

MEDICAL STAFF BYLAWS

VALLEY GENERAL HOSPITAL MONROE, WASHINGTON

Amended May 1988

Revised 9/92, 12/94, 7/98, 6/01, 6/03, 6/05, 06/07, 06/09

TABLE OF CONTENTS

MISSION, COMMITMENTS, AND VISION -----	3
PROFESSIONAL CODE OF CONDUCT -----	4
MS BYLAW DEFINITIONS -----	5
ARTICLE I: PURPOSE -----	7
ARTICLE II: MEDICAL STAFF MEMBERSHIP, RESPONSIBILITIES, AND CATEGORIES -----	7
ARTICLE III: DEPARTMENTS -----	11
ARTICLE IV: ELECTION AND DUTIES OF OFFICERS-----	13
ARTICLE V: CONDUCT OF MEETINGS-----	16
ARTICLE VI: MEDICAL EXECUTIVE COMMITTEE-----	19
ARTICLE VII: PRACTITIONER RIGHTS-----	21
ARTICLE VIII: AUTOMATIC SUSPENSION AND TERMINATION -----	21
ARTICLE IX: CORRECTIVE ACTION -----	23
ARTICLE X: FAIR HEARING PLAN-----	25
ARTICLE XI: MEDICAL STAFF BYLAWS, RULES AND REGULATIONS, POLICIES AND PROCEDURES REVISIONS, ADOPTIONS AND AMENDMENTS -----	36
ARTICLE XII: GENERAL PROVISIONS -----	37
APPENDIX A: PRE-APP AND CREDENTIALING PROCESS FLOWCHART	39
APPENDIX B: CHIEF EXECUTIVE OFFICER CHAIN OF COMMAND -----	41

MISSION, COMMITMENTS, AND VISION

OUR MISSION

We will work together to enhance the quality of life in our community by providing accessible health care services known for excellence, quality, value, a healing environment, and caring relationships.

OUR COMMITMENTS

QUALITY

We will continuously improve the quality of services we provide.

STEWARDSHIP OF RESOURCES

We will be good stewards of the physical, human and financial resources entrusted to us by the public and will create value in the services we provide. Acknowledging that the quality of our staff represents our greatest resource, we are committed to support their continuing growth and the maintenance of an equitable, respectful, and empowering workplace.

COMMUNITY NEEDS

We will respond to the expanding service needs of the District and meet the challenges of evolving healthcare and technology. We will do this by directly providing clinically and financially appropriate services and through cooperative arrangements with other health care providers.

OUR VISION

Our community receives excellent medical care and outstanding customer service in a healing environment.

PHILOSOPHY OF CARE

Our commitment to Health and Healing calls us to provide high quality care for you as an individual in body, mind and spirit. Recognizing that everything in our environment has an effect on healing, we pledge to create a healing environment and to foster caring relationships for our patients and one another.

We believe in:

- ◆ Patient preferences
- ◆ Active involvement of family members
- ◆ Access to information and education
- ◆ Participation in informed decision making
- ◆ Treating one another with respect and dignity
- ◆ Creating a safe, comfortable, and nurturing setting
- ◆ Working as partners toward better health

Our values guide us in our work with one another. We value integrity, teamwork and cooperation, performance, visionary thinking, compassion and inspiration. We live our mission and values because we understand that the true power of healing lies not only in the tools and knowledge of medicine, but also in the hearts of people.

PROFESSIONAL CODE OF CONDUCT

Valley General Hospital is committed to promoting and providing the highest ethical standards of professional behavior. All licensed independent practitioners granted to provide patient care at Valley General Hospital are expected to promote and abide by the mission of the hospital in fostering a Health and Healing environment.

All members are fully expected to

- Abide and conduct all activities in a manner that promotes integrity and lawful compliance;
- Behave in a respectful and caring demeanor at all times;
- Conduct themselves in a professional and cooperative manner; and
- Treat each staff, colleague, and patients with respect, courtesy, and dignity.

Violation of this code will be subject to the Disruptive Conduct policy as described in Article VIII of the medical staff policies and procedures.

MEDICAL STAFF BYLAWS DEFINITIONS

For the purpose of these bylaws and related documents, the following definitions shall apply:

“Allied Health Practitioner” (CRNA, ARNP, PA, PA-C, OD, PhD, RNFA) also known as Licensed Independent Practitioners is defined as an applicant such as, but not limited to, Certified Registered Nurse Anesthetist, Advanced Registered Nurse Practitioner, Physician Assistant, Physician Assistant-Certified, Optometrist, Psychologist, and Registered Nurse First Assistants, who have been granted appointment and privileges to the Allied Health Practitioner Staff of Valley General Hospital under the supervision and responsibility of a physician sponsor or Medical Staff member (if applicable), or, the Hospital, as designated at the time of approval.

“Board of Commissioners” or “Board” is defined as the elected Board of Commissioners of Snohomish County Public Hospital District No. 1.

“Chief Executive Officer” (“CEO”) is defined as the applicant appointed by the Board of Commissioners to act on its behalf in the overall management of Valley General Hospital. The CEO may appoint an Acting Administrator to serve in the CEO’s stead.

“Departments” mean the designated service provided by the medical staff and/or allied health practitioners of Valley General Hospital by areas of medical specialty.

“Disability” shall have the meaning set forth in the Americans with Disabilities Act VIII of these Bylaws.

“Ex Officio” means a member of a committee or body by virtue of an office or position held, with no voting rights unless otherwise expressly provided.

“Hospital” means Valley General Hospital, a general acute care hospital operated by Snohomish Public Hospital District No. 1.

“In Good Standing” means a member is currently not under suspension or serving with any limitation of clinical privileges or voting imposed by operation of these Bylaws, the rules and regulations or policy of the Medical Staff.

“Medical Director” means the Active Member of the Medical Staff appointed in accordance with Section 4.9 of these Bylaws.

“Medical Executive Committee” or “MEC” is defined as the group of medical staff members defined under Article VI of these Bylaws.

“Medical Staff” is defined as group of physicians, dentists, and podiatrists (MD, DO, DDS, DMD, DPM) who have been granted appointment and privileges to attend patients in the hospital by the Board of Commissioners.

“Member” is defined as any medical practitioner (MD, DO, DDS, DMD, DPM) appointed to, and maintaining membership in, any category of the Medical Staff in accordance with these Bylaws.

“Patient” is defined as any person undergoing diagnostic evaluation or receiving medical treatment at Valley General Hospital.

“Patient Contact” means the admission of a patient to the Hospital, the admission of a patient to the emergency room, the performance of outpatient surgery, assisting at surgery, or a consultation for a patient or documented participation in a patient’s care in either the Hospital or its emergency room.

“President” of the Medical Staff is defined as the individual elected by the Medical Staff of Valley General Hospital to act, along with the Medical Director, as the Medical Staff’s chief administrative officer.

“Proctoring, Proctored” means the act of designated monitoring of a Medical Staff member.

“Reasonable accommodation” when used in connection with a disability, shall have the meaning ascribed to it in the Americans with Disabilities Act.

ARTICLE I: PURPOSE

- 1.1. The purpose of this organization is to bring licensed independent practitioners who practice at Valley General Hospital together into a cohesive body to promote good patient care. To this end, among other activities it will assist in screening applicants for staff membership, review privileges of members, evaluate and assist in efforts toward quality and efficiency in the work done by the staff, provide education, and offer advice to the CEO and Board of Commissioners to fulfill the hospital's obligation to patients, subject to the ultimate authority of the Board of Commissioners.
- 1.2. GOALS OF MEDICAL STAFF
 - 1.2.1 To assure quality and appropriateness of healthcare services rendered through the hospital;
 - 1.2.2 To provide professional performance and utilization of services, within the scope of defined clinical privileges, through a systematic credentialing, review, appraisal, and improvement;
 - 1.2.3 To provide an environment conducive to education;
 - 1.2.4 To maintain a mechanism to address and resolve medical and administrative issues;
 - 1.2.5 To provide a plan for governance and accountability to the Board of Commissioners.

ARTICLE II: MEDICAL STAFF MEMBERSHIP, RESPONSIBILITIES AND CATEGORIES

- 2.1. GENERAL. Only members who hold a Medical Staff appointment or temporary privileges (**Refer to Policy for Medical Staff Appointment/Reappointment, and Clinical Privileges Application**) (**SEE APPENDIX A**) are eligible to render medical care at Valley General Hospital. The Board of Commissioners grants appointment to the Medical Staff through the appointment/reappointment process. Every member practicing the medical profession at Valley General Hospital by virtue of appointment shall be entitled to exercise only those clinical privileges specifically granted to that member by the Board of Commissioners with the exception of temporary privileges and proctored staff members and then only within the scope of such temporary privileges or proctoring relationship.
- 2.2. CATEGORIES. Medical Staff appointment shall consist of Active, Courtesy, Provisional/Active, Provisional/Courtesy, and Honorary.
 - 2.2.1. ACTIVE. To be eligible for appointment to the Active Medical Staff, individuals must be physicians, dentists, or podiatrists duly licensed in Washington; annually be involved in a minimum of 36 patient contacts, including referrals at the hospital; have completed the provisional period with satisfactory performance on the Medical

Staff; and reside closely enough to the hospital to provide continuous care to patients. Each member shall be assigned to one or more departmental service(s) and shall have clinical privileges as indicated. Each member shall be eligible to serve on committees, may hold office in committees, and may vote on all matters presented at general and special meetings of the Medical Staff as established within Valley General Hospital. Each member must participate in emergency room calls and other appropriate specialty coverage.

If an Active staff member no longer meets criteria due to low clinical activity level, the MEC may recommend Courtesy status.

2.2.2. COURTESY. To be eligible for appointment to the Courtesy Medical Staff, individuals must be physicians, dentists, or podiatrists duly licensed in Washington who practice within the community; be interested in the clinical affairs of the hospital; have admitting privileges or clinical privileges during the appointment period; and shall refer patients to other members of the Medical Staff as needed to provide continuous care. Each member shall be assigned to one or more departmental service(s) and shall have clinical privileges as indicated. Each member shall be eligible to hold office in the committees as established within Valley General Hospital. Each member who admits more than 36 patients annually shall be elevated to Active Status provided the member also meets the qualifications for Active Status as indicated in this article by recommendation of the Medical Executive Committee. Each member is encouraged to participate in emergency room calls and other appropriate specialty coverage.

