

APPLE HILL SURGICAL CENTER
MEDICAL STAFF BYLAWS

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MEDICAL STAFF BYLAWS

The Apple Hill Surgical Center is a joint venture organized under the laws of the Commonwealth of Pennsylvania whose purpose is to serve as an ambulatory surgical center providing quality care for patients having procedures performed. The Medical Staff of Apple Hill Surgical Center is responsible for the quality of medical care in the Center and must accept and discharge this responsibility subject to the ultimate authority of the Board of Directors ("Board"). The physicians, dentists, podiatrists and Allied Health Professionals who are granted privileges or assigned duties to care for the patients at Apple Hill Surgical Center by the Board of Directors hereby organize themselves into a staff in conformity with these Medical Staff Bylaws ("Bylaws").

ARTICLE I

STAFF NAME

The name of the staff shall be the "Medical Staff of Apple Hill Surgical Center" ("Medical Staff").

ARTICLE II

PURPOSE

The purpose of the Medical Staff is:

1. To make reasonable efforts to provide high quality of care to the patients of the Apple Hill Surgical Center in accordance with accepted and recognized standards. The care of each individual patient is the legal and medical responsibility of the physician, dentist, and podiatrist member of the Medical Staff or Allied Health Professional providing patient care or administrative services at Apple Hill Surgical Center.
2. To take reasonable steps to require a high level of professional performance of all physicians, dentists, podiatrists, and Allied Health Professionals authorized to practice or provide patient care services in Apple Hill Surgical Center through (i) the appropriate delineation of clinical privileges that each may exercise at Apple Hill Surgical Center and (ii) an ongoing review and evaluation of the qualifications of each physician, dentist, podiatrist and Allied Health Professional including but not limited to performance in Apple Hill Surgical Center;
3. To initiate and maintain rules and regulations pertaining to the duties of the Medical Staff, including but not limited to requiring the Medical Staff to be accountable to the Board regarding the performance of those duties delegated by the Board to the Medical Staff; and

4. To establish a process whereby issues concerning the Medical Staff and Apple Hill Surgical Center may be discussed and addressed by the Medical Staff with the Board.

ARTICLE III

MEDICAL STAFF MEMBERSHIP

1. Definition of Medical Staff Membership and Allied Health Professionals .

Membership on the Medical Staff of Apple Hill Surgical Center is a privilege which shall be extended only to professional, competent physicians, dentists, and podiatrists ("Practitioner" or "Practitioners") who continuously meet the qualifications, standards and requirements set forth in these Bylaws or other applicable policies and procedures of Apple Hill Surgical Center.

Allied Health Professionals ["AHP" or "AHPs"] are licensed or certified health practitioners other than physicians, dentists or podiatrists who through their training, experience and demonstrated competence are eligible to provide certain patient care services.

ARTICLE IV

QUALIFICATIONS FOR MEMBERSHIP

1. Practitioners. Every Practitioner who seeks or enjoys appointment to the Medical Staff, clinical privileges, or rights to perform patient care services in the Apple Hill Surgical Center (collectively "Medical Staff Privileges" or "Medical Staff") must at the time of appointment and continuously thereafter demonstrate the following qualifications:

a. A valid current license issued by the Commonwealth of Pennsylvania to practice medicine, dentistry, podiatry, or to provide patient care services.

b. Professional education, training, experience, ability, competence and judgment, demonstrating a continuing ability to provide quality and efficient patient care services and to contribute to the attainment of the Apple Hill Surgical Center's institutional objectives.

c. Post-graduate study in the Practitioner's specialty sufficient to qualify the Practitioner for examination by an appropriate medical, dental, podiatric or osteopathic specialty board (if such board exists in the practitioner's specialty), or equivalent professional training and professional credentials.

d. A willingness and capability to work with and relate to other Medical Staff appointees, Allied Health Professionals, Apple Hill Surgical Center administration and employees, visitors, and the community, in a cooperative and professional manner.

e. Current professional liability insurance, in effect, in the amount as required by the Commonwealth of Pennsylvania or the Board.

f. Participation in continuing medical education, satisfying the continuing education requirements of the Pennsylvania Medical Society, the Pennsylvania Osteopathic Society, the American Medical Association Physician Recognition Award, the American Dental Association, the American Osteopathic Association, the American Podiatric Association, or their equivalents.

g. Freedom from any significant physical or behavioral impairment that interferes with any of the qualifications required above.

h. The Practitioner is not excluded, terminated, suspended, or otherwise ineligible from participation in any federal or state health care program (such as Medicare or Medicaid).

i. All Practitioners appointed to the Medical Staff shall adhere to appropriate standards of professional ethics (including those set forth in the Codes of Ethics of the American Medical Association, the American Osteopathic Association, the American Podiatry Medical Association, and the American Dental Association, and the Principles of Financial Relations in the Professional Care of the Patient of the American College of Surgeons).

