

Southern Maine Medical Center

Medical Staff Bylaws

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ARTICLE I

PURPOSE

The Medical Staff of SMMC is established by the Hospital Board of Directors to assist the Hospital in meeting its mission and to carry out duties assigned to it by the Board in order to enhance the quality and safety of care, treatment, and services provided to patients. The Medical Staff is considered part of an Organized Healthcare Arrangement with the Hospital.

ARTICLE II

MEDICAL STAFF MEMBERSHIP

2.1 Eligibility and Qualification for Membership

Membership on the Medical Staff is a privilege granted only to professionally competent Practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws and in Medical Staff and Hospital rules, regulations, and policies.

To be eligible for initial appointment or reappointment to the Medical Staff of SMMC applicants must hold a license in the state of Maine as a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Doctor of Podiatry (DPM), or Oral Surgeon (DMD or DDS). Applicants to the Medical Staff have the burden of documenting to the satisfaction of the Board that they will contribute to meeting the mission of the Hospital and have the ability to do so competently, safely, and collaboratively by providing requested information on their:

- background
- clinical experience
- education and training
- clinical judgment
- demonstrated current professional competence
- individual character and ability to work with others collaboratively
- physical and mental capabilities and ability to safely and competently exercise any clinical Privileges requested
- intended practice plans, and
- adherence to the ethics of their profession.

Specifically, Practitioners wishing to be on the Medical Staff and/or hold Privileges must:

- a. have a current, unrestricted license to practice in Maine;
- b. where applicable to their practice, have a current, unrestricted DEA registration;

- c. have current valid professional liability insurance coverage, issued by a carrier licensed by the state of Maine, in a form and in amounts satisfactory to the Board;
- d. have successfully completed an ACGME or AOA approved residency training program, a DDS or DMD post graduate training program approved by the American Dental Association's Commission on Dental Accreditation, or a residency program approved by the Council on Podiatric Medical Education (CPME);
- e. have an active practice with the capability to provide timely and continuous care for their patients;
- f. be eligible to participate in Medicare, Medicaid, or other federal or state payer programs;
- g. have never been convicted of, or entered a plea of guilty or no contest to any felony, or any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence;
- h. not be seeking clinical Privileges to treat patients or conditions for which the Hospital lacks necessary equipment, facilities, or other resources or for which there is no need based on the Hospital's strategic or Medical Staff development plans;
- i. be able to demonstrate the ability to work cooperatively with others and to treat patients, staff and colleagues in a respectful and professional manner at all times;
- j. be able to demonstrate that they have no health issues which would compromise their ability to perform requested Privileges safely;
- k. be seeking clinical Privileges that are not subject to an exclusive contract at SMMC unless the applicant is a party to that contract; and
- l. agree to comply with the health screening and physical examination requirements of the Hospital before exercising any Privileges that may be granted by the Board .

In addition, all applicants for initial appointment to the Medical Staff must meet the criteria which applies to their qualifying degree or specialty:

- If an M.D. or D.O., certified by a specialty board approved by the American Board of Medical Specialties (ABMS), by the American Osteopathic Association (AOA), the Royal College of Physicians of Ireland, the Royal College of Surgeons of England, the Royal College of Physicians & Surgeons of Canada, or any similar foreign specialty board approved by the Hospital Board that conducts comparable reviews of residency or fellowship training with examination to achieve certification. A physician who is qualified to sit for the certifying examination of a specialty board approved by the American Board of Medical Specialties (ABMS) may be appointed to the medical staff if within six (6) years of completion of residency training and he is required to be board certified by an ABMS or AOA specialty within six (6) years of completion of residency training.

- If a podiatrist, certified or qualified to sit for the certifying examination administered by the American Board of Multiple Specialties in Podiatry or the American Board of Podiatric Surgery and must be board certified by one of these boards within six (6) years of completion of residency training.
- If an oral surgeon applying for oral surgery appointment and Privileges, certified or qualified to sit for the certifying examination administered by the American Board of Oral and Maxillofacial Surgery as recognized by the American Dental Association and he must be certified within six (6) years of completion of residency training.

Practitioners who were granted initial Medical Staff membership and privileges at SMMC after **September 1996** must meet the following recertification or maintenance of certification requirements of at least one specialty board where applicable:

- If an M.D. or D.O., current board certification. A physician who is qualified to sit for the certifying examination of a specialty board approved by the American Board of Medical Specialties (ABMS) may be re-appointed to the medical staff if within six (6) years of completion of residency training and is required to be board certified by an ABMS or AOA specialty within six (6) years of completion of residency training.
- Applicants for reappointment in podiatry and oral surgery shall maintain board certification by an appropriate specialty board (the American Podiatric Medical Specialties Board, the American Board of Podiatric Surgery, American Board of Oral and Maxillofacial Surgery, or American Dental Association).

Additional membership and privileging requirements, which are considered associated details, can be found in the Medical Staff Credentials Manual or in the Medical Staff delineation of privileges forms. The qualifications for membership must be documented by applicants with sufficient adequacy to satisfy the Medical Staff and Board that each has enough information to make a fully informed decision regarding appointment and the assignment of Privileges.

No professional may be entitled to membership on the Medical Staff or to the exercise of particular clinical Privileges in the Hospital merely by virtue of licensure to practice in Maine or any other state, membership in any professional organization, privileges at another hospital, or the demonstration of clinical competence.

The Board, after consultation with the Medical Executive Committee, may make exceptions or additions to any of the above qualifications and requirements.

2.2 Non-Discrimination

The Hospital will not discriminate in granting Medical Staff membership and/or clinical privileges on the basis of gender, race, religion, age, national origin, disability, or any other basis prohibited by applicable law, to the extent the applicant is otherwise qualified.

2.3 Responsibilities of Membership

Each member of the Medical Staff must continuously comply with the provisions of these Bylaws, Medical Staff and Hospital manuals, rules, regulations, and policies.

