

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
WellSpan Dr. Roy A. Himelfarb Surgery Center**

MEDICAL STAFF BYLAWS

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

Unless otherwise indicated, the definitions that apply to terms used in these Bylaws are set forth in the Medical Staff Credentials Policy.

1.B. DELEGATION OF FUNCTIONS

- (1) When a function under these Bylaws is to be carried out by a member of Administrative Leadership, by a Medical Staff member, or by a Medical Staff committee, including a Peer Review Committee, the individual, or the committee through its chair, may delegate performance of the function to a qualified designee who is a practitioner or Ambulatory Surgical Facility (“ASF”) employee (or a committee of such individuals). Any such designee must treat and maintain Privileged Peer Review Information in a strictly confidential manner and is bound by all other terms, conditions, and requirements of the Medical Staff Bylaws and related policies. In addition, the delegating individual or committee is responsible for ensuring that the designee appropriately performs the function in question. Any documentation created by the designee are records of the committee that is ultimately responsible for the review in a particular matter.
- (2) When an individual assigned a function under these Bylaws is unavailable or unable to perform that function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.C. SUBSTANTIAL COMPLIANCE

While every effort will be made to comply with all provisions of these Bylaws, substantial compliance is required. Technical or minor deviations from the procedures set forth within these Bylaws do not invalidate any review or action taken.

1.D. MEDICAL STAFF DUES (Intentionally left Blank)

ARTICLE 2

CATEGORIES OF THE MEDICAL STAFF

Only those individuals who satisfy the qualifications and conditions for appointment to the Medical Staff contained in the Credentials Policy are eligible to apply for appointment to one of the categories listed below. All categories, with the respective rights and obligations of each, are summarized in the chart attached as **Appendix A** to these Bylaws.

2.A. ACTIVE STAFF

2.A.1. Qualifications:

The Active Staff shall consist of physicians, dentists, oral and maxillofacial surgeons, and podiatrists who:

- (a) are involved in at least 24 patient contacts per two-year appointment term; and
- (b) have expressed a willingness to contribute to Medical Staff functions and/or demonstrated a commitment to the Medical Staff and Ambulatory Surgical Facility through service on committees and/or active participation in performance improvement or professional practice evaluation functions.

Guidelines:

Unless an Active Staff member can definitively demonstrate to the satisfaction of the MEC at the time of reappointment that his or her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has fewer than 24 patient contacts during his or her two-year Appointment term shall not be eligible to request Active Staff status at the time of his or her reappointment unless the MEC recommends an exception.
- ** The member will be transferred to another staff category that best reflects his or her relationship to the Medical Staff and the Ambulatory Surgical Facility (options – Courtesy, Consulting, Affiliate, or Coverage).

2.A.2. Prerogatives:

Active Staff members may:

- (a) vote in all general and special meetings of the Medical Staff

- (b) exercise such clinical privileges as are granted to them.

2.A.3. Responsibilities:

- (a) Active Staff members must assume all the responsibilities of membership on the Active Staff, including:
 - (1) serving on committees, as requested;
 - (2) participating in the evaluation of new members of the Medical Staff;
 - (3) participating in the professional practice evaluation and performance improvement processes (including constructive participation in the development of clinical practice protocols and guidelines pertinent to their medical specialties);
 - (4) performing assigned duties; and
 - (5) paying any application fees, dues, and assessments.

2.B. COURTESY STAFF

2.B.1. Qualifications:

The Courtesy Staff shall consist of physicians, dentists, oral and maxillofacial surgeons, and podiatrists who:

- (a) are involved in at least one, but fewer than 24, patient contacts per two-year Appointment term;
- (b) meet all the same threshold eligibility criteria as other Medical Staff members, including specifically those relating to availability and response times with respect to the care of their patients; and
- (c) at each reappointment time, 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 appointment and clinical privileges (including, but not limited to, information from another ASF, information from the individual's office practice, information from insurers or managed care organizations in which the individual participates, and/or receipt of confidential evaluation forms completed by referring/referred to physicians).