j. Each Practitioner, upon application for Medical Staff membership at Apple Hill Surgical Center shall provide notice to the Medical Director regarding medical staff privileges at all hospitals or other clinical facilities at which the Practitioner has privileges which have been or are revoked, suspended, limited, or otherwise restricted in any manner as a result of any quality concerns or corrective action. Following appointment to the Medical Staff of Apple Hill Surgical Center, any such action by a hospital or other clinical facility at any time during the appointment period must be reported within three days by the Practitioner to the Medical Director. Failure to report may result in Precautionary Suspension pursuant to Article VIII.3, in order to enable Apple Hill Surgical Center to investigate the matter.

k. For all Practitioners (a) full medical staff privileges at an appropriately accredited local hospital which have not been or are not revoked, suspended, limited, or otherwise restricted in any manner as a result of any quality concerns or corrective action, (b) appropriate transfer agreements or admitting privileges at a local hospital, or (c) other appropriate arrangements with a physician or physician group to admit patients to a local hospital, all in order to provide emergency care to patients of Apple Hill Surgical Center.

l. As part of the eligibility criteria for reappointment to the Medical Staff, only those Practitioners who, during the most recent period of appointment, have provided patient services at Apple Hill Surgical Center shall be eligible for reappointment consideration. For purposes of this Section IV.1.1., the Medical Director shall be responsible for making decisions regarding eligibility. Any Practitioner denied consideration for reappointment by the Medical Director based upon failure to meet the eligibility criteria of this Section IV.1.1. shall not be entitled to any hearing rights as set

forth in Article VII of these Bylaws, and shall not be entitled to any further consideration of the Practitioner for reappointment to the Medical Staff of Apple Hill Surgical Center. The Practitioner may not apply for appointment to the Medical Staff as set forth in Article V for a period of one year following the Medical Director decision that the Practitioner failed to satisfy the eligibility criteria set forth in this Section IV.I.1.

2. Physicians in Training. An agreement with York Hospital and agreements with other institutions (collectively, "Training Facilities") will allow those physicians participating in its training programs to practice at Apple Hill Surgical Center under direct supervision of the attending surgeon. All Training Facilities will be responsible for malpractice coverage for the physicians in training while they are at Apple Hill Surgical Center. All Training Facilities and physicians in training shall be subject to Board approval.

3. Allied Health Professionals. All AHPs shall continuously satisfy the requirements of the Apple Hill Surgical Center in order to be granted the right to perform patient care services by Apple Hill Surgical Center ("Assignment"). Such requirements shall include demonstration of current competence, training and experience necessary to discharge the duties and responsibilities of the AHP, including but not limited to the following:

- a. valid current license issued by the Commonwealth of Pennsylvania;
- b. to the extent required by law, proof of a collaborative or written supervision agreement;
- c. current professional liability insurance in amounts required by the Commonwealth of Pennsylvania or by the Board;
- d. the AHP is not excluded, terminated, suspended, or otherwise ineligible from participation in any federal or state health care program (such as Medicare and Medicaid); and
- e. full rights to perform patient care services at an appropriately accredited local hospital which have not been or are not revoked, suspended, limited, or otherwise restricted in any manner as a result of any quality concerns or corrective action, or transfer agreements or other appropriate arrangements with a physician or physician group to admit patients to a local hospital, all in order to provide emergency care to patients of Apple Hill Surgical Center.

AHP requests to be assigned patient care responsibilities at Apple Hill Surgical Center shall be processed pursuant to VI.2 of these Bylaws.

ARTICLE V

DURATION AND CONDITION OF APPOINTMENTS

1. All Practitioner initial appointments and reappointments to the Medical Staff and AHP Assignments or reassignments shall be made by the Board . The Board shall act on appointments, reappointments, revocation of appointments and AHP Assignments, reassignments or revocation of Assignments only after there has been a recommendation from the Medical Executive Committee as provided in these Bylaws; provided that in the event of unwarranted delay on the part of the Medical Executive Committee, the Board may act without such recommendations on the basis of documented evidence of the Practitioner's or AHP's professional and ethical qualifications obtained from reliable sources other than the Medical Staff or Medical Executive Committee.
2. Initial Practitioner appointments and AHP Assignments shall be for a period of one year. Practitioner reappointments and AHP reassignments shall be for a period of not more than two (2) years. The reappointment year commences on the birthday of the Practitioner.
3. Temporary staff privileges of no more than six months in length may be granted by the Medical Director to a Practitioner after a completed application has been presented to him.
4. The Practitioner or AHP will be considered only for those clinical privileges or rights to perform patient care services consistent with the Practitioner's or AHP's qualifications and training.
5. Every application for Medical Staff privileges or AHP Assignment shall be signed and shall contain the Practitioner's specific acknowledgment of a Medical Staff member's obligations to provide continuous care and supervision of his patients, to abide by the Medical Staff Bylaws, and for the Practitioner or AHP to abide by all Rules and Regulations, Policies and Procedures, to accept committee assignments, and to otherwise comply with all Apple Hill Surgical Center policies and procedures, all as may be amended from time to time.

