension of clinical privileges for a specified period of time;
 - iii. Revocation of appointment and/or clinical privileges; or
 - iv. Any other action that it deems necessary or appropriate.
- (3) A recommendation by the Medical Executive Committee (either an initial recommendation or a subsequent modification) that would entitle the individual to request a hearing will be forwarded to the CPE, and handled in accordance with Section II of this Part. The CPE will not forward the recommendation to the Board until after the individual has completed a hearing and/or appeal or waived the hearing.

- (4) If the Medical Executive Committee makes a recommendation that does not entitle the individual to request a hearing, the recommendation will be submitted to the Board.
- (5) If the Medical Executive Committee's recommendation is subsequently modified by the Board and this modified action is one of the grounds for a hearing in Section 2.A.1, the CPE will offer the provider a hearing by notice.

1.C IMMEDIATE CORRECTIVE ACTION (SUMMARY SUSPENSION OR RESTRICTION OF CLINICAL PRIVILEGES)

1.C.1 Grounds for Summary Suspension or Restriction

- (1) When, in their sole discretion, failure to take such action may result in imminent danger to the health and/or safety of any individual or may seriously interfere with the orderly operation of Christiana Care, the President of the Medical-Dental Staff, the chair of a department, the Board Chair, the CPE, the CEO, or the Medical Executive Committee will each have the authority to impose a precautionary summary suspension of all or a restriction of any portion of an individual's clinical privileges. In the alternative, the pertinent individual may afford the subject provider an opportunity to voluntarily refrain from exercising privileges pending an investigation.
- (2) A summary suspension or restriction can be imposed at any time including, but not limited to, immediately after the occurrence of an event that causes concern or following a pattern of occurrences that raises concern.
- (3) The summary suspension or restriction should remain in effect for the shortest reasonable time but will remain in effect until it is modified by the CPE or Medical Executive Committee.
- (4) The summary suspension or restriction of privileges shall be effective immediately and will be subject to review as set out in this Part. The individual/committee imposing the summary suspension or restriction shall immediately inform the

subject provider and the CPE. The CPE will then inform the CEO, the President of the Medical-Dental Staff and the pertinent department chair of the summary suspension or restriction and the grounds for its imposition.

- (5) Within five (5) days of the summary suspension/restriction, the subject provider shall be provided a brief written description of the reason(s) for the summary suspension, including the names and medical record numbers of the patient(s) involved (if any), and the process for investigation or further review.

1.C.2 Review Procedure

- (1) The Medical Executive Committee, in Executive Session, will review the matter resulting in a summary suspension or restriction within ten (10) days. As part of this review, the individual shall be given an opportunity to meet with the Medical Executive Committee.
- (2) After considering the matters resulting in the summary suspension or restriction and the individual's response, if any, the Medical Executive Committee will determine whether there is sufficient information to warrant a final recommendation, or whether it is necessary to commence an investigation. The Medical Executive Committee will also determine whether the summary suspension or restriction should be continued, modified, or terminated pending the completion of the investigation (and hearing, if applicable).
- (3) There is no right to a hearing based on the imposition of a summary suspension or restriction alone if that corrective action does not last longer than fourteen (14) days.

1.C.3 Care of Patients

- (1) Immediately upon the imposition of a summary suspension or restriction of a physician, the President of the Medical-Dental Staff will assign to another individual with appropriate clinical privileges responsibility for care of the suspended individual's hospitalized patients, and/or to aid in implementing the

summary restriction, as appropriate. The assignment will be effective until the patients are discharged. The wishes of the suspended physician and the patient will be considered if possible in the selection of a covering physician. All patients and procedures scheduled in ChristianaCare outpatient sites or medical offices shall be rescheduled if possible. The subject provider must arrange for the substitute care of patients who cannot be rescheduled.

- (2) All members of the Medical-Dental Staff, including the subject practitioner, have a duty to cooperate with the President of the Medical-Dental Staff, the department chair, the Peer Review Committee, the Medical Executive Committee, and the CPE in enforcing summary suspensions or restrictions.

1.D AUTOMATIC, ADMINISTRATIVE ACTION

Any action taken by any licensing board, professional liability insurance company, court or government agency regarding any of the matters set forth below or failure to satisfy any of the membership criteria set forth in Part II must be promptly reported to the Medical-Dental Staff Office.

1.D.1 Administrative Termination

An individual's appointment and clinical privileges will be automatically, administratively terminated if any of the following occur:

- (1) Licensure: Revocation, expiration, suspension, or the placement of conditions or restrictions on an individual's license.
- (2) Controlled Substance Authorization: Revocation, expiration, suspension or the placement of conditions or restrictions on an individual's DEA or state-controlled substance authorization.
- (3) Insurance Coverage: Termination or lapse of an individual's professional liability insurance coverage or other action causing the coverage to fall below the minimum required by ChristianaCare or cease to be in effect, in whole or in part.

- (4) Action by Governmental Agency or Insurer. Debarment, termination, exclusion, or preclusion by government action from participation in the Medicare/Medicaid or other federal or state health care programs; or an action or investigation of an individual by any insurer related to insurance fraud or other insurance misconduct.
- (5) Criminal Activity: Conviction or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving professional practice, controlled substances, illegal drugs, insurance or healthcare fraud (including Medicare, Medicaid, other federal or state governmental, or private third-party payer programs), sexual misconduct, violent or abusive acts against another, or other crimes of moral turpitude.

1.D.2 Administrative Suspension

An individual's appointment and clinical privileges will be automatically, administratively suspended if any of the following occur:

- (1) Failure to Complete Medical Records: Failure to complete medical records will result in automatic administrative suspension of all clinical privileges, after receipt by the CPE of notification from the Health Information Management Services (“HIMS”) Department of the delinquency. Administrative suspension will continue until all delinquent records are completed and reinstatement accomplished in accordance with applicable Medical-Dental Staff policies. Failure to complete the medical records that caused administrative suspension within the time required by applicable Medical-Dental Staff policies, Rules and Regulations, and HIMS policy will result in an administrative termination of membership and clinical privileges, which will take effect immediately upon notice to the subject practitioner.
- (2) Failure to Complete Required Immunizations: Failure to complete the requirements as defined in Medical-Dental Staff Policies, including without limitation Immunity, Vaccination, and Tuberculosis Evaluation Requirements may result in administrative suspension of clinical privileges. Failure to receive required immunizations that resulted in the administrative suspension within the timeframe required will result in

administrative termination of membership and clinical privileges, which will take effect immediately upon notice to the subject provider.

