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Medical Staff Bylaws of CentraCare - Monticello

TABLE OF CONTENTS

ARTICLE 1 - GENERAL

A. **DEFINITIONS**

The definitions that apply to terms used in all the Medical Staff documents are set forth in the Credentials Policy.

B. **TIME LIMITS**

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

C. **DELEGATION OF FUNCTIONS**

Functions assigned to an identified individual or committee may be delegated to one or more designees.

D. **MEDICAL STAFF DUES**

1. Annual dues may be as recommended by the Medical Executive Committee and may vary by category.
2. Dues, if applicable, will be payable annually upon request. Failure to pay dues will result in ineligibility to apply for reappointment.

ARTICLE 2 - MEMBERSHIP AND/OR PRIVILEGES

The details associated with the following Basic Steps are contained in the Credentials Policy.

A. **QUALIFICATIONS FOR APPOINTMENT**

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

1. General Qualifications
   Appointment to the Medical Staff is a privilege, which shall be extended only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws, in the Credentials Policy and in such policies as are adopted from time to time by the Board.

   Only physicians, dentists/oral surgeons and podiatrists who meet the following shall be deemed to possess basic qualifications for membership in the medical staff, except for the honorary staff categories in which case these criteria shall only apply as deemed individually applicable by the medical staff.

   a. Meet requirements for Board certification identified as Threshold Eligibility Criteria in the Credentials Policy;
   b. Document their (1) current Minnesota licensure, (2) Current DEA registration (if applicable) with a Minnesota address (3) adequate experience, education and training, (4) current (within the last two years) professional competence, (5) good judgment, and (6) ability to safely and competently perform the clinical privileges requested, so as to demonstrate to the satisfaction of the medical staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
   c. Are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect patient care, (3) to keep as confidential, as required by law, all information or records received in the physician-patient relationship or business strategies discussed during administrative conversations, (4) to be willing to participate in and properly discharge those responsibilities determined by the medical staff;
   d. Maintain in force professional liability insurance in amounts not less than $1,000,000/$3,000,000 or as from time to time may be jointly determined by the Board of Directors in consultation with the Medical Executive Committee;

2. Particular Qualifications
   a. Physicians

      An applicant for physician membership in the medical staff, except for the honorary staff, must hold an MD or DO degree or their equivalent and a valid and unsuspended license to practice medicine issued by the Minnesota Board of Medical Practice. For the purpose of this Article, “or

their equivalent" shall mean any degree (e.g. foreign) recognized by the licensing boards in the State of Minnesota to practice medicine. These individuals will have a graduate degree from an approved institution and will have completed an approved residency or will have passed appropriate foreign medical school exams with Educational Commission for Foreign Medical Graduates (ECFMG) certification.

b. Oral Surgeons

An oral surgeon must be licensed to practice by the Minnesota Board of Dentistry and must have completed an approved residency in oral and maxillofacial surgery.

c. Podiatrists

A podiatrist must be licensed to practice by the Minnesota Board of Podiatric Medicine and must have completed a podiatric residency approved by the Council on Podiatric Medical Education (CPME) or another recognized accrediting body accepted by the CPME.

B. EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to receive an application, be appointed or reappointed to the Medical Staff, APP or AHP staff for the reasons delineated in the Credentials Policy. Similarly, one who is otherwise qualified may not be denied membership solely because he/she is not a member of a particular professional society.

C. BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

As a condition of appointment, reappointment, and/or the granting of clinical privileges, every applicant and member of the Medical Staff, APP or AHP Staff specifically agrees to the Basic Responsibilities and Requirements delineated in the Credentials Policy and to the following, as applicable:

1. Maintaining the confidentiality, privacy and security of all protected health information (PHI) maintained by CentraCare - Monticello Hospital or by any business associates of the Hospital. Confidentiality is maintained in accordance with all privacy and security policies and procedures adopted by CentraCare - Monticello Hospital to comply with current Federal, State and local laws and regulations, including, but not limited to, the HIPAA Privacy Regulations. PHI will not be requested, accessed, used, shared, removed, released or disclosed except in accordance with CentraCare's health information privacy policies and applicable law. Information about a patient whom a Medical Staff member is treating may be shared by the member with any other Medical Staff member who has responsibility for that patient's care. Information can also be shared with any other non-Medical Staff member provider who will be participating in the patient's care.

   Passwords used by a member of the Medical Staff to access PHI from CentraCare - Monticello Hospital records will be used only by said member, who will not disclose the password to any other individual (except authorized staff if needed for

investigative purposes). The use of the member's password is equivalent to the member's electronic signature. Any misuse of a Hospital computer system or information from a system may, in addition to any sanctions approved by the CentraCare – Monticello Hospital Board of Directors regarding security measures, be a violation of State and Federal law and may result in denial of payment under Medicare;

2. Abiding by the lawful ethical principles of the American Medical Association (or equivalent professional related to the member's professional discipline);
3. Making appropriate arrangements for coverage for his or her patients as determined by the medical staff;
4. Providing information to and/or testifying on behalf of the medical staff or an accused practitioner regarding any matter under an investigation and those which are the subject of a hearing pursuant to these bylaws;
5. Responding to a call from a patient care area regarding one of their patients as per all applicable CentraCare policies. Individual departments may set stricter response requirements. When appropriate, response to such calls may be made by a physician covering call for the physician's group.

D. **PROCESS FOR CREDENTIALING AND PRIVILEGING**

1. Complete applications for appointment/reappointment to the medical staff will be reviewed by the System Credentials Committee, which reviews the individual's education, training, and experience and prepares a recommendation based on whether the individual meets all qualifications. Their recommendation will be transmitted to the Medical Executive Committee for membership and/or privileges. If the recommendation of the Medical Executive Committee is favorable, it is forwarded to the Operating Committee for final action. If the recommendation of the Medical Executive Committee is unfavorable, the individual is notified by the Administrator of the right to request a hearing.
2. When the disaster plan has been implemented, the Administrator or the Chief of Staff may use a modified credentialing process to grant disaster privileges after verification of the volunteer's identity and licensure (See Credentialing of Volunteer Practitioners During a Disaster policy).