ARTICLE VI

PROCEDURE FOR APPOINTMENT AND ASSIGNMENT

1. Practitioner Appointment. All credentialing functions shall be performed by the Medical Director, the Medical Executive Committee and the Board as set forth in these Bylaws. Provided, however, that notwithstanding any provisions to the contrary in these Bylaws, the Medical Executive Committee may, in its discretion, delegate the credentialing functions and process set forth in this Article VI, subject to any limitation set forth in Article IX, Section 2. By applying for appointment to the Medical Staff, each Practitioner specifically consents to such a delegation of the credentialing functions and process.

a. Applications packets for appointment to the Medical Staff may be obtained from the Medical Director upon written request. Requests should be sent to:

Medical Director
Apple Hill Surgical Center
25 Monument Road, Suite 270
York, PA 17403

b. Physicians, dentists, and podiatrists who wish to apply for appointment to the Medical Staff and for clinical privileges and Allied Health Professionals who wish to apply for rights to perform patient care services at the Apple Hill Surgical Center shall submit a written application. There shall be separate applications forms for physicians, podiatrists and dentists on the one hand, and for Allied Health Professionals, on the other hand.

c. Applications shall be provided only to those Practitioners who meet the following minimum criteria:

(i) full and unrestricted licensure in the Commonwealth of Pennsylvania and valid DEA number (for any Practitioner who is qualified to obtain a DEA number);

(ii) current professional liability insurance in the minimum amounts as required by the Commonwealth of Pennsylvania or the Board;

(iii) the Practitioner shall not be excluded, terminated, suspended, or otherwise ineligible from participation in any federal or state health care program (such as Medicare and Medicaid).

It is the responsibility of the Practitioner to provide appropriate proof and documentation as may be required by Apple Hill Surgical Center that the Practitioner meets the minimum criteria to obtain an application. The Practitioner shall complete a pre-application form that shall be forwarded to the Medical Director. Following receipt of a completed pre-application form, the Medical Director shall determine whether any individual Practitioner has met the minimum qualifications and is to be provided with an application. A Medical Director decision that is not favorable to a Practitioner shall not give rise to any hearing rights as set forth in Article VIII of these Bylaws, or further consideration of the Practitioner for Medical Staff appointment by Apple Hill Surgical Center.

d. Completed application forms shall be submitted to the Medical Director, along with a letter of reference from the Practitioner's Department Chairman in the primary hospital with which the Practitioner is presently affiliated.

e. After receipt of an application for appointment to the Medical Staff, the Medical Director is authorized to grant temporary privileges for a period of no more than six (6) months to an appropriately licensed Practitioner; only when the available information reasonably shows that the requesting Practitioner has the

qualifications to exercise the privileges requested; and only after, the Practitioner has satisfied the minimum criteria set forth in VI.1.(c).

f. The Medical Director shall be responsible for coordinating the gathering and verification of information necessary in the application process. The Medical Director shall be permitted to require the Practitioner to participate in the information gathering and verification process. Specifically, the Practitioner shall be responsible for updating all educational information, providing copies of proof of Pennsylvania licensure and DEA registration, providing all references required, completing appropriate Delineation of Privileges forms, providing proof of professional liability insurance, and providing any other information that may be required by Apple Hill Surgical Center. (In addition, foreign graduates shall be required to supply notarized copies of medical school transcripts and other materials necessary as set forth in the application form.)

g. The Medical Director may request a personal interview with the Practitioner.

h. By applying for appointment to the Medical Staff, each Practitioner thereby signifies his willingness to appear for interviews in regard to his application, authorizes the Apple Hill Surgical Center to consult with members of the medical staffs or administration of other hospitals or institutions with which the Practitioner has been or is associated and with others who may have information bearing on his/her competence, character, and ethical qualifications, consents to the Apple Hill Surgical Center's inspection of all records and documents that may be material to an evaluation of this professional qualifications and competence to carry out the clinical privileges that he requests. This shall specifically include the Practitioner's consent to permit Apple Hill Surgical Center the right to request and receive such records and documents and consult with others all as referenced in this section on an ongoing basis throughout any period of appointment.

i. The Medical Director shall obtain a current National Practitioner Data Bank Report regarding the Practitioner and shall check the Office of Inspector General List of Excluded Individuals and Entities.

