

MEDICAL BYLAWS, RULES, & REGULATIONS

PORTER HOSPITAL, INC.
MIDDLEBURY, VERMONT

MEDICAL STAFF
BYLAWS,
RULES & REGULATIONS

REVISION DATES:

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Approved by Medical Staff:	September 12, 2007

MEDICAL BYLAWS, RULES, & REGULATIONS

THIS COMPILATION SUPERSEDES ALL PREVIOUS EDITIONS
Porter Hospital, Inc.

Bylaws, Rules and Regulations
of the Medical Staff

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MEDICAL STAFF BYLAWS, RULES, & REGULATIONS

WHEREAS, the Medical Staff of Porter Hospital, Inc. is responsible for the quality of medical care in the hospital; and

WHEREAS, the Medical Staff must have principles and policies by which it functions; and

WHEREAS, the Board of Porter Hospital, Inc. has the ultimate authority for the governing of the hospital;

NOW THEREFORE, the Medical Staff and the Board do hereby agree as follows:

ARTICLE I
Definitions

Unless the context clearly requires otherwise, the following words or phrases shall, for the purposes of these Bylaws and Rules and Regulations, be defined as follows:

Section 1.01 BOARD - The word "Board" shall mean the Board of Directors of Porter Hospital, Inc., a Vermont non-profit corporation, having its principal place of business located at Middlebury, Vermont.

Section 1.02 EXECUTIVE COMMITTEE - The term "Executive Committee" shall refer to the Executive Committee of the Medical Staff, consisting of the President, Vice President, and Secretary/Treasurer of the Medical Staff; the chiefs of Emergency Medicine, Family Practice, Medicine, Obstetrics/Gynecology, Pediatrics, Radiology and Surgery.

Section 1.03 HOSPITAL PRESIDENT - The term "Hospital President" shall mean the President of Porter Hospital, Inc.

Section 1.04 MEDICAL STAFF - The term "Medical Staff" shall include all Doctors of Medicine, Osteopathy, Dental Surgery, Podiatric Medicine, and Dental Medicine and Allied Health Professionals privileged to attend patients at Porter Hospital, Inc.

Section 1.05 PHYSICIAN - The term "physician" shall mean both Doctors of Medicine and Doctors of Osteopathy.

Section 1.06 HOSPITAL - The term "Hospital" shall mean Porter Hospital, Inc., a non-profit corporation incorporated under the laws of the State of Vermont, and having its principal place of business at Middlebury, Vermont.

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ARTICLE II
Name and Purpose

Section 2.01 NAME - The Medical Staff as an element of Porter Hospital, Inc. shall be known as the Medical Staff of Porter Hospital, Inc.

Section 2.02 PURPOSE - The Medical Staff of Porter Hospital, Inc. shall have as its objects the fulfillment of the following purposes:

(1) To serve as the primary means for accountability to the Board for the quality and appropriateness of the professional performance of the Medical Staff, and professional ethical conduct of its members and to strive toward assuring that the patient care in the Hospital is consistently maintained at the level of quality and efficiency achievable by the state of the healing arts and the resources locally available.

(2) To initiate and maintain rules and regulations regarding the governance of the Medical Staff;

(3) To provide a means whereby problems of a medico-administrative nature may be discussed by the Medical Staff with both the Board and the Hospital President; and

(4) To encourage the continual education of the Medical Staff and the continual maintenance of a high level of professional standards.

ARTICLE III
Membership on Medical Staff

Section 3.01(1) ETHICS AND ETHICAL RELATIONSHIPS – Each member agrees that he/she shall:

(1) Abide by the generally recognized principles of medical ethics:

(2) Provide for continuous patient care, including both in-patient and out-patient care, when the member is not able to provide coverage by himself;

(3) Delegate, in her/his absence, the responsibility for diagnosis or care of her/his patients only to a practitioner who is qualified to undertake this responsibility or who is adequately supervised;

(4) Seek consultation whenever necessary; and

(5) Disclose to patients the true identity of an operation surgeon or any other Practitioner providing treatment or services.

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Section 3.01(2) REQUIREMENTS OF STAFF MEMBERSHIP - As an express condition of her/his membership, each member of the Medical Staff shall:

- (1) Provide her/his patients with care at the generally recognized professional level of quality and efficiency;
- (2) Abide by the terms, conditions and procedures of these Medical Staff Bylaws Rules and Regulations, and by all other lawful bylaws, standards, policies, and rules and regulations of the Hospital;
- (3) Consistently discharge such staff, clinical department, committee, and Hospital functions for which he/she is responsible by staff category assignment, appointment, election, or otherwise;
- (4) Prepare and complete in timely fashion the medical and other required records for all patients he/she admits or in any way provides care to in the Hospital;
- (5) Fully cooperate with and participate in Hospital peer review activities as directed by the Medical Care Review Committee, the clinical department chief or otherwise;
- (6) Participate in relevant continuing medical education, a record of which shall be maintained in the staff member's file and shall include a brief summary of the content, as well as the accrued hours;
- (7) Be free of any significant physical, mental, or behavioral impairment that interferes with, or presents a substantial probability of interfering with, patient care, the exercise of privileges, the assumption and discharge of required responsibilities;
- (8) Accept and participate in Medical Staff committee assignments made by the President of the Medical Staff in accordance with Sections 8.03 and 8.04;
- (9) Organize or give staff rounds periodically as requested by the Medical Education Committee.
- (10) Engage consistently in cooperative working relationships with members of the Medical Staff and Hospital Employees.
- (11) Fully cooperate with and participate in Hospital performance improvement activities as directed by the Medical Care Review Committee, the clinical department chief or otherwise and

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(12) Agree to participate in the Organized Health Care Arrangement (“OHCA”) as set forth in the Hospital’s Joint Notice of Privacy Practices, comply with the health information policies and practices of the Hospital and OHCA and sign acknowledgements agreeing to abide by the terms of the Joint Notice of Privacy Practices, as may be submitted to the Medical Staff from time-to-time.

Section 3.02 QUALIFICATIONS FOR STAFF MEMBERSHIP - Physicians, dentists, and other health professionals designated by the Medical Staff Bylaws who are legally licensed to practice in the State of Vermont and who present evidence that their training/experience, current competence, professional ethics, and physical and mental health are adequate to assure both the Medical Staff and the Board that any patient treated by them will receive optimal care shall be eligible for membership on the appropriate section of the Medical Staff. Applicants for new Active Staff membership must have completed an accredited residency program and be eligible to take qualifying examinations. No applicant for membership on the Medical Staff shall be denied Medical Staff membership on the basis of race, color, creed, religion, sex, sexual orientation, national origin, age or marital status.

Section 3.02(1) ADMINISTRATIVE POSITIONS - Officers and other physicians or health professionals as listed in Section 1.04 in administrative positions who desire Medical Staff membership or clinical privileges are subject to the same procedures as all other applicants for membership or privileges.

Section 3.02(2) MEDICAL STAFF COMPLEMENT - At the time the Executive Committee and the Board review an application for appointment to the Medical Staff, they may consider, without limitation, (1) the priorities of the Hospital, in terms of the current and projected needs of the targeted patient community; (2) the capacities of the Hospital, in terms of its current and projected facilities and personnel; and (3) the capabilities of the Medical Staff, in terms of its aggregate current and projected composition and qualifications. They may solicit a report from the Planning Committee of the Medical Staff which should address the collective staff opinions regarding: (1) the adequacy, both short and long term, of the level and number of services delivered within the applicable clinical departments of the Medical Staff and (2) the adequacy of the facilities wherein those services are delivered.

Section 3.03 PRE-APPLICATION AND APPLICATION PROCEDURE - A potential applicant for appointment to the Medical Staff must make a written request for an application which specifies the clinical department and privileges desired. If a potential applicant requests an application for privileges within a clinical department which has been closed by the Hospital Board, the Hospital President shall advise that individual in writing (1) that no applications are being accepted for that clinical department and (2) of the date when the closure of the clinical department shall be reevaluated by the Board.

If the privileges sought by the applicant do not involve a closed clinical department, the

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Medical Staff Coordinator shall send to the applicant (1) an application for appointment to the Medical Staff and (2) a clinical privileges delineation form for the clinical department specified by the applicant.

Section 3.03(1) FORM OF APPLICATION -

The applicant shall provide: (1) information about the applicant's education, training, and professional experience; (2) the names of three persons who, as peers, have had extensive experience in observing and working with the applicant, (each of whom shall provide a comprehensive reference as to the applicant's professional competence in the applicant's area of practice, commensurate with the privileges requested); (3) information about the applicant's ethical character; (4) evidence of current unrestricted Vermont medical licensure and DEA registration; (5) evidence of current liability insurance; (6) an affidavit stating whether applicant has ever been convicted of a crime or unprofessional conduct and if so, the circumstances regarding any and all such incidents; and (7) a specific request for staff privileges within the specific clinical department.

The application shall further summarize (1) any prior or currently pending challenges to the applicant's licensure or registration (state or DEA); (2) any voluntary or involuntary relinquishment of such licensure or registration; (3) any malpractice claims or any other professional liability actions made, filed, pending, settled, or adjudicated against the applicant; and (4) any voluntary or involuntary termination of membership in any professional organizations or voluntary or involuntary termination, reduction, limitation, or loss of Medical Staff membership or privileges at any other hospital.

The application shall include a statement regarding the applicant's current state of physical and mental health, explaining any medical problems which interfere or could potentially interfere with the safe, competent delivery of patient care, and how they could be accommodated either by the applicant and/or the Hospital.

The application shall contain the applicant's pledge to maintain an ethical practice, to provide for continuous care of all her/his patients, and to abide by the Medical Staff Bylaws, Rules and Regulations, and the Hospital Bylaws, policies, rules and regulations.

The application shall include a statement that the applicant consents to the inspection of all pertinent records; to communications with any individual or hospital having information about the applicant; and to personal interviews.

Finally, the application shall include applicant's agreement to the conditions of immunity from liability as set forth in Section 7.01 of these Bylaws.

All applications for appointment to the Medical Staff shall be in writing and signed by

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the applicant, and must include full payment of the application fee. An application for Medical Staff membership and privilege shall be considered complete upon receipt by the Medical Staff Coordinator of all the information specified in this section.

Section 3.03(2) UNDERTAKINGS BY APPLICANT - The applicant must supply adequate information for evaluating her/his competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

Section 3.04 PROCEDURE FOR EVALUATING APPLICATIONS - The completed application shall be submitted by the applicant to the Medical Staff Coordinator, who shall transmit the application and other documents to the Credentials Committee for its evaluation. The Credentials Committee, as detailed in its operational plan, shall conduct an investigation, including an initial screening of the application to confirm that it satisfies the qualifications for staff membership as outlined in Section 3.03(1) and an in-depth review of the applicant's qualifications as described in Section 3.04(1). After the Credentials Committee has completed its initial screening, it shall notify the Medical Staff Coordinator who shall then request a current report from the National Practitioner Data Bank. After its investigation, the Credentials Committee shall summarize its conclusions in a written report and submit it to the Executive Committee. The Executive Committee shall provide a written recommendation to the Board, which shall take action on the application.