ARTICLE 3 - CATEGORIES OF THE MEDICAL STAFF

A. **OVERVIEW**

1. Qualifications and conditions for appointment to the Medical Staff, Advanced Practice Provider Staff, and Allied Health Professional Staff ("Medical Staff/APP/AHP") are outlined in the Credentials Policy. The qualifications for appointment to the specific categories are outlined below.
2. Appointments will be made by the Operating Committee, upon recommendation of the Medical Executive Committee, to one of the following categories: Active, Courtesy, Consulting, Affiliate, Honorary, or CentraCare Credentialed Staff along with

Advanced Practice Provider Staff and Allied Health Professional Staff.

B. **ACTIVE STAFF**

1. **Qualifications:** The Active Staff consists of physicians, dentists, and podiatrists who:
    a. are involved in at least 30 patient contacts at the Hospital per appointment term; or
    b. fail to meet the activity requirements of this category but are clinically active at the Hospital and have demonstrated a commitment to the Medical Staff through service on Medical Staff or Hospital committees or active participation in performance/quality improvement functions.
2. **Prerogatives:** Active Staff Members:
    a. may vote in all general and special meetings of the Medical Staff and applicable committee meetings;
    b. may hold office; and
    c. may serve as a committee chairperson.
3. **Responsibilities:** Active Staff members:
    a. perform the functions and responsibilities of membership on the Active Staff, including care for unassigned patients, emergency call, committee service, and evaluation of members during the provisional period;
    b. participate in the peer review and performance improvement process;
    c. accept consultations; and
    d. attend applicable meetings.

C. **COURTESY STAFF**

1. **Qualifications:** The Courtesy Staff consists of physicians, dentists, and podiatrists who:
    a. have fewer than 30 patient contacts per appointment term at the Hospital (involvement in a greater number of patient contacts will result in the automatic transfer to the Active Staff);
    b. satisfy the qualifications for appointment to the Medical Staff; and
    c. are members of the Active Staff at another hospital, unless their clinical specialty does not support an active inpatient practice and the Operating Committee makes an exception to this requirement.
2. **Prerogatives and Responsibilities:** Courtesy Staff members:
    a. may attend Medical Staff meetings (with vote);
    b. are encouraged to attend applicable committee meetings and may be invited to serve on committees with vote;
    c. may not hold office or serve as a committee chairperson;
    d. must perform all functions and responsibilities assigned, including, where

appropriate, care for unassigned patients, emergency service care, consultations, and teaching assignments;

e. are generally excused from providing emergency call, but:
    i. must assume the care of any of their own patients who present to the Emergency Department when requested to do so by an Emergency Department physician;
    ii. must provide phone consultations to the Emergency Department, when requested;
    iii. must accept referrals from the Emergency Department for follow-up care of their own patients treated in the Emergency Department; and
    iv. will provide emergency call coverage on an interim basis for specialties that are normally covered through an on-call roster if the Medical Executive Committee finds that there are insufficient Active Staff members in a particular specialty area to perform these responsibilities; and

f. will cooperate in the peer review and performance improvement process.

D. **CONSULTING STAFF**

1. **Qualifications:** The Consulting Staff consists of physicians, dentists, and podiatrists who:
    a. are of recognized professional ability and expertise and provide a service that is not otherwise available on the Active Staff; or
    b. are appointed to the Active or Associate Staff at another hospital where they are currently practicing, unless their clinical specialty does not support an active inpatient practice and the Board makes an exception to this requirement.

2. **Prerogatives and Responsibilities:** Consulting Staff members:
    a. may treat (but not admit) patients in conjunction with another physician on the Medical Staff;
    b. may attend meetings of the Medical Staff (with vote);
    c. may attend applicable committee meetings (with vote);
    d. may hold office or serve as department chairperson or committee chairperson;
    e. will participate in the peer review and performance improvement process.

E. **TELEMEDICINE STAFF**

1. The Operating Committee will determine the clinical services that may be provided through telemedicine after considering the recommendations of the Medical Executive Committee. Clinical privileges granted to Medical Staff members and other practitioners may be exercised through telemedicine for patients of the Hospital if those clinical services have been previously approved by the Operating

Committee to be provided through telemedicine. In addition, qualified applicants may be granted telemedicine privileges without requiring membership on the Medical Staff, Advanced Practice Provider Staff, or Allied Health Professional Staff. Applicants for telemedicine privileges shall meet all qualifications required for Medical Staff, Advanced Practice Provider Staff, or Allied Health Professional Staff membership and all qualifications required for clinical privileges outlined in these Bylaws and associated policies, except that applicants for telemedicine privileges are not required to meet the qualifications relating to geographic residency, coverage arrangements, and emergency call responsibilities. In addition, physician applicants seeking telemedicine privileges who are not licensed to practice medicine in Minnesota are eligible to apply for telemedicine privileges if they are duly registered with the Minnesota Board of Medical Practice to practice interstate telemedicine.