2.2.3. HONORARY MEDICAL STAFF. The Honorary Medical Staff members shall consist of physicians, dentists, and podiatrists that are not active in the hospital but are honored by emeritus positions. These may be individuals who have retired from active practice or who have achieved outstanding accomplishments and reputations and have contributed or can contribute to the development of Valley General Hospital. Each appointment to this category shall be initiated upon by invitation of the Department Chairperson to the member or by recommendation of the President of the Medical Staff. Each member shall be assigned to a clinical service but shall not have any clinical privileges. Each member is encouraged, but not required, to attend Medical Staff annual and departmental meetings, committees, and continuing medical education offerings. If the member requests consulting privileges, he or she are subject to the appointment or reappointment process and must provide the appropriate fee.

2.2.4. PROVISIONAL/ACTIVE OR PROVISIONAL/COURTESY STAFF. Must be a licensed independent practitioner including but not limited to physicians, dentists, or podiatrists duly licensed in Washington who have admitting privileges or clinical privileges during the appointment period; and shall refer patients to other members of the Medical Staff as needed to provide continuous care. Each member shall be assigned to one or more departmental service(s) and shall have clinical privileges as indicated. Each member shall be eligible to serve on committees, may hold office in committees, and may vote on matters presented at general and special meetings of the medical staff as established within Valley General Hospital.

2.3. RESPONSIBILITIES OF MEMBERSHIP. Each member shall:

- 2.3.1. Abide by the Medical Staff Bylaws, Rules and Regulations, Policies and Procedures of Valley General Hospital;
- 2.3.2. Adhere to the member's professional society, medical association, and medical organization code of conduct and ethics;
- 2.3.3. Provide patient care services consistent with clinical privileges;
- 2.3.4. Participate in activities of the Medical Staff;
- 2.3.5. Participate in and cooperate with quality assurance, quality improvement, and utilization review activities;
 - 2.3.5.1. Care and Services
 - 2.3.5.1.1. Adhere to generally recognized standards of practice;
 - 2.3.5.1.2. Demonstrate competence in areas of practice;
 - 2.3.5.1.3. Assist with or provide appropriate emergency procedures or care;
 - 2.3.5.1.4. Monitor, evaluate, and improve care in specialty areas;
 - 2.3.5.1.5. Develop clinical policies for specialty areas;
 - 2.3.5.1.6. Participate in continuing education opportunities responsive to quality assessment/improvement activities;
 - 2.3.5.1.7. Collaborate with patient care staff regarding the plan of care, prognosis, length of stay and discharge plan;
 - 2.3.5.1.8. Maintain physical and mental capabilities to practice medicine competently;
 - 2.3.5.1.9. Adhere to timely, adequate, and legible documentation;
 - 2.3.5.1.10. Deliver care that reflects quality clinical outcomes;

- 2.3.5.11. Deliver timely, efficient, and effective diagnostic work-up, treatment, and plan of care;
- 2.3.5.12. Consistently practice evidence based medicine;
- 2.3.5.2. Relationships
 - 2.3.5.2.1. Demonstrate a compassionate attitude toward all patients;
 - 2.3.5.2.2. Demonstrate caring and kindness toward all patients;
 - 2.3.5.2.3. Demonstrate trustworthiness through keeping one's word and consistent follow-through;
 - 2.3.5.2.4. Foster collaborative relationships;
 - 2.3.5.2.5. Demonstrate professionalism in all interactions;
 - 2.3.5.2.6. Demonstrate consistent ethical practice;
 - 2.3.5.2.7. Demonstrate a commitment to communicate even in times of disagreement;
 - 2.3.5.2.8. Demonstrate a high regard for self, peers, care team, and the workplace;
 - 2.3.5.2.9. Demonstrate ability for service recovery;
 - 2.3.5.2.10. Demonstrate respect for the rights and dignity of others (privacy, confidentiality, patient preferences)
- 2.3.5.3. Resource Utilization
 - 2.3.5.3.1. Participate in quality appropriateness and improvement activities when requested/as assigned;
 - 2.3.5.3.2. Demonstrate effective use of resources throughout the assessment, diagnostics, treatment, and care planning for all patients;
- 2.3.5.4. Hospital and Community Contributions
 - 2.3.5.4.1. Participate in planning for hospital growth and development to meet community needs;
 - 2.3.5.4.2. Promote and support community initiatives based on feedback from community members;
 - 2.3.5.4.3. Assist the hospital in its responsibilities for providing emergency and charitable care;
- 2.3.6. Provide continuous patient care;
- 2.3.7. In the event an adverse recommendation or action is made with respect to staff status or clinical privileges, to exhaust any and all administrative remedies which may be available under these Bylaws before utilizing any other means of obtaining staff status and clinical privileges, including but not limited to legal action;
- 2.3.8. Perform proctoring activities, or adhere to proctoring agreement as applicable;

- 2.3.9. Adhere to responsibilities as outlined in the physician assistant practice plan (if applicable);
 - 2.3.10. Supervise other licensed independent practitioners as applicable;
 - 2.3.11. Comply with the policies, practices, and procedures of Valley General Hospital, the standards and recommendations of Joint Commission on Accreditation of Healthcare Organizations; and all applicable local, state, and federal laws, and regulations.
- 2.3. STAFF DUES. All applicants shall provide a \$400 processing fee for initial appointment, and \$300 processing fee for reappointment, or clinical privileging with their applications for membership and clinical privileges at Valley General Hospital. Dues shall be exempted for Medical Executive Committee members (reappointment fees only) during their tenure, applicants applying for temporary privileges for a care of a patient, and honorary staff members without consulting privileges and employees of Valley General Hospital. Dues must be payable prior to Medical Executive Committee's recommendation to the Board. Failure to pay dues after two written notices shall be construed as a voluntary resignation unless the applicant through the Medical Staff Office has requested an extension.

All applications for membership and privileges shall be processed within a specified period as indicated in the policies and procedures.

ARTICLE III: DEPARTMENTS

- 3.1 ORGANIZATION OF DEPARTMENTS. The Medical Staff shall be organized into Primary Care and Surgery Departments in order to provide patient services and education. The Medical Staff shall have Administrative units according to medical specialty. **(Refer to Medical Staff Policies and Procedures)**
- 3.2 Each department shall have the following functions:
- 3.2.1 Organize services to provide patient care and education specifically related to the clinical service.
 - 3.2.2 Develop and implement a quality assurance and improvement program to monitor, evaluate, and improve the quality and appropriateness of the care and treatment provided to patients on an on-going basis, to include all major clinical activities of the service.
 - 3.2.3 Schedule meetings as necessary to conduct business including findings from quality assurance and improvement activities; provide peer assessment and recommendations for action; and inform staff of policies, procedures and current issues.
 - 3.2.4 Record and maintain minutes;
 - 3.2.5 Assist the Medical Executive Committee in developing criteria for core privileges and credentialing/recredentialing of staff members (Refer to Medical Staff Policies and Procedures) (See Appendix A).

- 3.2.6 Conduct continuing education programs relevant to the service's specialty.
 - 3.2.7 Assist and/or direct section chiefs of clinical issues and/or concerns relating to his/her's specialty or area of responsibility
- 3.4 DUTIES OF MEMBERS. Each licensed independent practitioner of a department unless approved for leave of absence shall:
- 3.4.1 Attend at least 50% of the regular meetings of the departments;
 - 3.4.2 Participate in the quality assurance and improvement program;
 - 3.4.3 Participate in the clinical service's utilization review program;
 - 3.4.4 Perform such other duties as directed by Chairperson of the Department.
- 3.5 DUTIES OF CHAIRPERSON. Each Chairperson shall be responsible for the following duties:
- 3.5.1 Each Chairperson shall be an Active Staff member of the Medical Staff and approved by the Board of Commissioners upon recommendation of the Medical Executive Committee;
 - 3.5.2 Each Chairperson shall meet the qualifications and perform the functions specified in applicable policies;
 - 3.5.3 Each Chairperson shall plan and recommend goals and objectives for services to the Medical Executive Committee including annual review of the Medical Staff Development Plan;
 - 3.5.4. Each Chairperson shall conduct all functions of a department as applicable;
 - 3.5.5 Each Chairperson shall monitor and evaluate professional performance of all members within their defined clinical privileges in the service and assuring that members of the medical staff only provide services within the scope of privileges granted.
 - 3.5.6 Each Chairperson shall take primary responsibility to ensure that the clinical service's quality assurance and improvement functions are fulfilled.
 - 3.5.7. Each Chairperson shall review the credentials of each prospective and current member of the medical staff and allied health practitioner staff within the Chairperson's department;
 - 3.5.8. Each Chairperson shall provide recommendations to the Medical Executive Committee concerning appointments, reappointments, and clinical privileges for both medical staff and allied health practitioner staff of Valley General Hospital within the Chairperson's department;
 - 3.5.9 Each Chairperson shall assist the Medical Executive Committee in defining required credentials and criteria for clinical privileges in the department.
 - 3.5.10 Each Chairperson shall preside at clinical service meetings or shall appoint a member on his/her behalf in cases of emergencies to preside the meetings;
 - 3.5.11 Each Chairperson shall provide assistance with the development, implementation, and enforcement of the Medical Staff Bylaws, Rules and Regulations, Policies and Procedures and Valley General Hospital's

- Policies and Procedures as applicable to the department to guide and support the provision of care, treatment, and services;
- 3.5.12 Each Chairperson shall work with appropriate administrators regarding fiscal and clinical affairs of the department including recommendations concerning capital equipment, which is needed to conduct clinical services;
 - 3.5.13 Each Chairperson shall cooperate and coordinate activities with other services, the Chief Executive Officer, the Medical Director, and the Medical Executive Committee;
 - 3.5.14 Each Chairperson shall assess and provide recommendations to hospital leaders for off-site sources needed for patient care, treatment, and services not provided by the department or the organization whenever applicable.
 - 3.5.15 Each Chairperson shall be available to assist and/or direct his/her section chief for any clinical concerns relating to his/her specialty area of responsibility. (See section chief job description in policies and procedures, Article XIV)

ARTICLE IV: ELECTION AND DUTIES OF OFFICERS

- 4.1 OFFICERS. The officers of the Medical Staff are President, President-Elect, Past-President, Department of Surgery Chairperson, Department of Primary Care Chairperson, and two or three (2 or 3) At-Large Members.
- 4.2. TERM OF OFFICE. All officers shall take office on the first day of the calendar year and serve a term of two years. The terms of office may be extended by the Medical Executive Committee when a quorum is present and whenever necessary to maintain the effective operation of the Medical Staff.

