

SUMMIT SURGERY CENTER, L.P.
MEDICAL STAFF BYLAWS

The Summit Surgery Center, LP is a limited partnership 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 outpatient procedures performed.

The Medical Staff of the Summit Surgery 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 Managers of the General Partner (the "Board"). The physicians, dentists, and podiatrists who are granted privileges to care for the patients at Summit Surgery Center by the Board of Managers hereby organize themselves into a Medical Staff in conformity with these Bylaws.

ARTICLE I
Medical Staff Name

The organized Medical Staff of the Summit Surgery Center shall be known as the "Medical Staff of Summit Surgery Center."

ARTICLE II
Purpose

The Medical Staff of Summit Surgery Center shall be accountable to the Board and shall be responsible for the quality of medical care provided to patients and for the ethical conduct and professional practice of its members and Allied Health Professionals who have been granted clinical privileges. In the proper discharge of these duties, the Medical Staff shall:

1. Recommend rules and regulations respecting clinical operations of the Center and the organization and operation of the Medical Staff to the Board for review and approval;
2. Conduct ongoing review and evaluation of its members and Allied Health Professionals and make recommendations to the Board respecting assignment and curtailment of clinical privileges and advancement and disciplinary action respecting such practitioners in accordance with these Bylaws and make recommendations to the Board respecting quality concerns and suggestions for improvement; and,
3. Ensure an appropriate liaison between the Medical Staff and the Board.

ARTICLE III
Medical Staff Membership

Section 1
Definition of Medical Staff Membership

Membership on the Medical Staff of Summit Surgery Center is a privilege which shall be extended only to qualified, professional and competent physicians, dentists, and podiatrists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and in the rules, regulations, policies and procedures of the Medical Staff and the Center. Allied Health Professionals 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 at the Center as recommended by the Medical Staff and approved by the Board.

Section 2
Qualifications for Membership

1. Every practitioner who seeks or enjoys appointment to the Medical Staff, or rights to perform patient care services as an Allied Health Professional shall, at the time of initial appointment and continuously thereafter, be qualified for membership or status as an Allied Health Professional, as the case may be, and the exercise of the clinical privileges granted to him or her. At a minimum, such practitioners shall:

a. Hold a valid, current, and unrestricted license to practice medicine, dentistry, or podiatry in the Commonwealth of Pennsylvania or, in the case of an Allied Health Professional, a valid, current, and unrestricted license or certification from the Commonwealth of Pennsylvania sufficient in scope to provide the patient care services for which privileges have been sought;

b. Possess the professional education, training, experience, ability, demonstrated competence, and judgment necessary to exercise the clinical privileges being sought;

c. With respect to physicians, dentists, and podiatrists:

i. Have completed post-graduate study at an accredited institution in the practitioner's specialty sufficient to qualify the practitioner for examination by an appropriate medical, osteopathic, dental, podiatric or specialty board (if such board exists in the practitioner's

specialty) or professional training and professional credentials equivalent thereto;

ii. To the extent available and required in connection with the privileges requested, possess a current, unrestricted, and valid Drug Enforcement Agency registration necessary to permit such practitioner to dispense and/or administer controlled substances within limits of practitioner's specialty.

iii. Have and maintain clinical privileges at an accredited hospital which is either Medicare certified or satisfies the requirements for emergency services under 42 CFR 482.2 and which is located within approximately 35 miles from the Center, or have an established coverage arrangement with a physician or group of physicians having such clinical privileges so that the emergency needs of Center patients may be addressed through emergency admission;

iv. Participate in continuing education which satisfies the continuing education requirements of the Commonwealth of Pennsylvania, the American Medical Association Physician Recognition Award, the American Osteopathic Association, the American Podiatry Association, the American Dental Association, the practitioner's specialty board, or their equivalent;

d. With respect to Allied Health Professionals:

i. Have adequate training, experience and demonstrated current competence commensurate with the duties and responsibilities associated with the privileges being requested; and

ii. Where required by the Commonwealth, have in effect an agreement with a supervising practitioner who is a member of the Medical Staff and which covers oversight of the Professional's activities within the Center;

e. Demonstrate a willingness and capacity to work with and relate to other Medical Staff members, Allied Health Professionals, Center staff, patients, visitors, and the community in a cooperative and professional manner;

f. Possess current and valid professional liability insurance coverage that covers services to be rendered at the Center with limits acceptable to the Board;

g. Not have any significant physical or behavioral impairment which would interfere with the practitioner's ability to exercise his or her clinical privileges, discharge his or her duties as a member of the Medical Staff, satisfy any of the conditions for Medical Staff

membership or classification as an Allied Health Professional, or otherwise provide quality health care, excepting such physical or behavioral impairments which may be reasonably accommodated so as to eliminate the foregoing;