- (3) Failure to Provide Requested or Required Information: Failure to provide information pertaining to an individual's qualifications for appointment or clinical privileges, in response to a written request from the department chair, Staff Credentials Committee, the Medical Executive Committee, the CPE, or any other committee or individual authorized to request such information, will result in automatic administrative suspension of all clinical privileges until the information is provided. Failure to respond within 30 days shall result in administrative termination of membership and clinical privileges.
- (4) Failure to Pay Dues. Failure to pay Medical-Dental Staff dues within 60 days after notification that the funds are due will result in automatic suspension. Failure to respond within 120 days of notification will result in administrative termination of membership and clinical privileges.
- (5) Failure to Satisfy Membership Criteria. Failure to satisfy any of (i) the membership criteria for medical staff membership or privileges as set forth in these Bylaws or (ii) any Medical-Dental Staff policy or procedure will result in automatic administrative suspension of all clinical privileges unless the criteria has been waived in accordance with Part II, Section 2 of these Bylaws.
- (6) Fraudulent Research Activity. Failure to comply with state and federal regulatory requirements and/or ChristianaCare policies and procedures for clinical research as well as other research misconduct.
- (7) Failure to Attend a Special Conference: Whenever there is a concern regarding clinical practice or professional conduct involving any individual, the department chair, department peer review committee, the President of the Medical-Dental Staff or CPE may require the individual to attend a special conference with the Department Chair, Medical-Dental Staff leaders and/or with a standing or ad hoc committee of the Medical- Dental Staff.

- (a) The notice to the individual regarding this conference will be given at least three days prior to the conference and will inform the individual that attendance at the conference is mandatory.
- (b) Failure of the individual to attend the conference will be reported to the Medical Executive Committee. Unless excused by the Medical Executive Committee upon a showing of good cause, such failure will result in automatic suspension of all or such portion of the individual's clinical privileges as the Medical Executive Committee may direct. Such suspension will remain in effect until the matter is resolved.

SECTION 2: HEARING AND APPEAL PROCEDURES FOR MEMBERS OF THE MEDICAL-DENTAL STAFF

2.A INITIATION OF HEARING

2.A.1. Grounds for Hearing:

- (1) A member is entitled to request a hearing whenever the Medical Executive Committee makes one of the following recommendations for reasons based on competence or professional conduct:
 - a) Denial of Medical Staff Membership, renewed Medical Staff Membership, or requested clinical privileges ;
 - b) Revocation of Medical Staff Membership or clinical privileges;
 - c) Suspension of clinical privileges for more than fourteen (14) days;
 - d) Restriction of clinical privileges for more than fourteen (14) days that is the result of a professional review action based on the clinical competence or professional conduct that leads to the inability of a member to exercise his or her own independent judgment in a professional setting (e.g., Mandatory concurring consultation requirement or certain proctoring requirements); or
 - e) Denial of reinstatement from a leave of absence if the reasons relate to professional competence or conduct.
- (2) No other recommendations or actions will entitle the member to a hearing.

- (3) If the Board makes any of the recommendations listed in Part III, Section 2.A.1(1) of these Bylaws without a prior adverse recommendation by the Medical Executive Committee, a member shall also be entitled to request a hearing. For ease of use, this Section refers to adverse recommendations of the Medical Executive Committee. When a hearing is triggered by an adverse proposed action of the Board, any reference in this Section to "the Medical Executive Committee" will be interpreted as a reference to the "Board."

2.A.2. Actions Not Grounds for Hearing

None of the following actions will constitute grounds for a hearing, and they will take effect without hearing or appeal; provided, however, that the member will be entitled to submit a written explanation to be placed into his or her file:

- (1) Issuance of a letter of guidance, counsel, warning, or reprimand;
- (2) Imposition of conditions, monitoring, or a general consultation requirement that does not satisfy the requirements of Part III, Section 2.A.1(1)(d) of these Bylaws above;
- (3) Denial or termination of temporary privileges;
- (4) Automatic relinquishment of Membership or Clinical Privileges;
- (5) Imposition of a requirement for additional training or continuing education;
- (6) Summary suspension of less than 14 days in duration;
- (7) Denial of a request for leave of absence, for an extension of a leave or for reinstatement from a leave if the reasons do not relate to professional competence or conduct;
- (8) Determination that an Application is incomplete or will not be processed due to a misstatement or omission;
- (9) Determination of ineligibility based on a failure to meet threshold eligibility criteria, a lack of need or resources, or because of a closed staff (employment arrangement or exclusive contract);
- (10) Changes to Medical Staff Membership prerogatives (e.g., voting rights, eligibility for committee membership); or

- (11) Imposition of performance improvement plans, intervention meetings, or other collegial interventions described in Part III, Section 1 of these Bylaws.

2.A.3. Notice of Recommendation

The CPE shall promptly give notice of a recommendation that entitles a member to request a hearing. This notice will contain:

- (1) A statement of the recommendation or action and the general reasons for it;
- (2) A statement that the member has the right to request a hearing on the recommendation within 30 days of receipt of this notice; and
- (3) A copy of Part III of these Bylaws.

2.A.4. Request for Hearing

A member has 30 days following receipt of the notice to request a hearing. The request must be made in writing to the CPE and include the name, address, and telephone number of the practitioner's legal counsel, if any. Failure to request a hearing will constitute waiver of the right to a hearing, and the recommendation will be transmitted to the Board for final action. Note that a practitioner's failure to request a hearing on any summary suspension recommendation does not constitute waiver on any final recommendation otherwise entitling the member the opportunity to request a hearing.