j. After all information required in the application form has been gathered and verified, the Medical Director shall review and submit the application to the Medical Executive Committee.

k. The Medical Executive Committee shall review the application and all accompanying information and may interview the Practitioner. Following its review, the Medical Executive Committee shall submit the application, together with its recommendations as to whether the Practitioner should be appointed to the Medical Staff and the recommended scope of clinical privileges or rights to perform patient care services in the Apple Hill Surgical Center to the Board for its ultimate action.

l. When a decision has been by the Board, the Medical Director shall forward the decision to the Practitioner.

m. In the event a Practitioner is dissatisfied with the action of the Board, he may appeal the action, pursuant to the fair hearing plan set forth in Article VIII of these Bylaws.

2. Allied Health Professional Assignment.

All AHP's requesting rights to perform patient care services shall obtain application packets from the Medical Director upon written request. Requests shall be sent to:

Medical Director
Apple Hill Surgical Center
25 Monument Road, Suite 270
York, PA 17403

a. Applications shall be provided only to those AHP's who meet the requirements set forth in IV.3 of these Bylaws.

It is the responsibility of the AHP to provide appropriate proof and documentation as may be required by Apple Hill Surgical Center that the AHP meets the minimum criteria to obtain an application. The AHP shall complete a pre-application form that shall be forwarded to the Medical Director. Following receipt of a completed pre-application form, the Medical Director shall determine whether any individual AHP has met the minimum qualifications and is to be provided with an application. A Medical Director decision that is not favorable to the AHP shall not give rise to any hearing rights as set forth in Article VIII of these Bylaws, or further consideration of the AHP for Assignment by Apple Hill Surgical Center.

b. Completed application forms shall be submitted to the Medical Director. A letter of reference shall accompany the application.

c. The Medical Director shall be responsible for coordinating the gathering and verification of information necessary in the application process. The Medical Director shall be permitted to require the AHP to participate in the information gathering and verification process. Specifically, the AHP shall be responsible for updating all educational information, providing copies of proof of Pennsylvania licensure and any required written or collaborative agreement, providing all references required, providing proof of professional liability insurance, and providing any other information that may be required by Apple Hill Surgical Center.

d. The Medical Director may request a personal interview with the AHP.

e. By applying for Assignment, each AHP thereby signifies his willingness to appear for interviews in regard to his application, authorizes the Apple Hill Surgical Center to consult with members of the medical staffs or administration of other hospitals, institutions, or physician practices with which the AHP has been or is associated and with others who may have information bearing on his competence, character, and ethical qualifications, consents to the Apple Hill Surgical Center's

inspection of all records and documents that may be material to an evaluation of this professional qualifications and competence to carry out the patient care responsibilities. This shall specifically include the AHP's consent to permit Apple Hill Surgical Center the right to request and receive such records and documents and consult with others as referenced in this section on an ongoing basis throughout any period of Assignment.

f. The Medical Director shall check the Office of Inspector General List of Excluded Individuals and Entities.

g. After all information required in the application form has been gathered and verified, the Medical Director shall review and submit application to the Medical Executive Committee.

h. The Medical Executive Committee shall review the application and all accompanying information and may interview the AHP. Following its review, the Medical Executive Committee shall submit the application, together with its recommendations to the Board as to whether the AHP should be Assigned rights to perform patient care services.

i. When the decision has been made by the Board, the Medical Director shall transmit this action to the AHP.

j. In the event the AHP is dissatisfied with the action of the Board, he may appeal the action, pursuant to the fair hearing plan set forth in Article VIII of these Bylaws.

ARTICLE VII

PARLIAMENTARY PROCEDURE

Sturgis's Standard Code of Parliamentary Procedure shall govern all meetings in all cases to which they are applicable and in which are not inconsistent with the Bylaws or any Rules and Regulations of the Medical Staff or any policies and procedures of Apple Hill Surgical Center.

ARTICLE VIII

CORRECTIVE ACTION

1. Standards. Corrective action may be initiated against a Practitioner or AHP whenever the activities or professional conduct of a Practitioner or AHP violates or otherwise does any of the following:

a. Standards of the Medical Staff or applicable standards of professional conduct;

b. Is disruptive to the operation of Apple Hill Surgical Center;

- c. Brings discredit upon the Medical Staff or Apple Hill Surgical Center;
- d. Violates the provisions of the Apple Hill Surgical Center Bylaws, any Rules and Regulations, policies and procedures, or civil or criminal law;
- e. Any action or behavior that compromises patient safety or quality of patient care in any manner;
- f. Revocation, limitation, or suspension of license to practice medicine, dentistry, or podiatry, or to practice as an AHP by any state or commonwealth;
- g. Revocation, limitation or suspension of DEA number;
- h. Becomes excluded, terminated, suspended, or otherwise ineligible from participation in any federal or state health care program (such as Medicare and Medicaid); or
- i. Fails to meet any requirements of Medical Staff membership at any time.