Section 3.04(1) CREDENTIALS COMMITTEE - Upon receipt of the complete application from the applicant, the Medical Staff Coordinator shall solicit and obtain the necessary references and other documents relevant to the application; verify professional education, training, health status, and practice experience; and check personal references, evidence of unrestricted licensure, and prior or pending malpractice claims. Once the application has been transmitted by the Medical Staff Coordinator to the Credentials Committee, the Credentials Committee shall also examine the evidence of the character, professional competence, qualifications and ethical standing of the applicant, and it shall determine through information obtained from references provided by the applicant and from other sources, including a written appraisal from the department chief in the appropriate department, whether the applicant has established and meets all of the necessary qualifications for Medical Staff privileges in the clinical department. The Credentials Committee shall also conduct an appraisal of the delineated clinical privileges sought by the applicant, and make recommendations for conditions and/or restrictions on those delineated privileges in accordance with Section 6.02. Upon request, the applicant shall submit any reasonable evidence to support any statements on the application regarding health status.

Within a reasonable time, not to exceed 60 days after receipt of the completed application by the Medical Staff Coordinator, the Credentials Committee shall prepare a written report to the Executive Committee recommending that it (i) recommend that the Board defer the application for further consideration, (ii) recommend that the Board approve the application or (iii)

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recommend that the Board reject the application. If the Credentials Committee recommends that the application be deferred for further consideration, the Credentials Committee, within sixty (60) days or within such reasonable time thereafter as may be required, must make a subsequent recommendation for either provisional or non-provisional appointment with specified clinical privileges, or for a rejection for membership on the Medical Staff.

Section 3.04(2) EXECUTIVE COMMITTEE - The Executive Committee shall receive and review the report of the Credentials Committee. In the event that the applicant objects to the delineated clinical privileges recommended by the Chief of Service and/or any conditions or restrictions on those delineated privileges, the Executive Committee, after soliciting and receiving input directly from the applicant and the appropriate department chief, shall decide on the delineated clinical privileges it intends to recommend to the Board, including any conditions and/or restrictions on those delineated privileges. Within a reasonable time not to exceed ninety (90) days after the receipt of the completed application by the Medical Staff Coordinator, the Executive Committee shall then: (i) recommend that the Board approve the application, the President of the Medical Staff promptly forward it, together with all supporting documentation, to the Board; (ii) defer the application for sixty (60) days for further consideration by the Credentials Committee; or (iii) recommend that the Board reject the application, either with respect to the appointment or with respect to the clinical privileges which are sought by the applicant. At the same time, notice of the Executive Committee's recommendation shall be sent to the applicant by the Hospital President or his/her designee.

Section 3.04(3) BOARD - Within 30 days of receipt of a recommendation from the Executive Committee, the Board shall act upon an application by (i) approving the admission of the applicant to the Medical Staff; (ii) rejecting the application either with respect to appointment or with respect to the clinical privileges which are to be accorded to the applicant; or (iii) referring the matter back to the Executive Committee along with the reasons therefore and a time limit within which the Executive Committee must make a subsequent recommendation to the Board. The Board has authority to act upon an application when the Executive Committee has failed to act in accordance with the relevant requirements set forth herein. If the Board approves the application, the applicant shall immediately become a provisional member of the Medical Staff, and he/she shall be granted delineated privileges in appropriate departments by each department chief. If the Board denies appointment or limits the requested clinical privileges, the Hospital President shall promptly notify the applicant of the adverse decision as provided in Section 3.05. At its next regularly scheduled meeting after all of the applicant's rights under Sections 3.05 and 3.06 have either been exhausted or waived, the Board may make a final decision regarding the matter. When the decision of the Board is final, it shall direct the Hospital President to send notice of such decision to the applicant.

Section 3.04(4) APPLICATION WITHDRAWAL - An applicant has a one time option to withdraw her/his application at any time before the expiration of time to appeal an adverse decision as provided under 3.06(1). In the event that an application is withdrawn, a new

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application may be submitted at any time and is received according to the procedures set forth in Section 3.04 as if no previous application had been submitted.

Section 3.05 NOTICE OF ADVERSE DECISION AND RIGHT TO HEARING - Written notice of an adverse decision by the Board shall be forwarded to the applicant and shall contain the following information: (i) a statement of the reasons for the Board's decision; (ii) a statement of the applicant's right to request a hearing on the Board's decision within thirty days; and (iii) a copy of her/his rights at the hearing under Section 3.06.

Section 3.06 HEARING PROCEDURES - APPLICANTS - All hearings and appellate reviews regarding applications for membership on the Medical Staff shall be conducted in accordance with the provisions of Section 3.06(1) through Section 3.07(2).

Section 3.06(1) REQUEST FOR HEARING - After an applicant has been sent notice of an adverse decision of the Board, the applicant shall have thirty (30) days after the date of the notice to request in writing to the Hospital President that a hearing be held. The notice shall state the basis for the applicant's request and the witnesses (if any) who are expected to testify in support of her/his application. If an applicant fails to request a hearing within the time and in the manner herein provided, such failure shall be a waiver of her/his right to such a hearing and the decision of the Board shall become a final decision as provided for in Section 3.07(2). The applicant shall include in his/her hearing request the name and address of any attorney or other person who will be representing the applicant at the hearing.

Section 3.06(2) NOTICE OF HEARING - Within thirty (30) days after receipt of a request for a hearing from an applicant, the Board shall set a hearing date which must not be less than thirty (30) days after the date of the Notice under Section 3.05 and cause the Hospital President to notify the applicant of the time, place and date so scheduled. The notice of hearing shall state in concise language the facts upon which the decision is based, a list of specific or representative documents being questioned (if any), and a list of witnesses (if any) expected to testify at the hearing in support of the decision.

Section 3.06(3) HEARING COMMITTEE - The Board shall appoint a hearing committee to conduct the hearing and at least one member of the Medical Staff shall be included on this committee. No member of the hearing committee may be in direct economic competition with the applicant who has requested the hearing.

Section 3.06(4) CONDUCT OF HEARING - A majority of the members of the hearing committee shall be present when the hearing takes place, and no member may vote by proxy. An accurate record of the hearing must be kept by the use of either a court reporter, stenographic notes, or an electronic recording unit. The applicant shall be required to be present. If the applicant fails to attend the hearing, he/she shall have been deemed to have waived her/his rights in the same manner as provided for in Section 3.06(1) herein. The hearing may be postponed

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only for good cause shown, and such decision shall be in the sole discretion of the hearing committee. The applicant may be represented by any person or legal counsel, subject to Section 3.06(1) and by her/his own or other testimony he/she may rebut any of the reasons indicated for the adverse decision. The hearing committee shall appoint one of its members to serve as chairman of the hearing committee, and he/she shall preside over the hearing to determine the order of procedure during the hearing. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or the presentation of evidence; however, all witnesses shall testify under oath.

Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible in a civil or criminal action. The Board shall appoint one person to represent it at the hearing who may be an attorney or one of its members, to present facts in support of its adverse decision, and to examine witnesses. The burden of proof shall be upon the applicant for supporting her/his challenge to the adverse decision by an appropriate showing that the decision lacked any factual basis or was arbitrary, capricious or unreasonable.

The applicant shall have the right to call and examine witnesses, to introduce written evidence, to cross-examine any witness on any relevant matter, and to rebut any witness. If the applicant does not testify in her/his own behalf, he/she may be called and examined as if under cross examination. The hearing committee shall be entitled to recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence. The applicant is permitted to submit a written statement at the close of the hearing.

Within a reasonable time after the close of the hearing, not to exceed 30 days, the hearing committee shall make a written report and recommendation and forward the same together with the hearing record and all other documentation to the Board. The report may recommend confirmation, modification or rejection of the original adverse decision. Written notice of the report of the hearing committee shall be promptly provided to the applicant by the Hospital President and, if adverse, shall specify the applicant's rights to appellate review as set forth in Section 3.07.

Section 3.07 APPELLATE REVIEW AND FINAL DECISION - The applicant shall be accorded the right to appellate review by the Board of the recommendation and report of the hearing committee. Thereafter, the Board shall make a final decision regarding the application.

Section 3.07(1) PROCEDURE FOR APPELLATE REVIEW - Within twenty (20) days after the date of the written notice of an adverse recommendation by the hearing committee, the applicant may, by written notice to the Board delivered through the Hospital President, request review by the Board. The applicant may request that the review be held on the record on which the adverse recommendation is based, as supported by her/his written statement, or he/she

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may request that oral argument be held as part of the review. If a request for appellate review has not been received within twenty (20) days after the date of the notice, the applicant shall have waived her/his right to the same, and the adverse recommendation shall become effective. After receipt of a request for appellate review, the Board shall schedule a time and place for oral argument if requested, and shall, through the Hospital President, notify the applicant in writing. The date of oral argument shall be scheduled within thirty (30) days of the date of receipt of the notice for request for appellate review.

The appellate review shall be conducted by a committee appointed by the Board of not less than three (3) of its members who did not participate in the hearing. The applicant shall have access to the report and record of the hearing committee and all other material that was considered in reaching the adverse recommendation. The committee appointed by the Board shall review the record of the hearing, shall consider any written statements provided to it, and shall listen to any oral argument presented. Matters not raised during the original hearing shall not be introduced during the appellate review. After the oral argument, the committee shall make a final decision within fifteen (15) days to and notify the applicant of that decision in writing.

Section 3.07(2) FINAL DECISION - At a regularly scheduled meeting after the conclusion of appellate review or after the expiration of time for requesting a hearing or appellate review, the Board shall make its decision final. If an applicant was denied staff membership, she or he may not reapply for membership on the Medical Staff for a period of two (2) years from the date of the final decision.

Section 3.08 PROVISIONAL APPOINTMENT - All initial appointments to the Medical Staff are provisional and shall be for a period of six months. During that time, the applicant's clinical competence and judgment shall be reviewed by the appropriate department chief(s), who shall then report to the Executive Committee. After evaluating the report, the Executive Committee shall make a recommendation to the Board. Thereafter the Board may extend a provisional appointment for a second six (6) months if evaluation is not sufficiently complete for permanent appointment. A provisional member may not vote but he/she shall have other privileges and responsibilities. In the event that a provisional appointment is terminated and a permanent appointment is not offered, the individual may request a hearing and appellate review as set forth in Sections 3.05, 3.06 and 3.07 herein.