Members must:

- a) Provide for the continuous and timely care to all patients for whom the Practitioner has responsibility;
- b) Provide, with or without request, new and updated information to the Hospital as it occurs, pertinent to any question found on the initial application or reappointment forms;
- c) Appear for personal interviews (in person or by teleconference) in regard to an application for initial appointment or reappointment as requested by the Hospital;
- d) Refrain from illegal fee splitting or other illegal inducements relating to patient referrals;
- e) Refrain from deceiving patients as to the identify of any individual providing treatment or services;
- f) Seek consultation whenever necessary to assure adequate quality of care;
- g) Complete in a timely manner all medical and other required records, inputting all information required by the Hospital;
- h) Satisfy continuing medical education requirements for licensure and as may be required under policies adopted from time to time by the Medical Staff;
- i) Supervise the work of any allied health professional under his/her direction;
- j) Assist other Practitioners in the care of their patients when asked in order to meet an urgent patient need or assure the well-being of a patient;
- k) Treat employees, patients, visitors, and other physicians and professionals in a dignified and courteous manner at all times.

Furthermore, each member of the Medial Staff by accepting Medical Staff appointment, agrees:

- l) To abide by these Bylaws and Medical Staff manuals, Medical Staff policies, rules and regulations, and Hospital policies and procedures;

- m) That if there is any material misstatement in, or material omission from, an application for appointment or reappointment, the Hospital may stop processing the application (or, if appointment has been granted prior to the discovery of a misstatement or omission, appointment and Privileges may be deemed by the Board to be automatically relinquished). In either situation, there shall be no entitlement to a hearing or appeal;
- n) To participate in and collaborate with the peer review, risk management and performance improvement activities of the Medical Staff and Hospital. These include monitoring and evaluation tasks performed as part of the Medical Staff and Hospital efforts to meet quality standards such as those established by the Joint Commission, the Centers for Medicare and Medicaid Services (CMS), and other governmental agencies and private insurers;
- o) To assist the Hospital in fulfilling its responsibilities for providing emergency and charitable care in accordance with policies passed by the MEC and Board;
- p) To provide patient care and management only within the parameters of his or her professional competence, as reflected in the scope of clinical Privileges granted the Practitioner by the Board;
- q) To undergo any type of health evaluation, including random or 'for cause' drug testing, as requested by the officers of the Medical Staff, Chief Executive Officer (CEO), Chief Medical Officer (CMO) and/or MEC when it appears necessary to protect the well-being of patients and/or staff, or when requested by the MEC or credentials committee as part of an evaluation of the member's ability to exercise Privileges safely and competently, or as part of a post-treatment monitoring plan consistent with the provisions of any Medical Staff and Hospital policies addressing physician health or impairment;
- r) To participate in any type of competency evaluation when determined necessary by the MEC and/or Board in order to properly delineate that member's clinical Privileges;
- s) To hold harmless and agree to refrain from legal action against any individual, the Medical Staff, or Hospital that appropriately shares peer review and performance information with a legitimate health care entity or state medical board assessing the credentials of the member;
- t) To abide by any applicable codes of conduct adopted by the Medical Staff and/or Hospital;
- u) To abide by all local, state and federal laws and regulations, Joint Commission standards, and state licensure and professional review regulations and standards, as applicable to the Practitioner's professional practice;
- v) To aid in any Medical Staff approved educational programs for medical students, interns, resident physicians, staff physicians, and other personnel;

- w) To maintain the capability for email communication with the Hospital and members of the Medical Staff and to agree to utilize any electronic health record tools implemented by the Hospital for use with hospitalized patients; and
- x) To provide patients with a quality of care that meets at all times the professional standards and requirements of the Medical Staff and Hospital.

ARTICLE III

CATEGORIES OF MEDICAL STAFF MEMBERSHIP

The Medical Staff shall be divided into the following categories: Active and Affiliate. Category status for each Practitioner will be recommended by the MEC at appointment or reappointment and ratified by the Board, which will have ultimate discretion to assign each applicant to a staff category.

3.1 Active Staff

QUALIFICATIONS: Appointees to this category must:

- a. Be involved in a minimum of fifty patient contacts at the Hospital over a 24-month period or meet the qualifications described in 3.1.b below. A patient contact includes any admission, consultation, or procedure, evaluation, treatment or service performed in any facility operated by the Hospital. Members may be appointed to this category at initial appointment where it is anticipated they will meet this criterion. If they have not completed twenty-five contacts in their first twelve months on staff, their category status will be changed to Affiliate. Otherwise, after initial appointment, category status will be assigned at reappointment time based on contact activity during the previous 24-month period or can be re-evaluated at any time by request of the Medical Staff member. Regardless of their number of patient contacts, locum tenens Practitioners and those who deliver their services exclusively via “telemedicine” will not be eligible for the appointment to the active category of the Medical Staff.
- b. Regardless of their number of patient contacts, be in active clinical practice within the Hospital’s service area and participate in and cooperate with the peer review and quality monitoring and performance improvement activities of the Medical Staff and Hospital in a manner determined from time to time by the MEC. The MEC shall have discretion to determine whether applicants meet the qualifications for active staff category described in this section 3.1b.

PREROGATIVES: Appointees to this category may:

- a. Exercise those clinical Privileges granted by the Board.

- b. Vote on all matters presented at general and special meetings of the Medical Staff, and at meetings of committees to which he/she is appointed.
- c. Hold office and sit on or be the Chair of any committee, unless otherwise specified elsewhere in these Bylaws.

RESPONSIBILITIES: Appointees to this category must:

- a. Meet the basic responsibilities of Medical Staff membership as defined in Section 2.3 above and contribute to the organizational and administrative affairs of the Medical Staff.
- b. Actively participate in recognized functions of staff appointment, including performance improvement, peer review, risk and utilization management, the monitoring of initial appointees, credentialing activities, medical records completion, and the discharge of other Medical Staff functions as may be required from time to time.
- c. Comply with all applicable Hospital and Medical Staff rules, regulations, manuals, policies and procedures.
- d. Participate in providing Emergency Department call and other coverage arrangements as defined in policies adopted by the MEC and Hospital Board.
- e. Perform such further duties as may be required under these Bylaws or Medical Staff policies, including any that may result from future changes in these documents.