2.A.5. Notice of Hearing and Statement of Reasons

- (1) If a member requests a hearing on a timely basis under Part III, Section 2.A.4 of these Bylaws, the CPE will schedule the hearing and provide, by notice, the following:
 - a) The time, place, and date of the hearing;
 - b) A proposed list of witnesses (if any) who will give testimony at the hearing;
 - c) The names of the Hearing Panel members and Hearing Officer, if known; and
 - d) A statement of the specific reasons for the recommendation, including a list of patient records (if applicable), and information supporting the recommendation.
This statement may be revised or amended at any time, even during the hearing,

so long as the additional material is relevant to the recommendation or the member's qualifications and the member has had an opportunity, to review and respond with the additional information.

- (2) If any of the above information is not available at the time of the notice, it shall be provided to the member as soon as practicable thereafter.
- (3) The hearing will begin as soon as practicable, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to in writing by the parties.

2.A.6. Hearing Officer and Panel

- (1) The CPE, after consulting with the President of the Medical-Dental Staff, will appoint a Hearing Officer and/or Hearing Panel.
- (2) The Hearing Officer will serve as a presiding officer over the hearing to make decisions on all matters of procedure and the admissibility of evidence.
 - a) The Hearing Officer may be an attorney, retired judge, or mediator. The Hearing Officer may not be currently representing clients in direct competition with the member requesting the hearing or have any other bias, prejudice, or conflict of interest that would prevent the Hearing Officer from fairly and impartially from considering the matter.
 - b) The Hearing Officer will:
 - i. Schedule and conduct a pre-hearing conference;
 - ii. Allow the participants in the hearing to have a reasonable opportunity to be heard and to present evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination;
 - iii. Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant or abusive or that causes undue delay;
 - iv. Maintain decorum throughout the hearing;
 - v. Determine the order of procedure; and
 - vi. Rule on all matters of procedure and the admissibility of evidence.

The Hearing Officer may also reconsider and amend rulings at his or

her discretion.

- c) The Hearing Officer will not act as an advocate for either side at the hearing. However, the Hearing Officer may be advised by legal counsel to ChristianaCare with regard to hearing procedure.
 - d) If a Hearing Panel is appointed, the Hearing Officer may participate in the private deliberations of the Hearing Panel, may be a legal advisor to it, and may draft the report of the Hearing Panel's decision based upon the findings and discussions of the Panel, but will not vote on its recommendations.
- (3) A Hearing Panel may be appointed to consider the evidence, determine findings of fact, and make recommendations on the substantive issues in the hearing.
- a) Any Hearing Panel will consist of at least three members, one of whom will be designated as chairperson.
 - b) The Hearing Panel may include any combination of individuals both on or off the Medical-Dental Staff, but the majority of the panel members should have professional credentials similar to the member under review.
 - c) Knowledge of the underlying peer review matter, in and of itself, will not preclude an individual from serving on the Hearing Panel.
 - d) Employment by, or other contractual agreement with the ChristianaCare or an Affiliated Entity will not preclude an individual from serving on the Hearing Panel.
 - e) The Hearing Panel will not include any individual who:
 - i. Is in direct competition with the individual requesting the hearing;
 - ii. Is professionally associated with, a relative of, or involved in a referral relationship with the individual requesting the hearing;
 - iii. Has an actual bias, prejudice, or conflict of interest that would prevent the individual from fairly and impartially considering the

matter; or

- iv. Actively participated in the matter at any previous level.
- (4) In matters in which the underlying recommendation is based upon concerns involving behavior, harassment, or failure to comply with rules, regulations or policies and not issues of clinical competence, knowledge, or technical skill, the CPE, after consulting with and obtaining the agreement of the President of the Medical-Dental Staff, may task the Hearing Officer to perform the functions of a Hearing Panel.
 - (5) Any objection to any Member of the Hearing Panel or to the Hearing Officer, may be made in writing, within ten days of receipt of notice, to the CPE. The objection must include reasons to support it. A copy of the objection will be provided to the President of the Medical Staff. The President of the Medical Staff will be given a reasonable opportunity to comment. The CPE will rule on the objection and give notice to the parties. In the event that the objection is to a Hearing Panel Member, the CPE may request that the Hearing Officer make a recommendation as to the validity of the objection.

2.B PRE-HEARING PROCEDURES

2.B.1 General Procedures

The pre-hearing and hearing processes will be conducted in an informal manner. Formal rules of evidence or procedure will not apply.

2.B.2. Witness List

- (1) At least 15 days before the pre-hearing conference, unless modified by mutual written agreement, the parties will exchange a written list of the names of witnesses expected to offer testimony on their behalf.
- (2) The witness list will include a brief summary of the anticipated testimony.
- (3) The witness list of either party may, in the discretion of the Hearing Officer, be amended at any time during the course of the hearing, provided that notice of the change is given to the other party.

2.B.3. Time Frames

The following time frames, unless modified by mutual written agreement of the parties, will govern the timing of pre-hearing procedures:

- (1) the pre-hearing conference will be scheduled at least fourteen (14) days prior to the hearing;
- (2) the parties will exchange proposed exhibits at least ten days prior to the pre-hearing conference; and
- (3) any objections to witnesses and/or proposed exhibits must be provided at least five (5) days prior to the pre-hearing conference.

2.B.4. Provision of Relevant Information

- (1) Prior to receiving any confidential documents, the member requesting the hearing must agree that all documents and information will be maintained as confidential and will not be disclosed or used for any purpose outside of the hearing. The member must also provide a written representation that his or her counsel and any other witness(es) have executed Business Associate Agreements in connection with any patient Protected Health Information contained in any documents provided.
- (2) Upon receipt of the above agreement and representation, the member requesting the hearing will be provided with a copy of the following:
 - a) Copies of, or reasonable access to, all patient medical records referred to in the statement of reasons, at the member's expense;
 - b) Reports of experts relied upon by the Medical Executive Committee;
 - c) Copies of relevant minutes (with portions regarding other physicians and unrelated matters deleted); and
 - d) Copies of any other documents relied upon by the Medical Executive Committee.