2. Applications for telemedicine privileges in which membership on the Medical Staff, Advanced Practice Provider Staff, or Allied Health Professional Staff is sought will be processed in accordance with these Bylaws and associated policies. In processing applications for telemedicine privileges only and not membership on the Medical Staff, Advanced Practice Provider Staff, or Allied Health Professional Staff, the Hospital may rely on the credentialing and privileging process conducted by the applicant's primary hospital, provided there is a written agreement between the Hospital and the distant-site hospital that states the following:
    a. The distant-site hospital is a Medicare-participating hospital, and it is the responsibility of the distant-site hospital's governing body to meet the requirements of 42 C.F.R. § 482.12(a)(1)-(7) with regard to its physicians;
    b. providing telemedicine services;
    c. The distant-site hospital is a contractor of services to the Hospital and furnishes the contracted services in a manner that permits the Hospital to comply with all applicable requirements for the contracted services;
    d. The applicant is credentialed and privileged at the distant-site hospital, and the hospital provides a current list of the applicant's privileges;
    e. The applicant holds a license issued or recognized by the State of Minnesota; and
    f. The Hospital will conduct an internal review of the applicant's performance of telemedicine privileges and will send the distant-site hospital such information for use by the distant-site hospital in the periodic appraisal of the applicant. At a minimum, this information must include all adverse events that result from the telemedicine services provided by the applicant to the Hospital's patients and all complaints the Hospital has received about the Practitioner.

3. Telemedicine privileges, if granted, shall be for a period of not more than two years. Applications for renewal of telemedicine privileges will be processed the same as initial applications. Telemedicine privileges granted in conjunction with a contractual arrangement shall be incident to and coterminous with the agreement. Individuals granted telemedicine privileges shall be subject to the Hospital's quality improvement and peer review activities as applicable to the telemedicine privileges

granted.

F. **AFFILIATE STAFF**

1. **Qualifications:** The Affiliate Staff will consist of physicians, dentists, and podiatrists who:
    a. desire to be associated with, but who do not intend to establish an inpatient practice at, the Hospital;
    b. satisfy the qualifications for appointment to the Medical Staff, but are exempt from the eligibility criteria set forth in the Credentials Policy pertaining to, emergency call, and coverage; and
    c. are interested in pursuing professional and educational opportunities, including continuing medical education, available at the Hospital.
    d. The primary purpose of the Affiliate Staff is to permit these members access to Hospital services for their patients by referral to members of the Active Staff, while at the same time providing follow-up care.
    e. Individuals requesting appointment to the Affiliate Staff must submit an application as prescribed in the Credentials Policy.
    f. At the time of appointment and at each reappointment time thereafter, provide such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for membership (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).such quality data and other information as may be requested to assist in an appropriate assessment of current clinical competence and overall qualifications for membership (including, but not limited to, information from another hospital, information from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

2. **Prerogatives and Responsibilities:** Affiliate Staff members:
    a. are not permitted to admit, consult, or attend to inpatients;
    b. are exempt from education and immunization requirements;
    c. may attend Medical Staff meetings and applicable committee meetings (without vote, unless needed to achieve a quorum.
    d. may attend educational activities of the Medical Staff and the Hospital;
    e. are permitted to have access to the hospital's Electronic Medical Record system and use the Hospital's diagnostic facilities;
    f. are not granted clinical privileges;
    g. must accept referrals for follow-up care of patients treated at CC-

Monticello; and

h. may pay application fees as established by the Medical Executive Committee.

i. The grant of appointment to the Affiliate Staff is a courtesy only, which may be terminated by the Operating Committee upon recommendation of the Medical Executive Committee, with no right to a hearing or appeal.

G. **HONORARY STAFF**

1. **Qualifications:**

a. The Honorary Staff will consist of physicians, dentists, and podiatrists who:

i. have a record of previous long-standing service to the Hospital and have retired from the active practice of medicine; or

ii. are recognized for outstanding or noteworthy contributions to the medical sciences.

b. None of the specific qualifications for appointment are applicable to members of the Honorary Staff.

2. **Prerogatives and Responsibilities:** Honorary Staff members:

a. may not admit, attend, or consult on patients;

b. may attend Medical Staff meetings and applicable committee meetings (without vote, unless provided by the chair); and

c. are not required to pay application fees, dues or assessments.

H. **CENTRACARE CREDENTIALED STAFF**

1. **Qualifications:**

The CentraCare Credentialed Staff shall consist of providers that meet the qualifications for membership on the Medical Staff, APP Staff or AHP Staff as delineated in these Bylaws. These providers have been recommended for credentialing by the CentraCare Credentialing Committee and have been approved for credentialing by CentraCare-Monticello Hospital.

2. **Prerogatives:** CentraCare Credentialed Staff members:

a. are exempt from the basic responsibilities and rights granted to other members of the Medical Staff, APP Staff or AHP Staff. They are also exempt from all CentraCare-Monticello Hospital medical education that is required of physicians and licensed independent practitioners granted privileges at CentraCare-Monticello Hospital;

b. may not attend or vote on matters at Medical Staff meetings;

c. may not hold office in the medical staff or be appointed to committees;

d. have not been granted privileges to practice at CentraCare-Monticello Hospital; and

e. are not required to pay application fees, dues, or assessments.

3. **Limitations:**
    a. These providers may be appointed to the CentraCare credentialed staff for no longer than 24 months. They may be reappointed if they have successfully completed the reappointment process.
    b. Providers on the CentraCare Credentialed Staff that wish to request privileges at CentraCare-Monticello Hospital will be reassigned to the applicable category.

4. All references to Medical Staff, APP Staff or AHP Staff contained within these Bylaws, the Rules & Regulations and other Medical Staff documents, with the exception of the Credentials Policy, do NOT include the CentraCare Credentialed Staff

I. ADVANCED PRACTICE PROVIDER STAFF

1. **Qualifications:**

   The Advanced Practice Provider Staff consists of advanced practice providers who satisfy the qualifications and conditions for appointment to the Advanced Practice Provider Staff contained in the Credentials Policy. The Advanced Practice Provider Staff is not a category of the Medical Staff, but is included in this Article of the Bylaws for convenient reference

2. **Prerogatives and Responsibilities:** Advanced Practice Provider Staff members:
    a. may attend applicable committee meetings (without vote) and serve as an appointed member on committees (with vote);
    b. may not hold office or serve as a committee chairperson;
    c. must cooperate in the peer review and performance improvement process; and
    d. are not required to pay applicable fees, and dues.