In the event an officer is unable to fulfill his/her duties due to an unavoidable circumstance including but not limited to illness and/or request for leave of absence, the practitioner shall recommend his/her own designee to hold office temporarily by verbal or written request through the medical staff office. This request shall be submitted to the Medical Executive Committee at the next scheduled meeting. The MEC will then confirm the temporary appointment for up to six months only. After six months, the temporary appointment shall automatically terminate unless indicated otherwise by MEC.

In the event an officer chooses to leave office, a vacancy shall be posted and/or announced, Section 4.6.

- 4.3. QUALIFICATIONS OF OFFICERS. To qualify for appointment, each officer must be:
 - 4.3.1. members of the Active, Courtesy, Provisional/Active or Provisional/Courtesy Medical Staff;

- 4.3.2. recommended by the MEC, at the time of nomination and election;
- 4.3.3. members in good standing during their terms of office;
- 4.3.4. board certified by an appropriate specialty board or individual must possess comparable competence.

4.4. ELECTION OF OFFICERS

- 4.4.1. Past-President shall serve an additional two years after having served as President of the Medical Staff.
- 4.4.2. President-Elect shall be elected every two years. Once elected, the President-Elect becomes the President of the Medical Staff at the conclusion of their two-year appointment.
- 4.4.3. The Department Chairperson shall be elected by a quorum of Active, Courtesy, and/or Provisional members of the department present and voting during the department's October meeting.
- 4.4.4. At-Large Members shall be appointed by the Medical Executive Committee members with one At-Large member being a Family Practitioner.

The MEC shall serve as the Nominating Committee for all positions except for Department Chair. Each department shall nominate a candidate by Spring. The nomination will be announced at each department's meeting in June. All members of the medical staff shall be eligible to vote. Ballots will be distributed at the next Full Medical Staff meeting after the announcements.

All results shall be announced at the Annual Meeting of the Medical Staff every two years in the Fall. The Board of Commissioners must confirm all officers at their next regularly scheduled meeting.

- 4.5. **RECALL ELECTION.** Any Active Staff member of the Medical Staff has the right to initiate a recall election of a Medical Staff officer and/or department Chairperson. A petition for such recall must be presented to the MEC, signed by at least 25% of the Active Staff members. Upon presentation of the petitioner, the MEC if decided that such petition is valid will schedule a special meeting for purposes of discussing the appropriate issues, and if indicated, entertain a no-confidence vote.
- 4.6. **VACANCIES.** Vacancies in the Medical Staff offices or committee membership shall be filled as follows:
 - 4.6.1. **PRESIDENT** of the Medical Staff: The President-Elect shall serve as President for the remaining term. The President-Elect shall then become President.
 - 4.6.2. **PRESIDENT-ELECT.** The Medical Executive Committee shall appoint one of their members to serve as the Acting President-Elect for the remaining term. An Acting President-Elect shall not succeed the position of President unless elected by the majority of the Medical Staff at election and confirmed by the Board of Commissioners.

- 4.6.3. VACANCY IN BOTH OFFICES. In the event of a vacancy in both offices, the Past-President shall serve the remaining term until an election is held.
- 4.6.4. VACANCY IN DEPARTMENT CHAIRPERSON. In the event of a vacancy in the position of department chairperson, the members of the department shall select and recommend an eligible member to the Medical Executive Committee for the remaining term and submit the recommendations at the next regular Board meeting for final approval.

4.7. REMOVAL FROM OFFICE.

4.7.1. Reasons for removal. An officer or a department chairperson may be removed for any of the following reasons:

- 4.7.1.1. Failure to perform the duties of the office or position as described within these Bylaws;
- 4.7.1.2. Failure, without reasonable cause, to attend three regularly scheduled meetings of the Board Committees and Medical Executive Committee, failure to attend three scheduled meetings of such committee within a calendar year;
- 4.7.1.3. Termination or suspension of Active Medical Staff membership;

4.7.2. Action of Medical Executive Committee or Board of Commissioners. Either the Board or the Medical Staff may remove any medical staff officer or department chairperson for any of the reasons set forth in Section 4.7.1. The Medical Staff may remove any officer by written petition of 25% of the Active Staff members and a subsequent affirmative vote by two-thirds (2/3) of the Active Staff present and voting at a general staff meeting called for such a purpose by the MEC. Prior to action being taken by the Board or the Medical Staff to remove an officer or department chairperson, the President shall notify the involved individual of the allegations giving rise to cause for removal. If the individual subject to removal is the President, the President-Elect shall provide notice to the President. In response to the notice, the officer or department chairperson may either resign his/her position or request that the Board of Commissioners consider the matter at a Board meeting. At the Board meeting, the officer or department chairperson shall have an opportunity to refute the allegations giving rise to the reason for removal from office. Any determination made by the Board of Commissioners shall be final.

4.7.3. Automatic Removal. If the Active Medical Staff membership of an officer or department chairperson is terminated or if an officer or department chairperson resigns his or her membership in the Valley General Hospital Medical Staff, the Medical Executive Committee shall declare a vacancy in the office, removing the officer or department chairperson without further action of the Board of Commissioners.

4.8. DUTIES OF OFFICERS:

- 4.8.1. "President" of the Medical Staff. The President shall have the following duties:
 - 4.8.1.1. Address issues and coordinate activities to provide effective communication among the Medical Staff, Hospital Administration and the Board of Commissioners;
 - 4.8.1.2. Coordinate Medical Staff representation and participation in any hospital activity affecting the discharge of medical staff responsibilities;
 - 4.8.1.3. Call and chair meetings of the Medical Executive Committee and Full Medical Staff;
 - 4.8.1.4. Appoint committee members as provided in these bylaws.
- 4.8.2. President-Elect of the Medical Staff. The President-Elect shall have the following duties:
 - 4.8.2.1 Act as President in the absence of the President;
 - 4.8.2.2. Serve as voting member of the Medical Executive Committee:
 - 4.8.2.3. Become President at the end of the previous President's term of office.
- 4.8.3. Past-President. The Past-President of the Medical Staff shall have the following duties:
 - 4.8.3.1. Be a voting member and shall abide by the duties of the MEC as described in Article VI of these Bylaws.
 - 4.8.3.2. S/he shall chair the MEC meeting if both offices of the President and President-Elect are vacant at the time of the meeting or if the President and President-Elect are unavailable.
- 4.8.4 AT-LARGE MEMBERS. The At-Large members of the Medical Executive Committee shall have the following duties:
 - 4.8.4.1. Be a voting member
 - 4.8.4.2. Shall have responsibilities as assigned from time to time by the President.
- 4.9. MEDICAL DIRECTOR: QUALIFICATIONS AND APPOINTMENT. The Medical Director will be an Active member of the Medical Staff. The Chief Executive Officer or the Board of Commissioners will appoint him/her.
 - 4.9.1. The medical director will serve as an ex-officio member of Medical Executive Committee, Board Quality, Board Planning, and Board Meeting Committees.

ARTICLE V: CONDUCT OF MEETINGS

- 5.1. QUORUM AND VOTE. Except as otherwise specified herein, the quorum requirement for the following meetings shall be as follows:
 - 5.1.1. Medical Executive Committee Meetings: A minimum of three voting members of the committee must take part in any MEC voting process.
 - 5.1.2. Full Medical Staff Meetings: A minimum of nine, present and voting.
 - 5.1.3. Department Meetings: A minimum of three, present and voting.
 - 5.1.4. Committee/Section Meetings: A minimum of two, present and voting or as expressed per committee's policy.

Except as otherwise specified herein, action on any matter shall be taken by a majority vote where a quorum is present. For any unavoidable circumstance where a meeting cannot take place physically i.e., weather conditions, conflicts of schedule, an electronic mail, fax, or verbal vote via the medical staff office shall be accepted.

- 5.2. ASSIGNMENT OF RIGHT TO VOTE. Members of the Medical Executive Committee, Full Medical Staff, Department, Committee/Section meetings may assign their right to vote to another appointee (same specialty) provided that such assignment is in writing or verbally reported during the meeting to the person presiding at the meeting.. Such assignment may be a continuing one designating another appointee to the Medical Staff as an alternate with right to vote in the absence of the Committee member.
- 5.3. RULES. Roberts Rules of Order shall govern the conduct of all meetings.
- 5.4. PARTICIPATION BY CHIEF EXECUTIVE OFFICER. Except as otherwise specified herein, the CEO and/or assigned designee(s) may attend any committee, department, or special meetings of the Medical Staff.
- 5.5. NOTICE OF MEETINGS. A written or electronic mail notice stating the place, day, and hour of any meetings scheduled or cancelled shall be delivered or sent to each licensed independent practitioner of the committee or department at the address on the hospital records not less than five business days before the time of such meeting by the person or persons calling the meeting. It shall be the responsibility of each licensed independent practitioner to keep the hospital apprised of any e-mail or mailing address change.
- 5.5. MEDICAL STAFF MEETINGS.
 - 5.5.1 Annual Meetings. An annual meeting of the Medical Staff shall be held during the last quarter of each year. Written or electronic mail notice of the meeting shall be sent to all Medical Staff members and be posted at the Hospital. The primary objective of this meeting is to provide a YTD report regarding the activities of the staff and conduct other business as

presented by the agenda items. Written minutes of regular medical staff meetings shall be kept within the Medical Staff Office.