The provision of this information is not intended to waive any privilege.

- (3) The parties will have no right to discovery beyond the above information. No information will be provided regarding other practitioners. In addition, there is no right to depose, interrogate, or interview witnesses or other individuals prior to the hearing.
- (4) Prior to the pre-hearing conference, on dates set by the Hearing Officer or agreed upon by both sides, each party will provide the other party with its proposed exhibits.
- (5) Neither the practitioner, nor any other person acting on behalf of the practitioner, may contact ChristianaCare employees or other practitioners whose names appear on the Medical Executive Committee's witness list or in documents provided pursuant to this section concerning the subject matter of the hearing, until the ChristianaCare has been notified and has contacted the individuals about their willingness to be interviewed. ChristianaCare will advise the member who requested the hearing once it has contacted such employees or practitioners and confirmed their willingness to meet. Any individual may agree or decline to be interviewed by or on behalf of the member who requested a hearing.

2.B.5. Stipulations

The parties and counsel, if applicable, will use their best efforts to develop and agree upon stipulations, so as to provide for a more orderly and efficient hearing.

2.B.6. Pre-Hearing Conference

- (1) The Hearing Officer will require the individual requesting a hearing and the Medical Executive Committee (or a representative of each, which may be counsel) to participate in a pre-hearing conference.
- (2) All objections to exhibits or witnesses will be submitted, in writing, five days in advance of the pre-hearing conference. The Hearing Officer will not entertain subsequent objections unless the party offering the objection demonstrates good cause.
- (3) At the pre-hearing conference, the Hearing Officer will resolve any procedural questions or preliminary issues regarding the hearing, including any objections to

exhibits or witnesses.

- (4) Evidence unrelated to the reasons for the recommendation or to the practitioner's qualifications for Membership or the relevant clinical privileges will be excluded.
- (5) The Hearing Officer will establish the time to be allotted to each witness' testimony and cross-examination.
- (6) The Hearing Officer will determine the length of the hearing at the pre-hearing conference. As a general rule, it is expected that the hearing will last no more than 15 hours, with each side being afforded approximately seven and a half hours to present its case, in terms of both direct and cross-examination of witnesses. Both parties are required to prepare their case so that a hearing will be concluded after a maximum of 15 hours. Considering the complexity of the case and fundamental fairness, the Hearing Officer may, after considering any objections, modify the time frame for the hearing.

2.B.7. Provision of Information to the Hearing Panel or Hearing Officer

The following documents will be provided to the Hearing Panel or Hearing Officer in advance of the hearing:

- (1) A pre-hearing statement that either party may choose to submit;
- (2) Exhibits offered by the parties following the pre-hearing conference, (without the need for authentication); and
- (3) Stipulations agreed to by the parties.

2.C. THE HEARING

2.C.1 Record of Hearing

A stenographic reporter will be present to make a record of the hearing. The cost of the reporter will be borne by ChristianaCare. Copies of the transcript will be available at the practitioner's expense. Oral evidence will be taken only on oath or affirmation administered by any authorized person

2.C.2 Admissibility

The hearing will not be conducted according to rules of evidence. Evidence will not be excluded merely because it is hearsay. Any evidence that is relevant to the individual's qualifications for Membership and clinical privileges will be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs.

2.C.3 Order of Presentation and Burden

The Medical Executive Committee will first present evidence in support of its recommendation. Thereafter, the burden will shift to the individual who requested the hearing to show by a preponderance of the evidence that the recommendation that prompted the hearing lacks any factual basis or was arbitrary or capricious.

2.C.4 Rights of Both Sides and the Hearing Officer/Panel at the Hearing

- (1) At a hearing, both sides will have the following rights, subject to reasonable limits determined by the Hearing Officer:
 - a) To call and examine witnesses, to the extent they are available and willing to testify;
 - b) To introduce exhibits;
 - c) To cross-examine any witness on any matter relevant to the issues;
 - d) To have representation by counsel who may call, examine, and cross-examine witnesses and present the case;
 - e) To submit a written statement at the close of the hearing; and
 - f) To submit proposed findings, conclusions and recommendations to the Hearing Panel or Hearing Officer.
- (2) If the member who requested the hearing does not testify on his/her own behalf, he or she may be called and questioned.
- (3) The Hearing Panel or Hearing Officer may question witnesses, request the presence

of additional witnesses, and/or request documentary evidence.

2.C.5. Persons to be Present

The hearing will be restricted to those individuals involved in the proceeding. This may include, but shall not be limited to the practitioner, a representative of the Medical-Dental Staff, hearing panel, hearing officer, and attorneys for the parties. ChristianaCare and Medical-Dental Staff leaders and administrative personnel also may be present as requested by the CPE.

2.C.6 Failure to Appear

The personal presence of the member who requested the hearing shall be required. Failure of the practitioner, without good cause, to appear and proceed at the hearing will constitute a waiver of the right to a hearing and the matter will be transmitted to the Board for final action.

2.C.7 Presence of Hearing Panel Member

A majority of the Hearing Panel will be present throughout the hearing. In unusual circumstances when a Hearing Panel member must be absent from any part of the hearing, that Hearing Panel member must certify that he or she read the entire transcript of the portion of the hearing from which he or she was absent. The Hearing Officer shall be present throughout the hearing.

2.C.8 Virtual and Remote Attendance

Attendance at the hearing may include virtual attendance if permitted by the CPE, in his or her sole discretion, for good cause shown.

2.C.9 Postponements and Extensions

Postponements and extensions of time may be requested by anyone, but will be permitted only by the Hearing Officer or the CPE on a showing of good cause.

2.C.10 Recesses

The Hearing Officer or the Hearing Panel may recess the hearing and reconvene it for the convenience of the parties or the Panel, or for the purpose of obtaining new or additional evidence.