Section 3.09(1) TERMS OF APPOINTMENT - After an applicant has successfully completed the provisional appointment, her/his appointment to the Medical Staff shall be made for a period to terminate with the next biennial re-appointment recommendation meeting of the Board unless the timing of the end of his/her provisional period did not allow for the timely completion of a reappointment application, in which case her/his appointment shall be extended as necessary to complete the reappointment process. All other appointments shall be for a two (2) year period to correspond with the biennial reappointment meeting of the Board. All staff

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appointments shall be made by the Board, after it has received the recommendation of the Executive Committee.

Section 3.09(2) REAPPOINTMENTS - As a condition for reappointment, at least thirty (30) days prior to the biennial reappointment meeting of the Board, each member of the Medical Staff shall submit to the respective department chief an application for reappointment to the Medical Staff on a form approved by the Board after consultation with the Medical Staff Executive Committee. All applications for reappointment to the Medical Staff shall be in writing and signed by the applicant. The application shall also include a list of privileges requested. Each department chief shall document in a written statement a review of: (1) privileges requested, and held, and when deemed appropriate by the department chief, utilized; (2) a list of any requested and/or recommended changes in a member's delineated privileges, including any changes on any conditions on those privileges; (3) a summary of Medical Care Review Committee minutes that pertain to that member, solicited from and provided by the chair of the Medical Care Review Committee; (4) continuing medical education credit accumulated by the member during the concluding term of appointment focusing on amount and applicability to the member's specific department; (5) any other reviews deemed pertinent by the department chief. The Medical Staff President shall review each department chief and Staff Members in clinical departments with only one member and (6) a reference from a physician peer other than the Chief of Service.

At least fifteen (15) days prior to the biennial reappointment meeting of the Board, the Executive Committee shall conduct an appraisal of the competence and performance of each member of the Medical Staff considering specific input from their respective department chiefs. The appraisal should consist of a review of the member's professional competence and clinical performance, including her/his patterns of practice and clinical judgment, based on (1) the findings of quality assurance measures, such as medical audit, utilization review, infection control activities, tissue review, medical record review, and pharmacy and therapeutics activities, and as indicated, privilege utilization; (2) the recommendation, if any, of the Medical Care Review Committee; (3) current privileges and the basis for any requested modification; (4) current state of physical and mental health, including any medical problems which interfere or could potentially interfere with the safe, competent delivery of patient care; (5) participation in relevant continuing education programs; (6) attendance at Medical Staff meetings; (7) the recommendations of the Medical Staff members for the department in which he/she practices; (8) evidence of unrestricted Vermont medical licensure and DEA registration; (9) any previous or currently pending challenges to the applicant's licensure or registration; (10) any voluntary or involuntary relinquishment of such licensure or registration; (11) disciplinary proceedings before any state medical practice or licensing board; (12) evidence of current liability insurance; (13) timely completion of medical records; (14) any malpractice claims or any other professional liability actions made, filed, pending, settled, or adjudicated against the physician; (15) record of any convictions for any type of crime or unprofessional conduct; (16) record of any professional organizations or voluntary or involuntary termination, reduction, limitation or loss of Medical

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Staff membership or privileges at any other Hospital; and (17) compliance with applicable Hospital policies and with Medical Staff Bylaws and Rules and Regulations.

Access to and consideration of information related to this appraisal shall be limited to items pertaining to the concluding period of appointment only, unless, by a majority vote of the Executive Committee, selected items pertaining to any earlier periods are deemed relevant, whereby access shall be extended to, and the committee may solicit and/or obtain, such selected items. Upon request by the Executive Committee, the applicant is required to submit any reasonable evidence to support any statements on the application regarding health status. The appraisal shall incorporate any relevant findings and reports of the Planning Committee of the Medical Staff. The appraisal shall also incorporate a current report from the National Practitioner Data Bank, to be solicited by the Medical Staff Coordinator.

All information solicited, obtained, and/or considered in the process of appraising an application for reappointment shall be strictly confidential in accordance with Section 8.06.

Where a discrepancy exists between requested and recommended delineated privileges, the Executive Committee, after soliciting and receiving input directly from the staff member and the appropriate department chief, shall recommend the delineated clinical privileges to be granted by the Board, including any conditions and/or restrictions on those delineated privileges.

The recommendation shall be forwarded to the Board upon behalf of the Executive Committee. If the decision of the Board is adverse to an individual, either with respect to reappointment or with respect to the clinical privileges which are to be accorded to the individual, the Hospital President shall promptly notify the individual of such adverse decision. Thereupon, the applicant shall be accorded the right to exercise the review procedures set forth in Sections 3.05, 3.06 and 3.07 herein.

Section 3.09(3) CREDENTIALING FOR NEW HOSPITAL PROCEDURES OR ADDITIONAL PRIVILEGES - In the event that a member of the Medical Staff seeks credentialing to perform a procedure for which privileges have never been granted at the Hospital, or in the event a member of the Medical Staff seeks additional privileges, a written request for those privileges, which includes documentation of his/her credentials, should be made to the Executive Committee. The Executive Committee, in conjunction with the department chief of the appropriate clinical department, will evaluate the request. The Hospital President and the President of the Medical Staff may grant temporary privileges to the Staff Member, as set forth in Section 3.10(2). The Executive Committee shall review the credentials submitted by the member, as to their authenticity and applicability and recommend that the Board either grant or deny the delineated privileges. The member shall be notified of the recommendation by the President of the Medical Staff. The Board shall make the final decision to grant the delineated privileges. That decision may be reviewed in accordance with Sections 3.05, 3.06 and 3.07.

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Section 3.10 EMERGENCY, TEMPORARY AND DISASTER PRIVILEGES -

Physicians shall also be accorded the right to have emergency, temporary and disaster privileges at Porter Hospital, Inc.

Section 3.10(1) EMERGENCY PRIVILEGES - In the instance of an emergency, a physician, not a member of the Medical Staff, who is attending a patient shall be expected to do all in her/his power to save the life of the patient, including asking for such consultations as may be available. For the purposes of this Section 3.10(1), an emergency shall be defined as a condition in which the life of the patient is in immediate danger and in which any delay in administering patient treatment would add to that danger.

Section 3.10(2) TEMPORARY PRIVILEGES - The Hospital President and the President of the Medical Staff, after consultation with the Credentials Committee, may grant temporary privileges to a physician who is licensed to practice within the State of Vermont. The Credentials Committee shall notify the Active Staff of the request for temporary privileges at the next regular meeting of the Medical Staff, and shall examine the evidence of the character, professional competence, qualifications and ethical standing of the applicant. The Credentials Committee shall verify, in writing or by telephone, the applicant's evidence of current licensure, relevant training and/or experience, current competence, and health status. The Credentials Committee shall determine through information obtained from references provided by the applicant and from other sources available to the Credentials Committee, including a written appraisal from the clinical department chief in the appropriate department, whether the applicant has established and meets all of the necessary qualifications for Medical Staff privileges in that department. The Credentials Committee shall also conduct an appraisal of the delineated clinical privileges sought by the applicant and make recommendations for conditions and/or restrictions on those delineated privileges. The applicant is required to submit any reasonable evidence requested by the Credentials Committee to support any statements on the application regarding health status. The Executive Committee shall ascertain the competence and ethical standing of the physician who desires temporary privileges.

The granting of temporary privileges to a medical staff applicant shall be considered only when there exists a significant patient need that cannot be addressed absent such privileges.

Any physician to whom temporary privileges are to be granted must agree in writing to be bound by the Medical Staff Bylaws and Rules and Regulations. It shall be the responsibility of the appropriate department chief to delineate the specific departmental privileges which are to be granted to the individual. In the exercise of such privileges, the physician shall be under the direct supervision of the appropriate department chief. Temporary privileges shall be granted for three (3) months. The Board must approve of any extension of such temporary privileges. Further, such privileges may be summarily withdrawn by the Hospital President or the President of the Medical Staff without notice and without cause. Upon termination of temporary

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privileges, it shall be the responsibility of the Hospital President to coordinate and provide for the continuity of patient care.

Section 3.10(3) DISASTER PRIVILEGES – In the event that Porter’s emergency management plan has been activated, disaster privileges may be granted to a licensed practitioner on a case-by-case basis.

Section 3.10(3)(a) GRANTING DISASTER PRIVILEGES –

- A. The chief executive officer or the president of the medical staff shall have the option to grant disaster privileges. In their absence, they have designated Vice President of Patient Care with the authority to grant disaster privileges. The chief of service, if available will evaluate the scope of privileges requested.
- B. The person granting disaster privileges to an individual shall assign a member of the medical staff with similar privileges to manage the activities of the individual.
- C. Disaster privileges may be granted at the discretion of the Chief Executive Officer, Medical Staff President or Vice President of Patient Care services upon presentation of any of the following:
 - 1. a current picture hospital identification card;
 - 2. a current license to practice and a valid picture identification issued by a state, federal, or regulatory agency;
 - 3. identification indicating that the individual has been granted authority to render patient care in emergency circumstances by a federal, state or municipal entity; or
 - 4. presentation by a current hospital or medical staff member with personal knowledge regarding the practitioner’s identity.

Section 3.10(3)(b) VERIFICATION –

- A. Verification of an individual’s credentials and privileges shall be a high priority.
- B. The credentials and privilege verification process of individuals who have received disaster privileges shall begin as soon as the immediate emergency situation is under control.
- C. The verification process shall be identical to the process for granting temporary privileges.
- D. In the event the Governor of Vermont has declared a state of emergency in accordance with the Emergency Management Assistance Compact, Title 20, Chapter 4 of Vermont Statutes Annotated, then any individual from out-of-state who holds a valid license or certificate is deemed licensed or certified to the same extent in the State of Vermont.

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Section 3.10(3)(c) SCOPE OF PRIVILEGES –

Any medical staff member or individual who has been granted disaster privileges is permitted to provide any type of patient care necessary as a life-saving measure to prevent serious harm, regardless of his or her medical staff status or clinical privileges, provided the care is within the scope of the individual's license.

Section 3.10(3)(d) IDENTIFICATION – Human Resources shall give individuals who have been granted disaster privileges Porter Hospital identification tags.