5.5.2. Special Meetings.

5.5.2.1. The President may call a special meeting of the Medical Staff at any time, and shall designate the time and place of any special meeting. The President shall call a special meeting within 20 days after receipt of a written request for such a meeting signed by not less than one-fourth (1/4) of the Active Medical Staff, or upon a resolution by the MEC.

5.5.2.2. Written or electronic mail notice stating the time, place, and purpose of any special meeting of the Medical Staff shall be conspicuously posted at the Hospital and shall be sent to each Active member of the Medical Staff at least seven days before the date of such meeting. No action shall be taken at any special meeting, except that stated in the notice of such meeting. It shall be the responsibility of Medical Staff members to keep the Medical Staff Office advised of current addresses for purposes of such notices.

5.5.2.3. A special or emergency meeting of any committee or department may be called by or at the request of the chairperson or thereof, or by the President, without advance written notice.

5.5.3. Regular Meetings. Departments, and/or sectional committees shall provide the time for holding regular meetings through the assistance of the Medical Staff Office. Meetings shall be held as necessary.

5.6 ATTENDANCE REQUIREMENTS OF MEETINGS. All members of the Medical Staff are encouraged to attend meetings of the Medical Staff. Attendance at departments, committees, MEC, and Full Medical Staff meetings shall be tracked by the Medical Staff Office, and may be a factor in the reappointment evaluation process. Members of the MEC are expected to attend at least fifty percent (50%) of the MEC meetings held.

Attendance requirements shall be waived for any member of the medical staff who is on an approved Leave of Absence.

5.7 SPECIAL ATTENDANCE REQUIREMENTS.

5.7.1. Whenever a staff or department educational program is prompted by findings of quality assessment/improvement activities, the Medical Staff members whose medical practices are in those areas identified shall be notified of the time, date, and place of the program with advance notice, the subject matter to be covered, and its special applicability to the member's area of practice.

5.7.2. Whenever a pattern of suspected deviation from standard clinical or professional practice is identified, the Medical Staff members whose medical practices are in those areas identified shall be

notified by the President to confer on the matter with him/her or with a standing or ad-hoc committee for considering the matter. The Medical Staff member shall be given special notice of the educational opportunity (if applicable) at least five days prior to the scheduled time, a statement of the issue involved, and a statement that the member's appearance is mandatory. Failure to abide by this requirement by the Medical Staff member involved in these matters, unless excused by the MEC or its designee upon showing good cause, will result in an automatic suspension of all or such appropriate portions of the member's clinical privileges as directed by the MEC or its designee. A suspension as specified within these Bylaws shall remain in effect until the matter is resolved by subsequent action of the MEC or by action of the Board of Commissioners. Such resolution shall be made in a timely manner.

- 5.8 RIGHTS OF EX-OFFICIO MEMBERS. Except as otherwise specified herein, individuals serving as ex-officio members of a committee shall have all rights and privileges of regular members thereof, except they shall not vote or be counted in determining the existence of a quorum.

ARTICLE VI: MEDICAL EXECUTIVE COMMITTEE

- 6.1. MEETINGS. The Medical Executive Committee shall meet monthly, and at other times as necessary to fulfill its responsibilities. A permanent record of its proceedings and actions shall be maintained. The President of the Medical Staff or Chief Executive Officer may call special meetings of the MEC at any time as necessary.
- 6.2. COMPOSITION OF MEDICAL EXECUTIVE COMMITTEE. The Medical Executive Committee is composed of the President, President-Elect, Past-President, Chairperson of Surgery, Chairperson of Primary Care, and At-Large members. The following officials shall be non-voting, ex-officio members of the Medical Executive Committee: Chief Executive Officer, Chief Financial Officer, Chief Operating Officer and/or Chief Nurse Executive, Medical Director, Risk Management Officer, and Director of Quality and Education. The President of the Medical Staff shall serve as the Chairperson of the Medical Executive Committee.
- 6.3. DUTIES: The duties and authority of the MEC shall be:
- 6.3.1. To represent and to act on behalf of the Medical Staff;
 - 6.3.2. To coordinate the activities and general policies of the Medical Staff;
 - 6.3.3. To receive and act upon committee reports;
 - 6.3.4. To implement policies of the Medical Staff not otherwise the responsibility of the departments;

- 6.3.5. To provide a liaison between the Medical Staff and the Chief Executive Officer;
- 6.3.6. To recommend action to the Chief Executive Officer on medico-administrative matters;
- 6.3.7. To make recommendations on hospital management matters (for example, long-range planning) to the Board of Commissioners;
- 6.3.8. To ensure that the Medical Staff is kept abreast of the Hospital accreditation requirements and assist in the Hospital accreditation process;
- 6.3.9. To fulfill Medical Staff accountability to the Board for the medical care of patients in the hospital;
- 6.3.10. To review and assist in the Medical Staff application process for all applicants and make recommendations for staff membership, departmental assignments, and delineation of clinical privileges; (Refer to MS Policies and Procedures) (See Appendix A)
- 6.3.11. To take all reasonable steps to ensure professional and ethical conduct for all members and competent clinical performance for all members with clinical privileges;
- 6.3.12. To conduct such other functions as are necessary for the effective operation of the Medical Staff;
- 6.3.13. To report at each Full Medical Staff meeting; and
- 6.3.14. To assist with bylaws adoption, revisions and/or amendments and its related documents.

6.4. REPORTING REQUIREMENTS

The Chief Executive Officer (CEO) or its designee (See Appendix B) shall report, unless such report is precluded by statute or regulation pertaining to action of a given physician, to the Washington State Medical Quality Assurance Commission when a physician's clinical privileges are terminated or are restricted based on a determination, in accordance with the Hospital and Medical Staff Bylaws, that a physician has either committed an act or acts which may constitute statutorily defined unprofessional conduct.

The CEO or its designee (See Appendix B) shall also report if a physician accepts voluntary termination in order to foreclose or terminate actual or possible Hospital action to suspend, restrict, or terminate said physician's clinical privileges. Such a report shall be made in accordance with the NPDB and Washington state reporting requirements from the date final action was taken by the Hospital's Board of Commissioners or the physician's acceptance of voluntary termination or restriction of privileges.

The Medical Quality Assurance Commission shall also be advised within 30 days of the date of final action of the name of any physician denied staff privileges, association, or employment on the basis of adverse findings under RCW 70.41.230(1).

Reports shall also be made to the Medical Quality Assurance Commission and to the Secretary of the U.S. Department of Health and Human Services (or such agency as designated by the Secretary) as required by Sections 421, 423(a) and 424 of the Health Care Quality Improvement Act of 1986, as applicable.

ARTICLE VII: PRACTITIONER RIGHTS

- 7.1 **RIGHT TO AUDIENCE.** Each member of the Medical Staff has the right to an audience with the Medical Executive Committee in the event a practitioner is unable to resolve a difficult working relationship with their respective department chairperson. The request by the practitioner to meet with the Medical Executive Committee to discuss the issue shall be in writing and shall identify the difficulty and/or issue(s) involved.
- 7.2. **STAFF MEETING SCHEDULE.** Upon presentation of a petition, setting forth specific purposes for the meeting, signed by 25 percent of the members of the Active Staff, the MEC will schedule a general staff meeting for the specific purposes addressed by the petitioners. No business other than that set forth in the petition may be conducted.
- 7.3. **BYLAWS, POLICIES AND PROCEDURES, RULES AND REGULATIONS CHALLENGE.** In the event that a rule, regulation, or policy is believed to be inappropriate, any physician may submit a petition signed by 25 percent of the members of the Active Staff setting forth the specific allegations. When such petition has been received by the MEC, the MEC will either: (1) provide the petitioners with information clarifying the intent of such rule, regulation, or policy and/or (2) schedule a meeting with the petitioners to discuss the issue.
- 7.4. **DEPARTMENT MEETING.** Any section/subspecialty group may request a department meeting when a majority of the members/sub-specialists believe that the department has not acted appropriately, and have set forth such allegations in writing, directed to the Medical Executive Committee.
- 7.5. **DISCIPLINARY ACTION EXCEPTION.** Matters pertaining to issues involving disciplinary action, denial of request for appointment or clinical privileges, or any other matter relating to individual "credentialing" actions, which are governed under the Fair Hearing Plan shall be handled separately from the audience meetings or challenges provided for in Sections 1-4 above.
- 7.6. **HEARING/APPEAL.** The hospital's Fair Hearing Plan (see Article X) shall govern the rights of a member of the medical staff to a hearing/appeal.

ARTICLE VIII: AUTOMATIC SUSPENSION AND TERMINATION

- 8.1. Termination of a member's clinical privileges and Medical Staff appointment shall automatically occur under the following circumstances:
 - 8.1.1. Termination of membership status to the Medical Staff;
 - 8.1.1 Conviction of a felony.
- 8.2. Administrative Suspension shall be imposed if any of the following, but not limited to the following, shall occur:
 - 8.2.1. Revocation, expiration, or suspension of license to practice;
 - 8.2.2. Revocation, expiration, or suspension of Controlled Substances Number
 - 8.2.3. Revocation, Restriction, Suspension or Probation of Professional Liability Coverage.
 - 8.2.4. Imposition of sanctions under Medicare or Medicaid
 - 8.2.5. Expiration of Reappointment
 - 8.2.6. Violation of Bylaws, Rules and Regulations, Policies and Procedures

Administrative suspensions are not adverse actions and shall not be entitled to a fair hearing.