J. ALLIED HEALTH PROFESSIONAL STAFF

1. **Qualifications:**

   The Allied Health Professional Staff consists of allied health professionals who satisfy the qualifications and conditions for appointment to the Allied Health Professional Staff contained in the Credentials Policy. The Allied Health Professional Staff is not a category of the Medical Staff, but is included in this Article of the Bylaws for convenient reference.

2. **Prerogatives and Responsibilities:** Allied Health Professional Staff members:
    a. may attend Medical Staff meetings without a vote;
    b. may attend applicable committee meetings (without vote) and serve as an appointed member on committees (with vote),;

c. may not hold office or serve as a committee chairperson; and

d. must cooperate in the peer review and performance improvement process.

K. **MEDICAL STAFF CATEGORY CHANGES**

A provider may be reassigned to the appropriate medical staff category at reappointment based on required patient contacts when identified through credentialing file review, or a category change is requested by the provider. Review of volumes may occur through FPPE or OPPE. Providers will be notified of any changes.

ARTICLE 4 - OFFICERS

A. **DESIGNATION**

The Medical Staff will have the following officers:

1. Chief of Staff;
2. Chief of Staff Elect; and
3. Immediate Past Chief of Staff.

B. **ELIGIBILITY CRITERIA**

1. Only those members of the Active Staff who satisfy the following criteria initially and continuously will be eligible to serve as an officer of the Medical Staff. They must:
    a. be appointed in good standing to the Active Staff, including the maintenance of a current, unrestricted license to practice in the State of Minnesota;
    b. be willing to faithfully discharge the duties and responsibilities of the position;
    c. have experience in a leadership position, or other involvement in performance improvement functions;
    d. have demonstrated an interest in maintaining quality medical care at the Hospital;
    e. have demonstrated an ability to work well with others;
    f. attend continuing education relating to Medical Staff leadership and/or credentialing functions prior to, or during the term of the office;
    g. have no pending adverse recommendations concerning staff appointment or clinical privileges;
    h. not currently be excluded, precluded, or debarred from participation in Medicare, Medicaid, or other federal or state governmental health care program, or subject to any related sanctions; and
    i. not presently be serving as a Medical Staff officer, Operating Committee member, or department chairperson at any other non-CentraCare hospital and will not so serve during their terms of office.

2. All Medical Staff officers must maintain these qualifications during their term of office. Failure to do so will result in the automatic removal of the individual from his or her office.

C. **DUTIES**

1. **Chief of Staff:**

The Chief of Staff will:

a. act in coordination and cooperation with the Administrator and others in management positions in matters of mutual concern involving the care of patients in the Hospital;

b. represent and communicate the views, policies and needs, and report on the activities of the Medical Staff to the Administrator, and the Operating Committee;

c. attend all regular meetings of the Operating Committee, with vote, as the official liaison between the Medical Staff and Operating Committee in accordance with the Hospital corporate bylaws. If unable to attend, the Chief of Staff may appoint another member of the Active Staff to attend as his or her designee;

d. provide day-to-day liaison on medical staff matters with the Administrator and the Operating Committee;

e. call, preside at, and be responsible for the agenda of all meetings of the Full Medical Staff and the Medical Executive Committee;

f. appoint all committee chairpersons, in consultation with the Chief Medical Officer;

g. serve as chairperson of the Medical Executive Committee (with vote, as necessary);

h. be an *ex officio* member, with vote, of all other Medical Staff committees, including the Peer Review and Medical Practice Evaluation Committee;

i. promote adherence to these Bylaws, Medical Staff policies, the Rules and Regulations and to the policies and procedures of the Hospital;

j. recommend Medical Staff representatives to Hospital committees;

k. be the spokesperson for the Medical Staff in external professional and public relations; and

l. perform all functions authorized in all applicable policies, including collegial intervention in the Credentials Policy.

2. **Chief of Staff Elect:**

The Chief of Staff Elect will:

a. assume all duties of the Chief of Staff and act with full authority as Chief of Staff in his or her absence;

b. serve as a voting member of the Medical Executive Committee and the Peer Review and Medical Practice Evaluation Committee;

c. automatically succeed the Chief of Staff at the completion of his/her term or in the event of a vacancy, subject to confirmation by the Medical Executive Committee; and

d. may attend meetings of the Operating Committee, without vote, in accordance with the Hospital corporate bylaws.

3. **Immediate Past Chief:**

The Immediate Past Chief will:

a. serve as an advisor to other Medical Staff Leaders;

b. serve as a voting member of the Medical Executive Committee and the Peer Review and Medical Practice Evaluation Committee; and

c. perform other duties as are assigned by the Chief of Staff or the Medical Executive Committee.

D. **SUCCESSION, NOMINATION AND ELECTION PROCESSES**

1. **Succession Process:**

a. The Chief of Staff Elect will automatically succeed the Chief of Staff at the completion of Chief of Staff's current term, subject to confirmation by the Medical Executive Committee.

b. In the event that the Medical Executive Committee fails to confirm the succession of the Chief of Staff Elect as described in (a) above, the Medical Executive Committee may ask the outgoing Chief of Staff to serve an additional two-year term or direct that the vacancy in the office of the Chief of Staff be filled by election at the annual meeting of the Medical Staff.

2. **Nomination Process:**

a. The Chief of Staff will appoint a Nominating Committee. Potential candidates for office who serve on the Nominating Committee will keep in mind any potential conflicts of interest and act accordingly (i.e., recuse himself or herself, when appropriate).

b. Prior to the annual meeting of the Medical Staff, the Nominating Committee will prepare a slate of nominees for the position of Chief of Staff Elect and any other forthcoming vacancy in office. Each nominee must meet the eligibility criteria in Section 4.B and agree to serve, if elected. Notice of the nominees will be provided to the members of the Medical Staff.

c. The names of additional candidates for any vacant office may also be submitted to the Nominating Committee by any member of the Active Staff, so long as the nomination is presented prior to the annual meeting. In order for such a candidate to be placed on the ballot at the annual

meeting, the individual must be willing to serve and must, in the judgment of the Nominating Committee, satisfy the qualifications in Section 4.B of these Bylaws.

d. Nominations from the floor will not be accepted.