2. Definitions. For purposes of these Bylaws,

- a. "Corrective Action" shall be defined to be suspension, modification, limitation, or revocation of Medical Staff Privileges or AHP Assignment.
- b. Certain corrective action shall not entitle a Practitioner or AHP to a fair hearing pursuant to this Article VIII. This includes, but shall not be limited to:
 - (i) issuance of a warning or formal letter of reprimand;
 - (ii) imposition of a probationary period with a retrospective review of practice, without individual requirements of consultation or supervision;
 - (iii) a requirement to attend a course;
 - (iv) the denial, revocation, or reduction of temporary privileges;
 - (v) individual requirements of consultation or supervision imposed as a requisite for initial Medical Staff appointment, required for requested additional privileges or procedures by a current Medical staff appointee, or as part of an agreed upon practicing program; or
 - (vi) imposition of Precautionary Suspension for a period or no longer than fourteen (14) days while on investigation is pending.
- c. "Precautionary Suspension" shall be defined as an immediate suspension or restriction of Medical Staff Privileges or AHP Assignment 1) where failure to take such action may result in imminent danger to the health of any individual; or 2) in order to conduct an investigation to determine the need for a professional review action.

3. Corrective Action.

a. Initiation of Corrective Action. Corrective Action may be initiated by the Board of Directors, the President of the Board, the Medical Director or the Medical Executive Committee regarding a Practitioner or AHP of Apple Hill Surgical Center. Corrective Action is initiated by forwarding a request for Corrective Action to the Medical Director.

b. Initiation of Precautionary Suspension. Precautionary Suspension may be imposed immediately by the Board of Directors, the Medical Executive Committee or individually by either the President of the Board or the Medical Director. Provided, however, that in the event of Precautionary Suspension imposed pursuant to this Article VIII, the Medical Executive Committee shall meet within fourteen (14) days of the imposition of the Precautionary Suspension to conduct an initial review which shall be limited to a determination of whether the Precautionary Suspension should be continued pending further investigation, or whether the Precautionary Suspension shall be modified or shall be immediately lifted. If the Medical Executive Committee review of the Precautionary Suspension will not be completed within fourteen (14) days, the reasons for the delay shall be transmitted to the Board so that it may consider whether the Precautionary Suspension should be continued pending further investigation or lifted. In the event that the Precautionary Suspension is continued in any manner by the Medical Executive Committee or by the Board, the procedure set forth in VIII.4 of these Bylaws shall be followed.

4. Ad Hoc Committee. As soon as reasonably practical following: 1) the request for Corrective Action pursuant to VIII 3(a); or 2) imposition of Precautionary Suspension pursuant to VIII.3(b) of these Bylaws, the Medical Director shall appoint an Ad Hoc Committee. The Ad Hoc Committee may, in its sole discretion, conduct interviews, review applicable documents, engage outside consultants or otherwise make all reasonable efforts in order to obtain the facts of the matter and evaluate the request for Corrective Action or imposition of Precautionary Suspension, and further determine whether either action or any future action is warranted by the facts. Provided, however, that the Ad Hoc Committee shall offer the Practitioner or AHP an opportunity to meet with the Ad Hoc Committee, and discuss, explain, or refute any of the issues which gave rise to the investigation. This meeting is not a hearing, and none of the procedural rights applicable to a hearing as set forth in this Article VIII shall apply. The Practitioner or AHP shall not have the right to be represented by legal counsel at this meeting.

5. Recommendation of the Ad Hoc Committee and Medical Executive Committee. The Ad Hoc Committee shall render a recommendation as soon as reasonably possible from the date it was first convened. The recommendation shall be forwarded to the Medical Executive Committee for review. The Medical Executive Committee shall review the recommendation of the Ad Hoc Committee, and forward its recommendation as follows in VIII.5.a. and VIII.5.b.

a. Decision Favorable. If the Medical Executive Committee recommendation is favorable to the Practitioner or AHP regarding the request for Corrective Action or regarding the Precautionary Suspension, the recommendation shall

be forwarded to the Board. The Board may accept, reject, or modify the recommendation. If the Board decision is favorable to the Practitioner or AHP regarding the request for Corrective Action, the matter shall be deemed resolved and the decision final. If the Board decision is favorable to the Practitioner or AHP regarding the Precautionary Suspension, the Precautionary Suspension shall be terminated, the matter shall be deemed resolved and the decision final.