- 8.3. **AUTOMATIC SUSPENSION FOR FAILURE TO COMPLETE MEDICAL RECORDS.** Staff appointment and privileges shall automatically be suspended for failure to complete medical records in accordance with the Rules and Regulations. The member's appointment and privileges shall be reinstated following completion of all medical records; however, one or more automatic suspensions hereunder may constitute grounds for corrective action, including termination of staff appointment and privileges.
- 8.4. **SUMMARY SUSPENSION**
 - 8.4.1 Any two of the following – the President, a Department Chairperson, the Medical Director, and the Chief Executive Officer/Designee – or the Medical Executive Committee, shall have the authority, whenever action must be taken immediately in the best interest of patient care and/or its staff at Valley General Hospital, to summarily suspend all or any portion of the clinical privileges of a Medical Staff member, and such summary suspension shall become effective immediately upon imposition.
 - 8.4.2 If someone other than the Medical Executive Committee imposes such suspension, he or she shall notify the Medical Executive Committee within 48 hours of such action, and the Medical Staff member may request the Medical Executive Committee to review such action at its next regular meeting, or, at the option of the President, at a special meeting held within ten (10) days of the suspension if possible or as soon thereafter as practicable.
 - 8.4.3 If clinical privileges, necessary for quality patient care and a harmonious collaborative working relationship with other staff, are removed, the practitioner in question shall reassign patients involved to other medical staff members. For lack of appropriate reassignment, the Department Chairperson to which the member is assigned shall reassign the

member's patients to other staff members, after conferring with the patient on preferences, to assure that continued and appropriate medical care will be provided.

- 8.5. HEARING AND APPEAL RIGHTS. A member whose Medical Staff appointment has been terminated or suspended under Sections 8.1, 8.2, and 8.3 shall not be entitled to a hearing or appeal; a member whose privileges have been summarily suspended under Section 8.4 shall be entitled to a hearing and appeal rights set forth according to the Fair Hearing Plan (see Article X).

ARTICLE IX: CORRECTIVE ACTION

- 9.1 REASONS FOR CORRECTIVE ACTION. The Medical Staff organization shall assume responsibility for corrective action toward its members for activities such as disruptive conduct or physical or mental health status problems regarding of any appointee which:
- 9.1.1 Jeopardizes, or is likely to jeopardize, the safety or best interest of patient care;
 - 9.1.2 Is lower than the standards or aims of the medical staff;
 - 9.1.3 Is disruptive to operations of the hospital;
 - 9.1.4 Constitutes a violation of or disregard for Medical Staff Bylaws, Rules and Regulations or institutional policies and procedures or federal state laws and/or regulations applicable to their medical practice;
 - 9.1.5 Causes inappropriate utilization of resources.
- 9.2 PROCEDURES.
- 9.2.1 Any member of the Medical Staff, or the Chief Executive Officer or its Designee may request corrective action for another member due to any of the above reasons. All requests for corrective action shall be made either verbally or in writing to any representative of the Medical Executive Committee. Requests shall be supported by specific, factual references that constitute the basis for initiating corrective action, including any relevant data necessary for investigation, such as patient number, date, specific acts of commission or omission.
 - 9.2.2 Upon receipt of the request, the MEC representative or Medical Director shall notify, either verbally or in writing, the appropriate Department Chairperson, and Chief Executive Officer of the request and reasons for request.
 - 9.2.3 The MEC representative may accept or reject the request for corrective action and shall notify in writing the aforementioned individuals of the acceptance or rejection and the reasons for rejection. On acceptance, the MEC representative shall forward the request for corrective action to the respective Department Chairperson to whom the member is assigned.
 - 9.2.4 Upon receipt, the Department Chairperson shall investigate the request or provide for investigation, and shall have the authority to provide for

inspection of all material records and reports relevant to the case, interview individuals having knowledge of the case, and interview the involved member. Any or all of these investigative steps may be taken. All interviews shall be conducted informally without attendance of counsel, unless the member requests the attendance of counsel, and procedural rules for a formal hearing shall not apply. A record of any interviews shall be made.

- 9.2.5 The Department Chairperson shall make a report of the investigation, including the record of all interviews, to the Medical Executive Committee at its regular meeting. The MEC shall review the case and shall make a determination as to whether the matter has been appropriately addressed, or whether further action is required. If further action is required, the MEC will present the matter to the Board of Commissioners and notify the member in writing of the request for further action and reason thereof.
- 9.2.6 At a special meeting called by the President, a group of representatives from the MEC shall interview the involved member, if appropriate, or other individuals having knowledge of the case. All interviews shall be conducted informally, without the attendance of counsel or the procedural rules for formal hearings, unless the member requests the attendance of counsel. A record of interviews conducted during the deliberations shall be made.
- 9.2.7 In the event the request for corrective action is against a Department Chairperson, the Medical Executive Committee shall have authority to investigate the case and interview other individuals having knowledge of the case. Interviews shall be conducted informally without the attendance of counsel or the procedural rules for a formal hearing unless the Department Chairperson requests the attendance of counsel. A record of any interviews shall be maintained.
- 9.2.8 The Medical Executive Committee shall have forty-five (45) working days after receipt of the request for corrective action to report its findings to the Board of Commissioners.
- 9.2.9 The Medical Executive Committee shall consider the report and recommend one of two actions to the Board of Commissioners:
 - 9.2.9.1 Reject the request for corrective action on stated grounds such as that the evidence supplied did not substantiate the charges;
 - 9.2.9.2 Recommend any of the following sanctions based on stated grounds:
 - 9.2.9.2.1 Issue a warning letter or reprimand or admonition.
 - 9.2.9.2.2 Place the individual on probation.
 - 9.2.9.2.3 Impose a consultation requirement.
 - 9.2.9.2.4 Reduce, suspend (partial or total), or revoke clinical privileges.

- 9.2.9.2.5 Recommend that, in case of suspension, clinical privileges be terminated, modified, or sustained.
- 9.2.9.2.6 Reduce staff status or limit staff prerogatives relating to patient care.
- 9.2.9.2.7 Suspend or revoke staff appointment.
- 9.2.9.2.8 If clinical privileges, necessary for quality patient care, are removed, the practitioner in question shall reassign patients involved to other medical staff members. For lack of appropriate reassignment, the Department Chairperson to which the member is assigned must reassign the member's patients to other staff members, after conferring with the patient on preferences, to assure that continued and appropriate medical care will be provided.
- 9.2.9.2.9 Such other sanction as the Medical Executive Committee deemed reasonable and appropriate.

9.3 NOTIFICATION. The Chief Executive Officer or its designee (See Appendix B) shall notify any affected member of any sanction or action taken against him/her. The notification shall include an explanation of the exact nature of any infractions or charges against the member and, if the member is entitled to further hearing or appeal hereunder, shall state that s/he is entitled to request a hearing and appellate review as described hereinafter. The notification shall be sent generally within five (5) working days in writing and delivered either in person or equivalent, return receipt requested. A copy of the notice shall be sent to the respective Department Chairperson, and Medical Director.

ARTICLE X: FAIR HEARING PLAN

- 10.1 HEARING. Any medical staff member or applicant is entitled to request a hearing only when one of the following adverse actions has been recommended or taken by the Medical Executive Committee or the Board of Commissioners concerning his or her clinical privileges or medical staff appointment:
- 10.1.1 Denial of initial medical staff appointment, after the full application process has been completed;
 - 10.1.2 Denial of requested advancement in a medical staff category;
 - 10.1.3 Denial of medical staff reappointment;
 - 10.1.4 Revocation of medical staff appointment;
 - 10.1.5 Denial or restriction of requested clinical privileges;
 - 10.1.6 Restriction of current clinical privileges, including requirements for mandatory consultation or proctoring when the consulting or proctoring physician has the authority to supervise, direct or transfer care from the physician being monitored;

- 10.1.7 Reduction in clinical privileges;
 - 10.1.8 Revocation of clinical privileges;
 - 10.1.9 Individual application of, or individual changes in, mandatory consultation requirements;
 - 10.1.10 Automatic or Summary Suspension of medical staff appointment or clinical privileges if such suspension is for more than thirty (30) days; and
 - 10.1.11 Any other action that requires filing a report with an agency of the State of Washington, or the National Practitioner Data Bank.
- 10.2 ACTIONS NOT ENTITLED TO HEARING. None of the following actions or recommendations shall entitle a medical staff member to request a hearing **[Optional: provided that the medical staff member shall be entitled to submit a written explanation to be placed in his or her file]**:
- 10.2.1.1 Issuance of a letter of warning or reprimand;
 - 10.2.1.2 Probation or extended provisional review;
 - 10.2.1.3 Automatic termination or administrative suspension; and
 - 10.2.1.4 Termination of any interim or temporary privileges.
- 10.3 NOTICE OF RECOMMENDATION. When an adverse action is recommended or taken which, according to this fair hearing plan, entitles an individual to request a hearing, the affected individual promptly shall be given notice by the Chief Executive Officer, in writing, certified mail, return receipt requested. This notice shall state:
- 10.3.1 that an adverse action has been recommended or taken;
 - 10.3.2 the general reasons for the adverse action;
 - 10.3.3 that the individual has the right to request a hearing on the adverse action within thirty (30) days of receipt of the notice; and
 - 10.3.4 A copy of this fair hearing plan.
- 10.4 REQUEST FOR HEARING. An applicant or member of the medical staff shall have thirty (30) days following the date of the receipt of the notice described in Section 10.3 to make a request for a hearing. The request shall be made in writing to the Chief Executive Officer. The request shall be deemed to have been made when delivered to the Chief Executive Officer in person or when sent by certified mail, return receipt requested, to the Chief Executive Officer, properly addressed and postage prepaid.
- 10.5 WAIVER BY FAILURE TO REQUEST A HEARING. In the event the medical staff member does not request a hearing within the time and in the manner required by this fair hearing plan, the individual shall be deemed to have waived the right to such hearing and to any appellate review to which he or she might otherwise have been entitled.
- 10.5.1 Such a waiver in connection with an adverse action by the Board shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Board.

10.5.2 Such waiver in connection with an adverse action of the Medical Executive Committee shall constitute acceptance of the action, which shall thereupon become effective immediately upon final Board decision.

10.6 NOTICE OF HEARING AND STATEMENT OF REASONS. Upon receipt of a timely request for hearing, the Chief Executive Officer shall schedule the hearing and shall give written notice, certified mail, return receipt requested, to the individual who requested the hearing. The notice shall include:

10.6.1 The time, place, and date of the hearing;

10.6.2 A proposed list of witnesses (as known at that time, but which may be modified) who will give testimony or evidence in support of the Medical Executive Committee or the Board and the adverse action at the hearing and a brief summary of the nature of the anticipated testimony;

10.6.3 The names of the Hearing Panel members and Presiding Officer (or Hearing Officer), if known; and

10.6.4 A statement of the specific reasons for the action or recommendation as well as the list of patient records and information supporting the recommendation. This statement, and the list of supporting patient record numbers and other information, may be amended or added to at any time, even during the hearing so long as the additional material is relevant to the adverse action that is the subject of the hearing, and the individual who requested the hearing and the individual's counsel have sufficient time to study this additional information and rebut it.