3. **Election Process:**

a. If there are two or more candidates for any office, the vote will be by written or electronic ballot.

b. If any voting member of the Medical Staff is unable to attend the meeting, the member may request an absentee ballot (hard copy or electronic) from the Medical Staff Office. Absentee ballots, which will be granted at the discretion of the Chief of Staff, must be returned to the Medical Staff Office by Noon on the day before the annual meeting. The absentee ballots will be counted prior to the meeting and will be included in the vote at the meeting.

c. The candidate(s) for any office who receives a majority of written or electronic votes cast will be elected. 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.

E. **TERM OF OFFICE, VACANCIES AND REMOVAL**

1. **Term of Office:**

a. Officers will assume office on the first day of the Medical Staff year (July 1).

b. The Chief of Staff, Chief of Staff Elect, and the Immediate Past Chief will serve for a term of two years, or in the case of a vacancy, until a successor is elected.

2. **Vacancies:**

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

b. A vacancy in the office of Immediate Past Chief of Staff may remain open or be filled by a prior Chief of Staff, at the discretion of the Medical Executive Committee.

3. **Removal:**

a. The Medical Executive Committee, by a two-thirds vote, may remove any officer or member of the Medical Executive Committee for:

i. failure to comply with applicable policies, Bylaws, or the Rules and Regulations;

ii. failure to perform the duties of the position held;

iii. conduct detrimental to the interests of the Medical Staff or the Hospital; or

iv. an infirmity that renders the individual incapable of fulfilling the duties of that office.

b. Prior to scheduling a meeting to consider removal, a representative from the Medical Executive Committee will meet with the individual in question and inform the individual of the reasons for the proposed removal proceedings.

c. The individual subject to removal will be given at least ten days' special notice of the date of the meeting at which removal is to be considered. The individual will be afforded an opportunity to speak to the Medical Executive Committee prior to a vote on removal.

d. Removal proceedings will be effective when approved by the Operating Committee.

ARTICLE 5 - MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

A. **MEDICAL STAFF COMMITTEES**

Except for the Medical Executive Committee, which is described below, the creation, composition, and responsibilities of all standing and special committees of the Medical Staff are set forth in the Organizational Manual.

B. **MEDICAL EXECUTIVE COMMITTEE**

1. **Composition:**

a. The Medical Executive Committee will consist of a maximum of fourteen members, and will include:

i. the Chief of Staff;

ii. the Chief of Staff Elect;

iii. the Immediate Past-Chief of Staff; and

iv. the seven medical directors of the following areas:

a. Anesthesia

b. Emergency Medicine

c. Geriatric Behavioral Health

d. Hospitalists

e. Obstetrics

f. Pediatrics

g. Surgical Services

v. a representative from the following areas:

a. Family Medicine

b. Advanced Practice Provider

vi. Additional at-large members to fill the maximum number of 14 members. If the Chief of Staff, Chief of Staff Elect, or Immediate Past Chief of Staff also fulfill the requirements of iv and or v above; MEC can choose to open up additional at-large member seats not to exceed the maximum of 14 MEC members.

At-large members will be nominated by a Nominating Committee. These nominations will be presented to the Medical Executive Committee for a vote at the annual meeting. Other physicians may be nominated from the floor at the annual meeting. However, all nominees must understand the requirements and duties of Medical Executive Committee membership and must agree to serve. Medical Executive Committee members may voluntarily resign and the Medical Executive Committee will review replacements. At-large members may be removed from the Medical Executive Committee in accordance with the process outlined in Section 4.E.3 of these Bylaws. At-large members will serve a two-year term and can be elected for subsequent terms by the Full Medical Staff at the annual meeting without term limits.

b. The President and/or Chief Medical Officer will be *ex officio* members, without vote, of the Medical Executive Committee.

c. Other administrative personnel may be invited to attend meetings of the Medical Executive Committee to provide input and support for the Committee.

d. There may be an additional non-physician member of the Operating Committee who serves as a non-voting Operating Committee representative.

e. The Chief of Staff will serve as Chairperson of the Medical Executive Committee.

f. The Advanced Practice Registered Nurse and/or Physician Assistant members of the Medical Executive Committee will be appointed to two (2) year terms by the Chief of Staff. They may be reappointed at the discretion of the Chief of Staff.

2. **Duties:**

The Medical Executive Committee is delegated the primary authority over activities related to functions of the Medical Staff and for performance improvement of the professional services provided by individuals with clinical privileges. This authority may be removed by amending these Bylaws and related policies. The Medical

Executive Committee is responsible to:

a. act on behalf of the Medical Staff in the intervals between Medical Staff meetings in all matters, without requirement of subsequent approval by the staff, subject only to any limitations imposed by these Bylaws.

b. recommend directly to the Operating Committee on at least the following:

   i. the Medical Staff's structure.

   ii. the mechanism used to review credentials and to delineate individual clinical privileges.

   iii. applicants for appointment and reappointment to the Medical Staff, Advanced Practice Provider Staff, Allied Health Professional Staff.

   iv. delineation of clinical privileges for each eligible individual.

   v. participation of the Medical Staff in performance improvement activities and the quality of professional services being provided by the Medical Staff;

   vi. the mechanism by which appointment to the Medical Staff, Advanced Practice Provider Staff and Allied Health Professional Staff may be terminated;

   vii. hearing procedures; and

   viii. reports and recommendations from Medical Staff committees DYAD meetings, and other groups, as appropriate.

c. participates in annual evaluation of medical staff service (including contractual);

d. delegate review of medical staff quality indicators to the Peer Review and Medical Practice Evaluation Committee;

e. provide leadership in activities related to patient safety;

f. provide oversight in the process of analyzing and improving patient satisfaction;

g. monitor the performance of all practitioners who have been granted clinical privileges;

h. review, at least every three years, the Bylaws, Rules and Regulations, policies, and associated documents of the Medical Staff and recommend such changes as may be necessary or desirable; and

i. perform such other functions as are assigned to it by these Bylaws, the Rules and Regulations, the Credentials Policy, or other applicable policies.