Section 3.11 PROCEDURE FOR CORRECTIVE ACTION -

(1) Whenever the activities or professional conduct, either within or outside of the Hospital, of any Medical Staff member with staff privileges are considered: (a) to be detrimental to the standards, aims, rules or policies of the Hospital or Medical Staff, (b) to be reasonably likely to be detrimental to patient safety or to the delivery of quality patient care, (c) to be disruptive to the operations of the Hospital, or (d) to constitute an impairment to the community's confidence in the Hospital, corrective action against such Medical Staff member may be requested by any officer of the Medical Staff, including the chief of any department; by the chairman of any standing committee of the Medical Staff; by the President of the Hospital; or by the Board. All requests for corrective action shall be made in writing to the Medical Care Review Committee and shall describe the specific activities or conduct which constitutes the grounds for the request. The Medical Care Review Committee will respond in accordance with its Operational Plan.

(2) Whenever a request for corrective action involves primarily issues of a medical staff member's behavior, including without limitation, any claims of harassment or sexual harassment, the request for corrective action shall be forwarded to the Executive Committee directly without review by the Medical Care Review Committee, unless such review is requested by the Executive Committee.

(3) Within 10 days after the department chief's receipt of the request for corrective action, or sooner as needed to maintain patient care, she/he shall investigate the allegations contained in the request and make a report of her/his investigation to the Executive Committee. Before the department chief makes such report, he/she shall give the affected Medical Staff member an opportunity for an interview with the department chief. At such interview, the Medical Staff member shall be informed of the general nature of the concerns raised, and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing and shall be preliminary in nature. None of the procedural rules provided in these Bylaws with respect to hearings shall apply to interviews provided pursuant to this subparagraph. A summary of any interview provided pursuant to this subparagraph shall be made by the department chief and included with her/his report to the Executive Committee.

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(4) Within 14 days of its receipt of the report of a department chief's investigation, or sooner as needed to maintain patient care, the Executive Committee shall take action upon the request. If the corrective action involves a reduction or suspension of clinical privileges or suspension or expulsion from the Medical Staff, the affected Medical Staff member shall be permitted to make an appearance before the Executive Committee prior to its taking any final action on such request. This appearance shall not constitute a hearing and shall be preliminary in nature. None of the procedural rules provided in these Bylaws with respect to hearings shall apply to such an appearance. A report of such appearance shall be prepared by the Executive Committee.

(5) Based on its review, the Executive Committee may recommend that the Board take the following actions: reject or modify the request for corrective action; issue a warning, a letter of admonition, or a letter of reprimand; impose terms of probation or a requirement for consultation; reduce or eliminate privileges; terminate, modify or sustain an already imposed summary suspension of clinical privileges; or suspend or revoke Medical Staff membership.

(6) Any recommendation by the Executive Committee for reduction, suspension or revocation of clinical privileges or for suspension or expulsion from the Medical Staff shall entitle the affected Medical Staff member to the procedural rights provided in Sections 3.13, 3.14 and 3.15 of these Bylaws.

(7) The chairman of the Executive Committee shall promptly notify the Hospital President in writing of all requests for corrective action received by the Executive Committee and shall keep the President fully informed of all action taken in connection therewith. After the Executive Committee has made its recommendation in a matter, the procedure to be followed shall be as provided in Sections 3.13, 3.14 and 3.15 of these Bylaws.

(8) All actions of the Executive Committee on a request for corrective action shall be referred to the Board for final action; provided, however, that in instances in which a Medical Staff member is entitled to exercise the procedural rights provided in Sections 3.13, 3.14 and 3.15 of these Bylaws, the Board shall not take final action until the Medical Staff member has exercised or waived said rights.

(9) If corrective action is to be taken against a department chief, then the Executive Committee shall fulfill the review responsibilities granted to the department chief under this Section.

Section 3.12 SUSPENSION AND REVOCATION - The Hospital President and the President of the Medical Staff shall jointly have the responsibility of initiating the suspension of staff privileges of any member of the Medical Staff. A suspension may lead to a determination by the Board revoking or limiting staff privileges and staff membership. If staff privileges and membership are revoked, the individual may not reapply for membership on the Medical Staff

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for the period of two (2) years from the date of the decision, except where such revocation has occurred as a result of a staff member's absence from staff meetings and/or department meetings as provided in Section 9.03. A suspension or revocation under this section applies to both staff privileges and staff membership. Staff privileges and staff membership are coextensive. An individual cannot have staff privileges without staff membership and vice versa.

Section 3.12(1) SUMMARY SUSPENSION - The Hospital President and the President of the Medical Staff may summarily suspend the staff privileges and membership of a member of the Medical Staff if, in their joint judgment, such action is necessary to avoid imminent danger or immediate and irreparable harm to the suspended individual's patients who remain in the Hospital, to existing or prospective patients who may be admitted to the Hospital, or to the health of any individual. Concurrent with any summary suspension, the Medical Care Review Committee will convene to address, in executive session, the concerns which prompted the suspension, in accordance with the Operational Plan of the Medical Care Review Committee. Its findings shall be presented to the Executive Committee, which will then act in accordance with Section 3.12(6). The length and terms of such suspension shall be within the discretion of the Executive Committee acting in conjunction with the Hospital President and the President of the Medical Staff.

Section 3.12(2) AUTOMATIC SUSPENSION

Section 3.12(2)(a) - If a staff member fails to complete medical records or fails to sign a properly completed patient's chart within fifteen (15) days after discharge of her/his patient, she/he shall be given written notice of that omission. If within two (2) weeks after such notice is given, the member still has not corrected her/his omission, her/his staff privileges shall be suspended until such time as her/his charts and medical records have been brought up to date, and shall be assessed a fine, the amount of which is to be set by Medical Staff policy. The fine must be paid to the Medical Staff Treasurer within thirty days. In the event that the fine has not been paid before the staff member's next application for reappointment is due, the staff member shall be denied reappointment until all outstanding fines are paid in full. Fines may be waived in the event that a physician who is going to be absent from campus has notified Medical Records prior to their absence.

Section 3.12(2)(b) - Action by the State Board of Medical Practice or any comparable licensing body revoking or suspending a Medical Staff member's license shall automatically result in suspension of all staff privileges.

Section 3.12(2)(c) - A staff member whose DEA Registration is revoked, suspended or surrendered for any reason shall automatically be suspended from all staff privileges.

Section 3.12(3) OTHER SUSPENSIONS - If for reasons other than those set forth in Sections 3.12(1) and (2), sufficient cause is found for the privileges of an individual to be

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suspended, the Hospital President shall send that individual a letter explaining why the privileges of the individual have been suspended, and stating a time, place and date (no later than five (5) days from the date of the notice) at which a hearing shall be held on the proposed suspension. The hearing shall be held before the Executive Committee in accordance with the provisions of Sections 3.13 through 3.15 herein. No suspension under this section shall become effective until after the opportunity for hearing has passed pursuant to Section 3.13. The Executive Committee shall make a recommendation to the Board as to the length and terms of such suspension. An appeal from the decision of the Executive Committee shall not serve to postpone the time and date at which such suspension is to become effective.

Section 3.12(4) FAILURE TO COMPLY WITH BYLAWS, RULES AND REGULATIONS - The failure of a member of the Medical Staff to comply with these Bylaws and Rules and Regulations shall constitute grounds for the suspension of the privileges of an individual as set forth in Section 3.12(3).

Section 3.12(5) PATIENT CARE COVERAGE - Concurrent with a suspension under this Section, the President of the Medical Staff shall be responsible for providing alternative medical coverage for the suspended individual's patients in the Hospital. The President of the Medical Staff shall first consult with the suspended individual's patients regarding the selection of alternative medical coverage.

Section 3.12(6) - As soon as possible after any summary or automatic suspension, a meeting of the Executive Committee shall be convened to review and consider the action taken. The Executive Committee may recommend modification, continuation, or termination of the terms of the summary suspension.

Section 3.12(6)(a) - Unless the Executive Committee recommends the immediate lifting of the suspension and cessation of all further corrective action, the Medical Staff member shall be entitled to the procedural rights provided in Section 3.13, 3.14 and 3.15 of these Bylaws.

Section 3.12(6)(b) - All determinations concerning summary suspension are subject to review and final action by the Board; provided, however, that, in instances in which the Medical Staff member is entitled to exercise the procedural rights provided in Sections 3.13, 3.14 and 3.15 of the Bylaws, final Board action shall not be taken until that physician has exercised or waived her/his rights under those sections. The determination of the Executive Committee on the summary suspension shall remain in effect pending a final decision by the governing body.

Section 3.13 HEARING IN EVENT OF SUSPENSION - Upon the suspension or reduction of privileges of a member of the Medical Staff, the Hospital President shall send to the member involved a letter which contains (a) a statement of the reasons for the suspension, (b) a statement of the member's right to request a hearing within thirty (30) days, and (c) a copy of her/his rights at the hearing under this Section and Section 3.14. If a hearing is requested, the

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hearing shall be scheduled as soon as reasonably possible but in any event within 30 days. The notice of hearing shall state the time and place of the hearing and provide a list of witnesses (if any) expected to testify at the hearing in support of the decision. Prior to the hearing, the member shall notify the Hospital President of all witnesses (if any) she/he expects to testify on her/his behalf. The hearing shall be conducted before a hearing committee selected by the Executive Committee ("the hearing committee") in accordance with the procedures set forth in Section 3.14 herein. No member of the hearing committee may be in direct economic competition with the member whose privileges have been suspended. The member may waive her/his right to a hearing, and in that event, the Board may take final action on her/his suspension.

Section 3.14 CONDUCT OF HEARING - SUSPENSION - A majority of the members of the hearing committee shall be present when the hearing takes place, and no member may vote by proxy. An accurate record of the hearing must be kept by either a court reporter, stenographic notes or an electronic recording unit. The member requesting the hearing shall be required to be present. If the member fails to attend the hearing, she/he shall have been deemed to have waived her/his rights to participate in the hearing. The hearing may be postponed only for good cause shown, and such decision shall be in the sole discretion of the hearing committee. The member may be represented by any person or legal counsel, and she/he may present testimony to rebut any of the reasons given for the suspension or revocation of privileges. The hearing committee shall appoint one of its members to serve as chairman, and she/he shall preside over the hearing and determine the order of procedure during the hearing. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or the presentation of evidence; however, all witnesses shall testify under oath. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make evidence inadmissible in a civil or criminal action. The Hospital President shall appoint one person who may be an attorney to examine witnesses and to present facts in support of the suspension or proposed revocation of privileges. The burden of proof shall be upon the Hospital President or President of the Medical Staff to show that a reason exists for the suspension or revocation of the member's staff privileges. The burden shall then be on the member to rebut such facts with an appropriate showing that the decision lacked any factual basis or that such basis or was arbitrary, capricious or unreasonable.

The member shall have the right to call and examine witnesses, to introduce written evidence, to cross-examine any witness on any relevant matter, to challenge any witness, and to rebut any witness. If the member does not testify in her/his own behalf, she/he may be called and examined as if under cross examination. The hearing committee shall be entitled to recess the hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence. The member is permitted to submit a written statement at the close of the hearing.