2.C.11 Record Closed; Concluding Statements

At the conclusion of the presentation or oral and written evidence, the hearing is closed. Either party has the right to submit a written statement at the close of the hearing or shortly after the close of the hearing. Either party may waive submission of a written statement.

2.D HEARING CONCLUSION, DELIBERATIONS, AND RECOMMENDATIONS

2.D.1 Deliberations and Report of the Hearing Panel

Within ten days after final adjournment of the hearing (which may be designated as the time the Hearing Panel or Hearing Officer receives the hearing transcript or any post-hearing statements, whichever is later), the Hearing Panel will begin its deliberations outside the presence of any other person (except that the Hearing Officer and an administrative support person may be present). The Hearing Panel need not wait to receive the parties' written concluding statements before beginning deliberations, but it must not make a final decision until it receives and considers the concluding statements. The Hearing Panel will render a recommendation, accompanied by a report, which will contain a statement of the basis for its recommendation.

2.D.2 Basis of Hearing Panel Recommendation

Consistent with the burden set forth in Part III, Section 2.C.3 of these Bylaws, as well as the burden on the member to demonstrate that he or she satisfies, on a continuing basis all threshold criteria for Membership, renewed Membership, and clinical privileges, the Hearing Panel will recommend in favor of the Medical Executive Committee unless it finds that the individual who requested the hearing has proved, by a preponderance of the evidence, that the recommendation that prompted the hearing lacks any factual basis or was arbitrary or capricious. The recommendation is affirmed unless a majority of the Hearing Panel votes to reverse it.

2.D.3 CPE Disposition of Hearing Panel Report

The Hearing Panel will deliver its report to the CPE. The CPE will send by notice a copy of the report to the member who requested the hearing as well as the President of the Medical-Dental Staff.

2.E APPEAL PROCEDURE

2.E.1 Time for Appeal

Within ten days after the Hearing Panel's recommendation and provision of the Report to the member (whichever is later), either party may request an appeal. The request will be in writing, delivered to the CPE, and will include a statement of the reasons for appeal and the specific facts or circumstances which justify further review. If an appeal is not requested within ten days, an appeal is deemed to be waived and the recommendation will be forwarded to the Board for final action.

2.E.2 Grounds for Appeal

The grounds for appeal will be limited to the following:

- (1) There was substantial failure by the Hearing Panel or Hearing Officer to comply with this Section and/or the Medical-Dental Staff Bylaws during the hearing, which resulted in denial of a fair hearing; and/or
- (2) The recommendation of the Hearing Panel or Hearing Officer lacks any factual basis or was arbitrary or capricious.

2.E.3 Time, Place, and Notice

Upon receipt of a timely request for appellate review, the CPE will deliver such request to the Chair of the Board. The Chair of the Board of Directors will schedule and arrange for an appeal. The member will be given notice of the time, place, and date of the appeal. The appeal will be held as soon as arrangements can reasonably be made, taking into account the schedules of all the individuals involved.

2.E.4 Appellate Review

- (1) The Board may serve as the Appellate Review Panel or the Chair of the Board may appoint a Review Panel composed of Board members or others, including but not limited to reputable persons outside of ChristianaCare.
- (2) The Appellate Review Panel may consider the record upon which the recommendation was made, including the hearing transcripts and exhibits, post-hearing statements, the findings and recommendations of the Medical Executive Committee and Hearing Panel and any other information it deems relevant and recommend final action to the Board.
- (3) Each party will have the right to present a written statement in support of its position on appeal. The party requesting the appeal will submit a statement first and the other party will then have ten days to respond.
- (4) The Review Panel shall have the right to impose reasonable limits on the length of written statements and any supporting documents.
- (5) The Board (or Review Panel) shall allow each party or its representative to appear personally and make oral argument not to exceed 30 minutes for each side.
- (6) New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only under unusual circumstances. Additional evidence will be accepted only if the Review Panel determines that the party seeking to admit it can demonstrate that it is new, relevant evidence, or that any opportunity to admit it at the hearing was improperly denied.
- (7) If the matter is heard by a Review Panel, the Review Panel shall prepare a report and recommendation for the Board and shall submit the recommendation to the CPE or designee, who shall inform the subject member of the recommendation.

2.E.5 Final Decision of the Board

- (1) The Board will take final action within 30 days after it (i) considers the appeal as a Review Panel, (ii) receives a recommendation from a separate Review Panel, or (iii) receives the Hearing Panel's report when no appeal has been requested.
- (2) The Board may review any information that it deems relevant, including, but not

limited to the findings and recommendations of the Medical Executive Committee, Hearing Panel, and Review Panel (if applicable).

- (3) Consistent with its ultimate legal authority for the operation of ChristianaCare and the quality of care provided, the Board may adopt, modify, or reverse any recommendation that it receives or refer the matter for further review.
- (4) The Board will render a final decision in writing, including the basis for its decision, and will send notice thereof to the practitioner. A copy will also be provided to the CPE and the President of the Medical Dental Staff.
- (5) Except where the matter is referred by the Board for further review, the final decision of the Board will be effective immediately and will not be subject to further review.

2.E.6 Right to One Hearing and One Appeal Only

No applicant to or member of the Medical-Dental Staff will be entitled to more than one hearing and one appellate review on any matter.

SECTION 3: PEER REVIEW AND APPEAL PROCEDURES FOR APCs

3.A INVESTIGATIONS

3.A.1 Procedure for Investigations

- (1) Whenever there is a concern regarding the clinical practice or professional conduct of an APC, the department chair, department peer review committee, the President of the Medical-Dental Staff, or CPE may require the APC to attend a special conference with the Department Chair, Medical-Dental Staff leaders and/or with a standing or ad hoc committee of the Medical-Dental Staff.
- (2) In addition, the Department may initiate an investigation. The Department Chair may personally investigate the matter, delegate the investigation to the department peer review or credentials committee or appoint an individual to conduct the investigation. The investigating committee (or individual) shall be composed of

individuals who have no relation to the matter, the involved individuals or any other conflict of interest.