The hearing shall begin as soon as practicable, but no sooner than thirty (30) days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the parties.

10.7 WITNESS LIST. The individual requesting the hearing shall provide a written list of the names and addresses of the individuals expected to offer testimony or evidence on the affected individual's behalf within ten (10) days after receiving notice of the hearing, including a brief summary of the nature of the anticipated testimony. The witness list of either party may, in the discretion of the Presiding Officer or Hearing Officer, be supplemented or amended at any time, including during the course of the hearing, provided that notice of the change is given to the other party. The Presiding Officer or Hearing Officer shall have the authority to limit the number of witnesses.

10.8 HEARING PANEL AND PRESIDING OFFICER OR HEARING OFFICER.

10.8.1 HEARING PANEL.

10.8.1.1 When a hearing is requested, the Chief Executive Officer, acting for the Board and after considering the recommendations of the President of the Medical Staff (and that of the Chairperson of the Board, if the hearing is

occasioned by a Board determination) shall appoint a Hearing Panel which shall be composed of not less than three (3) members. The majority of the Hearing Panel shall be composed of medical staff members who shall not have actively participated in the consideration of the matter involved at any previous level or of physicians or laypersons not connected with the hospital or a combination of such persons. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

- 10.8.1.2 The Hearing Panel shall not include any individual who is in direct economic competition with the individual who requested the hearing or any individual who is professionally associated with or related to the individual who requested the hearing.

“Direct economic competition” shall mean that such individuals are seeking to secure the business of the same patients for the same or similar medical service in the same geographical area within the hospital district.

10.8.2 PRESIDING OFFICER.

- 10.8.2.1 In lieu of a Hearing Panel Chair, the Chief Executive Officer may appoint an attorney at law as Presiding Officer or such other individual who has experience in the kind of issues in question. Such Presiding Officer must not act as a prosecuting officer, or as an advocate for either side at the hearing. The Presiding Officer may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but shall not be entitled to vote on the Hearing Panel’s recommendations.

- 10.8.2.2 If no Presiding Officer has been appointed, a Chair of the Hearing Panel shall be appointed by the Chief Executive Officer, to serve as the Presiding Officer, and shall be entitled to one (1) vote.

- 10.8.2.3 The Presiding Officer (or Hearing Panel Chair) shall:

- 10.8.2.3.1 Act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence subject to reasonable limits on the number of witnesses and duration of direct and cross examination, applicable to both sides, as may be necessary to avoid cumulative or irrelevant testimony or to prevent abuse of the hearing process;

- 10.8.2.3.2 Prohibit conduct or presentation of evidence that is cumulative, excessive, irrelevant, abusive or that causes undue delay;
- 10.8.2.3.3 Maintain decorum throughout the hearing;
- 10.8.2.3.4 Determine the order of procedure throughout the hearing;
- 10.8.2.3.5 Have the authority and discretion, in accordance with this policy, to make rulings on all questions which pertain to matters of procedure and to the admissibility of evidence;
- 10.8.2.3.6 Act in such a way that all information reasonably relevant to the continued appointment or clinical privileges of the individual requesting the hearing is considered by the Hearing Panel in formulating its recommendations; and
- 10.8.2.3.7 Conduct argument by counsel on procedural points outside the presence of the Hearing Panel unless the Panel wishes to be present.

10.8.3 HEARING OFFICER.

- 10.8.3.1 As an alternative to the Hearing Panel described in Section 10.8.1, the Chief Executive Officer, after consulting with the President of the Medical Staff (and Chairperson of the Board if the hearing was occasioned by a Board determination) may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Panel. The Hearing Officer shall preferably be an attorney at law or otherwise have experience in the kind of issues in question.
- 10.8.3.2 The Hearing Officer may not be any individual who is in direct economic competition with the individual requesting the hearing, shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the Hearing Officer is an attorney, he or she must not represent clients in direct economic competition with the affected individual. In the event a Hearing Officer is appointed instead of a Hearing Panel, all references in this fair hearing plan to the "Hearing Panel" or "Presiding Officer" shall be deemed to refer instead to the Hearing Officer, unless the context would require otherwise.

- 10.8.4 NOTICE OF APPOINTMENT. Upon appointment of the Hearing Panel, Presiding Officer or Hearing Officer, the individual requesting the hearing shall be given notice of the appointees' names and shall have five (5) days after receipt of the notice to deliver to the Chief Executive Officer written and explanatory objections including, without

limitation, any objection that an appointee is in direct economic competition to the individual requesting the hearing. Any objection shall be considered by the President of the Medical Staff or the Chairperson of the Board, as appropriate, and resolved in their sole discretion. Failure of the individual requesting the hearing to object to an appointee shall constitute the individual's agreement that each appointee is qualified to serve, and is not in direct economic competition with the individual. Further if the individual fails to object pursuant to this section, he or she shall not be granted the right to voir dire the Presiding Officer, Hearing Officer or Hearing Panel except for good cause shown.

10.8.5 ALTERNATIVES. The alternatives for a hearing in lieu of a Hearing Panel or Hearing Officer, if the parties agree, are non-binding arbitration or mediation.

10.9 DISCOVERY

10.9.1 There is no right to discovery in connection with the hearing. However, the individual requesting the hearing shall be entitled, upon specific request, to the following, subject to a stipulation signed by both parties that such documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing and subject to any state or federal requirements regarding patient information:

10.9.1.1 Copies of, or reasonable access to, all patient medical records referred to in the statement of reasons for the adverse action, at the expense of the individual requesting the hearing;

10.9.1.2 Reports of experts relied upon by the Medical Executive Committee or the Board;

10.9.1.3 Copies of redacted relevant committee or department minutes (such provision does not constitute a waiver of the state peer review or quality improvement committee protection statutes, nor any other applicable considerations or other protections applicable to such minutes of information); and

10.9.1.4 Copies of any other documents relied upon by the Medical Executive Committee or the Board.

10.9.2 Prior to the hearing, on dates set by the Presiding Officer or agreed upon by counsel for both sides if the parties are represented, each party shall provide the other party with a list of proposed exhibits. All objections to documents or witnesses to the extent then reasonably known, shall be submitted in writing in advance of the hearing. The Presiding Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.

- 10.9.3 Prior to the hearing, on dates set by the Presiding Officer, the individual requesting the hearing shall, upon specific request, provide the Medical Executive Committee (or the Board of Commissioners) copies of any expert reports or other documents upon which the individual will rely at the hearing.
- 10.9.4 There shall be no contact by the individual requesting the hearing, his or her attorney or any other person acting on behalf of such individual with hospital employees appearing on the hospital's witness list concerning the subject matter of the hearing, unless specifically agreed upon by counsel for both parties. Other than as specifically provided in this fair hearing plan, no comment, evidence or argument relating to the subject of the hearing shall be presented by the individual requesting the hearing, his or her representative or counsel, a member of the Medical Executive Committee or the Board, or their representatives or counsel, to any member of the Hearing Panel except at the hearing.
- 10.10 PRE-HEARING CONFERENCE. The Presiding Officer may require counsel for the individual and for the hospital's Medical Executive Committee (or the Board) to participate in a pre-hearing conference for purposes of resolving all procedural questions in advance of the hearing. The Presiding Officer may specifically require and mandate that:
- 10.10.1 All documentary evidence to be submitted by the parties be presented at this conference; any objections to the documents shall be made at that time and the Presiding officer shall resolve such objections;
- 10.10.2 Evidence unrelated to the reasons for the unfavorable recommendation or unrelated to the individual's qualifications for appointment or the relevant clinical privileges be excluded;
- 10.10.3 The names of all witnesses and a brief statement of their anticipated testimony be submitted if not previously provided;
- 10.10.4 The time granted to each witness' testimony and cross-examination be agreed upon, or determined by the Presiding Officer, in advance; and
- 10.10.5 Witnesses and documentation not provided and agreed upon in advance of the hearing may be excluded from the hearing at the discretion of the Presiding Officer.
- 10.11 PERSONAL PRESENCE. The personal presence of the individual requesting the hearing shall be required. The individual requesting the hearing shall cooperate in a manner that expedites the scheduling of the hearing. An individual who fails, without good cause, to appear and proceed at the hearing shall be deemed to have waived his or her rights in the same manner and with the same consequence as provided in Section 10.5 of this fair hearing plan.
- 10.12 REPRESENTATION. The individual requesting the hearing shall be entitled to be accompanied and represented at the hearing by an attorney or other person of the individual's choice. The Medical Executive Committee or the Board,

depending upon whose recommendation has prompted the request for hearing, may be represented by an attorney and may appoint one of its members, or in the case of the Executive Committee, any medical staff member, to represent it at the hearing, to present facts in support of its adverse action, and to examine witnesses. The individual requesting the hearing and the Chief Executive Officer shall each notify the other of the name of the attorney or other representatives at least ten (10) days prior to the date of the hearing.

10.13 RECORD OF HEARING. The Hearing Panel shall maintain a record of the hearing by a reporter present to make a record of the hearing or a recording of the proceedings. The cost of such reporter shall be borne by the hospital, but copies of the transcript shall be provided to the individual requesting the hearing at that individual's expense. The Hearing Panel may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body.

10.14 RIGHTS OF BOTH SIDES.

10.14.1 At a hearing both sides shall have the following rights, subject to reasonable limits determined by the Presiding Officer:

10.14.1.1 To call and examine witnesses to the extent available;

10.14.1.2 To introduce exhibits;

10.14.1.3 To present evidence determined to be relevant by the Presiding Officer, regardless of its admissibility in a court of law;

10.14.1.4 To impeach any witness

10.14.1.5 To cross-examine any witness on any matter relevant to the issues

10.14.1.6 To rebut any evidence;

10.14.1.7 To receive a copy of the record of the hearing upon payment of any reasonable charges associated with its preparation; and

10.14.1.8 To submit a written statement at the close of the hearing.

10.14.2 Any individual requesting a hearing who does not testify in his or her own behalf may be called and examined as if under cross-examination.