Guidelines:

Unless a Courtesy Staff member can definitively demonstrate to the satisfaction of the MEC at the time of reappointment that his or her practice patterns have changed and that he/she will satisfy the activity requirements of this category:

- * Any member who has fewer than four patient contacts during his or her two-year appointment term will be transferred to another staff category that accurately reflects his or her relationship to the Medical Staff and the ASF (options – Consulting, Affiliate, or Coverage).
- ** Any member who has 24 or more patient contacts during or at the conclusion of his or her two-year appointment term may be transferred to Active Staff status if the MEC recommends making an exception to this Guideline, at the discretion of the MEC

2.B.2. Prerogatives and Responsibilities:

Courtesy Staff members:

- (a) shall exercise such clinical privileges as are granted to them;
- (b) may attend and participate in Medical Staff meetings (without vote);
- (c) may be invited to serve on committees (with vote);
- (d) shall cooperate in the professional practice evaluation and performance improvement processes; and
- (e) shall pay any application fees, dues, and assessments.

2.C. CONSULTING STAFF (Intentionally left Blank)

2.D. AFFILIATE STAFF (Intentionally left Blank)

2.E. COVERAGE STAFF (Intentionally left Blank)

2.F. TELEMEDICINE STAFF

2.F.1. Qualifications:

- (a) The Telemedicine Staff shall consist of physicians who are licensed to practice medicine in Pennsylvania and who meet all of the qualifications for Medical Staff appointment outlined in the Credentials Policy
- (b) Individuals assigned to this category may be granted telemedicine privileges in accordance with Article 4 of the Credentials Policy. Any telemedicine privileges

that are granted in conjunction with a contractual agreement shall be incident to and coterminous with the agreement.

2.F.2. Prerogatives and Responsibilities:

Telemedicine Staff members:

- (a) may not admit patients to the ASF;
- (b) shall be entitled to attend Medical Staff meetings (without vote);
- (c) may be appointed to committees (with vote);
- (d) shall cooperate in the performance improvement and ongoing and focused professional practice evaluation activities; and
- (e) shall pay any application fees, dues, and assessments.

2.G. HONORARY STAFF (Intentionally left Blank)

ARTICLE 3

MEDICAL DIRECTOR

3.A. DESIGNATION

The officer of the Medical Staff shall be the Medical Director.

3.B. ELIGIBILITY CRITERIA

- (1) Only those members of the Medical Staff who satisfy the following criteria initially and continuously shall be eligible to serve as Medical Director, unless an exception is recommended by the MEC and approved by the Board. The Medical Director must:
 - (a) be appointed in good standing to the Active Staff, and have served on the Active Staff for at least two years;
 - (b) have no past or pending adverse recommendations concerning Medical Staff Appointment or clinical privileges;
 - (c) not presently be serving as a Medical Staff officer or Board member at any other ambulatory surgical facility that is not affiliated with WellSpan and shall not so serve during his/her term of office without approval of the ASF Board of Directors.
 - (d) be willing to faithfully discharge the duties and responsibilities of the position;
 - (e) have experience in a leadership position or other involvement in performance improvement functions;
 - (f) attend continuing education relating to Medical Staff leadership, credentialing, and/or peer review functions prior to or during the term of the office, when requested;
 - (g) have demonstrated an ability to work well with others; and
 - (h) disclose any financial relationship (i.e., an ownership or investment interest or a compensation arrangement) with an entity that competes with the ASF or any affiliate. This does not apply to services provided within a practitioner's office and billed under the same provider number used by the practitioner. The MEC shall assess any such conflicts to determine whether they are such that they render the individual ineligible for the position.

- (2) The Medical Director *and at-large members of the MEC* must maintain such qualifications during their term of office. Failure to do so shall automatically create a vacancy in the office involved, unless an exception is recommended by the MEC and approved by the Board.