- (3) The investigating individual or committee will have the authority to review relevant documents and interview individuals considered appropriate to the investigation.
- (4) The department chair may use outside consultants, if needed.
- (5) If there is a health-related concern, the department chair may require a fitness for duty examination of the APC by a health care professional(s) acceptable to the individual and the Department Chair.
- (6) The APC will be offered an opportunity to meet with the investigating individual or committee before it makes its report. Prior to this meeting, the APC will be informed of the general issues being investigated. At the meeting, the APC will be invited to acknowledge, refute, discuss, or explain the concerns that gave rise to the investigation. This meeting is not a hearing or appeal, and none of the procedural rules for hearings will apply.
- (7) At the conclusion of the investigation, the investigating individual or committee will prepare a report with its findings, conclusions, and recommendations. The APC will have an opportunity to review this report and respond in writing.

3.A.2 Recommendation and Follow-Up Review

- (1) The Department Chair may accept, modify, or reject any recommendation it receives from an investigating individual or committee. Specifically, the Department Chair may:
 - a) Determine that no action is warranted;
 - b) Issue a letter of guidance, counsel, warning, or reprimand;
 - c) Impose a requirement for monitoring or consultation;
 - d) Recommend additional training or education;

- e) Recommend reduction of clinical privileges;
 - f) Recommend suspension of clinical privileges for a specified term;
 - g) Recommend revocation of clinical privileges; or
 - h) Make any other recommendation considered to be necessary or appropriate.
- (2) If the recommendation is to impose a professional review action (such as (e) through (h) above), the recommendation will be forwarded to the Staff Credentials Committee. If the recommendation is for reduction or revocation of clinical privileges, the APC shall be invited to attend a meeting with the Staff Credentials Committee to discuss the facts of the matter and respond to the recommendation.
- (3) The Staff Credentials Committee will prepare a recommendation, which it will forward to the Medical Executive Committee.
- (4) A recommendation by the Medical Executive Committee or Board that would entitle the individual to request procedural rights under Section 3.C. will be forwarded to the CPE, who will promptly inform the APC by notice. The CPE will hold the recommendation until after the individual has completed or waived a hearing and appeal.
- (5) If the Medical Executive Committee makes a recommendation that does not entitle the individual to request procedural rights, it will take effect immediately and will remain in effect unless modified by the Board at its next regular meeting.

3.B ADMINISTRATIVE SUSPENSION/TERMINATION

- (1) The CPE, the Chair of the Medical Executive Committee, and the appropriate department chair will each have the authority to impose an administrative suspension of all or any portion of the scope of practice or clinical privileges of any APC whenever a concern has been raised about such individual's clinical care or professional conduct.
- (2) An administrative suspension will become effective immediately upon imposition, will immediately be reported in writing to the Department Chair, CPE and the Chair

of the Medical Executive Committee, and will remain in effect unless or until the investigation is completed or until modified by the CPE or Medical Executive Committee. The imposition of an administrative suspension does not entitle an APC to the procedural rights set forth Part III, Section 3.D of these Bylaws.

- (3) The CPE or Medical Executive Committee may place conditions (including but not limited to the requirement of a fitness for duty evaluation) on the APC's return to providing clinical care.

3.C. AUTOMATIC RELINQUISHMENT OF CLINICAL PRIVILEGES

The clinical privileges of an APC will be automatically relinquished, without entitlement to the procedural rights outlined Part III, Section 3.D of these Bylaws, in the following circumstances:

- (1) the APC no longer satisfies any of the threshold eligibility criteria set forth in Part II, Section 2.A.1(2) of these Bylaws or any additional threshold credentialing qualifications set forth in the specific ChristianaCare policy or Medical-Dental Staff policies relating to his or her discipline (of which the APC must inform his/her Supervising or Collaborating Physician(s), Department Chair, and CPE within seven days);
- (2) The APC is convicted or enters a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving professional practice, controlled substances, illegal drugs, insurance or healthcare fraud (including Medicare, Medicaid, other federal or state governmental, or private third-party payer programs), sexual misconduct, violent or abusive acts against another, or other crimes of moral turpitude.
- (3) The APC fails to provide accurate information pertaining to his or her qualifications for the scope of practice or clinical privileges, on any ChristianaCare credentialing form or in response to a written request from the Department Chair or designee, CPE, or Medical-Dental Staff President or Committee.

3.D. PROCEDURAL RIGHTS OF APCS

APCs shall not be entitled to the hearing and appeals procedures set forth in Part III Section 2 of these Bylaws. Any and all rights to which APCs are entitled are set forth in this Section.

- (1) In the event the Medical Executive Committee recommends a professional review action that will suspend, revoke or restrict an APC's clinical privileges for a period of more than fourteen (14) days, the individual will receive notice of the recommendation. The notice will include a general statement of the reasons for the recommendation and will advise the individual that he or she may request a meeting with the department chair and the CPE.
- (2) If a meeting is requested, the meeting will take place within thirty (30) days. The meeting will be informal and will not be considered a hearing. The Supervising Provider (if applicable) and the APC will both be permitted to attend this meeting. However, no legal counsel will be allowed.
- (3) Following this meeting, the CPE will make a final decision, or, if the decision affects the APC's clinical privileges or scope of practice, a recommendation to the Board. The CPE will inform the APC of his or her determination.
- (4) If the CPE makes a recommendation to the Board, the Board will make a final decision at its next regular meeting.