- h. Adhere to the highest ethical standards and levels of professional competence of his or her licensing Board and profession; and,
- i. Not be excluded from participation in any Federal health care program.

Section 3 Duration and Condition of Appointments

1. Action. All initial appointments and reappointments to the Summit Surgery Center Medical Staff shall be made by the Board of Managers. The Board of Managers shall act on appointments, reappointments, revocation, limitation or suspension of appointments or privileges only after there has been a recommendation from the Medical Advisory Committee as provided in these Bylaws; provided, however, that in the event of unwarranted delay on the part of the Medical Advisory Committee, the Board of Managers may act without such recommendations on the basis of documented evidence of the applicant's or the staff member's professional and ethical qualifications obtained from reliable sources other than the Medical Staff.

2. Duration. Initial appointments shall be for a period of not more than two (2) years. Reappointments shall be for a period of not more than two (2) years.

3. Temporary Privileges. Temporary privileges may be granted by the Medical Director for a period of 60 days after a fully completed application has been presented to him or her and the following information has been obtained and verified:

- a. An acceptable report from the National Practitioner Data Bank;
- b. At a minimum, verbal verification of current, valid and unrestricted licensure or certification from the Commonwealth of Pennsylvania;
- j. At a minimum, verbal verification of current medical staff privileges as required by Section II.ciii hereof;
- k. Verification of professional liability insurance coverage as required by Section II.e hereof; and
- l. Verification that the practitioner is not included on the List of Excluded Individuals/Entities maintained by the Office of Inspector General of the Department of Health and Human Services.

Temporary privileges may be extended for an additional period not to exceed 30 days for purposes of completion of the physician's credentials file or for a period not to exceed 60 days if the Medical Advisory Committee is not scheduled to meet with the first 30-day extension. In the event that the foregoing time periods are exceeded, the practitioner's temporary privileges shall terminate and his or her application will continue to be processed in due course.

1. Scope. The appointee will have and be permitted to exercise only those clinical privileges granted by the Board of Managers in accordance with these Bylaws.
2. Application. Every application for staff appointment shall be on a form approved by the Board, signed by the applicant and shall contain the applicant'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, Rules and Regulations, the policies, procedures, rules and regulations of the Center and to accept committee assignments.

6. Condition of Appointments:

a. In order for a provider to maintain his or her medical staff appointment and clinical privileges at Summit Surgery Center, he or she must perform at least four (4) surgeries per year at the Center. The exception to this bylaw is if the surgeon is an investor.

b. At the one-year mark, the Center will send a warning letter to physicians who are not maintaining the minimum number. At the end of the two-year reappointment period, failure of the provider to meet the above requirements will result in the provider's voluntary administrative resignation of clinical privileges and medical staff appointment to the Medical Staff of the Summit Surgery Center.

Section 4

Procedure for Appointment/Reappointment

1. Application packets for appointment or reappointment to the staff may be obtained from the Surgery Center upon request. Requests should be sent to:

Summit Credentialing Services
c/o Medical Staff Services
Chambersburg Hospital
112 North Seventh Street

Chambersburg, PA 17201

2. Physicians, dentists and podiatrists who wish to apply for appointment to the staff and for clinical privileges and Allied Health Professionals who wish to apply for rights to perform patient care services at the Surgery Center shall submit a written application on a form provided by the Surgery Center. The application form for physicians, podiatrists, and dentists shall contain a delineation of privileges for each specialty. There is a separate application for Allied Health Professional application forms and amendments to the forms shall be approved by the Board of Managers.