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Within a reasonable time, not to exceed 30 days after the close of the hearing, the hearing committee shall make a written report and recommendation and forward the same together with the hearing record and all other documentation to the Board. The report may recommend reinstatement, reinstatement under terms and conditions, suspension for a set period of time under certain terms and conditions, or revocation of staff privileges and membership. Written notice of the hearing committee's decision shall be promptly provided to the member by the Hospital President, and, if adverse, shall specify the member's rights to appellate review as set forth in Section 3.15.

Section 3.15 APPELLATE REVIEW AND FINAL DECISION - SUSPENSION -

The member shall also be accorded the right to appellate review by the Board of the decision of the hearing committee. Thereafter, the Board shall make a final decision regarding the status of the member's staff privileges and membership.

Section 3.15(1) APPELLATE REVIEW - Within twenty (20) days after the date of the written notice of a final adverse decision by the Board, the member may, by written notice to the Board delivered through the Hospital President, request review of the matter by the Board. The member shall be entitled to request that the review be held on the record on which the adverse decision was based, as supported by her/his written statement, or she/he may request that oral argument be held as part of the review. If a request for review has not been received within twenty (20) days after the receipt of the notice, the member shall have waived her/his right to the same, and the adverse decision shall become effective.

After receipt of a request for appellate review, the Board shall schedule a date, time, and place for oral argument, if such has been requested, and shall, through the Hospital President notify the member in writing. The date of the oral argument shall not be more than fifteen (15) days from the date of receipt of the notice for request for appellate review.

The appellate review shall be conducted by a committee appointed by the Board of not less than three (3) members. The member shall have access to the report and record of the Hearing Committee and all other material, favorable or unfavorable, that was considered in making the adverse decision. The committee appointed by the Board shall review the record created at the hearing, shall consider any written statements provided to it, and shall listen to any oral argument presented. Matters not raised during the original hearing shall not be introduced during the appellate review. After the oral argument, the committee shall make a final decision within a reasonable time not to exceed fifteen (15) days and notify the member of that decision in writing.

Section 3.15(2) FINAL DECISION - At a regularly scheduled meeting after the conclusion of appellate review, the Board shall finalize the decision made by its committee. In the event of a revocation of membership and staff privileges, the Medical Staff member shall not be entitled to reapply for membership on the Medical Staff for a period of two (2) years from the

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date of that decision.

Section 3.16 CRITERIA FOR PROFESSIONAL AND PEER REVIEW

DECISIONS - Any and all actions described in Sections 3.07(2) (final decision on application or re-application for staff membership and privileges), 3.11 (corrective action) and 3.12 (suspension) shall be taken only if the following criteria is met:

- (a) The action is reasonably believed to be in furtherance of quality health care;
- (b) A reasonable effort to obtain all pertinent facts of the matter has been made;
- (c) The notice and hearing procedures as set forth in these Medical Staff Bylaws have been followed; and
- (d) Such action is reasonably believed to be warranted based on the facts known and pursuant to paragraphs (b) and (c) above.

Section 3.17 STATE AND FEDERAL REPORTING REQUIREMENTS - The Board shall be responsible for meeting state and federal requirements for reporting professional review actions taken against Medical Staff members, including the requirements of the Federal Health Care Quality Improvement Act of 1986 (42 U.S.C. Section 11111 et. seq.).

ARTICLE IV

Division of the Medical Staff

Section 4.01 THE MEDICAL STAFF - The Medical Staff shall be divided into Active Medical Staff, Consulting Medical Staff, Affiliated Medical Staff, Honorary Medical Staff, Dental Staff, Podiatric Staff, and Allied Health Professional groups. Each active and consulting staff member shall designate one clinical department as a major affiliation for organizational purposes. Privileges in multiple departments may be requested. The Bylaws and Rules and Regulations apply to all members of the Medical Staff.

All requests for change of staff category shall be discussed with the department chief of the appropriate clinical department in advance of any request to the Executive Committee. The Executive Committee, in conjunction with the department chief, will evaluate the request and recommend that the Board either grant or deny the requested change. The President of the Medical Staff shall notify the staff member seeking a change in staff category of the Executive Committee's recommendation. The Board shall make the final decision to grant the requested change in staff category. In the event a change of category is denied by the Board, the staff member requesting the change is entitled to hearing procedures as outlined in Section 3.06.

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Section 4.02 THE ACTIVE MEDICAL STAFF - The Active Medical Staff shall consist of those physicians who have been appointed by the Board upon recommendation by the Executive Committee to attend patients at the Hospital. Members of the Medical Staff shall have appropriate delineated privileges within the departments to which they are appointed. All business of the Medical Staff shall be transacted by the Active Medical Staff, and only members of the Active Medical Staff shall be eligible to vote or hold office. The Active Medical Staff shall assure coverage of all clinical departments at the Hospital, assist in educational programs, and participate in Hospital affairs through committee assignments.

Section 4.03 CONSULTING MEDICAL STAFF - The Consulting Medical Staff shall consist of those physicians who have been appointed by the Board on recommendation of the Executive Committee to serve as consultants who may admit patients and who intend to provide their services to the Porter Hospital community on a regular basis. Membership on the Consulting Medical Staff shall not render the member ineligible for membership on the Active Medical Staff. Members of the Consulting Medical Staff shall have delineated privileges as recommended by the chief of the appropriate clinical department in the treatment of all patients falling within the department to which they are appointed. They shall not be eligible to vote, nor hold office, but may serve on Medical Staff Committees and are expected to assist in educational programs. If a physician does not have a primary affiliation with another hospital or qualify for Affiliated Staff, he/she shall join the Active Medical Staff.

Section 4.04 AFFILIATED MEDICAL STAFF - The Affiliated Medical Staff shall consist of physicians qualified for staff membership who practice at Porter Hospital for less than 90 days per year, either as locum tenens, ER physicians or as approved by the Medical Staff Executive Committee. They shall be appointed by the Board on recommendation of the Executive Committee and shall have delineated privileges within a specific clinical department. They shall not be eligible to vote, nor hold office, but may serve on Medical Staff committees.

Section 4.05 HONORARY STAFF - The Honorary Medical Staff shall consist of physicians who are not active in the Hospital and who are honored by emeritus positions. These may be physicians who have retired from active Hospital service or physicians of outstanding reputation. The Honorary Medical Staff shall be appointed by the Board on recommendation of the Executive Committee.

Section 4.06 DENTAL STAFF - The Dental Staff shall consist of dentists who are graduates of recognized and approved dental schools and who are licensed to practice dentistry in the State of Vermont. Dental surgeons shall be required to have completed an internship in an approved hospital or to have had other postgraduate training and experience acceptable to the Credentials Committee. Dental surgeons appointed to the Dental Staff shall have delineated privileges regarding specific procedures as recommended by the chief of surgery and the Executive Committee. Oral Surgeons may apply for Active Medical Staff status in the Department of Surgery. They may admit patients without medical problems and perform the

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medical history and physical examination on those patients.

Section 4.07 PODIATRIC STAFF - The Podiatric Staff shall consist of podiatrists who are graduates of recognized schools of podiatry and who are licensed to practice podiatry in the State of Vermont. Podiatrists shall have completed a residency, be board eligible, and have experience acceptable to the Credentials Committee. Podiatrists appointed to the Podiatric Staff shall have delineated privileges regarding specific procedures as recommended by the chief of surgery and the Executive Committee. They shall abide by the rules and regulations set forth in Section 12 of the Rules and Regulations. The Podiatric Staff may vote and hold Medical Staff office.

Section 4.08 ALLIED HEALTH PROFESSIONAL STAFF - The Allied Health Professional Staff shall consist of individuals who are not physicians but who have such specialized training and skills as to make them valuable in the care of patients within the Hospital. They shall be permitted to admit and care for patients only under the supervision of an Active Staff physician. The scope of activity and degree of responsibility to be taken shall be determined for each individual by the department chiefs on the basis of training and experience. They shall be subject to all the Rules and Regulations of the Hospital and the Medical Staff. The supervisory physician shall be responsible for the actions, duties, qualifications and quality of work of his/her respective Allied Health Professional assistants. An applicant for membership on the Allied Health Professional Staff shall be legally licensed in his/her respective field by the State of Vermont, if licensure is available. Members of the Allied Health Professional Staff shall participate in activities of the Departments to which they are credentialed. They may not vote or hold office but may serve on committees.

ARTICLE V **Clinical Departments**

Section 5.01 DEPARTMENTS - The Medical Staff shall practice within one or more of the following departments: Medicine, Surgery, Obstetrics and Gynecology, Radiology, Pediatrics, Emergency Medicine, Family Practice, and such other departments as the Active Medical Staff may designate. Members of the Medical Staff shall not be restricted to practice in one department if delineated privileges are requested and granted in multiple departments by the respective clinical department chiefs. Members of each department shall meet regularly, at a frequency to be determined by a majority vote of its members. Members of a department are required to attend a minimum number of department meetings, to be established by a majority vote of its members.

Section 5.02 DELINEATION OF PRIVILEGES - Biennially, each Medical Staff member except Honorary Staff shall request delineated privileges within the department in which he/she currently practices, and present his/her written request to the chief of the appropriate department. If the individual Medical Staff member and the chief of the appropriate

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department cannot agree upon delineated privileges or upon any conditions which may be placed on the delineated privileges, then the Executive Committee shall hear the opposing viewpoints. The Executive Committee shall recommend to the Board each staff member's clinical privileges.

Section 5.03 CHIEF OF STAFF - The President of the Medical Staff shall function as Chief of Staff. He/she shall be responsible for the functioning of the Medical Staff within the clinical organization of the Hospital and shall supervise the work of the Medical Staff.

Section 5.04 ORGANIZATION OF DEPARTMENTS - Appointments and re-appointments to the different departments requested shall be made by the Board. Members shall remain with delineated privileges for the duration of their term of appointment. After biennial reappointments have been made, the member or members of each department shall organize so as to ensure proper operation of the department. A chief of department-elect shall be elected by the primary members of each department before the Annual Meeting of the Medical Staff. After biennial reappointments have been made, his/her term as department chief shall commence, and he/she shall be responsible to the chief of Staff and shall have general supervision over the clinical work of his/her department. In the event that a chief of department-elect fails to be reappointed, the active staff members of each department shall elect a chief of department from the Active Staff membership within the department.