b. Decision Unfavorable. In the event that the Medical Executive Committee recommendation is unfavorable to the Practitioner or AHP, or in the event the Board reaches a decision that is unfavorable to the Practitioner or AHP, or the Medical Executive Committee recommendation pursuant to Article VI of these Bylaws regarding appointment or reappointment of Medical Staff Privileges, or AHP Assignment or Reassignment, the Practitioner or AHP shall promptly be given written notice by the President of the Board, which shall include the following:

(i) notice to the Practitioner or AHP that a) Corrective Action has been proposed; b) Precautionary Suspension has been affirmed by the Board; or c) the application for Medical Staff Privileges or AHP Assignment has been denied;

(ii) a brief statement setting forth the reasons for the action taken;

(iii) the Practitioner or AHP has a right to request a hearing within thirty (30) days of the notice, provided, however, that with respect to suspension of clinical privileges or Assignment, only those Practitioners whose Medical Staff Privileges have been suspended or AHP whose Assignment has been revoked by the decision of the Board for a period of more than thirty days shall be entitled to a hearing pursuant to this Article VIII. A Precautionary Suspension for a period of no longer than fourteen (14) days while an investigation is pending shall not entitle a Practitioner or an AHP to a hearing pursuant to this Article VIII;

(iv) notice regarding the Practitioner's or AHP's right to a hearing before a hearing officer, and before a panel of individuals who are not in direct economic competition with the Practitioner or AHP involved (the "Hearing Committee"). A Hearing Officer and Hearing Committee members shall be appointed by the President of the Board, in consultation with the Medical Director or the Medical Executive Committee;

(v) failure of the Practitioner or AHP to appear at the hearing without good cause will result in forfeit of all hearing rights;

(vi) an outline of rights at the hearing, which shall include the Practitioner's or AHP's rights at the hearing to be represented by counsel, to have a record made of the proceedings, copies of which may be obtained by the Practitioner or AHP upon payment of all reasonable charges associated with the preparation of the record, the Practitioner's or AHP's right to call, examine, cross-examine witnesses, to present evidence determined to be relevant by the hearing officer, regardless of its admissibility in a court of law; and to submit a written statement at the close of the hearing; The outline of rights shall further include the Practitioner's or AHP's rights upon completion of the hearing, including the Practitioner's or AHP's right to receive a

written recommendation of the hearing panel as well as a statement of the basis for the recommendation; and to receive a written decision from the Board, including a statement of the basis for the decision.

(vii) the Practitioner or AHP will not be entitled to any discovery of documents, materials, or other information in the possession of Apple Hill Surgical Center except as otherwise provided in these Bylaws. All such requests shall be subject to the discretion of the Hearing Officer.

6. Hearing Notice. Following a Practitioner's or AHP's timely request for a hearing pursuant to VIII.5.(b)(iii) of these Bylaws, the Practitioner or AHP shall be given notice stating:

a. the place, time, and date of the hearing which shall be no less than thirty (30) days after date of the notice; and

b. a list of witnesses expected to testify at the hearing and a list of exhibits expected to be introduced on behalf of the Apple Hill Surgical Center. These lists may be amended or supplemented at any time by Apple Hill Surgical Center, including during the hearing, so long as the additional material is relevant to the Corrective Action or clinical privileges requested by the Practitioner or Assignment of the AHP and the Practitioner or AHP and his legal counsel shall have sufficient time to study the additional information in order to respond to it. Information regarding the clinical abilities or ethics of the Practitioner or AHP requesting the hearing concerning events occurring at any time before or after (1) the initial imposition of Corrective Action, Precautionary Suspension, or (2) unfavorable Medical Executive Committee decision regarding appointment to the Medical Staff or AHP Assignment, shall be deemed relevant for purposes of Article VIII.

c. the Practitioner's or AHP's obligation to provide the Apple Hill Surgical Center with a list of witnesses and exhibits to be presented by the Practitioner or AHP at the hearing. The list must be provided by the Practitioner or AHP no less than fifteen (15) days before the hearing. This list may be supplemented or amended at any time by the Practitioner or AHP, including during the hearing, so long as (i) the additional material is relevant in order to rebut the evidence and case presented by the Apple Hill Surgical Center pursuant to VII.6.b and 7, and (ii) legal counsel to the Apple Hill Surgical Center shall have sufficient time to study the additional information in order to respond to it.

7. Hearing. The hearing shall be conducted in accordance with the process outlined in VIII.5.(b)(vi). At the hearing, Apple Hill Surgical Center shall proceed with its case first, and shall have the burden of establishing that the decision pursuant to VIII.5(b)(i) of these Bylaws is supported by substantial evidence. Following completion of the Apple Hill Surgical Center case, the Practitioner or AHP requesting the hearing shall have the burden of proving by clear and convincing evidence that the decision pursuant to VIII.5.(b)(i) of these Bylaws lacks a substantial factual basis or that such basis or the conclusions reasonably drawn therefrom were either arbitrary, unreasonable or capricious.