3.2 Affiliate Staff

QUALIFICATIONS: Appointees to this category must:

- a. Be interested in the clinical affairs of the hospital and hold Privileges to actively manage patient care or to refer and follow hospitalized patients.
- b. Admit or otherwise be involved in the care or treatment of **less** than fifty patient contacts (as defined in Section 3.1(a) under the Active Category) within a 24 month period.
- c. Engage in the active practice of medicine at some location so that the Medical Staff and Board can assess the Practitioner's compliance with membership and privileging requirements as stated under these Bylaws and Medical Staff policies. At each reappointment time, the Affiliate staff member may be asked to provide evidence of clinical performance at other hospitals or health care facilities where the member holds privileges. In addition, especially for those Affiliate Staff

members who do not maintain appointment at another hospital, he or she shall provide other information as may be requested by the Medical Staff or Board in order to perform an appropriate evaluation of qualifications. Such information may include, but will not be limited to, data from the individual's office practice, information from managed care organizations in which the individual participates, and/or receipt of confidential evaluations forms completed by referring/referred to physicians.

PREROGATIVES: Appointees to this category may:

- a. Exercise those Privileges granted by the Board.
- b. Attend meetings of the Medical Staff in a non-voting capacity, except in committees to which the member is appointed. Affiliate members may attend all educational programs presented by the Medical Staff and/or Hospital.
- c. Not vote for officers nor serve as a Medical Staff officer, nor vote on Medical Staff Bylaws or other matters brought before the general Medical Staff.

RESPONSIBILITIES: Appointees to this category must:

- a. Meet the basic responsibilities of Medical Staff membership as defined in Section 2.3 above, and contribute to the organizational and administrative affairs of the Medical Staff.
- b. Actively participate, when asked, in recognized functions of staff appointment, including performance improvement, peer review, risk and utilization management, the monitoring of initial appointees, credentialing activities, medical records completion, and the discharge other Medical Staff functions and obligations as may be required from time to time.
- c. Comply with all applicable Hospital and Medical Staff rules, regulations, manuals, policies and procedures.
- d. Participate in providing Emergency Department call and other coverage arrangements as defined in policies adopted by the MEC and Hospital Board.
- e. Perform such further duties as may be required under these Bylaws or Medical Staff policies, including any that may result from future changes in these documents.

3.3 Change in Staff Category

Pursuant to a request by the Medical Staff member and upon a recommendation by the Credentials Committee or pursuant to its own action, the MEC may recommend a change in Medical Staff category of a member consistent with the requirements of

these Bylaws. The Board shall approve any such change in category. Determinations regarding the assignment of staff category are not subject to review under the due process provisions of the Corrective Action and Fair Hearing Manual of these Bylaws.

3.4. Limitation of Prerogatives

The prerogatives of Medical Staff membership set forth in these Bylaws are general in nature and may be subject to limitation or restriction by special conditions attached to a Medical Staff member's appointment, reappointment, and/or Privileges, by state or federal law or regulations, by other provisions of these Bylaws, by other Medical Staff or Hospital policies, or by commitment, contracts, or agreements of the Hospital.

ARTICLE IV

MEDICAL STAFF MEMBER RIGHTS

Members appointed to the Medical Staff shall have the following rights, in addition to the procedural due process rights enumerated in the Corrective Action and Fair Hearing Manual of these Bylaws:

- 4.1 Each member of the Medical Staff in the active category has the right to an audience with the MEC on matters relevant to the responsibilities of the MEC. In the event that such member is unable to resolve a matter of concern after discussion with the appropriate committee chair or other appropriate Medical Staff leader(s), that member may, upon written notice to the President of the Medical Staff at least two weeks in advance of a regular meeting of the MEC, meet with the MEC or a subcommittee of the MEC to discuss the issue. The chair of the MEC will have discretion regarding the timing and placement of the issue on the MEC or subcommittee agenda.
- 4.2 Each member of the Medical Staff has the right to initiate a recall vote of Medical Staff officers or MEC members in accordance with the recall provisions provided in these Bylaws.
- 4.3 Each member of the Medical Staff in the active category has a right to call a special meeting of the general Medical Staff to discuss a matter relevant to the Medical Staff if he believes the MEC has not acted on the matter satisfactorily. Upon presentation by the member of a petition signed by twenty percent (20%) of members of the active staff category, the President shall schedule a special meeting of the Medical Staff in a timely manner for the specific purposes addressed by the petitioners. No business

other than that detailed in the petition may be transacted at this meeting and by majority vote those in attendance may authorize a vote of the Medical Staff to resolve the issue(s) raised at the meeting. Such vote will be conducted through mail or electronic ballot sent to all members of the Medical Staff in the active category and a policy or action must receive the affirmative votes of at least 50% of the active Medical Staff members to prevail. Votes not cast will not be considered. Decisions reached by such votes of the Medical Staff will override inconsistent decisions made by the MEC.

- 4.4 Each member of the Medical Staff in the active category may raise a challenge to any rule, regulation, or policy established by the MEC. If presented by such member with a petition signed by twenty percent (20%) of the active members of the Medical Staff, the MEC will do one of the following:
- a. Provide the petitioners with information clarifying the intent of such rule, regulation, or policy and the justifications for its adoption; and/or
 - b. Schedule a meeting with the petitioners to discuss the issues raised with regard to the rule, regulation, or policy.
- 4.5 The above sections on Member Rights (4.1 through 4.4) do not pertain to issues involving individual peer review or performance evaluation (including focused and ongoing professional practice evaluation), formal Investigations of professional performance or conduct, denial of requests for appointment or privileges, restriction or conditions placed on appointment or privileges, or any other matter relating to individual membership or privileges. Recourse with regard to these matters is described in the Corrective Action and Fair Hearing Manual of these Bylaws. The rights enumerated in 4.1 through 4.4 serve to address conflicts which may arise within the Medical Staff between the MEC and Medical Staff members.

