MEDICAL STAFF BYLAWS, POLICIES, AND RULES AND REGULATIONS
OF
THE GETTYSBURG HOSPITAL d/b/a WELLSPAN GETTYSBURG HOSPITAL
WELLSPAN SURGERY CENTER – HANOVER
WELLSPAN SURGICAL CENTER

MEDICAL STAFF ORGANIZATION MANUAL

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ARTICLE 1

GENERAL

1.A. DEFINITIONS

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

1.B. DELEGATION OF FUNCTIONS

(1) When a function under this Manual is to be carried out by a member of Administrative Leadership, 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 Hospital 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 this Manual 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 this Manual, substantial compliance is required. Technical or minor deviations from the procedures set forth within this Manual do not invalidate any review or action taken.

ARTICLE 2

CLINICAL DEPARTMENTS

2.A. CREATION AND DISSOLUTION OF CLINICAL DEPARTMENTS

(1) Clinical departments shall be created and may be consolidated or dissolved by the MEC upon approval by the Board as set forth below.

(2) The following factors shall be considered in determining whether a clinical department should be created:

(a) there exists a number of members of the Medical Staff who are available for appointment to, and are reasonably expected to actively participate in, the proposed new department (this number must be sufficiently large to enable the department to accomplish its functions as set forth in this Manual and in the Bylaws);

(b) the level of clinical activity that will be affected by the new department is substantial enough to warrant imposing the responsibility to accomplish departmental functions on a routine basis;

(c) a majority of the voting members of the proposed department vote in favor of the creation of a new department;

(d) it has been determined by the Medical Staff leadership and the Hospital President that there is a clinical and administrative need for a new department; and

(e) the voting Medical Staff members of the proposed department have offered a reasonable proposal for how the new department will fulfill all of the designated responsibilities and functions, including, where applicable, meeting requirements.

(3) The following factors shall be considered in determining whether the dissolution of a clinical department is warranted:

(a) there is no longer an adequate number of members of the Medical Staff in the clinical department to enable it to accomplish the functions set forth in this Manual or in the Bylaws;

(b) there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties on the members in the department;

(c) the department fails to fulfill all designated responsibilities and functions, including, where applicable, its meeting requirements;

(d) no qualified individual is willing to serve as chair of the department; or

(e) a majority of the voting members of the department vote for its dissolution.

2.B. LIST OF CLINICAL DEPARTMENTS

The following clinical departments are established:

Department of Medicine
- (Division) Department of Cardiology
- (Division) Department of Emergency Medicine
- (Division) Department of Hospital Medicine
- (Division) Department of Pathology
- (Division) Department of Radiology

Department of Surgery
- (Division) Department of Obstetrics and Gynecology
- (Division) Department of Anesthesiology

2.C. FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS

The functions and responsibilities of Departments, Department Chairs, and Department Vice Chairs are set forth in the Medical Staff Bylaws.

ARTICLE 3

MEDICAL STAFF COMMITTEES

3.A. MEDICAL STAFF COMMITTEES AND FUNCTIONS

(1) This Article outlines the Medical Staff committees of the Hospital that carry out Peer Review and other performance improvement functions that are delegated to the Medical Staff by the Board. Except as otherwise provided in this Manual, each committee shall meet as often as necessary to fulfill its responsibilities, at times set by the Presiding Officer.

(2) Procedures for the appointment of committee chairs and members of the committees are set forth in Article 5 of the Medical Staff Bylaws.

(3) This Article details the standing members of each Medical Staff committee. However, other Medical Staff members or Hospital personnel may be invited to attend a particular Medical Staff committee meeting in order to assist such committee in its discussions and deliberations regarding the issues on its agenda. All such individuals are an integral part of the credentialing, quality assurance, and professional practice evaluation process and are bound by the same confidentiality requirements as the standing members of such committees.