10.14.3 The Hearing Panel and Presiding Officer may question the witnesses, call additional witnesses or request additional documentary evidence.

10.15 ADMISSIBILITY OF EVIDENCE. The hearing shall not be conducted according to rules of evidence. Hearsay evidence shall not be excluded merely because it constitutes hearsay. Any relevant evidence shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law.

10.16 POST-HEARING MEMORANDUM OF POINTS AND AUTHORITIES. Each party shall have the right to submit a memorandum of points and authorities, and

the Hearing Panel may request such a memorandum to be filed, following the close of the hearing.

- 10.17 OFFICIAL NOTICE. The Presiding Officer shall have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.
- 10.18 POSTPONEMENTS AND EXTENSIONS. Postponements and extensions of time beyond any time limit set forth in this policy may be requested by anyone but shall be permitted only by the Presiding Officer or the Chief Executive Officer on a showing of good cause.
- 10.19 BURDEN AND ORDER OF PRESENTATION. The Board or the Medical Executive Committee, depending on whose recommendation prompted the hearing initially, shall have the burden of first presenting evidence in support of its recommendation or action. Thereafter, the individual who requested the hearing shall have the burden of presenting evidence that demonstrates the recommendation or action is arbitrary, capricious or not supported by substantial evidence.
- 10.20 BASIS OF RECOMMENDATION.
- 10.20.1 The Hearing Panel shall recommend in favor of the Medical Executive Committee or the Board unless it finds that the individual who requested the hearing has proved by a preponderance of the evidence that the recommendation or action that prompted the hearing was arbitrary, capricious, or not supported by substantial evidence.
- 10.20.2 The decision of the Hearing Panel or Hearing Officer shall be based on the evidence produced at the hearing. This evidence may consist of the following:
- 10.20.2.1 Oral testimony of witnesses;
- 10.20.2.2 Memorandum of points and authorities presented in connection with the hearing;
- 10.20.2.3 Any information regarding the individual who requested the hearing so long as that information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and, by other evidence, refute it;
- 10.20.2.4 Any and all applications, references, and accompanying documents;
- 10.20.2.5 Other documented evidence, including medical records; and

10.20.2.6 Any other evidence that has been admitted or taken official notice of by reference in the hearing record and the individual who requested the hearing had the opportunity to comment on and, by other evidence, refute it.

10.21 ADJOURNMENT AND CONCLUSION. The Presiding Officer may recess or adjourn the hearing and reconvene the same at the convenience and with the agreement of the participants without additional notice. Upon conclusion of the presentation of evidence by the parties and questions by the Hearing Panel, and submission of post-hearing memorandum, the hearing record shall be closed.

10.22 DELIBERATIONS AND RECOMMENDATION OF THE HEARING PANEL. Generally, within twenty (20) days after the hearing record is closed, the Hearing Panel shall conduct its deliberations outside the presence of any other person (except the Presiding Officer, if one is appointed) and shall render a recommendation, accompanied by a report, which shall contain a concise statement of the reasons for the recommendation. The report may be rendered at a later date, but no later than sixty (60) days after the hearing record is closed, if reasons for such additional time to issue the report are recorded as part of the proceedings.

10.23 DISPOSITION OF HEARING PANEL REPORT. The Hearing Panel shall deliver its report and recommendation to the Chief Executive Officer who shall forward it, along with all supporting documentation, to the Board for further action. The Chief Executive Officer shall also send a copy of the report and recommendation, certified mail, return receipt requested, to the individual who requested the hearing, and to the Medical Executive Committee for information and comment.

10.24 TIME AND APPEAL. Within ten (10) days after notice of the Hearing Panel's recommendation, either party may appeal the recommendation. The request for appellate review shall be in writing, and shall be delivered to the Chief Executive officer either in person or by certified mail, and shall include a brief statement of the reasons for appeal and the specific facts or circumstances which justify further review. If such appellate review is not requested within ten (10) days as provided herein, both parties shall be deemed to have accepted the recommendation involved, and the Hearing Panel's report and recommendation shall be forwarded to the Board for final action.

10.25 GROUNDS FOR APPEAL. The grounds for appeal shall be limited to the following:

10.25.1 There was substantial failure to comply with this fair hearing plan and/or the hospital or Medical Staff Bylaws prior to the hearing so as to deny a fair hearing; or

10.25.2 The recommendation of the Hearing Panel was made arbitrarily or capriciously; or

10.25.3 The recommendation of the Hearing Panel was not supported by substantial evidence.

10.26 TIME, PLACE, AND NOTICE. Whenever an appeal is requested as set forth in the preceding sections, the Chairperson of the Board shall, within ten (10) days after receipt of such request, schedule and arrange for an appellate review. The affected individual shall be given notice of the time, place and date of the appellate review. The Appellate Review Panel shall be convened not less than ten (10) days, nor more than thirty (30) days from the date of receipt of the request for appellate review; provided, however, that when a request for appellate review is from an appointee who is under a suspension then in effect the appellate review shall be held as soon as the arrangements may reasonably be made and not more than fourteen (14) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Chairperson of the Board for good cause.

10.27 NATURE OF APPELLATE REVIEW

10.27.1 The Chairperson of the Board shall appoint a Review Panel composed of not less than three (3) persons, either members of the Board or others, including but not limited to reputable persons outside the hospital, or a Hearing Officer to hear the appeal, or the whole Board may hear the appeal.

10.27.2 The proceedings for appellate review shall be based upon the record of the hearing before the Hearing Panel or Hearing Officer, the recommendation of the Hearing Panel or Hearing Officer, and all subsequent results, reports and actions thereon. The appellate review also may consider such other oral or written information as permitted under this Section 10.27.

10.27.3 The Review Panel, Hearing Officer, or the Board, may accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that it is new, relevant evidence and that any opportunity to admit it at the hearing was denied.

10.27.4 Each party shall have the right to present a written statement in support of its position on appeal. In its sole discretion, the Review Panel Hearing Officer or Board may allow each party or its representative to appear personally and make oral argument not to exceed thirty (30) minutes. Any party or representative so appearing shall be required to answer questions put to him or her by any member of the Review Panel, the Hearing Officer or the Board.

10.27.5 The Review Panel, Hearing Officer, or Board shall have all power granted to a Hearing Panel and such additional powers as are reasonably appropriate to the discharge of its responsibilities.

- 10.27.6 The Review Panel or Hearing Officer as the case may be shall recommend final action to the Board.
- 10.27.7 The Board may affirm, modify, or reverse the recommendation of the Review Panel or Hearing Officer, or in its discretion, refer the matter for further review and recommendation, or make its recommendation based upon the Board's ultimate legal responsibility to grant appointment and clinical privileges.
- 10.28 FINAL DECISION OF THE BOARD. Within thirty (30) days after receipt of the Review Panel's or Hearing Officer's recommendation, the Board shall render a final decision in writing, including specific reasons for its action, and shall deliver copies thereof to the affected individual and to the Chairperson of the Executive Committee, in person or by certified mail, return receipt requested.
- 10.29 FURTHER REVIEW. Except where the matter is referred for further action and recommendation, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. Provided, however, if the matter is referred for further action and recommendation, such recommendation shall be promptly made to the Board in accordance with the instructions given by the Board. This further review process and the report back to the Board shall in no event exceed thirty (30) days in duration except as the parties may otherwise stipulate.
- 10.30 RIGHT TO ONE HEARING AND ONE APPEAL ONLY. No applicant or medical staff member shall be entitled to more than one (1) hearing and one (1) appellate review on any adverse action or recommendation. In the event that the Board ultimately determines to deny initial appointment or reappointment to an applicant, or to revoke or terminate the appointment or reappointment to an applicant, or to revoke or terminate the appointment and/or clinical privileges of a current appointee, that individual may not apply for appointment or for those clinical privileges at this hospital for five years following the date of the decision unless the Board provides otherwise.

ARTICLE XI: MEDICAL STAFF BYLAWS, RULES AND REGULATIONS, POLICIES AND PROCEDURES REVISIONS, ADOPTIONS AND AMENDMENTS

11.1. PURPOSE OF DOCUMENTS

11.1.1. The Bylaws provide a structure, in which the Medical Staff can perform its duties and functions.

11.1.2. The rules and regulations shall relate to the proper conduct of Medical Staff organizational activities as well as specify the level of practice required of each member.

11.1.3. The policies and procedures shall outline the implications of the process for membership, appointments, reappointments, clinical privileges, hearings, appeals, disruptive conduct, and well-being.