3. **Meetings:**

The Medical Executive Committee will meet monthly or more often as necessary to fulfill its responsibilities and maintain a permanent record of its proceedings and activities.

C. **PERFORMANCE IMPROVEMENT FUNCTIONS (Delegated to the Peer Review and Medical Practice Evaluation Committee and DYAD Leadership Partners)**

1. The Medical Staff is actively involved in the measurement, assessment and improvement of the following:
    a. medical assessment and treatment of patients;
    b. use of information about adverse privileging decisions for any practitioner privileged through the Medical Staff process;
    c. medication usage;
    d. the use of blood and blood components;
    e. operative and other procedures;
    f. appropriateness of clinical practice patterns;
    g. significant departures from established patterns of clinical practice;
    h. the use of established policy for autopsies;
    i. sentinel event data;
    j. patient safety data;
    k. the required content and quality of history and physical examinations, as well as the time frames required for completion, all of which are set forth in these Bylaws.
2. The Medical Staff participates in the following activities:
    a. education of patients;
    b. coordination of care, treatment, and services with other practitioners and Hospital personnel;
    c. accurate, timely, and legible completion of patient's medical records;
    d. review of findings of the assessment process that are relevant to an individual's performance. The Medical Staff is responsible for determining the use of this information in the initial and ongoing evaluations of a practitioner's competence; and
    e. communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body.

ARTICLE 6 - MEETINGS

A. **GENERAL**

1. **Medical Staff Year:**

   For the purpose of these Bylaws, the Medical Staff year commences on the first day of July and ends on the 30th day of June.

2. **Meetings:**

a. The Full Medical Staff will meet quarterly. The date of any Medical Staff meeting can be changed with prior notice.

b. Except as provided in these Bylaws, or the Organizational Manual, committees will meet as often as necessary.

c. Meetings may be conducted by telephone conference or by other electronic means.

3. **Regular Meetings:**

a. At the beginning of each Medical Staff year, the presiding officer (i.e., Chief of Staff or the relevant committee chairperson) will schedule regular meetings for the year. Notice of the quarterly Medical Staff meetings will be provided to all of the members of the Medical Staff, while notice of any scheduled committee meetings will be provided to the applicable committee members.

b. The annual meeting of the Medical Staff will be held in May.

4. **Special Meetings:**

a. A special meeting of the Medical Staff may be called by the Chief of Staff, a majority of the Medical Executive Committee, the Administrator, the Chairperson of the Operating Committee, or by a petition signed by at least 25% of the voting members of the Medical Staff.

b. A special meeting of any committee may be called by or at the request of the Chief of Staff, the Chief Medical Officer, the relevant chairperson, or by a petition signed by at least 25% of the voting members of the committee.

c. No business will be transacted at any special meeting except that stated in the meeting notice.

B. **PROVISIONS COMMON TO ALL MEETINGS**

1. **Presiding Officer:**

The presiding officer of any meeting of a committee shall be the committee chairperson (or his or her designee). The Chief of Staff (or his or her designee) shall be the presiding officer of any meeting of the Medical Staff.

2. **Notice:**

a. The notice of regular and special meetings will state the date, time, and place of the meeting.

b. Notice of any regular or special meeting of the Medical Staff, or of a committee, will be sent to each voting member of the Medical Staff or applicable committee member, via electronic mail, prior to the meeting.

c. The attendance of any individual at any meeting will constitute a waiver of that individual's notice of the meeting.

3. **Quorum and Voting:**

a. For any regular or special meeting of the Medical Staff or committee,

those voting members present (but not fewer than two), except for the Blood Transfusion Committee which will be one physician, shall constitute a quorum. Exceptions to this general rule are as follows:

i. for meetings of the Medical Executive Committee, the presence of at least 25% of the voting members of the committee will constitute a quorum; and

ii. for any amendments to these Medical Staff Bylaws, at least 10% of the Active Staff members present will constitute a quorum.

Once a quorum is established, the business of the meeting may continue and actions taken will be binding. If required, the Chief Medical Officer may be counted as a voting member of any Medical Staff committees (other than the Medical Executive Committee) for purposes of establishing a quorum.

b. Any individual, regardless of position or staff category, will be entitled to only one vote.

c. Recommendations and actions of the Medical Staff and committees will be by consensus of the voting members present. Except as otherwise provided in these Bylaws, in the event it is necessary to vote on an issue, the issue will be determined by a majority of the voting members, with the presiding officer determining the voting rights of any members who are not on the Active Staff, in accordance with Article 2 of these Medical Staff Bylaws.

d. The presiding officer has the discretion to present the voting members of the Medical Staff or a committee with a question by mail, facsimile, e-mail, hand-delivery, or telephone, with their votes returned to the presiding officer by the method designated in the notice. A quorum for purposes of these votes will be the number of responses returned to the presiding officer by the date indicated (but not fewer than two), except for the quorum requirements noted in (a) above. The question raised will be determined in the affirmative if a majority of the responses returned has so indicated.

e. The presiding officer has the discretion to conduct any meeting by telephone conference or video-conference.