3.B. EXPECTATIONS AND REQUIREMENTS FOR COMMITTEE MEMBERSHIP

To be eligible to serve on a Medical Staff committee, members must acknowledge and agree to the following:

(1) have the willingness and ability to devote the necessary time and energy to committee service, recognizing that the success of a committee is highly dependent on the full participation of its members;

(2) complete any orientation, training, and/or education related to the functions of the committee in advance of the first meeting;

(3) come prepared to each meeting – review the agenda and any related information provided in advance so that the committee's functions may be performed in an informed, efficient, and effective manner;

(4) attend meetings on a regular basis to promote consistency and good group dynamics;

(5) participate in discussions in a meaningful and measured manner that facilitates deliberate thought and decision-making, and avoid off-topic or sidebar conversations;

(6) voice disagreement in a respectful manner that encourages consensus-building;

(7) understand and strive for "consensus" decision-making, thereby avoiding the majority vote whenever possible;

(8) speak with one voice as a committee and support the actions and decisions made (even if they were not the individual's first choice);

(9) be willing to complete assigned or delegated committee tasks in a timely manner between meetings of the committee;

(10) bring any conflicts of interest to the attention of the committee chair, in advance of the committee meeting, when possible;

(11) if the individual has any questions about his or her role or any concerns regarding the committee functioning, seek guidance directly from the committee chair outside of committee meetings;

(12) participate in the development of an annual committee work plan and ensure that committee plans are in alignment with the strategic goals of the Hospital and Medical Staff; and

(13) maintain the confidentiality of all matters reviewed and/or discussed by the committee.

3.C. MEETINGS, REPORTS AND RECOMMENDATIONS

Unless otherwise indicated, each committee described in this Manual shall meet as necessary to accomplish its functions, and shall maintain a permanent record of its findings, proceedings, and actions. Each committee shall make a timely written report after each meeting to the MEC and to other committees and individuals as may be indicated in this Manual.

- The Multi-Disciplinary Peer Review Committee
  - The Multi-Disciplinary Peer Review Committee shall also serve as the Tissue Committee.
  - The Multi-Disciplinary Peer Review Committee shall also serve as the Medical Records Committee.
- Utilization Management Committee
- Pharmacy-Therapeutics Committee
- Radiation Safety Committee
- Bylaws Committee
- Such other committees as the medical staff deems appropriate.

3.D. CREDENTIALS COMMITTEE

3.D.1. Composition:

(a) Credentials Chair
At least 6 members of the active Medical Staff appointed by Leadership Council and approved by MEC

(b) To the fullest extent possible, Credentials Committee members shall serve staggered terms, so that the committee always includes experienced members. Members may be reappointed for additional, consecutive terms.

(c) The VPMA, Hospital President and Medical Staff Services Specialists shall serve as *ex officio* members, without vote, to facilitate the Credentials Committee's activities and to perform functions on behalf of the committee between committee meetings.

3.D.2. Duties:

The Credentials Committee shall:

(a) in accordance with the Credentials Policy, review Non-Privileged Information regarding all applicants seeking Medical Staff appointment, reappointment, and/or clinical privileges as well as all applicants seeking to practice as Advanced Practice Professionals and Licensed Independent Practitioners, review the report from the Department Committee regarding the quality and efficiency of services ordered or performed by each applicant, and make written reports of its findings and recommendations; and

(b) review and make recommendations regarding appropriate threshold eligibility criteria for clinical privileges within the Hospital, including specifically as set forth in Section 4.A.1 pertaining to the development and ongoing review of privilege delineations, Section 4.A.3 ("Clinical Privileges for New Procedures"), and Section 4.A.4 ("Clinical Privileges That Cross Specialty Lines") of the Credentials Policy.

3.E. COMMITTEES OF DEPARTMENTS

3.E.1. Composition:

The Committees of Departments shall consist of the Department Chair, Vice Chair, Division Chief(s), if applicable, and VPMA. Committee members may perform functions on behalf of the committee between committee meetings.