3.C. DUTIES

- (a) act in coordination and cooperation with Ambulatory Surgical Facility Administration in matters of mutual concern involving the care of patients in the Ambulatory Surgical Facility;
- (b) represent and communicate the views, policies, and needs, and report on the activities, of the Medical Staff to the Ambulatory Surgical Facility President and the Board;
- (c) call, preside at, and be responsible for the agenda of all meetings of the Medical Staff and the MEC;
- (d) chair the MEC *and Leadership Council* (with vote, as necessary) and be a member of all other Medical Staff committees, *ex officio*, without vote;
- (e) promote adherence to the Bylaws, policies, Rules and Regulations of the Medical Staff and to the policies and procedures of the Ambulatory Surgical Facility; and
- (f) perform all functions authorized in all applicable policies, including collegial counseling in the Credentials Policy.
- (g) oversee the preparation of accurate and complete minutes of all MEC and general Medical Staff meetings;
- (h) be responsible for oversight of the accounting for any funds in the Medical Staff Fund and report to the Medical Staff.

3.F NOMINATING COMMITTEE OPTION

- (1) The Nominating Committee shall consist of members, appointed by the Medical Director to be representative of the specialties of the Medical Staff. When possible, preference shall be given to individuals who have served in past Medical Staff leadership roles. The Medical Director shall designate one member of the committee to serve as the Chair
- (2) The committee shall convene at least 45 days prior to the election and shall submit the names of at least one qualified nominee for the office of Medical Director *[and [insert number] of at-large MEC members]*. All nominees must meet the eligibility criteria in Section 3.B and agree to serve, if elected. Notice of the nominees shall be provided to the Active Staff at least 21 days prior to the election.

- (3) Additional nominations may also be submitted in writing by petition signed by at least five members of the Active Staff at least 14 days prior to the election. In order for a nomination to be added to the ballot, the candidate must meet the qualifications in Section 3.B, in the judgment of the Nominating Committee, and be willing to serve.
- (4) Nominations from the floor shall not be accepted.

3.E. ELECTION

- (1) Elections shall generally be held by written or electronic ballot returned to Medical Staff Services in the manner as indicated on the ballot at the time it is distributed. Ballots shall be provided to all members of the Active Staff and completed ballots must be received in Medical Staff Services by the date indicated on the ballot. Those who receive a majority of the votes cast shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role.
- (2) In the alternative, and in the discretion of the MEC, elections may occur at called meetings of the Medical Staff. Candidates receiving a majority of votes cast at the meeting by those members of the Active Staff present and voting at that meeting shall be elected, subject to Board confirmation, which confirmation shall signify that the individual is entitled to legal protections and indemnification by the Board for acting in a Medical Staff leadership role. If no candidate receives a simple majority vote on the first ballot, a run-off election shall be held promptly between the two candidates receiving the highest number of votes.

3.F. TERM OF OFFICE

Medical Director shall serve for a term of two years or until a successor is elected or appointed. The term of office shall commence on the first day of the staff year following election.

3.G. REMOVAL FROM OFFICE OR MEMBERSHIP ON THE MEDICAL EXECUTIVE COMMITTEE

- (1) Removal of Medical Director or member of the MEC may be effectuated by a two-thirds vote of the MEC, or by a two-thirds vote of the Active Staff, or by the Board. Grounds for removal shall be:
 - (a) failure to comply with applicable policies, Bylaws, or Rules and Regulations;

- (b) failure to perform the duties of the position held;
 - (c) conduct detrimental to the interests of the Ambulatory Surgical Facility and/or its Medical Staff; or
 - (d) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (2) At least 10 days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the MEC, the Active Staff, or the Board, as applicable, prior to a vote on removal. No removal shall be effective until approved by the Board.

Article 4
DUTIES OF DEPARTMENT VICE CHAIRS (Intentionally left Blank)

ARTICLE 5

MEDICAL STAFF COMMITTEES AND PERFORMANCE IMPROVEMENT FUNCTIONS

5.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article and the Medical Staff Organization Manual outline the Medical Staff committees that carry out ongoing and focused professional practice evaluations and other performance improvement functions that are delegated to the Medical Staff by the Board.

5.B. APPOINTMENT OF MEMBERS

- (1) Unless otherwise indicated, all committee members shall be appointed by the Medical Director. Advanced Practice Professionals and Licensed Independent Practitioners may be appointed to serve as voting members of Medical Staff committees.
- (4) Unless otherwise indicated, all ASF and administrative representatives on the committees shall be appointed by the Medical Director. All such representatives shall serve on the committees, without vote.