8. Decision of Hearing Committee. After evaluating and reviewing all of the evidence presented at the hearing, the written recommendation of the Hearing Committee shall be forwarded to the Practitioner or the AHP, and to the Board, setting forth the basis for the recommendation.

9. Board of Directors. Following receipt of the Hearing Committee recommendation pursuant to VIII.8 of these Bylaws, the Medical Executive Committee shall have an opportunity to comment on the Ad Hoc Committee report through a presentation of one member of the Medical Executive Committee to the Board. The Board of Directors shall thereafter:

- a. accept the recommendation of the Hearing Committee;
- b. reject the recommendation of the Hearing Committee; or
- c. return the matter to the Hearing Committee with specific instructions for further evaluation.

The Board's written decision shall be forwarded to the Practitioner or the AHP, and the Hearing Committee.

10. Appeal Rights. In the event that the Board's decision is adverse to the Practitioner or AHP, the Practitioner or AHP shall have fourteen (14) days from receipt of the notice required in VIII.9 of these Bylaws to forward a written appeal to the Board. The written appeal shall specifically set forth the basis for the Practitioner's or AHP's request including the specific facts which the Practitioner or AHP believes justifies the appeal requesting that the Board reconsider its decision. An appeal may only be pursued by the Practitioner or AHP on the basis that there was a substantial failure to comply with these Bylaws, other applicable policies or procedures of Apple Hill Surgical Center, or that the decision was arbitrary, capricious or not supported by substantial evidence. The Board of Directors shall consider the appeal, and in its sole discretion, may require the appearance of the Practitioner or AHP in order to evaluate the matter further, or gather further information as the Board of Directors deems appropriate.

11. Final Decision. The Board shall forward a written decision to the Practitioner or AHP regarding the appeal. The decision of the Board shall be final and the Practitioner or AHP shall have no further appeal rights.

12. Mediation. Upon mutual agreement of the Practitioner or AHP and Apple Hill Surgical Center, the parties shall submit all disputed matters which are the basis for the requested hearing to mediation ("Mediation"). The matter shall be submitted to a panel of two mediators comprised of at least one physician. The panel of mediators shall be mutually acceptable to both parties. Each party shall be responsible for its own attorneys' fees, expert fees, cost of producing exhibits, or loss of income due to participation in the mediation. The parties shall be equally responsible for all other fees, costs, or expenses associated with the Mediation including mediator fees. The Mediation process shall be determined by a Mediation Agreement to contain mutually acceptable terms and conditions in addition to those terms and conditions set forth in this Section VIII.12. Mediation shall occur prior to the hearing scheduled pursuant to

Article VIII. Only upon mutual agreement of the parties and subject to mutually acceptable terms and conditions shall the hearing be postponed for purposes of completing the Mediation.

ARTICLE IX

ADMINISTRATION

1. **Medical Advisory Committee.** The Medical Advisory Committee shall be appointed by the Medical Director and the Board of Directors of the Apple Hill Surgical Center. The Medical Advisory Committee shall consist of one member from each clinical specialty who is also a member of surgical center staff and board eligible in that specialty. The Medical Advisory Committee will meet semi-annually. The following areas shall be included in this responsibility:

- a. Evaluation of the Apple Hill Surgical Center facility including equipment and supply recommendations.
- b. Liaison between the Medical Staff Members and Apple Hill Surgical Center.

2. **Medical Executive Committee.** The Medical Executive Committee shall consist of four members of the Medical Staff. Allied Health professionals are not eligible to be Medical Executive Committee members. The members of the Medical Executive Committee shall be appointed by the Board and by the Medical Director. Each Medical Executive Committee member shall serve for unlimited two (2) year terms, and may be removed from the Medical Executive Committee at any time at the discretion of the Board in consultation with Medical Director. The Medical Executive Committee shall meet monthly unless otherwise agreed to by the Committee. The Medical Executive Committee shall report to the Medical Staff and to the Board, and shall maintain minutes of its proceedings and actions. Action shall be taken by a majority vote. The presence of three (3) members shall constitute a quorum for purposes of a vote. The following areas shall be included in the responsibility of Medical Executive Committee:

- a. To implement Medical Staff Policies.
- b. To make recommendations to the Board concerning Apple Hill Surgical Center Medical Staff, AHP's, and quality assurance and performance improvement activities.
- c. To take reasonable steps to ensure ethical and professional conduct on the part of all Medical Staff members, including recommendations to the Board regarding modification of privileges or corrective action.
- d. Credentialing – to ensure the review of the credentials and qualifications of those Practitioners requesting Medical Staff Privileges or reappointment at Apple Hill Surgical Center or AHP's requesting Assignment or Reassignment. The Medical Executive Committee shall in its discretion be permitted to delegate and assign credentialing, its credentialing duties and obligations regarding the gathering of

information; however, the Medical Executive Committee shall retain ultimate responsibility for all credentialing functions.