3. Completed application forms shall be submitted to Summit Credentialing Services with a letter of reference from the applicant's Department Chairman in the primary hospital with which the application is presently affiliated. *NOTE: In the event the applicant works as Locum Tenens, a letter of reference from a physician with whom the applicant has worked on a consistent basis may be substituted.

4. The Summit Credentialing Services 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 applicant to participate in the information gathering and verification process. Specifically, the applicant 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, and providing proof of professional liability insurance, (In addition, foreign graduates shall be required to supply copies of medical school transcripts and other materials necessary as set forth in the application form.) At all times during the application process the applicant shall have the burden of producing information in a timely fashion for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and membership requested, of resolving any doubts about these matters, and of satisfying requests for information. This burden may include submission to a medical or psychiatric examination, at the applicant's expense, if deemed appropriate by the Medical Advisory Committee, who may select the examining physician.

5. The Medical Director may request a personal interview with the applicant.

6. By applying for appointment or reappointment to the Medical Staff, each applicant thereby signifies his/her willingness to appear for interview in regard to his/her application, authorizes the Summit Surgery Center to consult with members of the Medical Staffs

or other institutions with which the applicant has been associated, and with others who may have information bearing on his/her competence, character, and ethical qualifications, consents to the Summit Surgery Center's inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges that have been requested, and to query the National Practitioner's Data Bank.

7. After all information required in the application form has been gathered and verified, and Data Bank report and sanctions check completed, the Medical Director shall submit the application to the Medical Advisory Committee appointed by the Board of Managers.

8. The Medical Advisory Committee shall review the application and may interview the applicant. Following its review, the Medical Advisory Committee shall submit the application, together with its recommendations as to whether the applicant should be appointed or reappointed to the Medical Staff and the recommended scope and delineation of clinical privileges or rights to perform patient care services in the Surgery Center to the Board of Managers.

9. The Board shall consider the recommendation of the Medical Advisory Committee at its next regularly scheduled meeting; provided, however, that the Board, in its sole discretion, may defer action on any application and/or request such additional information as it deems appropriate, through the Medical Director, from the applicant.

10. In the event that the Board denies an application for appointment or reappointment, or privileges granted to an applicant to the Medical Staff by the Board are less comprehensive than those requested, and the reasons for the Board's decision is not based solely on the practitioner's inability to satisfy the threshold qualifications or criteria for Medical Staff membership or the privileges requested, then the decision shall be considered an Adverse Action for purposes of Article VI hereof.

11. In the event that an applicant is dissatisfied with the decision of the Board, he/she may appeal the recommendation or action pursuant to Article VI of the Bylaws. (The applicant shall have thirty (30) days from his/her notification of the recommendation or action to submit a written request for an appeal to the Medical Director. In the event of an appeal, the Board of Managers shall appoint an Ad Hoc hearing committee to hear the appeal and to make a report to the Medical Advisory Committee, or the Board of Managers depending upon whose recommendation or action is being challenged. The applicant also shall have the right to an

appellate review by the Board of Managers of any adverse recommendation or action).

ARTICLE IV Parliamentary Procedure

Sturgis– Standard Code of Parliamentary Procedure shall govern all meetings in all cases to which they are applicable and in which they are not inconsistent with the Bylaws or Rules and Regulations of the Medical Staff of Summit Surgery Center.

ARTICLE V Corrective Action

1. Corrective action will be initiated against a member of the Medical Staff or an Allied Health Professional whenever their activities or professional conduct:
 - a. Is contrary to the standards or aims of the Medical Staff or Professional conduct; or
 - b. Is disruptive to the operation of Summit Surgery Center; or
 - c. Brings discredit upon the Medical Staff or Summit Surgery Center; or
 - d. Is contrary to the provisions of the Surgery Center Medical Staff Bylaws, Rules and Regulations, or civil law.; or
 - e. Raises issues respecting the practitioner's competence or continued satisfaction of the qualifications described in Article III, Section 2 hereof; or,
 - f. Is inconsistent with the efficient delivery of patient care at generally recognized professional levels of quality or is reasonably probable of being disruptive to Center operations; or,
 - g. Is indicative of a mental or physical impairment that might interfere with quality of care.