ARTICLE V

CREDENTIALING AND THE DETERMINATION OF PRIVILEGES

5.1 Appointment and Reappointment of Medical Staff Membership

The following steps describe the process for credentialing (appointment and reappointment) of Medical Staff members. Associated details may be found in the Medical Staff Credentials Manual.

- a. Individuals interested in appointment to the Medical Staff may request an application from the Hospital and a list of the eligibility requirements for membership. Eligible members of the Medical Staff will automatically be sent an application for reappointment in a timely fashion to the most current address provided by the Practitioner.

- b. Upon completion and submission of the application to the Hospital, a designated individual will verify the contents and confirm that the applicant is eligible to have the application processed further. If the application shows the applicant is not eligible for membership, he/she will be notified that no further evaluation or action will occur regarding the application. An incomplete application will not be forwarded for consideration by the medical staff or board. An application that remains incomplete for more than 60 days after written notification by the Hospital that information is missing, will be considered to have been voluntarily withdrawn.
- c. A completed and verified application will be forwarded by the Hospital to the Medical Staff Credentials Committee.
- d. The Credentials Committee will review the application, seeking the input of appropriate subject matter experts when it deems necessary. Following its review the Credentials Committee will forward its recommendation on the applicant to the Medical Executive Committee (MEC).
- e. The MEC will review the application and forward its recommendation to the Hospital Board regarding membership, and if appropriate, staff category, and Privileges. The MEC may also refer an application back to the Credentials Committee if it feels more information or evaluation concerning the applicant is necessary before it can render a recommendation to the Board.
- f. Upon receipt of a recommendation from the MEC, the Hospital Board will review the application and determine whether to refer the matter back to the MEC for further deliberation, grant the applicant membership, and whether any restrictions or conditions should be attached to a grant of membership or clinical Privileges. Membership and/or Privileges will be effective upon action by the Board granting membership and/or Privileges.
- g. Applicants may appeal recommendations by the MEC and decisions made by the Board in accordance with provisions in the Medical Staff Corrective Action and Fair Hearing Manual of these Bylaws.

5.2 Granting of Clinical Privileges

The following steps describe the process for granting clinical Privileges to qualified Practitioners. Associated details may be found in the Medical Staff Credentials Manual and on Medical Staff delineation of privileges documents. Practitioners shall be entitled to exercise only those Privileges specifically granted to them by the Hospital Board. The Medical Staff may recommend clinical Privileges for Practitioners who are not Medical Staff members but who hold a license to practice independently and who are considered eligible to practice independently at the Hospital by the Board. Such Practitioners include: Dentists, Certified Registered Nurse Anesthetists, and Clinical Psychologists.

- a. Practitioners initially applying for Medical Staff membership or for reappointment must complete the appropriate forms to request specific Privileges. Practitioners ineligible for Medical Staff membership but eligible for Privileges will complete the appropriate request forms. These forms are available from the Hospital.
- b. Upon completion and submission of the appropriate forms to the Hospital, a designated individual will confirm that the applicant is eligible to have the requests

processed further. Privilege requests that do not demonstrate compliance with eligibility requirements will not be processed further.

- c. Completed privilege request forms will be forwarded by the Hospital to the Credentials Committee for review and evaluation. This review will include consideration of the Practitioner's character, current clinical competence, education and training, clinical experience, clinical judgment and evidence of professional conduct.
- d. The Credentials Committee may seek the input of appropriate subject matter experts when it deems such input necessary.
- e. The Credentials Committee will recommend a specific action on requested Privileges to the Medical Executive Committee (MEC).
- f. The MEC will review the privileging requests and recommend specific actions on them to the Hospital Board.
- g. The Hospital Board will review the privileging requests and either reject the requests, modify them, return the application to the MEC for further deliberation, or grant the Privileges being sought.
- h. Applicants may appeal adverse recommendations by the MEC and adverse decisions made by the Board in accordance with provisions in the Medical Staff Corrective Action and Fair Hearing Manual of these Bylaws.

Disaster Privileges may be assigned to individuals in accordance with the Hospital policies on disasters and the associated credentialing and privileging details enumerated in the Medical Staff Credentials Manual.

Temporary Privileges may be granted by the Hospital CEO or designee acting on behalf of the Board in accordance with the associated details found in the Medical Staff Credentials Manual.

5.3 Medical Staff Credentials Manual

Associated details elaborating on the credentialing and privileging process can be found in the Medical Staff Credentials Manual which will be adopted and modified from time to time by action of the Medical Executive Committee.

ARTICLE VI **OFFICERS**

6.1 Officers of the Medical Staff

The officers of the Medical Staff shall be:

President
Vice-President
Immediate Past President

6.2 Qualifications

Officers of the Medical Staff must satisfy the following criteria at the time of nomination and continually throughout the term of their office.

- a. be an appointee to the Active staff;
- b. report to the Nominations Committee any actions pending before or taken by the state Board of Medicine;
- c. have constructively participated in Medical Staff activities, including, but not limited to activities such as performance improvement, risk management, and professional peer review;
- d. be willing to discharge faithfully the duties and responsibilities of the position;
- e. have experience in a leadership position, or other involvement in performance improvement functions for at least two years;
- f. must attend continuing education programs relating to Medical Staff leadership and/or credentialing functions prior to or during the term of office;
- g. be in compliance with any and all policies of the Medical Staff and Hospital regarding Conflicts of Interest; and,
- h. must have demonstrated an ability to work well with others.