e. Performance Improvement – to review and monitor ongoing performance improvement and quality assurance activities including but not limited to a thorough and ongoing review of the procedures performed at the Apple Hill Surgical Center, the objectives of which are:

1. To verify that there is a reasonable need for the performance of the procedure.
2. To determine that appropriate care was rendered to the patient.
3. To determine the appropriateness of the particular procedure on the particular patient on an ambulatory basis.
4. To oversee compliance with all regulatory requirements applicable to Apple Hill Surgical Center, including but not limited to standards for ambulatory surgery, anesthesia, and pediatric patients.
5. To prevent the performance of unnecessary procedures.

"Need" for a procedure shall for the purposes of the review process be defined in the following manner: the assessment of both objective and subjective complaints, symptoms and findings which leads to the conclusion that the procedure will be of direct benefit to the patient so as to safeguard and preserve his or her physical and mental well-being.

f. Patients must be in good general health (American Society of Anesthesiologists Class I or II) or at most, a stable systemic disease, Class III, and appropriate information (ECG, lab work, medical consultation, etc.) is available. Patients with significantly elevated temperatures, respiratory infections, or infectious diseases will be accepted for anesthesia only after appropriate evaluation. Patients should be emotionally stable and reliable. The patients must agree to and be prepared for this plan of management which requires that he/she can recover from the operation at home.

3. **Committees.** The Medical Director shall be responsible for the appointment of any additional committees of the Medical Staff. The Medical Director, Administrative Director of Apple Hill Surgical Center and President of the Apple Hill Surgical Center Board of Directors shall be voting members of all committees. The appointment of these committees shall be July 1st to June 30th.

4. **Special Committees.** Special Committees may be appointed from time to time by the Medical Director in order to carry out properly the duties of the Medical Staff. Such committees shall meet as directed by their respective chairperson and shall confine their work to the purpose of which they were appointed and shall submit a report to the Medical Executive Committee.

ARTICLE X

ANNUAL MEETING OF MEDICAL STAFF

There will be an annual meeting of the Medical Staff as a whole. Attendance at this meeting will be mandatory for members of the Medical Staff. An inability to attend this annual meeting should be conveyed to the Medical Director by the Medical Staff member. The Medical Director shall determine the validity of the absence. For purposes of a quorum, 25% of the Medical Staff must be present at the annual meeting. With respect to all other Medical Staff meetings, 25% of the Medical Staff members shall be present at the meeting in order to establish a quorum. The Medical Director will inform the Medical Staff in writing of the date and time of the Annual Meeting. Other meetings will be on an as needed basis. At these meetings, plans, programs and policies shall be discussed as well as detailed reviews of the clinical services of the Apple Hill Surgical Center. A copy of the agenda, attendance record, and the minutes of the meeting shall be submitted to the Board of Directors for review.

ARTICLE XI

RULES AND REGULATIONS

The Board of Directors shall recommend such Rules and Regulations as may be necessary for the proper conduct of the work of the Medical Staff of the Apple Hill Surgical Center. Subject to approval by the Board and the process set forth in Article XIII, such Rules and Regulations shall be a part of these Bylaws.

ARTICLE XII

ADOPTION

These Bylaws and any Rules and Regulations will be adopted at the annual meeting of the Medical Staff and shall become effective when approved by the Medical Director and the Board of Directors. They shall, when adopted and approved, be equally binding on the Medical Director, the Board of Directors and all members of the Medical Staff.

ARTICLE XIII

AMENDMENTS TO BYLAWS

These Bylaws and any Rules and Regulations pursuant to Article XI may be amended by:

a. Proposed amendments should be presented to any meeting of the Medical Executive Committee meeting for review and to be entered into the minutes. Amendment and/or changes may be proposed by any member of the Medical Staff, Administrative Director and/or Board of Director.

b. The Medical Director will review the proposed amendments and advise the Medical Staff on whether the proposed changes are in conformity of the provision of the Federal and State Laws and Bylaws, Policies, Procedures and Rules and Regulations of the Apple Hill Surgical Center.

c. Proposed amendments will be distributed to the Medical Staff 21 days prior to a scheduled meeting of the Medical Staff for their review.

d. A proposed amendment will be adopted upon a two-thirds affirmative vote of a quorum of physicians, dentists and podiatrist members of the Medical Staff in attendance. The change will not become effective until approved in writing by the Medical Director and the Board.

Amended April 7, 2022