3.E.2. Duties:

The Committees of Departments shall:

(a) evaluate the Non-Privileged Information and the Privileged Peer Review Information pertaining to an applicant for appointment, reappointment, and/or clinical privileges, assess the quality and efficiency of services ordered or performed by the applicant, determine whether the applicant satisfies all other necessary qualifications for appointment and the clinical privileges requested, and prepare a report of its findings to the Credentials Committee and to the MEC; and

(b) meet periodically as needed.

3.F. LEADERSHIP COUNCIL

3.F.1. Composition:

(a) The Leadership Council shall be comprised of the following voting members:

(1) President of the Medical Staff, Vice President of Medical Staff and three other (voting) members of MEC, as appointed by the President.

(b) The following individuals shall serve as non-voting members to facilitate the Leadership Council's activities and to perform functions on behalf of the Council between meetings:

(1) VPMA; and

(2) Medical Staff Services Specialists.

(c) Other appropriate individuals (e.g., Medical Staff members, Advanced Practice Professionals, Chief Nursing Officer, other Hospital personnel, Employer representative, etc.) may be invited to attend a particular Leadership Council meeting (as guests, without vote) in order to assist the Leadership Council 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 Leadership Council review process and are bound by the same confidentiality requirements as the standing members of the Leadership Council.

(d) Between meetings of the Leadership Council, the President of the Medical Staff as Chair, in conjunction with the VPMA or another Leadership Council member, may take steps as necessary to implement and operationalize the decisions of the Leadership Council. By way of example and not limitation, this may include providing clarifications to a Practitioner regarding the Leadership Council's

decisions or expectations, reviewing and approving communications with the Practitioner, and similar matters.

3.F.2. Duties:

The Leadership Council is a non-disciplinary body, whose primary charge is to attempt to resolve the performance issues referred to it in a constructive and successful manner. The Leadership Council makes recommendations to colleagues when appropriate but does not have the authority to require any particular action. Only the MEC, acting in accordance with the Credentials Policy, possesses disciplinary authority. The Leadership Council shall perform the following specific functions:

(a) review and address concerns about Practitioners' professional conduct;

(b) review and address possible health issues that may affect a Practitioner's ability to practice safely;

(c) review and address issues regarding Practitioners' clinical practice that may be referred to it by the Peer Review Committee;

(d) meet, as necessary, to consider and address any situation involving a Practitioner that may require immediate action;

(e) serve as a forum to discuss and help coordinate any quality or patient safety initiative that impacts any or all services within the Hospital;

(f) identify and nominate a slate of qualified individuals to serve as the Medical Staff Officers [and any at-large members of the MEC], to be presented to and elected by the Medical Staff;

(g) identify and nominate qualified individuals to serve as Department Chairs and Vice Chairs, to be presented to and elected by the relevant departments;

(h) appoint the chairs and members of all Medical Staff committees, except for the MEC;

(i) cultivate a physician leadership identification, development, education, and succession process to promote effective and successful Medical Staff Leaders at present and in the future; and

(j) perform any additional functions as may be requested by the MEC or the Board.

3.F.3. Meetings, Reports, and Recommendations:

The Leadership Council shall meet as often as necessary to perform its duties and shall maintain a permanent record of its findings, proceedings, and actions. The Leadership

Council shall make periodic reports to the MEC and the Board. The Leadership Council's reports to the MEC and Board will provide summary and aggregate information regarding the committee's activities. These reports will generally not include the details of any reviews or findings regarding specific Practitioners.

3.G. MEDICAL EXECUTIVE COMMITTEE

The composition and duties of the MEC are set forth in Section 5.C of the Medical Staff Bylaws.

ARTICLE 4

AMENDMENTS

This Manual may be amended by the process outlined in Article 9 of the Medical Staff Bylaws.

ARTICLE 5

ADOPTION

This Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws, Rules and Regulations of the Medical Staff or Hospital policies pertaining to the subject matter thereof.

Medical Staff: Approved: November 10, 2022

Board of Directors: Approved: November 23, 2022