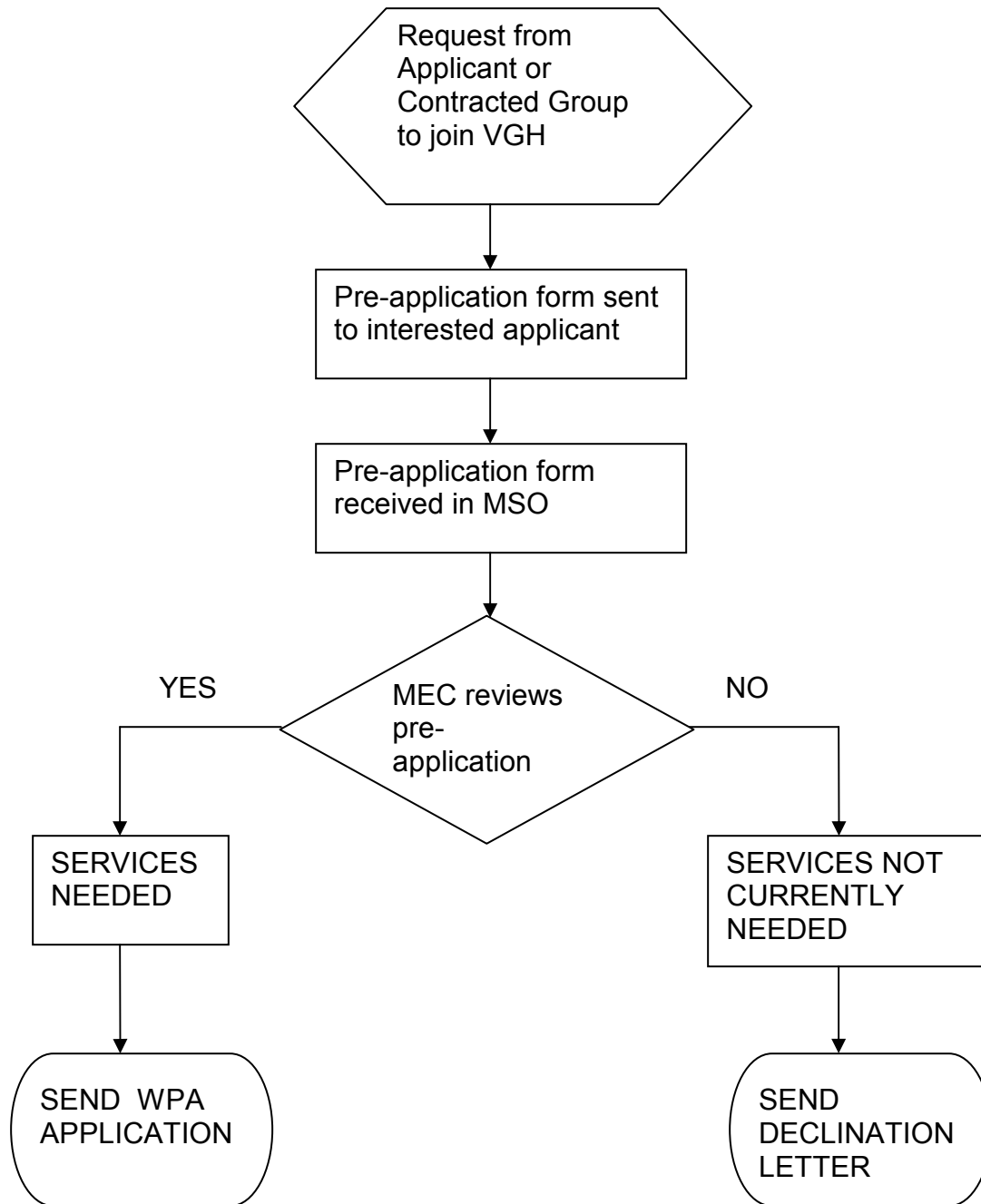
- 11.2. **REVISIONS.** The Medical Executive Committee, representing the Medical Staff members, shall review the Medical Staff Bylaws, Rules and Regulations, Policies and Procedures every two years to reflect current and future practices with respect to its Medical Staff organization and functions. Any revision will be provided to all medical staff members after final approval of the Board of Commissioners.
- 11.3. **ADOPTIONS.** The Medical Staff Bylaws of Valley General Hospital including Rules and Regulations and Policies and Procedures, shall be adopted at any regular or special meeting of the Medical Executive Committee by a simple majority vote of those members present and voting. Upon adoption, these documents shall become effective when the Board of Commissioners has given final approval.
- 11.4. **AMENDMENTS.** The Bylaws, Rules and Regulations, Policies and Procedures may be amended or repealed at a regular or special meeting of the Medical Executive Committee where a quorum is present, by a simple majority vote of those members present and voting. The Active medical staff will be notified of the amendment(s) and shall have (14) fourteen days to comment or challenge said amendment(s). If no challenge is received, the amendment(s) will be forwarded to the Board of Commissioners for final approval. Any amendment(s) shall be subject to final approval by the Board of Commissioners and shall become effective upon final Board approval.

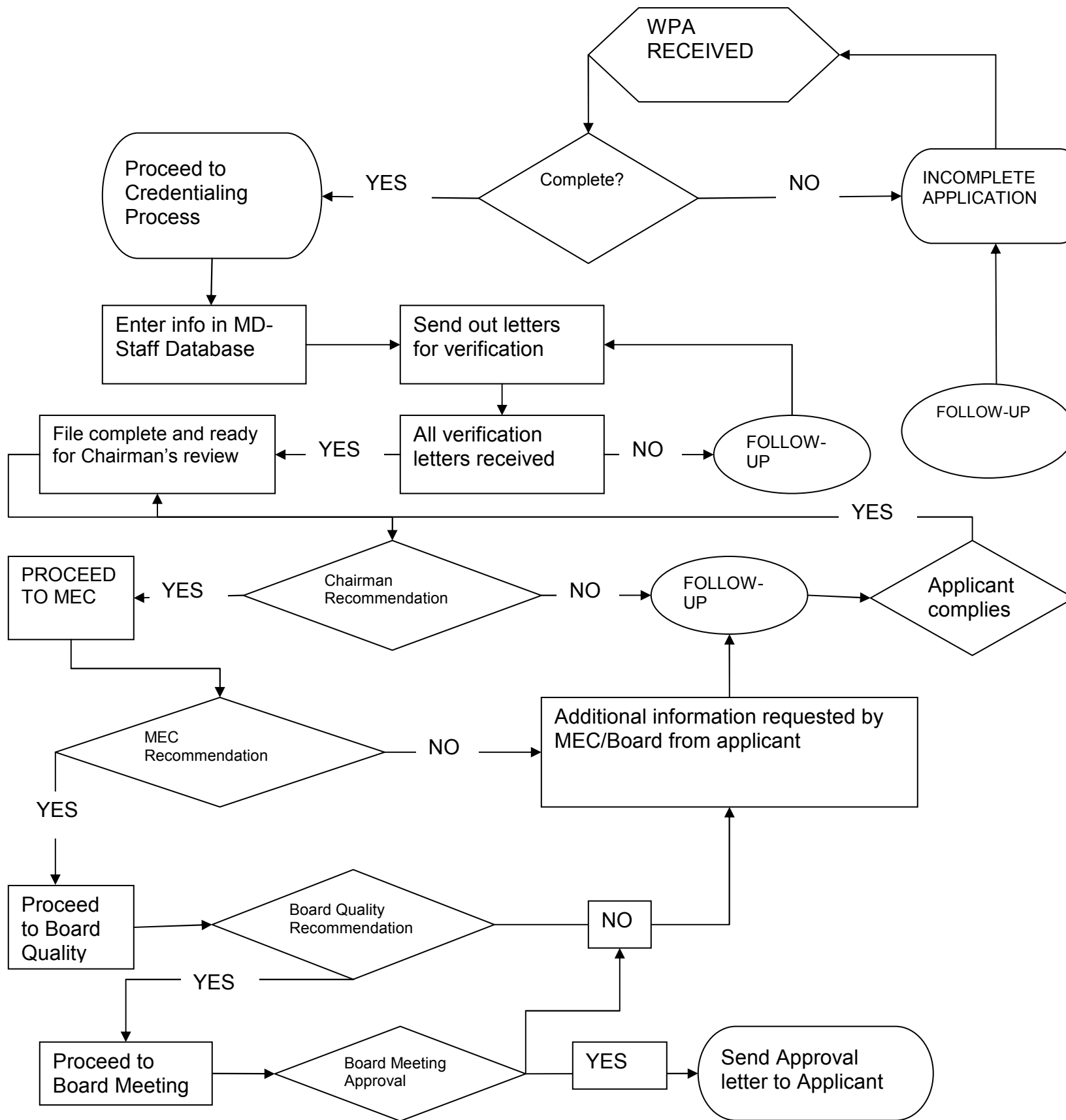
ARTICLE XII: GENERAL PROVISIONS

- 12.1. **CITATIONS.** Citations to Articles and Sections appearing in these Bylaws refer to provisions of these Bylaws unless otherwise specified.
- 12.2. **TITLES, HEADINGS AND CAPTIONS.** The titles, headings and captions appearing in these Bylaws are used and intended for convenience of description or reference only and shall not be construed or interpreted to limit, restrict or define the scope or effect of any provision.
- 12.3. **TIME PERIODS.** All time periods referred to in these Bylaws for action by committees or panels of the Medical Staff, the Administrator or the Board of Commissioners and references to meetings at which action should be taken by them are advisory only and not mandatory. While no such actions shall be required to be accomplished in less time than that specified, extensions should be granted or permitted for reasonable cause or the convenience of participants. Time periods, within which Practitioners are permitted to request a Hearing, or to take other action, are intended to impose mandatory limitations and shall be strictly construed.

- 12.4. **CONSTRUCTION.** As used in these Bylaws, personal pronouns shall be interpreted to refer to persons of both gender and relative words whenever applicable to more than one person shall be read as if written in the plural.
- 12.5. **SEVERABILITY.** If any provision of these Bylaws or its application to any person or circumstance is held invalid by a court of competent jurisdiction, the remainder of these Bylaws or the application of the provision to other persons or circumstances shall not be affected.
- 12.6. **VOTING.** For any unavoidable circumstance, an electronic mail, fax, or verbal vote shall be accepted in the medical staff office as indicated in these bylaws.

CREDENTIALING PROCESS FOR MEDICAL STAFF AND ALLIED HEALTH PRACTITIONERS





CHIEF EXECUTIVE OFFICER'S CHAIN OF COMMAND PLAN

ADMINISTRATIVE SITUATION	CLINICAL SITUATION
Chief Executive Officer	Chief Operating Officer and/or Chief Nurse Executive
Chief Operating Officer and/or Chief Nurse Executive	Director of Clinical Services (clinical)
Chief Financial Officer	Appropriate Clinical Nurse Manager
Director of Clinical Services	Nursing Supervisor

ADOPTED by the Medical Staff of Valley General Hospital:

APPROVED IN FILE

President of the Medical Staff, Valley General Hospital

June 4, 2009

Date Signed

Medical Director, Valley General Hospital

Date Signed

APPROVED by the Board of Commissioners, Public Hospital District No. 1 of Snohomish County dba Valley General Hospital:

APPROVED IN FILE

Board of Commissioners, Valley General Hospital

June 30, 2009

Date Signed

APPROVED IN FILE

Board of Commissioners, Valley General Hospital

June 30, 2009

Date Signed

APPROVED IN FILE

Board of Commissioners, Valley General Hospital

June 30, 2009

Date Signed