Section 5.05 FUNCTION OF DEPARTMENT CHIEFS - Each department chief shall:

- (a) account to the President and the Executive Committee for all professional and administrative activities within his/her department;
- (b) maintain a description of her/his department, compiled and written by its members, which identifies its scope of care, i.e., the major aspects of patient care which his/her department will provide;
- (c) be responsible for biennially reviewing and recommending what specific privileges will be granted within his/her department, based on the qualifications and experience of its members;
- (d) review and recommend appropriate delineated privileges for Medical Staff members in his/her department, including determining the specific procedures which may be performed by them depending on their respective qualifications based on, but not limited to: (i) their recent clinical experience covering no less than two years and (ii) recent concerns raised by the Medical Care Review Committee pertaining to them covering a period of no less than two years, to be maintained on file by the Executive Committee as a peer review record;

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- (e) monitor and evaluate the quality and appropriateness of care and treatment of patients served by all members of the clinical department and take corrective action when necessary, in conjunction with the Medical Care Review Committee operational plan;
- (f) in conjunction with the Medical Care Review Committee of the Hospital and of the Medical Staff, oversee the participation of her/his department in ongoing reviews of the quality of care rendered by the department, including but not limited to the prospective monitoring of no less than two major aspects of care provided within her/his department;
- (g) be primarily responsible for enforcement of the Medical Staff Bylaws and Rules and Regulations within his/her department;
- (h) maintain quality medical records within the department;
- (i) be primarily responsible for implementation within his/her department of any actions taken by the Executive Committee; and
- (j) conduct regular meetings of her/his department and record minutes of department meetings.

ARTICLE VI

Determination of Qualifications

Section 6.01 CLASSIFICATION OF PRIVILEGES - Staff privileges granted to members of the Medical Staff shall be recommended to the Executive Committee by the Credentials Committee for new members, and by the department chief for re-appointed members. The Board shall make all final decisions concerning the staff privileges granted to each member of the Medical Staff.

Section 6.02 DETERMINATION OF PRIVILEGES - Delineation of all privileges shall be based upon an applicant's training, experience, and demonstrated competence.

ARTICLE VII

Immunity from Liability

Section 7.01 CONDITION OF IMMUNITY - The following shall have force and effect and be express conditions on an individual's membership on the Medical Staff and on an individual's application for appointment or re-appointment to the Medical Staff or for the granting of temporary privileges:

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- (a) That any act, communication, report, recommendation or disclosure with respect to any individual seeking staff privileges and membership, performed or made in good faith without malice and at the request of an authorized representative of this Hospital or any other health care facility or agency for the purpose of achieving and maintaining quality care in this Hospital or any other health care facility shall be privileged.
- (b) That such privilege shall extend to all members of the Medical Staff, the Board, the Hospital President and his/her representatives, and to any third parties, both individuals and organizations, who supply information to any of the foregoing who are authorized to receive, release or act on the same.
- (c) That there shall be absolute immunity from civil liability arising from any such act, communication, report, recommendation or disclosure, even where the information involved could otherwise be deemed not to be privileged.
- (d) That such immunity shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this Hospital or any other health care institution or agency, and activities related to, but not limited to:
 - 1. Applications for appointment or reappointment for Medical Staff membership and temporary privileges;
 - 2. Periodic reappraisals for appointment or delineation of clinical privileges;
 - 3. Corrective action including suspension or revocation of privileges;
 - 4. Hearings and appellate reviews;
 - 5. Medical care evaluations;
 - 6. Utilization reviews; or
 - 7. Other Hospital department or committee activities related to quality patient care and professional conduct.
- (e) That the acts, communications, reports, recommendations and disclosures referred to in this Article may relate to an individual's professional qualifications, clinical competency, character, mental and emotional stability, physical condition, ethics, and any other matter that might directly or indirectly have an effect on patient

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care.

ARTICLE VIII **Officers and Committees**

Section 8.01 OFFICERS - The officers of the Medical Staff shall be the President (Chief of Staff), the Vice President, the Secretary-Treasurer and the chief of each clinical department. They shall be elected pursuant to the procedures set forth in Section 9.02. All officers shall be members of the Active Medical Staff. No officer, excluding department chiefs, may serve more than two consecutive terms in the same office. The President of the Medical Staff may not serve as an elected member of the Board.

The President shall call and preside at all meetings, shall be a member ex-officio of all committees, and shall have general supervision over all professional work of the Medical Staff. The Vice President shall, in the absence of the President, assume all of the duties and authority of the President. The Vice President shall also be expected to perform such duties of supervision as may be assigned to him/her by the President. The Secretary-Treasurer shall keep accurate and complete minutes and a register of attendance at all meetings, call meetings on order of the President, attend to all correspondence, and perform such other duties as ordinarily pertain to his/her office. Where there are funds to be accounted for, the Secretary-Treasurer shall also act as Treasurer.

Section 8.02 REMOVAL OF OFFICERS - In the event that an officer fails to comply with the terms of her/his office, and upon the petition of one third of the members of the Medical Staff and upon notice to all members, given at least ten (10) days prior to a regular meeting of the Medical Staff, a vote may be taken to remove any officer of the Medical Staff. If a quorum of the total Active Staff members vote in favor of removing the officer, the officer shall be removed. In the event that any officer of the Medical Staff becomes an inactive staff member or otherwise has his/her membership suspended or revoked, he/she shall immediately resign from office. Where a vacancy in office exists, it shall be filled pursuant to Section 9.02.

Section 8.03 COMMITTEES - Committees of the Medical Staff shall be standing and special. All Medical Staff committees, other than the Executive Committee, shall be appointed by the President, except as stated otherwise in these Bylaws. All committees shall report to the Executive Committee and as deemed necessary, to the Medical Staff as a whole regarding non-confidential information. Minutes shall be kept of all committee meetings. The chairperson of each committee shall produce a timely record of the minutes and provide a copy to the secretary of the Medical Staff. Committees shall meet at least annually.

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Medical Staff Committees

Section 8.04 STANDING COMMITTEES - The standing committees shall consist of the following: Executive Committee, Credentials Committee, Planning Committee, Nominating Committee, and Medical Care Review Committee.

Section 8.04(1) EXECUTIVE COMMITTEE - The Executive Committee shall act as a liaison group between the Medical Staff, the Hospital President, and the Board. It shall coordinate the activities and general policies of the departments. It shall receive reports of all minutes of the special and standing committees of the Medical Staff and shall oversee the activities of those committees. It shall make recommendations on those reports and it shall have power to act on those reports if, by a majority vote of those members present, action on a recommendation prior to the next meeting of the Medical Staff as a whole is deemed necessary. It shall oversee and direct the activities of the Medical Staff. It shall keep the Medical Staff abreast of the Accreditation Program, and shall keep key members of the staff informed of the accreditation status of the Hospital. The Executive Committee shall review and make recommendations relating to the granting, restricting or denial of Medical Staff membership and privileges as set forth in these Bylaws. The Executive Committee is responsible for making recommendations directly to the Board for its approval concerning (1) the structure of the Medical Staff; (2) the mechanisms used to review credentials and to determine individual clinical privileges; (3) the selection of individuals for Medical Staff membership; (4) the designation of each staff member's delineated clinical privileges; (5) the organization of the quality assessment and improvement activities of the Medical Staff as well as the mechanisms to conduct, evaluate, and revise such activities; and (6) the mechanism by which Medical Staff membership may be terminated.

It shall present at each regular staff meeting a report of any final action that it may have taken since the last meeting. The Hospital President shall be an ex-officio member and shall attend all meetings of this committee. Except when called into executive session for consideration of items pursuant to Sections 3.11, 3.12, 3.13, and for consideration of any other peer review related matter or items which a majority of the committee members present agree requires an executive session, the regular meetings of the Executive Committee are open to members of the Active Medical Staff. A detailed agenda for the regular meetings of the Executive Committee, which includes any items which may require action by the committee with the exception of any confidential matters as set forth in these Bylaws, shall be distributed to the Medical Staff no later than 3 working days prior to the regular committee meetings. Actions of the Executive Committee under executive session, as outlined above, may be taken without prior notification. However, all other actions by the Executive Committee may be taken only on issues which appear on the agenda. In addition to its regularly scheduled monthly meetings, this committee may meet if the President or a majority of the Executive Committee so requests or as

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necessary to address matters which cannot prudently be left until the time of the next scheduled staff meeting. The Secretary shall maintain a permanent record of its proceedings.

Section 8.04(2) THE CREDENTIALS COMMITTEE - Pursuant to Section 3.04(2), the Credentials Committee shall act as an investigative committee whose duties shall be to review the credentials of all applicants for staff membership and to make recommendations for staff membership category and delineation of privileges as appropriate. Its members shall be appointed by the President of the Medical Staff. It shall act in accordance with the Credentials Committee Operational Plan. It shall report to the Executive Committee on each applicant and shall consider the recommendations from the appropriate department chief(s).

Section 8.04(3) THE MEDICAL CARE REVIEW COMMITTEE - The Medical Care Review Committee shall consist of at least three (3) members of the Medical Staff, appointed by the President, who insofar as possible shall be representative of the clinical departments of the Staff. The chairman shall be elected by the committee and he/she may call it into executive session when necessary. The Hospital President, or his/her representative; and the Medical Record Administrator shall attend each meeting. The organization and operation of the committee and its function shall be in accordance with the written Operational Plan of the Medical Care Review Committee as approved by the Committee, the Medical Staff, and the Board. The committee shall have the responsibility of appraising functions of the Medical Staff, and of utilization review as required for participation in federal and state health programs. This responsibility, as described in the Operational Plan, shall include: (1) supervising the maintenance of medical records at the required standard of completeness; (2) evaluating the quality of medical care given to patients; (3) reviewing all surgical procedures to determine agreement or disagreement among the pre-op, post-op, and pathological diagnosis, as well as outcome; (4) determining whether the surgical procedures undertaken in the Hospital were acceptable or not; (5) determining proper utilization of the Hospital facilities in terms of necessity of admission, proper time of discharge or transfer, and promptness of carrying out procedures for diagnosis, consultations and treatments; (6) reviewing records of patients who have received transfusions of blood or blood derivatives, and investigating transfusion reactions; (7) reviewing requests for corrective action. In the event of an unresolved concern, the committee shall report to the Executive Committee, in accordance with its Operational Plan.

Section 8.04(4) THE PLANNING COMMITTEE - The Planning Committee shall periodically review both short and long term manpower, equipment and space needs of the Medical Staff. This committee may function in conjunction with the Medical Staff Development Committee of the Board. It shall be chaired by a member of the Medical Staff who is appointed by the President of the Medical Staff. At least three other members of the Committee and such additional members as are deemed necessary shall be appointed by the President of the Medical Staff, the Hospital President, or the Committee. Its composition shall be balanced between primary care active staff members and specialty care active staff members, as well as between on-site (campus) active staff members and off-site (off-campus) active staff members. It shall

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periodically solicit, compile and document the opinions of all members of the Medical Staff regarding: (1) the adequacy of the clinical services delivered by each clinical department and (2) the adequacy of the facilities wherein those services are delivered. It shall, at any time, record the opinions of any staff member delivered to the committee in writing regarding concerns about the level or number of services delivered or concerns about the facility wherein those services are delivered.