A request for corrective action may be initiated by a Medical Staff member, the Medical Director, the Administrative Director, a Committee of the Medical Staff or Board, the Medical Advisory Committee, or the Board. All requests for corrective action shall be in writing and shall be submitted to the Medical Director and shall be supported by reference to the specific activities of conduct which constitutes grounds for the requested action.

2. If the Medical Director finds sufficient cause, he/she shall appoint an Ad Hoc Committee, within ten (10) calendar days, of three members of the Medical Staff. To the extent possible, the Medical Director shall avoid appointing individuals to the committee who are in direct competition with the practitioner being reviewed. The Ad Hoc Committee will investigate the allegations and shall make recommendations to the Medical Director within fourteen (14) days of appointment.

3. After reviewing the report of the Ad Hoc Committee, the Medical Director will report in writing his/her own investigation and recommendations on the matter to the Medical Advisory Committee. To the extent that an ad hoc committee has not been appointed, the Medical Director will provide the Medical Executive Committee with a report of his or her investigation.

4. The Medical Director shall then arrange a meeting with the practitioner being investigated and the Medical Advisory Committee. At this meeting, the practitioner shall be given an opportunity to discuss, explain, or refute the circumstances giving rise to the request for correction action. The Medical Director, in conjunction with the Medical Advisory Committee, shall make their recommendations in writing to the Board within fourteen (14) days of this meeting. A copy of the Medical Advisory Committee's recommendations shall be provided to the practitioner.

5. The practitioner may submit a written response to the Medical Advisory Committee's recommendations to the Board.

After considering all recommendations and evaluating the information presented, the Board may take corrective action. Such action may include, but is not limited to, (1) issuing a warning or a letter of admonition, or a letter of reprimand; (2) imposing terms of probation or a requirement for consultation or monitoring; (3) reduce, suspend, revoke, or otherwise limit clinical privileges or rights to provide clinical services or (4) continue or modify an already imposed summary suspension of clinical privileges. The action so taken shall be communicated to the practitioner in writing within ten (10) days of the decision.

6. The practitioner may appeal any adverse action taken by the Board pursuant to Article VI hereof.

7. The Medical Director, the Medical Executive Committee, the Administrative Director or the Board may summarily suspend any practitioner if such person or body reasonably

determines that:

- a. Continued exercise of privileges by the practitioner would endanger the safety of patients or staff of the Center; or,
- b. The practitioner has breached or failed to comply with the requirements of these Bylaws, the rules and/or regulations of the Medical Staff, or the rules, regulations, policies or procedures of the Center, and such breach or failure to comply was intentional or done with willful disregard; or,
- c. The practitioner has acted beyond the scope of his or her delineated privileges and such action cannot be justified as the only recourse in response to an emergency situation.

A summary suspension described in this Section 7 shall be considered an Adverse Action for purposes of Article VI hereof, but notwithstanding any provision of Article VI hereof to the contrary, any appeal from a summary suspension shall be limited to the issue of whether the person or body imposing the suspension was arbitrary or capricious in making the determination that a summary suspension was warranted.

8. The clinical privileges of a practitioner shall be automatically suspended in the event that:

- a. The practitioner's license is suspended or revoked or is restricted in such a way as to interfere with his or her legal ability to exercise the privileges he or she has been granted;
- b. The practitioner is listed on the List of Excluded Individuals/Entities maintained by the Office of Inspector General of the Department of Health and Human Services;
- c. The practitioner's professional liability insurance coverage no longer satisfies the requirements imposed by the Board; or
- d. The practitioner's privileges or coverage arrangements as described in Article III, Section II(c)(iii) are terminated, suspended, or revoked.

A suspension pursuant to this Section 8 shall not be an Adverse Action for purposes of Article VI hereof; provided, however, that the practitioner who is the subject of the suspension shall have the right to provide to the Board evidence that the circumstances giving rise to the suspension did not, in fact, occur. Any suspension invoked pursuant to this Section 8 shall be effective for a period commencing with the occurrence giving rise to the suspension and shall continue until

such time as: (a) the occurrence giving rise to the suspension ceases to be effective; (b) the practitioner submits a completed application for appointment to the Medical Staff; and (c) the Board, after consideration of the recommendations of the Medical Advisory Committee, determines that the practitioner again qualifies for Medical Staff privileges, taking into account the occurrence giving rise to the suspension, any information respecting the practitioner's activities during the period of the suspension, and any remedial actions taken by the practitioner after such occurrence.