6.3 Selection

The Nominating Committee as outlined in Article VIII of these Bylaws shall select nominees for placement on the election ballot for officers. The past president will automatically assume the position of Immediate Past President whenever he leaves the office of President, unless he has been removed for cause. If no immediate past president is available to serve, this position shall be replaced by a prior Medical Staff officer elected by majority vote of the MEC.

6.4 Election

- a. Officers of the Medical Staff shall be elected using a secret ballot which may be distributed to eligible voting members of the Medical Staff at a general Medical Staff meeting, by mail, or electronically. The mechanics of distributing ballots and counting votes will be determined by the MEC in consultation with the professionals staffing the Medical Staff office. Only members of the Active Medical Staff shall be eligible to vote. The winner of an election shall be the individual who receives the greatest number of votes from Active Medical Staff members who voted. Voting by proxy is not permitted.
- b. Officers shall be eligible to assume office once the Hospital Board has ratified their election. Such ratification cannot be unreasonably withheld.
- c. Elections for officers will take place in the month of September in years in which an officer is scheduled to complete a term in office or vacate an office. Elections

will take place as scheduled by the Medical Staff office under procedures approved by the MEC.

6.5 Term

All elected officers shall take office on the first day of the October following their election and will serve a term of three years and/or until their successors are elected and ratified by the Board. The President may serve one successive term, the Vice President an unlimited number of successive terms, and the Immediate Past President only one term.

6.6 Duties of Elected Officers

a. President of the Medical Staff:

The President shall serve as the chief administrative officer and principal elected official of the Medical Staff. As such, she or he shall be responsible for implementing the general responsibilities of the Medical Staff, including, without limitation:

- 1) Aiding and coordinating Medical Staff activities with the activities and concerns of the Hospital Board, Administration of the Hospital, Nursing, and other patient care services.
- 2) Accounting to the Hospital Board and Medical Staff in conjunction with the MEC and the respective Service Chiefs for the quality, efficiency and performance of patient care services within the Hospital.
- 3) Developing and implementing, in coordination with other Medical Staff leaders and experts, continuing education programs, utilization review activities, performance improvement programs, and methods for credentials review, delineation of privileges, and the monitoring of the quality of patient care.
- 4) Communicating and representing the concerns and recommendations of the Medical Staff to the Hospital Board, the Chief Executive Officer, and other leaders of the Medical Staff.
- 5) Assuming responsibility for the enforcement of these Bylaws, Hospital policies, and Medical Staff rules, regulations or policies, and for implementation of appropriate sanctions where indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where appropriate, as provided under these Bylaws.
- 6) Calling, setting the agenda, and presiding at all general and special meetings of the Medical Staff and of the MEC.
- 7) Serving as chair of the MEC, and as an ex-officio member of the all Medical Staff committees with the right to vote.

8) Unless provided for otherwise in these Bylaws, appointing, after consultation with the MEC, the members of all Standing and Special Medical Staff committees, except the MEC, and all Medical Staff representatives to Hospital committees.

9) Serving as an ex-officio non-voting member of the Hospital Board and reporting to this body on quality of care and performance improvement issues as recommended by the Medical Staff.

10) Representing the Medical Staff in its professional and community relations.

11) Performing all other functions as may be assigned to the President of the Medical Staff by these Bylaws, the Medical Staff, MEC, or the Board.

b. Vice-President:

The Vice-President shall be a member of the MEC and shall be required to assist the President and to perform such duties as may be assigned to him/her by the President. In the absence of the President or upon the occurrence of a vacancy in the office of President, the Vice-President shall assume the responsibilities, exercise the authority, and perform the duties assigned to the President until the President returns or that office is filled. The Vice-President will serve as the chair of the Medical Staff Credentials Committee and Quality Improvement Committee.

c. Immediate Past President:

The Immediate Past President shall be a member of the MEC and shall serve as an advisor to the President and perform those functions delegated to him by the President.

6.7 Removal

a. A recall election of an officer shall be held if requested through a petition signed by no fewer than 25% of the active members of the Medical Staff, a request signed by at least 2/3ds of the members of the MEC, or a request made by the Hospital Board of Directors. Officers may be removed by an affirmative vote of two-thirds of the Active Medical Staff present and voting at any general or special meeting, subject to the approval of the Hospital Board, in circumstances where the Medical Staff and Board believe removal is necessary to protect the interests of the Medical Staff and/or Hospital. Each of the following conditions constitutes a reasonable basis for removal of an officer from office:

- 1) Failure to comply with or support enforcement of the Medical Staff Bylaws, Medical Staff rules, regulations, or policies.
- 2) Failure to perform the required duties of the office;
- 3) Failure to adhere to professional ethics;
- 4) Abuse of office;

- 5) Conduct unbecoming a Medical Staff member and officer; and
 - 6) Failure to continuously meet the qualifying criteria to be an officer as set forth above in these Bylaws.
- b. At least ten (10) days prior to the initiation of any removal action, the individual shall be given special notice of the date of the meeting at which action is to be considered. The individual shall be afforded an opportunity to speak to the Medical Staff prior to a vote on removal.
 - c. Automatic removal will occur (without need for a vote) in the event any of the following affects the officer in question:
 - 1) Loss or suspension of the officer's medical license in the state of Maine;
 - 2) Ineligibility of membership in the Active category of the Medical Staff;
 - 3) Recommendation by the MEC to the Board for the imposition of corrective action or the acceptance of such recommendation by the Board.
 - d. Where the President is removed from that position, she/he shall be ineligible to hold the office of Immediate Past President.

6.8 Vacancies

When a vacancy occurs in the office of the President, the Vice President will assume this position for the remainder of the existing term. The Medical Executive Committee shall appoint a Vice President to complete the term whenever this position is vacated. If the Immediate Past President resigns or is not eligible to hold this position, the vacancy will be filled by a prior Medical Staff officer elected by majority vote of the MEC.