5.C. MEDICAL EXECUTIVE COMMITTEE/Medical Advisory Committee/Governing Body acting as Medical Executive Committee (referred to as MEC throughout)

5.C.1. Composition:

- (a) The MEC shall consist of at least three voting members:
- (b) The ASF President, Chief Nursing Officer and Advanced Practice Provider may attend and serve as *ex officio*, non-voting members.
- (c) The Medical Director will chair the MEC.
- (d) Other Medical Staff members or ASF personnel may be invited to attend a particular MEC meeting (as guests, without vote) in order to assist the MEC in its discussions and deliberations regarding an issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others. Such individuals are an integral part of the committee's functioning and are bound by the same confidentiality requirements as the standing members of the MEC.

5.C.2. Duties:

The MEC has the primary oversight authority related to professional activities and functions of the Medical Staff and performance improvement activities regarding the professional services provided by Medical Staff members with clinical privileges. This authority may be removed or modified by amending these Bylaws and related policies. The MEC is responsible for the following:

- (a) acting on behalf of the Medical Staff in the intervals between Medical Staff meetings;
- (b) recommending directly to the Board on at least the following:
 - (1) the Medical Staff's structure;
 - (2) the mechanism used to review credentials and to delineate individual clinical privileges;
 - (3) applicants for Medical Staff appointment and reappointment;
 - (4) delineation of clinical privileges for each eligible individual;
 - (5) participation of the Medical Staff in Ambulatory Surgical Facility performance improvement activities and the quality of professional services being provided by the Medical Staff;
 - (6) the mechanism by which Medical Staff appointment may be terminated; and
 - (7) hearing procedures;
- (c) consulting with the ASF Medical Director on quality-related aspects of contracts for patient care services;
- (d) receiving and acting on reports and recommendations from Medical Staff committees, departments, and other groups as appropriate, and making appropriate recommendations for improvement when there are significant departures from established or expected clinical practice patterns;
- (e) reviewing (or delegating the review of) quality indicators to ensure uniformity regarding patient care services;
- (f) providing leadership in activities related to patient safety;
- (g) providing oversight in the process of analyzing and improving patient satisfaction;
- (h) prioritizing continuing medical education activities;

- (i) reviewing, or delegating to a Task Force the responsibility to review, at least once every five years, the Bylaws, policies, Rules and Regulations, and associated documents of the Medical Staff and recommending such changes as may be necessary or desirable; and
- (j) performing such other functions as are assigned to it by these Bylaws, the Credentials Policy, the Board, or other applicable policies.

5.C.3. Meetings:

The MEC shall meet as necessary to fulfill their responsibilities and shall maintain a permanent record of its proceedings and actions.

5.D. CREATION OF STANDING COMMITTEES

In accordance with the amendment provisions in the Organization Manual, the MEC may establish additional committees to perform one or more staff functions and may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required to be performed by these Bylaws which is not assigned to an individual Medical Staff member, a standing committee, or a special task force shall be performed by the MEC.

5.E. SPECIAL COMMITTEES

Special committees shall be created and their Medical Staff members and chairs shall be appointed by the Medical Director. Such task forces shall confine their activities to the purpose for which they were appointed and shall report to the MEC.

ARTICLE 6

MEETINGS

6.A. MEDICAL STAFF YEAR

The Medical Staff year is July to June.

6.B. MEDICAL STAFF MEETINGS

6.B.1. Regular Meetings: (Intentionally left Blank)

6.B.2. Special Meetings:

Special meetings of the Medical Staff may be called by the Medical Director the MEC, the Board, or by a petition signed by not less than 10% of the Active Staff.

6.C. DEPARTMENT AND COMMITTEE MEETINGS (Intentionally left Blank)

6.D. PROVISIONS COMMON TO ALL MEETINGS

6.D.1. Notice of Meetings:

- (a) When a special meeting of the Medical Staff, is called, the primary mechanism utilized for providing notice will be e-mail; however, notice may also be provided by mail, facsimile, hand delivery, posting in a designated electronic or physical location, or telephone at least 48 prior to the meetings. All notices shall provide the date, time, and place of the meetings. Posting may not be the sole mechanism used for providing notice of a special meeting.
- (b) The attendance of any individual Medical Staff member at any meeting shall constitute a waiver of that individual's objection to the notice given for the meeting.