ChristianaCare
Medical-Dental Staff
Part IV: ORGANIZATION AND FUNCTIONS

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SECTION 1: CLINICAL DEPARTMENTS

1.A. ORGANIZATION

Subject to the approval of the Board, the Medical Executive Committee may create new departments, eliminate departments, create sections within departments, or otherwise reorganize the department structure. The Medical-Dental Staff will be organized into the departments and sections as listed below:

Department	Sections:
Anesthesiology	
Emergency Medicine	
Family and Community Medicine	Family and Community Medicine, Adolescent Medicine, Sport Medicine
Medicine	Allergy & Clinical Immunology, Cardiology, Critical Care Medicine, Dermatology, Endocrinology & Metabolic Diseases, Gastroenterology, General Internal Medicine , (Division of Hospital Medicine, Division of Addiction Medicine, Division of Ambulatory Medicine), Geriatrics, Hematology, Infectious Disease, Internal Medicine-Pediatrics, Medical Oncology, Neurology, Hospice and Palliative Medicine, Pain Medicine, Physical Medicine & Rehabilitation, Pulmonary, Renal & Hypertensive Diseases, Rheumatology
Obstetrics & Gynecology	Maternal & Fetal Medicine, Gynecologic Oncology Urogynecology, Reproductive Endocrinology & Infertility General Obstetrics & Gynecology
Oral and Maxillofacial Surgery & Dentistry	Endodontics, General Dentistry, Implant Dentistry Maxillofacial Prosthodontics, Oral &

	Maxillofacial Surgery Oral & Maxillofacial Pathology/Medicine Orthodontics, Pediatric Dentistry, Periodontics
Orthopedic Surgery	
Pathology and Laboratory Medicine	
Pediatrics	General Pediatrics, Pediatric Hospital Medicine, Child Psychiatry, Genetics, Infectious Diseases, Medicine-Pediatrics, Neonatology, Neurology
Psychiatry	Adult Psychiatry, Child and Adolescent Psychiatry Psychology
Radiology	Body Imaging, Breast Imaging, Emergency Radiology Interventional Radiology, Neuroradiology Neuroradiologic Surgery, Nuclear Medicine Pediatric Radiology
Surgery	Cardiac Surgery, Colorectal Surgery, General Surgery Neurosurgery, Ophthalmology, Otolaryngology Plastic Surgery, Podiatric Surgery, Transplant Surgery, Thoracic Surgery, Trauma and Critical Care, Urologic Surgery, Vascular Surgery

1.A.1. Service Lines

Clinical services and specialties are organized into a Service Line structure which are designed to meet the needs of the relevant population. Service lines include:

Acute Medicine	Behavioral Health - Psychiatry
Cancer	Heart and Vascular
	Neurosciences
Primary Care and Community	Surgical

Medicine	
Women's and Children's	Ambulatory Medical Subspecialties

SECTION 2: STANDING MEDICAL-DENTAL STAFF COMMITTEES

This Section outlines the Medical-Dental Staff committees that carry out peer review and other performance improvement functions that are delegated to the Medical-Dental Staff by the Board.

2.A. BYLAWS COMMITTEE

2.A.1. Composition:

The Bylaws Committee shall consist of at least five members of the Attending Staff, and may include an Advanced Practice Clinician. ChristianaCare legal counsel shall assist the Bylaws Committee upon request, but shall not serve as a member of the Committee. The chairperson of the committee shall serve on the Medical Executive Committee.

2.A.2. Duties:

The Bylaws Committee shall:

- (1) regularly review and update the Bylaws, Rules and Regulations, and other policies of the Medical-Dental Staff; and
- (2) recommend to the Medical Executive Committee changes which are appropriate for the governance of the Medical-Dental Staff.

2.B. STAFF CREDENTIALS COMMITTEE

2.B.1. Composition:

The Staff Credentials Committee shall consist of at least five members of the Attending Staff, and at least one member of the Ambulatory Staff and may include an Advanced Practice Clinician. Total composition of the Committee should adequately reflect the specialties of the organization; however, it is not necessary to include a representative from each department and/or service line.

2.B.2. Duties:

The Staff Credentials Committee shall:

- (1) review the credentials of all applicants for Medical-Dental Staff appointment, reappointment, and clinical privileges, conduct a thorough review of the applications, interview such applicants if useful to obtain additional information, and make written reports of its findings and recommendations to the Medical Executive Committee;
- (2) review the credentials of all applicants seeking to practice as credentialed health care providers, conduct a thorough review of the applications, interview such
- (3) applicants if useful to obtain additional information, and make written reports of its findings and recommendations;
- (4) review, as may be requested, all information available regarding the current clinical competence and behavior of persons currently appointed to the Medical- Dental Staff or credentialed health care providers and, as a result of such review make a written report of its findings and recommendations; and
- (5) review and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges at ChristianaCare.

2.C. NOMINATING COMMITTEE

2.C.1. Composition

The membership of the Nominating committee shall be elected by majority vote by the members of the Medical Executive Committee eight months prior to the annual meeting of the Staff of odd numbered years and may be elected at other times as needed to fill a vacancy. The committee will consist of five members: one At-Large member of the Medical Executive Committee; two members of the Attending Staff who are not members of the Medical Executive Committee; the CPE and the Immediate Past President of the Staff who shall serve as Chair. Members of the Nominating Committee will not be considered candidates for Officer Positions.

2.C.2. Duties:

The responsibility of the Committee shall be to identify qualified candidates from the Medical-Dental Staff for positions of President Elect, Secretary-Treasurer, and Seven at-large members of the Medical Executive Committee (and three alternates). Please see Part I, Section 5.D of these bylaws for further discussion of the candidate and election process.

2.D. MEDICAL-DENTAL STAFF PEER REVIEW COMMITTEE (MDSPRC)

2.D.1. Composition and Duties

Membership and duties of the MDSPRC shall be defined in the Medical-Dental Staff Peer Review Policy and/or other Medical-Dental Staff polices.**2.E.**

PRACTITIONER HEALTH COMMITTEE

2.E.1. Composition

The Practitioner Health Committee (PHC) will consist of at least three members of the Attending Staff, one of whom shall serve as chair. Preference is to be given to appointment of former Medical-Dental Staff officers. To the extent feasible, no member of the PHC shall simultaneously serve as a member of the Credentials Committee, Medical Executive Committee, a hearing panel or appellate review body, the Board of Directors, or any other committee or body charged with the review of practitioner conduct or competence.