ARTICLE VII

CLINICAL ORGANIZATION OF THE MEDICAL STAFF

7.1 Clinical Organization of the Medical Staff

The Medical Staff of SMMC is a non-departmentalized organization that carries out its responsibilities through committees and individuals assigned specific tasks. The Medical Staff may be assisted in meeting these responsibilities by optional clinical services if formed as specified in section 7.2 below.

7.2 Optional Clinical Services

- a) The MEC may recognize any group of Practitioners interested in forming a Clinical Service. Such a Clinical Service shall be completely optional and shall exist to perform any of the following:
 - 1. Provide a forum for discussion for clinicians in a particular specialty or interdisciplinary group of specialties.

2. Offer continuing medical education and discussion of patient care issues.
3. Sponsor “grand rounds”, peer review protected morbidity & mortality (M&M) conferences, or clinico-pathologic conferences (CPCs).
4. Provide a vehicle for discussion of policies & procedures or equipment needs in a specialty or service line area.
5. Create an opportunity for networking and collegial interaction among Practitioners with common interests.
6. Develop recommendations for submission to the MEC.
7. Participate in the development of criteria for clinical privileges when requested for input by the Credentials Committee or MEC.
8. Participate in the development of clinical protocols when asked to by the MEC or an appropriate Medical Staff committee.
9. Discuss a specific issue at the request of a Medical Staff Committee.

b). Clinical Services are not required to hold regular meetings, keep minutes or track attendance, and have no regularly assigned responsibilities. A written report is required only when a Clinical Service wishes to make a formal recommendation to the MEC, another Medical Staff Committee, or to the Hospital’s administrative team.

ARTICLE VIII

MEDICAL STAFF COMMITTEES AND LIAISONS

8.1 Types of Committees

There shall be an Executive Committee of the Medical Staff (referred to in these Bylaws as the Medical Executive Committee or MEC) and such other standing and special committees of the Medical Staff accountable to the MEC as may be established in these Bylaws or created by the President or MEC to accomplish Medical Staff functions. Current standing committees are the MEC, Credentials Committee, and the Medical Staff Quality Improvement Committee. The Nominations Committee is a special committee convened periodically to carry out the responsibilities listed in Section 8.6 below. Special committees are generally time limited and/or ad hoc in nature to address specific matters which may occur episodically or on a recurring basis with relative infrequency.

8.2 Committee Chair

- a. Selection: Unless designated otherwise in these Bylaws, the chair of each standing or special committee shall be appointed by the President, subject to the approval of the Medical Executive Committee. The President shall serve as Chair of the Medical Executive Committee.

- b. Term: Unless specified otherwise in these Bylaws, each committee chair shall be appointed to a term of two (2) years and may be appointed to successive terms.

8.3 Membership and Appointment

- a. Eligibility

- 1) Members of the Active Staff shall be eligible for appointment to any standing or special committee of the Medical Staff established to perform one or more of the functions required by these Bylaws.
- 2) Members of the Affiliate Staff shall be eligible for appointment to any standing or special committee of the Medical Staff established to perform one or more of the functions required by these Bylaws, with the exception of the Nominating Committee and MEC.
- 3) Where specified in these Bylaws, or where the Medical Executive Committee deems it appropriate to the functions of a committee of the Medical Staff, representatives from various services of the Hospital, including, without limitation, Administration, Laboratory, Nursing, Information Management and Pharmacy Services, shall be eligible for appointment to specific committees of the Medical Staff.

- b. Selection

Unless otherwise provided in these Bylaws, Medical Staff members of any Medical Staff committees other than the MEC shall be appointed by the President in consultation with the Medical MEC. Where applicable, the Chief Executive Officer or designee shall appoint Hospital staff members to Medical Staff committees which require representation from Hospital services.

- c. Chief Executive Officer

Unless otherwise provided in these Bylaws, the Chief Executive Officer or his designee shall serve as an ex-officio member, without a vote, of all Medical Staff committees.

- d. Voting

Medical Staff members in the Active and Affiliate categories may vote on Medical Staff committees, unless specified otherwise in these Bylaws or in Medical Staff policies or manuals.

- e. Term

Unless specified otherwise in these Bylaws, each Medical Staff committee member shall be appointed to a term of two (2) years, and may be reappointed as often as the individual or party responsible for such reappointment may deem advisable.

8.4 Medical Executive Committee

a. Membership

All Active Medical Staff members are eligible for Medical Executive Committee (MEC) membership.

b. Composition

The MEC shall consist of the following seven voting members:

President of the Medical Staff
Vice-President of the Medical Staff
Immediate Past President of the Medical Staff
Four elected at-large members of Medical Staff

The following will be ex-officio non-voting members of the MEC:

Hospital CEO
Hospital Chief Medical Officer

c. Election, Appointment and Term of MEC members

The general Medical Staff exercises its authority over the MEC through the election of its membership. Officers serving on the MEC will be members as long as they hold their officer positions. At Large members of the MEC will serve three-year terms and will be voted on utilizing the same methodology as elections for Medical Staff Officers. The term of At-Large members will be staggered in a manner determined by the MEC. Any eligible member in the Active category of the Medical Staff may run for an At Large spot by notifying the Nominating Committee thirty days prior to the election.

d. Removal from the MEC

Officers serving on the MEC will lose their committee membership if removed from their position as an officer, as described elsewhere in these Bylaws. At Large members of the MEC may be removed by an affirmative vote of a majority of the MEC membership or by majority vote of the Medical Staff following a specially called Medical Staff meeting. Grounds for removal include, but are not limited to:

Failure to meet the attendance requirements for MEC members;

Disruptive conduct at MEC meetings; and
Failure to carry out assigned duties as an MEC member.

Members of the MEC will be considered to have voluntarily resigned from the committee if any of the following occur:

Termination or suspension of the member's license to practice in the state of Maine;
Loss of membership on the Active category of the Medical Staff;
The MEC recommends to the Board that the member be subject to Corrective Action.