4. **Agenda:**

The Chief of Staff or designee will set the agenda for regular and special meetings of the Medical Staff. The chairperson of each committee will set the agenda for general and special meetings of the respective committee. An effort will be made to provide notice of the proposed agenda to members of the Medical Staff five days in advance of the meeting. The agenda may be revised, including at the meeting, as needed.

5. **Rules of Order:**

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

6. **Minutes:**
    a. Minutes of all meetings of the Medical Staff and committees will be prepared and will include a record of the attendance of members and the recommendations made, including the adoption of any new policies.
    b. Minutes of Medical Staff, and committee meetings will be forwarded to the Medical Executive Committee.
    c. A permanent file of the official minutes of all Medical Staff and committee meetings will be maintained by the Hospital.

7. **Confidentiality:**
    a. Members of the Medical Staff who have access to, or are the subject of credentialing and/or peer review information, agree to maintain the confidentiality of this information.
    b. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Credentials Policy or other applicable Medical Staff or Hospital policy.
    c. A breach of confidentiality may result in the imposition of disciplinary action.

C. **ATTENDANCE**

1. **Regular and Special Meetings:**
    a. Members of the Active Staff are expected to attend all regular Medical Staff meetings and applicable committee meetings.
    b. Members of the Consulting, Courtesy and Affiliate Staff are expected to attend applicable committee meetings and address any concerns with their medical director.
    c. Members of the Medical Executive Committee and the Peer Review and Medical Practice Evaluation Committee are expected to attend all meetings and are required to attend 75% of the meetings held.

2. **Required Meetings:**
    a. Whenever there is an apparent or suspected deviation from standard clinical practice, or professional conduct involving any individual, the committee chairperson or the Chief of Staff may require the individual to attend a meeting with Medical Staff Leaders and/or with a standing or ad hoc committee of the Medical Staff.
    b. The procedures for, and consequences of failing to abide by these special attendance requirements are addressed in the Credentials Policy.

c. Medical Directors are required to attend regular DYAD/TRIAD meetings with their administrative partners.

ARTICLE 7 - CORRECTIVE ACTION/HEARING & APPEAL PROCESS

A. **INDICATIONS AND PROCESS FOR AUTOMATIC SUSPENSION AND RELINQUISHMENT**

1. Appointment and clinical privileges may be automatically suspended if an individual:
    a. fails to do any of the following:
        i. timely complete medical records;
        ii. satisfy threshold eligibility criteria;
        iii. provide requested information;
        iv. attend a requested meeting to discuss issues or concerns; or
        v. comply with the requirements outlined in the Professional Practice Evaluation Policy;
    b. is arrested, indicted, convicted, or enters a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; (iv) violence; (v) sexual misconduct; or (vi) moral turpitude;
    c. makes a misstatement or omission on an application form; or
    d. in the case of a member of the Advanced Practice Provider Staff or Allied Health Professional Staff, if required, fails to maintain an appropriate supervision/collaboration relationship with a Supervising/Collaborating Physician as defined in the Credentials Policy.
2. Automatic suspension will take effect immediately and will continue until the matter is resolved, if applicable.

B. **INDICATIONS AND PROCESS FOR PRECAUTIONARY SUSPENSION**

1. Whenever failure to take action may result in imminent danger to the health and/or safety of any individual, the Administrator, the Chief of Staff, the Chief Medical Officer, the Medical Executive Committee, or the chairperson of the Operating Committee is authorized to suspend or restrict all or any portion of an individual's clinical privileges pending an investigation.
2. A precautionary suspension is effective immediately and will remain in effect unless it is modified by the Administrator or the Medical Executive Committee.
3. The individual will be provided a brief written description of the reason(s) for the precautionary suspension.
4. The Medical Executive Committee will review the reasons for the suspension within a reasonable time.

5. Prior to, or as part of this review, the individual will be given an opportunity to meet with the Medical Executive Committee.

C. **INDICATIONS AND PROCESS FOR PROFESSIONAL REVIEW ACTIONS**

Following an investigation, the Medical Executive Committee may recommend, subject to final Operating Committee action, suspension or revocation of appointment or clinical privileges based on concerns about:

1. clinical competence or clinical practice, including patient care, treatment or management;
2. the known or suspected violation of applicable ethical standards or the bylaws, policies, rules and regulations of the Medical Staff or the Hospital; or
3. conduct that is considered lower than the standards of the Hospital or disruptive to the orderly operation of the Hospital or its Medical Staff, Advanced Practice Provider Staff, and Allied Health Professional Staff, including the inability of the member to work harmoniously with others.

D. **HEARING AND APPEAL PROCESS**

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

ARTICLE 8 - AMENDMENTS

A. **MEDICAL STAFF BYLAWS**

1. Amendments to these Bylaws may be proposed by a petition signed by 25% of the voting members of the Medical Staff or by the Medical Executive Committee.
2. All proposed amendments must be reviewed by the Chief of Staff and the Medical Executive Committee prior to a vote by the Medical Staff. The Chief of Staff or designee will provide notice of all proposed amendments, including amendments proposed as set forth above, to the voting members of the Medical Staff. The Chief of Staff may also report on any proposed amendments, either favorably or unfavorably, at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose.
3. The proposed amendments may be voted upon by written or electronic ballot at the specified meeting provided the amendments have been made available to the Medical Staff at least 14 days prior to the meeting. To be adopted, the amendment must receive a majority of the votes cast by the voting staff at the meeting.
4. At the discretion of the Chief of Staff, proposed amendments may also be presented to the voting staff by written or electronic ballot, provided the amendments have been made available to the Medical Staff at least **14** days prior to the return date requested for the vote. The Chief of Staff may include a written report on the proposed amendments with the ballot either favorably or unfavorably. To be adopted, an amendment must receive a majority of the votes returned to the Medical Staff Office by the date indicated, which shall be determined by the Chief of Staff.
5. The Medical Executive Committee will have the power to adopt such amendments to these Bylaws which are needed because of reorganization, renumbering, or punctuation, spelling or other errors of grammar or expression.
6. All amendments will be effective only after approval by the Operating Committee.
7. If the Operating Committee has determined not to accept a recommendation submitted to it by the Medical Executive Committee or the Medical Staff, the Medical Executive Committee may request a conference between the officers of the Operating Committee and the officers of the Medical Staff. Such conference will be for the purpose of further communicating the Operating Committee's rationale for its contemplated action and permitting the officers of the Medical Staff to discuss the rationale for the recommendation. Such a conference will be scheduled by the Administrator within two weeks after receipt of a request.
8. These Bylaws may not be unilaterally amended by the Medical Executive Committee, the Medical Staff, or the Operating Committee.