6.D.2. Quorum and Voting:

- (a) For any meeting of the Medical Staff, those voting members present (but not fewer than two) shall constitute a quorum. Exceptions to this general rule are as follows:
 - (1) for meetings of the MEC, the presence of at least 50% of the voting members of the committee shall constitute a quorum;
 - (2) for meetings of the Peer Review Committee, the presence of at least 25% of the voting members of the committee shall constitute a quorum; and

- (3) for amendments to these Medical Staff Bylaws, at least 10% of the Voting Staff shall constitute a quorum.
- (b) The Medical Director may permit some members of the Medical Staff that is meeting in person to participate in the meeting via telephone or videoconference. All such individuals shall count for purposes of calculating the quorum and for voting.
- (c) As an alternative to an in-person meeting, at the discretion of the Medical Director, may be conducted entirely by telephone or videoconference or the voting members may also be presented with a question by mail, facsimile, e-mail, hand delivery, website posting, or telephone and their votes returned to the Medical Director by the method designated in the notice. Except for amendments to these Bylaws (which requires a 10% quorum) actions by the MEC, (which require a 50% quorum), and actions by the Peer Review Committee (which require a 25% quorum), a quorum for purposes of these votes shall be the number of responses returned to the Medical Director by the date indicated. The question raised shall be determined in the affirmative if a majority of the responses returned has so indicated.
- (d) When determining whether a specific percentage or a majority has been achieved with respect to a vote of the Medical Staff or a department or committee, an individual who has recused himself or herself from participation in the vote shall not be counted as a voting member (for example, if there are ten voting members of a committee and one recuses himself or herself on a particular matter, the majority vote for that matter would be calculated as five of the remaining nine votes).
- (e) Recommendations and actions of the Medical Staff, departments, and committees shall be by consensus. In the event it is necessary to vote on an issue, that issue will be determined by a majority vote of those individuals present. Voting may be by written ballot at the discretion of the Medical Director.

6.D.3. Agenda:

The Medical Director for the meeting shall set the agenda for any regular or special meeting of the Medical Staff

6.D.4. Rules of Order:

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

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

- (a) Minutes of all meetings of the Medical Staff shall be prepared and shall include a record of the attendance of Medical Staff members and the recommendations made and the votes taken on each matter. The minutes shall be signed by the Medical Director.
- (b) A summary of all recommendations and actions of the Medical Staff shall be transmitted to the MEC and to the Medical Director for purposes of keeping the Board apprised of the activities of the Medical Staff and its departments and committees.
- (c) A permanent file of the minutes of all meetings shall be maintained by the ASF.

6.D.6. Confidentiality:

All Medical Staff business is considered confidential and proprietary and should be treated as such. However, members of the Medical Staff who have access to, or are the subject of, Privileged Peer Review Information understand that this information is subject to heightened sensitivity and, as such, agree to maintain the confidentiality of this information. Privileged Peer Review Information 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 ASF policy. A breach of confidentiality with regard to any Medical Staff information may result in the imposition of disciplinary action.

6.D.7. Attendance Requirements:

- (a) Attendance at meetings of the MEC, Peer Review Committee is required. All members are required to attend at least 50% of all regular and special meetings of these committees. Failure to attend the required number of meetings may result in replacement of the member.
- (b) Each Medical Staff member is encouraged, but not required, to attend and participate in all Medical Staff meetings

ARTICLE 7

LEGAL PROTECTIONS FOR PRACTITIONERS PERFORMING MEDICAL STAFF FUNCTIONS

Practitioners have significant personal legal protections from various sources when they perform functions pursuant to these Bylaws, the Credentials Policy, the Medical Staff Organization Manual, and all other policies of the Medical Staff and ASF, as long as they maintain confidentiality and act in accordance with these Bylaws and related policies. The sources of these legal protections include:

- (a) As set forth in Section 2.C.2 of the Credentials Policy, all practitioners agree, as a condition of applying for appointment, reappointment, and/or clinical privileges, to release from liability, extend immunity to, and not sue other practitioners for any actions, recommendations, communications, and/or disclosures made or taken in the course of credentialing and peer review (PPE) activities.
- (b) All applicants for appointment, reappointment, and clinical privileges sign an application form by which they release from liability and agree not to sue other practitioners who participate in credentialing and peer review (PPE) activities.
- (c) Protections are also available under both the Pennsylvania Peer Review Protection Act and the federal Health Care Quality Improvement Act (“HCQIA”) for practitioners who participate in credentialing and peer review (PPE) activities. The Medical Staff Bylaws and related policies have been structured to take full advantage of these legal protections.
- (d) The ASF will indemnify practitioners who perform functions under these Bylaws and related policies for any claims made against the practitioner that are not completely covered by an applicable insurance policy, in accordance with the ASF’s corporate bylaws.

ARTICLE 8

AMENDMENTS

8.A. MEDICAL STAFF BYLAWS

- (1) Amendments to these Bylaws may be proposed by a petition signed by at least two voting members of the Active Staff or by the MEC.
- (2) The MEC shall present proposed amendments to the Active Staff by written or electronic ballot, to be returned to Medical Staff Services by the date and in the manner indicated on the ballot, which date shall be at least 14 days after the proposed amendment was provided to the Active Staff. To be adopted, (i) the amendment must be voted on by at least 10% of the Active Staff, and (ii) the amendment must receive a majority of the votes cast.
- (3) The MEC shall have the power to adopt such clarifications to these Bylaws which are needed because of renumbering, punctuation, spelling or errors of grammar, or change of name(s) or title(s).
- (4) All amendments shall be effective only after approval by the Board.
- (5) If the Board has determined not to accept a recommendation submitted to it by the MEC or the Medical Staff, the MEC may request a conference between the officers of the Board and the Medical Director. Such conference shall be for the purpose of further communicating the Board'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 ASF within two weeks after receipt of a request for same submitted by the Medical Director
- (6) Neither the Medical Staff, the MEC, nor the Board shall unilaterally amend these Bylaws.

8.B. OTHER MEDICAL STAFF DOCUMENTS

- (1) In addition to the Medical Staff Bylaws, there shall be policies, procedures and Rules and Regulations that shall be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice. The Credentials Policy, the Medical Staff Organization Manual, and the Medical Staff Rules and Regulations shall be considered an integral part of the Medical Staff Bylaws but will be amended in accordance with this section.
- (2) An amendment to the Credentials Policy, Medical Staff Organization Manual, or the Medical Staff Rules and Regulations may be made by a majority vote of the members of the MEC present and voting at any meeting of that committee where a

quorum exists. Notice of all proposed amendments to these documents shall be provided via mail, facsimile, or e-mail to each Active Staff member at least 14 days prior to the MEC meeting when the vote is to take place. Any member of the Active Staff may submit written comments on the amendments to the MEC.

- (3) The present Medical Staff Rules and Regulations are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws. To the extent any present Rules and Regulations are inconsistent with these Bylaws, they are of no force or effect.
- (4) All other policies of the Medical Staff (e.g., peer review policy; professionalism policy) may be adopted and amended by a majority vote of the MEC. No prior notice is required.
- (5) Amendments to the Medical Staff policies and to the Rules and Regulations may also be proposed by a petition signed by at least 20% of the Active Staff. Any such proposed amendments will be reviewed by the MEC, which shall report on the proposed amendments either favorably or unfavorably before they are forwarded to the Board for its final action.
- (6) Adoption of and changes to the Credentials Policy, Medical Staff Organization Manual, Medical Staff Rules and Regulations, and other Medical Staff policies will become effective only when approved by the Board.

8.C. CONFLICT MANAGEMENT PROCESS

- (1) When there is a conflict between the Active Staff and the MEC with regard to:
 - (a) proposed amendments to the Medical Staff Rules and Regulations,
 - (b) a new policy proposed or adopted by the MEC, or
 - (c) proposed amendments to an existing policy that is under the authority of the MEC,a special meeting of the Medical Staff to discuss the conflict may be called by a petition signed by at least 20% of the Active Staff. The agenda for that meeting will be limited to attempting to resolve the differences that exist with respect to the amendment(s) or policy at issue.
- (2) If the differences cannot be resolved, the MEC shall forward its recommendations, along with the proposed recommendations pertaining to the amendment or policy at issue offered by the Active Staff members, to the Board 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 Bylaws, the Medical Staff Rules and Regulations, or other Medical Staff policies directly to the Board. Communication from Medical Staff members to the Board will be directed through the ASF President, who will forward the request for communication to the Chair of the Board. The ASF President will also provide notification to the MEC by informing the President of the Medical Staff of all such exchanges. The Chair of the Board will determine the manner and method of the Board's response to the Medical Staff member(s).