ARTICLE VI

Appeal

1. In the event that an Adverse Action (as hereinafter defined) is taken against a practitioner who is a member of the Medical Staff, said practitioner shall have 30 calendar days from the date of the Board's notice of such Adverse Action (or the notice of the Medical Director in the event of a summary suspension) in which to deliver a request for an appeal of such Adverse Action. Any such request must be in writing, forwarded by certified or registered mail, return receipt requested, and addressed to the Medical Director. Failure on the part of a practitioner to submit a request for a hearing in compliance with the requirements of this Paragraph 1 shall constitute a waiver of the practitioner's right to a hearing.

2. The Board shall have 30 days from the date of the practitioner's request for an appeal in which to appoint a hearing committee and a hearing officer. The hearing committee shall be composed of clinicians who may or may not be members of the Medical Staff who are not in direct economic competition with the practitioner requesting the hearing.

3. The Hearing Officer shall be responsible for establishing procedural protocols applicable to preparation for and the conduct of the hearing, including without limitation, establishing protocols for the provision of witness and exhibit lists. The Hearing Officer shall preside over the conduct of the hearing and shall be responsible for resolving disputes which arise during the hearing.

4. Each of the parties to the hearing shall have the right, at the hearing, to be represented by counsel, call and examine witnesses (including the practitioner who requested the appeal), introduce exhibits and present relevant evidence, cross-examine adverse witnesses, make opening and closing arguments, and submit a written statement at the close of the hearing. A stenographic transcript or its equivalent shall be made so that an accurate record of the

proceedings is maintained.

5. The person or body who took the Adverse Action shall initially have the burden of showing that the action taken was supported by substantial evidence. The practitioner shall thereafter have the burden of showing by clear and convincing evidence that the grounds for the Adverse Action lack any factual basis or that such basis or the conclusions drawn therefrom are either arbitrary or capricious.

6. The Hearing Committee shall issue a written report of its findings within 10 days of final adjournment of the hearing and shall deliver such report to the Board. Within 30 days of its receipt of the report, the Board shall consider its contents and recommendations and affirm, modify, or reverse the hearing committee's recommendations. The decision of the Board shall be final. Written notice of the Board's decision shall be forwarded to the practitioner within 10 days.

7. For purposes of this Article VI, an "Adverse Action" is:

a. An action described in Article III, Section 4(11) or Article V, Section 7 hereof; and,

b. Any action by the Board which results in the limitation of, restriction on or revocation or suspension of the clinical privileges of a member of the Medical Staff which is based on the clinical competence of the practitioner; provided, however, that the following shall not be Adverse Actions hereunder:

i. Requirements that a practitioner's services within the Center be monitored, supervised, proctored, or reviewed unless such monitoring, proctoring supervision or review involves a requirement that the practitioner obtain permission prior to exercising his or her privileges;

ii. An action that is based on a practitioner's failure to satisfy established qualifications or criteria for privileges or membership on the Medical Staff or duly adopted modifications to such qualifications or criteria; or,

iii. An action based on a practitioner's failure to follow established administrative rules, regulations, policies, or procedures and not based upon the clinical competence of the practitioner.

ARTICLE VII

Administration

Section I

Administration and Management of Operations

The Director of Summit Surgery Center is a full time, on site person who is responsible for the operation of the Summit Surgery Center at all times. Under the direction of the Vice President of Physician Practices, the Director is responsible for the development, implementation, and administration of all policies and procedures relating to the daily operation and marketing of the Summit Surgery Center.

The Medical Director is a board certified physician who reports to the Board of Managers of Summit Surgery Center. The Medical Director is responsible for ensuring that appropriate, high quality medical patient care is delivered at Summit Surgery Center.