2.E.2. Duties

The PHC will:

- (1) recommend educational materials that emphasize prevention, diagnosis, and treatment of physical, psychiatric, and emotional illness to the Medical Executive Committee;
- (2) act expeditiously in reviewing concerns about practitioners that are brought to its attention. Such actions may include:
 - a) assessing practitioners who have displayed behaviors that could be associated with physical, psychiatric or addictive disorders, which could adversely affect the practitioner,

- staff, or patients;
- b) requiring that the practitioner be evaluated by a PHC-approved outside organization or individual to assure that he/she can practice his/her profession with reasonable skill and safety and that he/she provide the results of the evaluation to the Committee; recommending to the practitioner that he/she take a leave of absence, participate in a rehabilitation or treatment program, or voluntarily refrain from exercising some or all clinical privileges until the issue is resolved;
 - c) recommending to the chair of the pertinent department that conditions and/or limitations be placed on the practitioner's Clinical Privileges up to and including suspension; and,
 - d) reporting to the President of the Medical-Dental Staff and CPE on each matter handled by the Committee.
- (3) follow the regulations and procedures established by the pertinent professional licensing board and the Practitioner Health Committee for reporting and support of impaired practitioners.
- (4) review and make recommendations to the CPE regarding whether a practitioner who took a leave of absence (or was suspended) for the purpose of rehabilitation and/or treatment should be reinstated and proposing any conditions on the practitioner's return to ChristianaCare . Once the PHC has provided its recommendations, the process set forth in the Part III, Section 1.D (suspensions) shall apply for review and decision on a request for reinstatement.

SECTION 3: SPECIAL SERVICES AND FUNCTIONAL COMMITTEES

3.A. PHARMACY & THERAPEUTICS COMMITTEE

3.A.1. Composition

The Pharmacy and Therapeutics Committee shall be a multi-disciplinary committee composed of four members of pharmacy services, three members of the nursing staff, the chief nursing executive or designee, nine members of the Medical-Dental Staff (which shall include a physician representative of the Infection Control Committee), a resident physician, two representatives from ChristianaCare administration, a member of the Office of Quality and Patient Safety, and a representative from Hospital Finance Administration and at least one physician member of the Medical-Dental Staff shall serve as a liaison with all clinical departments to assure their input in decisions affecting their clinical practice.

3.A.2 Duties

The Pharmacy and Therapeutics Committee oversees the use of medication throughout the organization. This includes, but is not limited to, establishing policy regarding the following: development and maintenance of the ChristianaCare Formulary and Drug Therapy Guide, quality and safe use of medication(s), equipment and technology needs, budgetary requirements, regulatory compliance, and other operational issues as they relate to the use of medication.

3.B. MEDICATION SAFETY COMMITTEE

3.B.1. Composition

The Medication Safety Committee shall be a multi-disciplinary committee chaired by the Medication Safety Officer and composed of one representative from each Service Line, two representatives each (one Director level and one Subject Matter Expert) from Nursing Quality and Safety, Pharmacy Services, Clinical Informatics, and the Value Institute, a representative from Academic Affairs, a representative from Respiratory Therapy, the Vice-President of

Safety and Accreditation, and the chairs of each sub-committee reporting to the Medication Safety Committee.

3.B.2 Duties

The Medication Safety Committee provides oversight for the enterprise-wide medication safety program that is patient focused, measurable and includes the entire medication process of prescribing through administration and monitoring. This includes, but is not limited to establishing policy concerning the safe use of medications regarding the following: clinical process, procedures and work-flows, medication related technologies, and providing input into the medication safety plan as related to the Hospital Annual Operating Plan and Long Term Goals.

3.C. GRADUATE MEDICAL EDUCATION COMMITTEE

3.C.1. Composition

The Graduate Medical Education Committee shall include in part, each residency program director, each ACGME-accredited fellowship director, the Director of the Institutional Review Board, the Designated Institutional Official (DIO), the Vice President of Academic Affairs, and members of the Resident Council. It may also include other members of the faculty or other members as determined necessary.

3.C.2. Duties

The Graduate Medical Education Committee shall:

- (1) have the overall responsibility of planning, coordinating, approving and evaluating the educational programs of the various departments and divisions of the Medical-Dental Staff at all levels of activity, including undergraduate, graduate, and postgraduate;
- (2) review each department's policies, procedures and protocols regarding supervision, evaluation, and monitoring of resident

- and fellowship staff;
- (3) coordinate and manage compliance with the ACGME, including ACGME Institutional Requirements and the requirements of the relevant ACGME Resident Review Committee;
 - (4) Report and make recommendations to the Medical Executive Committee concerning the graduate education programs offered at ChristianaCare..

3.D INFECTION PREVENTION COMMITTEE

3.D.1. Composition

The Infection Prevention Committee shall be a multi-disciplinary committee co-chaired by the Infection Prevention Officer and the Manager, Infection Prevention Department. The committee will be composed of Infection Preventionists, Nursing Director, Patient Care Services, Quality and Patient Safety representative, Pharmacy, Microbiology Laboratory representative, physician and nursing representatives of Infectious Diseases, major hospital service lines and/or departments, and representatives of environmental services, employee health, information technology and staff development.

3.D.2 Duties

The Infection Prevention committee recommends to the Medical Executive Preventive programs designed to minimize infections. The Infection Prevention Committee oversees four subcommittees or task forces, which in turn oversee and support prevention efforts in the following areas:

- (1) Transmission & Environment (hand hygiene, isolation practices, disinfection of the patient environment & equipment, infection prevention-related construction issues);
- (2) Significant Organisms (multidrug resistant organisms, Clostridium difficile, norovirus, influenza, all other epidemiologically important pathogens);
- (3) Device and Procedure-related Infections (surgical site infections and all

infections related to invasive devices such as central lines, Foley catheters, and mechanical ventilation); and

- (4) Antimicrobial stewardship (also reports to Pharmacy & Therapeutics Committee; appropriate use of antimicrobial agents to reduce resistance and other complications)