If a vacancy occurs on the MEC because of removal or resignation of an At-Large member, the spot will be filled by an election held in October, November, or December immediately following the creation of the vacancy.

e. Quorum

A quorum for the MEC shall consist of at least fifty percent (50%) of the current voting membership of the committee in attendance in person or via telephonic or electronic conferencing.

f. Responsibilities

- 1) The MEC shall represent the Medical Staff, assume responsibility for the effectiveness of all medical activities of the Medical Staff, act on matters of concern and importance to the Medical Staff, and act at all times as the authorized delegate of the Medical Staff in regard to general and specific functions of the Medical Staff.
- 2) The MEC is empowered to act for the Medical Staff, including intervals between general Medical Staff meetings.
- 3) The MEC receives and acts on reports and recommendations from Medical Staff committees, optional clinical services, Hospital committees, consultants, and other relevant individuals.
- 4) The MEC consults with Hospital administrators on quality-related aspects of contracts for patient care service with entities outside the Hospital.
- 5) The MEC adopts policies on behalf of the Medical Staff which it deems prudent and informs members of the Medical Staff of such policies.
- 6) The MEC carries out Investigations in accordance with the Corrective Action and Fair Hearing Manual of these Bylaws before making recommendations to the Board to terminate, limit, or restrict a practitioner's membership or privileges.

- 7) The MEC is responsible for making Medical Staff recommendations directly to the governing body, via its established protocol, for its approval. Such recommendations pertain to at least the following:
- (a) The Medical Staff's structure;
 - (b) The mechanism used to review credentials and to delineate individual clinical privileges;
 - (c) Recommendations of individuals for Medical Staff membership;
 - (d) Recommendations for delineated clinical Privileges for each eligible Practitioner;
 - (e) The participation of the Medical Staff in organization performance improvement activities;
 - (f) In the event that specific problems are identified regarding physician performance improvement activities;
 - (g) The mechanism by which Medical Staff membership may be terminated;
 - (h) The mechanism for fair-hearing procedures; and
 - (i) The MEC's review of and actions on reports of Medical Staff committees, Departments, and other assigned activity groups.

g. Meetings

The MEC shall meet monthly at least ten times per year and shall maintain a permanent record of all proceedings and actions at its meetings. The President or designee will preside at all meetings of the MEC.

h. Call of Special Meeting

The President may call special meetings of the MEC at any time. Such meetings may be held in person or through telephonic or electronic conferencing.

i. Notice

Notice of a Special Meeting of the MEC shall be by means of facsimile, telephone, posting of notice or e-mail.

8.5 Credentials Committee

a. Composition

The Credentials Committee shall consist of the President and Vice President of the medical staff and at least five (5) members of the Active and/or Affiliate Staff. Members will be appointed to three-year terms by the President. The Vice-President of the medical staff will serve as chair of the committee. The Chief Executive Officer or designee, the Hospital CMO, and the Hospital Director of Quality (or equivalent) shall serve as ex-officio members, without vote.

b. Responsibilities

The Credentials Committee shall be responsible for the performance of Medical Staff functions relating to credentialing as enumerated in these Bylaws, the Medical Staff Credentials Manual, and associated Medical Staff policies. These duties include:

- 1) Reviewing and evaluating the credentials and qualifications of each applicant for initial appointment, reappointment or modification of appointment and for particular Privileges.
- 2) Submitting reports to the MEC in accordance with the procedures set forth in the Medical Staff Credentials Manual regarding the committee's review and evaluation of the qualifications of each applicant for Medical Staff membership and/or for particular Privileges.
- 3) Investigating, reviewing and reporting on matters concerning the professional or ethical conduct of any practitioner assigned or referred to the committee by the President, MEC or Medical Staff Quality Improvement Committee.
- 4) Making recommendations to the MEC regarding the adoption of credentialing policies and procedures.
- 5) Making recommendations to the MEC regarding the adoption of privileging criteria and delineation of privileges forms.
- 6) Submitting regular reports to the MEC regarding the status of pending applications, including specific reasons for delays in the processing of applications or requests.

c. Meetings

- 1) The Credentials Committee shall meet monthly at least ten times per year to carry out its functions.
- 2) The Committee shall maintain a permanent record of its proceedings and actions and shall report to the MEC on all of its activities.

8.6 Nominating Committee

a. Composition

The Nominating Committee is an ad hoc committee. When needed, it shall consist of:

- 1) three members of the active medical staff appointed by the MEC and who are not running for any elected office. The MEC will designate one of its appointees to serve as chair. In making appointments the MEC will take into consideration the following:

The desirability of committee members having had previous experience as a medical staff officer or member of the MEC;

The desirability of having diverse committee members with respect to specialty, site of practice, age, gender, and race.

- 2) The President of the medical staff;
- 3) The CEO or designee in a non-voting capacity.

b. Responsibilities

The Nominating Committee shall be responsible for identifying nominees for officers of the Medical Staff and At-Large MEC members when elections are held for these positions.

c. Procedures

1. The Nominating Committee will meet at least 90 days prior to the annual General Staff Meeting at which the results of the election will be announced. The Nominating Committee shall circulate its list of nominees to the Active members of the Medical Staff at least sixty (60) days prior to scheduled voting.

2. In order for a nomination to be placed on the ballot the following criteria must be met:

a) Candidates must have been members of the active staff category for at least two years and meet any other qualifications listed in these Bylaws for the position to which they wish to be elected. The Nominations Committee will have discretion to determine if these criteria have been met. In considering candidates, the Nominations Committee will seek to provide for representation by a diversity of medical subspecialties.

b) Candidates must be approved by the Nominations Committee for placement on the ballot to assure they meet the requisite qualifications to hold office.

c) Members of the Active staff who are not initially chosen by the Nominations Committee and wishing to have their names included on the election ballot must submit the signatures of 10% of the Active Staff in support of their nomination. Eligible members of the Medical Staff who wish to be included on the ballot, must file the required supporting signatures with the Medical Staff Office at least 45 days prior to the General Staff Meeting at which the results of the election will be announced.