The Committee shall incorporate all such documentation in its regular report to the Executive Committee, and to the Medical Staff as a whole. It shall also, upon request, report to the Executive Committee as set forth in Section 3.02(2). In addition, as deemed appropriate by the Executive Committee, it shall report its findings to the Medical Staff Development Committee of the Hospital Board. It shall also, upon request, provide pertinent information to any staff member, pursuant to Section 3.02(2).

Section 8.04(5) NOMINATING COMMITTEE - The Nominating Committee shall be appointed by the Medical Staff President and shall consist of three Active Medical Staff members representing different clinical departments whose function shall be to nominate annually a slate of officers, excluding chiefs of departments.

Special Committees

Section 8.05 SPECIAL COMMITTEES - The special committees shall consist of, but are not limited to the following: (1) Medical Information Committee, (2) Medical Education Committee, and (3) Bylaws Committee.

Section 8.05(1) MEDICAL INFORMATION COMMITTEE - The Medical Information Committee shall have the following responsibilities: (1) Oversee the functioning of the library and give advice to the library representatives, (2) Represent the Medical Staff in the planning and development of computer services at Porter Hospital, (3) Represent the Medical Staff in planning and implementing the availability of telemedicine services, (4) Become involved in evaluating and making recommendations with regard to future information technologies, and (5) Arrange training sessions (in coordination with the Medical Education Committee) to teach the Medical Staff how to use available information services and technologies effectively.

The Medical Information Committee shall be chaired by a member of the Medical Staff who is appointed by the President of the Medical Staff. Other members of the Committee shall be appointed as deemed necessary by the President of the Medical Staff, the hospital administration, or the Committee.

Section 8.05(2) MEDICAL EDUCATION COMMITTEE - The Medical Education Committee shall be in charge of promoting continuing medical education of the staff through

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periodic weekly "grand rounds" and any other activity deemed appropriate. Each active staff member shall be responsible for giving or organizing one "grand rounds" session per year. The Medical Education Committee shall be chaired by a member of the Medical Staff who is appointed by the President of the Medical Staff. Other members of the Committee shall be appointed as deemed necessary by the President of the Medical Staff, the Hospital, or the Committee.

Section 8.05(3) BYLAWS COMMITTEE - The Bylaws Committee shall concern itself with review and revision of the Medical Staff bylaws and rules and regulations. It shall be chaired by a member of the Medical Staff who is appointed by the President of the Medical Staff. Other members of the Committee shall be appointed as deemed necessary by the President of the Medical Staff, the Hospital, or the Committee. Specifically, it shall address the biennial review and revision of the bylaws as required under Section 10.02. In addition it shall be responsible for drafting changes to the bylaws and rules and regulations proposed by members of the Active Medical Staff, and warning the active Medical Staff of any proposed changes, in accordance with Sections 10.01, 10.02, 10.03, and 10.04.

Section 8.06 PROFESSIONAL AND PEER REVIEW COMMITTEES - CONFIDENTIALITY - The Executive Committee, the Credentials Committee, the Medical Care Review Committee, the Infections Control Committee, the Special Care Committee, the Planning Committee are formed to evaluate and/or improve the quality of health care rendered by members and prospective members of the Medical Staff. Information with respect to any physician that is submitted, collected or prepared by any committee member or clinical department chief or other individual for the purpose of achieving and maintaining the quality of health care rendered is privileged and shall be kept confidential to the fullest extent permitted by law, and by the procedures set forth herein. Such information shall not be disclosed or disseminated by any committee members other than as specified in these Bylaws and shall not become part of any patient's medical records or of the general Hospital records.

Section 8.07 LIAISON PHYSICIANS - The Medical Staff shall have one or more physicians on the following committees and departments of the Hospital, to be appointed by the President of the Medical Staff, to act as liaison physicians, one of whom shall serve as its chair: Respiratory Therapy Department, Medical-Surgical/Special Care Committee, the Quality Council, Obstetrics-Pediatrics Committee, Infection Control Committee, Medical Record Committee, Pharmacy and Therapeutic Committee, and Physical Therapy. Liaison physicians shall be appointed from time to time as may be required to properly carry out the duties of the Medical Staff. Such physicians shall report to the Executive Committee, and as deemed necessary to the full Medical Staff.

The President of the Medical Staff shall also appoint a Medical Staff representative to act as liaison physician with the Helen Porter Nursing Home. The liaison physician may serve as its medical director, if so appointed by the President of the Helen Porter Nursing Home.

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In addition to the above responsibilities, liaison physicians to specific committees shall have, but not be limited to, the following specific responsibilities:

- (1) Medical Record Committee - The liaison physician shall recommend to the Executive Committee, and as deemed necessary, to the Medical Staff, changes in the format of the medical record.
- (2) Pharmacy and Therapeutic Committee - The liaison physician shall oversee the pharmacological activity of the Hospital and the Medical Staff, and recommend to the Executive Committee, and as deemed necessary, to the Medical Staff, changes in the Hospital formulary.
- (3) Infection Control Committee - The liaison physician shall periodically review issues deemed pertinent by the committee to the diagnosis and treatment of infectious diseases at Porter Hospital.

Section 8.08 MEDICAL STAFF DEPARTMENT CHIEFS - The Medical Staff department chiefs shall be responsible for (1) all clinical activities of the department; (2) all administrative activities of the department, unless otherwise provided for by the hospital; (3) supervision of the professional performance of all individuals who have delineated clinical privileges in the department; (4) recommending to the Medical Staff the criteria for delineated privileges in the department; and (5) recommending delineated privileges for each member of the department.

ARTICLE IX **Meetings**

Section 9.01 THE ANNUAL MEETING - The annual meeting of the Medical Staff shall be held in March at the Hospital or at such time and place as the Active Medical Staff may determine. At this meeting, the retiring officers, department chiefs, and committees shall make annual reports. The officers, excluding department chiefs, for the ensuing year shall be elected, and recommendations for reappointments to the Medical Staff shall be made.

Section 9.02 METHOD OF ELECTION - Nominations of officers shall take place at the Executive Committee meeting at least one month preceding the annual meeting. The election shall be by ballot, and a majority shall be necessary for an election. In the event that there are more than two nominations for the same position and no candidate receives a majority on the first ballot, the candidate receiving the least number of votes shall be dropped on the second ballot, and so on until a majority is obtained. The current officers shall hold office until the adjournment of the March meeting, when the newly-elected officers take over. Vacancies shall be filled by election at a meeting of the Medical Staff, and the officer or member so elected shall

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hold office until the next annual meeting or until her/his successor has been elected.

Section 9.03 REGULAR QUARTERLY MEETINGS AND ATTENDANCE REQUIREMENTS - The quarterly meeting of the Medical Staff shall be held on the second Wednesday of every third month. In addition to attendance requirements at department meetings established by the departments, each member of the Active Medical Staff shall be required to attend at least three of the Medical Staff meetings in each two year period of appointment. Reinstatement of staff members whose membership has been revoked because of absence from staff meetings and/or department meetings shall be made only upon application as for original appointment.

Section 9.04 QUORUM - One-third of the members of the Active Medical Staff and Podiatric Staff shall constitute a quorum.

Section 9.05 SPECIAL MEETINGS - Special meetings of the Medical Staff may be called at any time by the President or on request of any three (3) members of the Active Medical Staff. Notice of regular or special meetings shall be posted and mailed to all members of the staff at least three (3) days before any regular or special meeting. The notices shall state the nature of the business for which the meeting has been called, the time, and the place for the meeting.

ARTICLE X **Miscellaneous**

Section 10.01 RULES AND REGULATIONS - The Medical Staff shall adopt such rules and regulations consistent with these Bylaws as may be necessary for the proper conduct of its work. They may be amended by a two-thirds vote of the Active Staff, providing that the proposed amendment has been announced at the previous regular meeting. Such rules and regulations shall become effective when approved by the Board.

Section 10.02 BIENNIAL REVIEW - The Executive Committee, in conjunction with the Bylaws Committee, shall review these Bylaws and any rules and regulations adopted hereunder every other year in order to ascertain their appropriateness and make recommendations for amendments.

Section 10.03 AMENDMENTS - These Bylaws may be amended after notice given at any regular meeting of the Medical Staff. After such notice, voting shall be postponed until the next regular meeting and shall require a two thirds vote of the quorum of the total Active Staff membership. An amendment shall become effective when approved by the Board. Neither the Board nor the Medical Staff may amend these Bylaws unilaterally.

Section 10.04 ADOPTION - These Bylaws shall be adopted by majority vote at any

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regular meeting of the Active Medical Staff and shall become effective when approved by the Board. They shall, when approved, be equally binding on the Board and the Medical Staff.

Section 10.05 RULES OF ORDER - Robert's Rules of Order, Newly Revised, shall govern the conduct of all meetings of the members of the Medical Staff, and all committees of the Medical Staff, unless inconsistent with these Bylaws, which shall prevail.

Section 10.06 FORM - Wherever from the context it appears appropriate, each term stated in either the singular or the plural shall include the singular and the plural, and the pronouns, stated in either the masculine, the feminine, or the neuter gender shall include the masculine, feminine and neuter.

Section 10.07 NOTICES - Any notice to be given herein shall be in writing and shall be deemed given if delivered, or mailed by certified mail, postage prepaid, addressed to the party at her/his last known address and to Porter Hospital, Inc. if addressed as follows:

Attn: Hospital President
Porter Hospital, Inc.
Middlebury, Vermont 05753

or to such other address as either party may designate in accordance with the provisions of this section.

Section 10.08 COMPUTATION OF TIME - In computing any period of time prescribed or allowed by these Bylaws the day of the act or event from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day which is not a Saturday, a Sunday, or a legal holiday. When the period of time prescribed or allowed is less than seven (7) days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

RULES AND REGULATIONS

1. Patients may be admitted and treated only by Medical Staff members of Porter Hospital, Inc.

2. No patient shall be admitted to the Hospital without a provisional diagnosis by the attending Medical Staff member ("the Attending"). Such members admitting patients shall be held responsible for giving such information as may be necessary to protect their patients and other patients in the Hospital.

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3. On Call physicians must be able to be physically present in the emergency room within forty-five minutes after being called for duty.