Medical Advisory Committee

The Medical Advisory Committee shall be appointed by the Medical Director and the Board. This committee will meet on a monthly basis. Quality Improvement activities will be reviewed on a quarterly basis. The Medical Advisory Committee shall be charged with:

1. **Credentialing** -- Review the credentials and qualifications of those practitioners requesting initial and renewed operating privileges at the Summit Surgery Center; and Allied Health Professionals requesting the right to provide clinical services at the Center and making recommendations respecting such requests to the Medical Advisory Committee.
2. **Quality Improvement** — Conduct of an ongoing quality assurance and improvement program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems. The Committee's quality improvement activities shall be conducted pursuant to the Quality Assurance Plan adopted and modified from time to time by the Board. At a minimum, the Committee shall be responsible for:
 - a. Peer review of the clinical performance of practitioners with clinical privileges and Allied health Professionals who provide clinical services at the Center;
 - b. Surgical case and tissue review;

- c. Anesthesia services review, including the types of anesthesia utilized, the appropriateness of such anesthesia, and adherence to and proposed modifications of anesthesia policies and procedures and standards of practice;
- d. Review of nursing services and policies and procedures and standards of practice;
- e. Review of arrangements for pharmaceutical, pathology, and radiology services, the appropriateness of such arrangements, and policies and procedures and standards of practice respecting or applicable to such services;
- f. Review of the procedures performed in the Center and their necessity and appropriateness;
- g. Review of the types of procedures which may be performed in the Center;
- h. Review of reports of accidents, injuries and safety hazards;
- i. Evaluation of data submitted as part of the quality assurance program.

The Committee shall make recommendations resulting from its activities to the Board, including without limitation, changes in policies and procedures, staffing and assignment changes, appropriate education and training, adjustments in clinical privileges, and modifications to the Center's equipment or physical plant. The Committee shall monitor the effectiveness of any measures implemented to resolve identified problems or concerns.

- 3. **Infection Control.** The Medical Advisory Committee will be responsible for:
 - a. The prevention, control and investigation of infection in the Center and for assuring the effectiveness of current procedural techniques in all areas of operation; and,
 - b. The designation of an individual responsible for developing and monitoring the infection control program and reporting back to the Committee respecting its development, implementation, and effectiveness, regulatory requirements and modifications thereto to the Board for

approval.

The Medical Advisory Committee shall be appointed from time to time by the Board and shall consist, at a minimum, of the following: (a) the Medical Director, (b) the Vice President of Physician Practices; (c) the Chair of the Board; (d) the Administrative Director or representative; and (e) such other practitioners and administrative representatives as are deemed appropriate by the Board.

Section II Additional Committees

The Medical Director shall be responsible for the appointment of any additional committees of the Medical Staff. The Medical Director, Administrative Director and Chairman of the Board of Managers shall be voting members of all committees. The appointment of these committees shall be January 1 to December 31. 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 for which they were appointed and shall submit a report to the Medical Advisory/Credentials Committee.

ARTICLE VIII Rules and Regulations

The Medical Advisory Committee shall recommend such Rules and Regulations as may be necessary for the proper conduct of the work of the Medical Staff of the Summit Surgery Center. Subject to the approval of the Board of Managers, such Rules and Regulations shall be part of these By-Laws and shall be amended as provided for in Article X.

ARTICLE IX

Adoption

These By-Laws and the Rules and Regulations of the Medical Staff will be initially adopted by the Board.

ARTICLE X Amendments to By-Laws

These By-Laws, Rules and Regulations of the Medical Staff may be amended as follows:

1. Proposed amendments should be presented to any Medical Advisory 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, Medical Director, Administrative Director, the Board of Managers, or the Medical Advisory Committee.
2. The Medical Director will review the proposed amendments and advise the Medical Staff on whether the proposed changes are in conformity with the provisions of the Federal and State Laws, and By-Laws, Rules and Regulations of the Summit Surgery Center.
3. Proposed amendments will be distributed to the Medical Staff 30 days prior to the Board of Managers meeting for comment and recommendations.
4. A proposed amendment will be adopted upon a two-thirds affirmative vote by the Board of Managers.

Adopted: June 14, 2000
Amended: September 26, 2007
Amended: November 29, 2007
Amended: February 4, 2009
Amended: May 30, 2012