B. **OTHER MEDICAL STAFF DOCUMENTS**

1. In addition to the Medical Staff Bylaws, there are the Rules and Regulations and Medical Staff policies and manuals that are applicable to Medical Staff, Advanced Practice Provider Staff and Allied Health Professional Staff members and to other individuals who have been granted a scope of practice.

2. An amendment to the Credentials Policy, Privilege & Hearing Manual or Organization Manual may be made by a majority vote of the members of the Medical Executive Committee. Notice of all proposed amendments to these documents will be provided via electronic mail to each voting member of the Medical Staff at least 14 days prior to the vote by the Medical Executive Committee. Any voting member may submit written comments on the amendments to the Medical Executive Committee.
3. An amendment to the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Executive Committee. Notice of all proposed amendments to the Rules and Regulations will be provided via electronic mail to each voting member of the Medical Staff at least 14 days prior to the vote by the Medical Executive Committee. Any voting member may submit written comments on the amendments to the Medical Executive Committee.
4. The Medical Executive Committee and the Operating Committee will have the power to provisionally adopt urgent amendments to the Rules and Regulations that are needed in order to comply with a law or regulation, without providing prior notice of the proposed amendments to the Medical Staff. Notice of all provisionally adopted amendments will be provided to each member of the Medical Staff as soon as possible. The Medical Staff will have 14 days to review and provide comments on the provisional amendments to the Medical Executive Committee. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendments will stand. If there is conflict over the provisional amendments, then the process for resolving conflicts set forth below will be implemented.
5. All other Medical Staff policies may be adopted and amended by a majority vote of the Medical Executive Committee. No prior notice is required. Amendments to Medical Staff policies will be distributed to or otherwise made available to Medical Staff, Advanced Practice Provider Staff and Allied Health Professional Staff members in a timely manner.
6. Amendments to the Credentials Policy, any other Medical Staff policy, or the Rules and Regulations, may also be proposed by a petition signed by at least 25% of the voting members of the Medical Staff. Notice of any such proposed amendment to these documents will be provided to the Chief of Staff at least 30 days prior to being voted on by the Medical Executive Committee.
7. Adoption of, and changes to the Credentials Policy, Medical Staff Rules and Regulations, Privilege & Hearing Manual, Organization Manual, and other Medical Staff policies as identified by the Medical Executive Committee will become effective only when approved by the Operating Committee.

C. **PROHIBITION OF UNILATERAL AMENDMENT**
These Bylaws may not be unilaterally amended by the Medical Executive Committee, the Medical Staff, or the Board.

D. **CONFLICT MANAGEMENT PROCESS**

1. When there is a conflict between the Medical Staff and the Medical Executive Committee, supported by a petition signed by 25% of the voting staff, a special meeting of the Medical Staff will be called. The agenda for that meeting will be

limited to the amendment(s) or policy at issue. The purpose of the meeting is to resolve the differences that exist with respect to Medical Staff Rules and Regulations or policies.

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

ARTICLE 9 - HISTORY AND PHYSICAL PRIVILEGES

Qualified licensed practitioners granted privileges to do so may perform history and physicals (H&Ps) or updates to H&Ps. Qualified licensed practitioners who are not privileged may perform H&Ps according to state law, however, a credentialed and privileged licensed practitioner must provide an update to the H&P. Privileges to admit include the privilege to perform or update a history and physical.

Privileges to perform an H&P or an update to an H&P are granted only to:

A. Physicians:

   Privileges to conduct or update the H&P may be granted upon request to qualified physicians who are members of the medical staff or seeking temporary or locum tenens privileges.

B. Dentists, Oral/Maxillofacial Surgeons and Podiatrists:

   Privileges to conduct or update H&Ps only for those patients admitted solely for dentistry, oral/maxillofacial surgery or podiatric surgery, may be granted upon request to qualified oral/maxillofacial surgeons or podiatrists, as applicable, who are members of the medical staff or seeking temporary privileges.

C. Advanced Practice Providers or Allied Health Professionals:

   Who may perform H&Ps within the scope of their practice license.

ARTICLE 10 - ADOPTION

A. These Bylaws, Credentials Policy, Privilege & Hearing Manual and Organization Manual are adopted and made effective upon approval of the Operating Committee, superseding and replacing any and all previous Medical Staff Bylaws, policies, manuals or Hospital policies pertaining to the subject matter thereof.

B. The present Rules and Regulations of the Medical Staff are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time they are amended. To the extent they are inconsistent, the Rules and Regulations are of no force or effect.

REGULATORY CITATIONS

Facility specific, none stated

REFERENCE CITATIONS

Facility specific, none stated

Approval Signatures

Step Description	Approver	Date
Operating Committee	Karleen Janssen: MONT EXEC ASST TO ADMINISTRATOR EX	03/2024
Medical Executive Committee	Karen Chatterton: MONT ADMINISTRATIVE ASSISTANT II NE	03/2024
Document Owner	Karleen Janssen: MONT EXEC ASST TO ADMINISTRATOR EX	03/2024

Applicability

CentraCare - Monticello