ARTICLE 9

ADOPTION

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

Medical Staff: May 8th, 2025

Board of Directors: May 8th, 2025

APPENDIX A

MEDICAL STAFF CATEGORIES SUMMARY

| | Active | Courtesy | Telemedicine |
|-----------------------------------|-----------|-------------|--------------|
| Number of patient contacts/2-year | ≥ 24 | $\geq 1-24$ | NA |
| Exercise clinical privileges | Y | Y | Y |
| OPPE/FPPE required | Y | Y | Y |
| May attend meetings | Y | Y | Y |
| Voting privileges | Y | P | P |
| Hold office | Y | N | N |
| Comply w/guidelines | Y | Y | Y |

Y = Yes

N = No

NA = Not Applicable

P = Partial (with respect to voting, only when appointed to a committee)

** = Unless the MEC makes a determination that there are an insufficient number of Active Staff members to provide coverage or that coverage is otherwise necessary in order for the ASF to maintain its respective Trauma designation or contractual obligations.

APPENDIX B

HISTORY AND PHYSICAL EXAMINATIONS

(a) General Documentation Requirements

- (1) An H&P examination must be performed and documented in the patient's electronic medical record (i.e., in EPIC), no more than 30 days prior to, or within 24 hours after, admission or registration (for the same or related condition), but in all cases prior to surgery or an invasive procedure requiring anesthesia services, by an individual who has been granted privileges by the ASF to perform histories and physicals.
- (2) The scope of the medical history and physical examination will include, as pertinent:
 - patient identification;
 - chief complaint;
 - details of present illness;
 - review of systems and physical examination, to include pertinent findings in those organ systems relevant to the presenting illness;
 - relevant medical history, appropriate to the age of the patient which shall include surgical history;
 - medications and allergies;
 - indications for any procedure;
 - diagnostic impressions;
 - assessment or problem list;
 - plan of treatment;
 - relevant mental status; and
 - if applicable, signs of abuse, neglect, addiction, or emotional/behavioral disorder, which will be specifically documented in the physical examination, and any need for restraint or seclusion which will be documented in the plan of treatment.

- (3) If the ASF delivers infants, the current obstetrical record will include a prenatal record, however, prenatal information from a physician office is considered supplemental.

(b) Individuals Who May Perform H&Ps

The following types of practitioners may perform histories and physicals at the ASF pursuant to appropriately granted Medical Staff appointment and clinical privileges:

- (1) physicians;
- (2) podiatrists (in accordance with Section 4.A.6 of the Credentials Policy);
- (3) dentists (in accordance with Section 4.A.5 of the Credentials Policy);
- (4) oral and maxillofacial surgeons (in accordance with Section 4.A.5 of the Credentials Policy);
- (5) certified registered nurse practitioners;
- (6) certified nurse midwives; and
- (7) physician assistants.

(c) H&Ps Performed Prior to Admission

- (1) Any H&P performed more than 30 days prior to an admission or registration is invalid and may not be entered into the medical record as a current H&P.
- (2) If a medical history and physical examination has been completed within the 30-day period prior to admission or registration (for the same or related condition), a copy of this report may be entered into the patient's medical record. In these circumstances, an update documenting any changes in the patient's condition must be completed within 24 hours of the time of inpatient admission or registration but prior to surgery or an invasive procedure requiring anesthesia services, by an individual who has been granted clinical privileges to complete H&Ps.
- (3) The update of the H&P examination shall be based on an examination of the patient and must (i) reflect any changes in the patient's condition since the date of the original history and physical that might be significant for the planned course of treatment or (ii) state that there have been no changes in the patient's condition.