4. Standing orders shall be coordinated by conference between the Medical Staff, the Pharmacy Staff and the Nursing Service. These orders shall be followed insofar as proper treatment of the patient will allow, and when specific orders are written by the Attending they shall constitute the orders for treatment. Narcotic orders and controlled Drug Enforcement Agency Class I and II drugs shall be automatically cancelled per hospital policy in the acute care unit of the Hospital. All other drug orders shall be cancelled per hospital policy unless the physician has stipulated a given number of days.

5. An order shall be considered to be in writing if dictated to a registered nurse, a Hospital pharmacist, a registered physical therapist or a certified respiratory therapist, and signed by the Attending within 24 hours. An order dictated by an alternate Medical Staff member may be signed by the attending physician. All verbal or telephone orders must be signed within 72 hours.

6. The Attending shall be held responsible for the preparation of a pertinent medical record for each patient, except that dentists are responsible for and perform that part of their patients' history and physical examination that relates to dentistry and podiatrists are responsible for and perform that part of their patients' history and physical examination that relates to podiatry. This record shall include history and physical exam including identification, date, chief complaint, present illness, past medical history, family history, social history, review of systems, consent forms, clinical laboratory reports, x-ray reports, pathological reports, medical or surgical treatment, progress notes, operative report, final diagnosis, summary or discharge note, and autopsy findings.

In all instances a pertinent history and physical examination shall be written or dictated within twenty-four hours after admission. Such examination may be written or dictated within 30 days before admission; however, an interval note is required for all examinations written or dictated more than 24 hours before admission.

An integrated problem list for each admitted patient shall be updated as necessary, concurrent with each admission.

A complete list of all medications, including dosages, with which the patient is being treated at the time of admission, shall be included with the history.

When a history and physical examination are not recorded before the time an operation is scheduled to be performed in the operating room, the operation shall be cancelled unless the attending surgeon states in writing that the delay will be detrimental to the patient. History and physical examinations of outpatient minor surgery patients in the emergency medicine

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department may be focused if medically appropriate.

7. (a) Each medical staff member shall be responsible for the preparation of a complete and legible medical record for each patient. The contents shall be accurate, timely, pertinent and current for each patient, with each entry dated with the time. All medical records shall be confidential, and they shall be the property of the Hospital. They shall not be removed without permission of the Hospital President. Records may be removed from the Porter Hospital's jurisdiction and safekeeping only in accordance with a court order, subpoena, or statutes. Access to medical records shall be afforded to members of the Medical Staff in accordance with the Hospital's privacy and security policies. When a patient is readmitted, all previous medical records shall be available for the use of the Attending.

(b) All patients undergoing major surgery must be evaluated by the surgeon preoperatively and they shall have an appropriate laboratory evaluation finished before surgery is performed.

(c) All operations shall be fully described by the operating surgeon immediately following surgery. The description shall contain a statement of the physician's findings, the technique used, the tissue removed or altered, and the post-operative diagnosis.

(d) All tissues removed at operation shall be sent to the Hospital Pathology Department, except as specified by the Department of Surgery, which shall make such examination of the tissue as may be considered necessary to arrive at a pathological diagnosis.

(e) The time designated for an operation shall be understood to mean that the incision shall be made at the hour designated for the operation.

(f) A preoperative diagnosis shall be recorded on all patients prior to surgery.

(g) Surgery shall be performed only after informed consent or request is obtained from the patient or her/his legal representative, acknowledging the hazards of the procedure and the availability of alternative methods of treatment, except in the case of emergency.

8. Physicians practicing in the Special Care Unit will conform to the Special Care Unit Rules and Regulations of the Combined Medical Staff-Nursing Staff Special Care Unit Committee.

9. The Medical Staff shall endorse the use and principles of the problem oriented medical record system in completing medical records. It shall also require a problem list coordinating prior inpatient and/or outpatient problem lists.

10. It shall be the responsibility of each Medical Staff member to provide for the

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coverage of another staff member with appropriate privileges to attend to her/his Hospitalized patients in her/his absence, and to notify the appropriate Hospital departments.

11. The medical care of a dental patient admitted to the Hospital shall be the responsibility of an active staff member, except that dentists are responsible for the part of their patients' history and physical examination that relates to dentistry.

12. Podiatric Patients Rules - A patient admitted for podiatric surgery is the dual responsibility of the attending podiatrist and the admitting Physician who is a member of the Active Medical Staff. Podiatric privileges are limited to surgery only, (not limited to the Emergency Room), under local or regional anesthesia, with sedation to be administered only by members of the anesthesia service. Implantation procedures are not included. If a complication which requires hospitalization should occur during the course of an outpatient surgical procedure, podiatric privileges shall include the right to transfer the patient to a member of the Medical Staff with admitting privileges.

- (a) Podiatrist's responsibilities. The podiatrist is responsible for performing that part of their patients' history and physical examination that relates to podiatry, including (1) a detailed podiatric history justifying Hospital admission; (2) a detailed description of the examination of the feet and preoperative diagnosis; (3) a complete operative report, describing the findings and technique used. All tissue shall be sent to the pathologist for examination; (4) pertinent progress notes; (5) clinical summary or statement; and (6) discharge order.
- (b) Physician's responsibilities. The attending physician shall be responsible for: (1) medical history pertinent to the patient's general health; (2) a physical examination to determine the patient's condition prior to anesthesia and surgery; (3) supervision of the patient's general health status while hospitalized; and (4) verbal or written co-signature of all orders given by the podiatrist.

13. It will be the responsibility of the attending physician to state by written order if "No code" is desired for a particular patient.

14. A patient shall be discharged only on written order of the Attending.

15. A consultation report shall be an opinion of the consulting person, written legibly in the patient's chart and identified either by a particular form and/or by entitling it as such. Whatever format the consultant chooses to use, her/his report shall contain evidence of an examination of the patient, whatever medical records that are available and any other pertinent data.

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16. Autopsies.

- (a) Every member of the Medical Staff shall be concerned in securing autopsies whenever appropriate. No autopsy shall be performed without legal consent. All autopsies shall be performed by the pathologist or her/his representative, or by a physician to whom she/he may delegate the duty, except as may be otherwise required by law.
- (b) A request for autopsy shall be made by the physician in attendance at the time of a patient's death and recorded in the Hospital record if:
 - 1. Death occurs within 24 hours of admission to the Hospital.
 - 2. Death occurs within the Hospital prior to admission.
 - 3. The cause of death and/or the presence of other factors related to the patient's health prior to death remains in question.

17. All non-privileged committee and department meeting reports and minutes shall be available at the subsequent Executive Committee meeting and Medical Staff meeting, copies of which shall be maintained by the Medical Staff Coordinator.

18. Minutes of the staff meetings shall document a thorough review of the clinical work.

19. Anesthesia Service.

- (a) The Anesthesia Service may consist of anesthesiologists and certified registered nurse anesthetists. The policies of the Medical Staff relative to anesthesia care shall be reviewed annually by the Department of Surgery and recorded in the minutes, filed in the Anesthesia Service records, and a copy sent to the Administration. The Anesthesia Service shall be directed by the Director of Anesthesia Services who shall be responsible for (1) quality of anesthesia care rendered by anesthetists; (2) availability of equipment necessary for administering anesthesia and for related resuscitative efforts; (3) development and modification as necessary for regulations concerning anesthetic safety; (4) evaluation of all anesthesia care; (5) recommending to the administration the kinds and numbers of personnel and equipment necessary to satisfy the needs of the Hospital; (6) review of the practices of the Anesthesia Service to ensure that they are consistent with the policies of the Medical Staff.

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- (b) Certified registered nurse anesthetists shall be credentialed as required of members of the Medical Staff, are biennially reviewed and, as appropriate, reappointed as required of members of the Medical Staff, and shall be members of the Allied Health Professional Staff.

20. The treatment of patients for psychiatric illness by members of the Allied Health Professional Staff shall be the responsibility of a psychiatrist who is a member of the Active Medical Staff, who shall be responsible for reviewing and countersigning all records and orders by said Allied Health Professional Staff members, and act in accordance with Section 4.08 of the Medical Staff Bylaws.

21. The Medical Staff shall be responsible for the treatment of patients at Porter Hospital who do not identify an Active Staff Member as their doctor (unassigned patients). The coverage, by each clinical department, of such patients shall be determined by each clinical department, and shall be documented in a schedule of assignment which shall be distributed to all departments of the Hospital and posted prior to start of each day of coverage. It is the responsibility of the physicians specified on the schedule of assignment to provide care, or to arrange adequate coverage for the provision of care, within the scope of their respective clinical departments. The day of coverage shall commence at 0700 hours on the stated date and conclude at 0700 hours on the subsequent date.

22. **Telemedicine Policy**

Any telemedicine services provided by practitioners from other health care facilities (“Distant Sites”) for the clinical care of Porter Hospital patients (“telemedicine”) shall be consultative in nature, unless otherwise approved by the Medical Staff Executive Committee. The services which may be offered through telemedicine must be pre-approved by the Medical Staff Executive Committee, and recommended to the Board for final approval.

The Hospital Medical Staff member caring for any patient, who is also seen by a Distant Site provider through telemedicine, shall be the attending physician of record and responsible for the care and medical decisions for that patient.

Distant Site providers who provide care via telemedicine are subject to the credentialing and privileging process of Porter Hospital or may be privileged at Porter Hospital using credentialing information from the Distant Site, if a JCAHO-accredited organization.

23. **Telemedicine Confidentiality**

Patient confidentiality shall be maintained wherever medical history and care of a patient are discussed during telemedicine consultations.

MEDICAL BYLAWS, RULES, & REGULATIONS

The Hospital Medical Staff member and the District Site provider shall assure that the consultative conference is attended only by individuals who have a bonafide interest in the case (patient, family, providers). Individuals without such interest must leave the room at both sites, absent patient consent to the contrary.

All medical data presented during the consultation must remain confidential and shall be managed consistent with Hospital policies for health information and medical records.

24. It shall be the responsibility of the President of the Medical Staff to bring any infractions of these Bylaws or Rules and Regulations to the attention of the Hospital President and the Executive Committee for disciplinary action, which may include suspension or revocation of staff privileges and membership. The Secretary of the Medical Staff shall be responsible for maintaining at least three currently correct master copies of these Bylaws, Rules and Regulations, with all amendments, deletions, and additions annotated as to date and approval by the Medical Staff and the Board. One of these copies shall be kept with the staff minutes, another with the Hospital President and the third by the Secretary of the Board.

25. These rules and regulations shall become effective when adopted by the Active Medical Staff at a regular meeting, and approved by the Board.

Approved by the Medical Staff on _____, 2007:

SIGNED ON:

Fred Kniffin, M.D.
President, Medical Staff
Porter Hospital, Inc.

Approved by the Board of Directors on _____, 2007:

SIGNED ON:

Joseph Sutton, Chairperson
Board of Directors
Porter Hospital, Inc.