3. The Nominating Committee shall notify each Active Staff member of the final slate of nominees for the positions set forth, not less than thirty (30) days before voting in the election is to commence.

8.7 Medical Staff Quality Improvement Committee

a. Composition

The Medical Staff Quality Improvement Committee shall consist of the President and Vice President of the medical staff and at least five (5) additional members of the Active and/or Affiliate Staff. Members will be appointed to three-year terms by the President after consultation with and approval by the MEC. The Vice-President of the medical staff will serve as chair of the committee. The Chief Executive Officer or designee and the Hospital CMO shall serve as ex-officio members, without vote. The Hospital Director of Quality and/or Hospital staff who support the Medical Staff peer review and performance improvement activities will also be non-voting committee members.

b. Responsibilities

The Medical Staff Quality Improvement Committee is responsible to the MEC and Board for the overall operation of Medical Staff peer review and performance improvement activities and for collaborating with Hospital administration and its quality and performance improvement structure, as needed, to improve quality of care, treatment and services and patient safety. These responsibilities of the committee include, but are not limited to:

- 1) Instituting activities for measuring, assessing, and improving care and processes that primarily depend on the actions of one or more privileged Practitioners and reporting results of quality measures and performance improvement plans to the governing board via the Medical Executive Committee.
- 2) Providing on-going measurement, assessment, and improvement of the:
 - (a) medical assessment and treatment of patients
 - (b) use of medications
 - (c) use of blood and blood components
 - (d) use of operative and other procedures
 - (e) efficiency of clinical practice patterns
 - (f) significant departures from established patterns of clinical practice
 - (g) education of patients and families
 - (h) coordination of care with other Practitioners and Hospital personnel, as relevant to the care, treatment, and service of an individual patient; and
 - (i) accurate, timely and legible completion of patients' medical records

- 3) Review of sentinel event data and patient safety data collected by the Hospital staff;
- 4) Establishment of peer review policies and protocols for implementation by clinical sections and Medical Staff committees to assure reliability and consistency across specialties; and coordinate interdisciplinary approaches to peer review.
- 5) Review of Ongoing Professional Practice Evaluation data to identify trends or problems with the performance of individual practitioner granted privileges and to work with Medical Staff leaders to address clinical or conduct deficiencies in a satisfactory manner;
- 6) Creation and implementation or recommendation to the MEC of plans for collegial intervention with Practitioners who are identified through peer review activities as in need of such interventions;
- 7) Drawing conclusions, making recommendations, and taking action and following-up based upon the assigned responsibilities and duties.

c. Meetings

The Medical Staff Quality Improvement Committee shall meet monthly at least ten (10) times per year. Committee actions will be reported to the MEC.

8.8 Special or Ad Hoc Committees

The President of the Medical Staff or the MEC may appoint ad hoc committees to address specific issues or concerns on behalf of the Medical Staff. In establishing such committees, there will be a notation made in the minutes of the MEC enumerating the ad hoc committee's purpose and charge, timeframes for its work, and the duration of its appointment. Such committees will report to and be accountable to the MEC.

8.9 Medical Staff Representation on Hospital Committees:

In order to further carry out the functions of the Medical Staff and to provide Medical Staff input where appropriate, the President, subject to the approval of the CEO or designee, may appoint members to Hospital Committees. The Hospital Board and its subcommittees are not considered Hospital Committees under this article. Examples of Hospital committees to which Medical Staff members may be assigned include, but are not limited to: Quality, Cancer, Infection Control, Critical Care, Pharmacy & Therapeutics, Medical Records, Continuing Education, Patient Safety, Risk Management, Disaster, and Transfusion. When Medical Staff members sit on a Hospital committee the minutes of that committee shall be available to the MEC for its review. The MEC is not required to approve the minutes of Hospital committees. It

shall be the responsibility of the Medical Staff member(s) sitting on a Hospital committee to bring to the attention of the MEC or a Medical Staff officer any matter brought before such committee that requires the attention of or action by the Medical Staff leadership.

8.10 Medical Staff Liaisons

When the Medical Staff is required by regulatory bodies or internal policies to collaborate with Hospital staff in carrying out a particular function, the President may appoint a member of the Medical Staff to serve as a formal liaison for that work. The liaison will report periodically to the MEC or other appropriate Medical Staff committee when matters require the attention of Medical Staff leaders.

ARTICLE IX **GENERAL MEDICAL STAFF MEETINGS**

9.1 General Medical Staff Meetings

There shall be at least one meeting of the Medical Staff held each year during the month of September. Written notice of the meeting shall be sent in a manner determined by the Medical Staff office to all Medical Staff members. The MEC shall determine the time and place at which the meeting shall be held. The President or MEC may call additional general meetings for any reason they deem appropriate, including to promote communication with the Medical Staff, provide a forum for discussion on matters of Medical Staff interest, review quality and safety data and concerns, present educational programs, or address proposed changes to the Medical Staff Bylaws.

9.2 Special Meetings of the Medical Staff

a. Call of Special Meeting

A special meeting of the Medical Staff may be called at any time by the President, and shall also be called at the request of the Hospital Board, the MEC or in response to a petition presented to the President and signed by twenty percent (20%) of the Active Staff. No business shall be transacted at any special meeting, except that for which the meeting is called and stated in the notice of such meeting.

b. Notice

Notice stating the time, place and purpose(s) of any special meeting of the Medical Staff shall be conspicuously posted and shall be sent to each member of the Medical

Staff in a manner determined by the Medical Staff office at least seven (7) days before the date of such meeting. The attendance of a member of the Medical Staff at the meeting shall constitute a waiver of notice of such meeting.

9.3 Attendance at Meetings

Members of the Medical Staff are encouraged to attend Medical Staff meetings.

9.4 Quorum

Those Active Staff members present and voting (in person or through electronic communication) shall constitute a quorum at any meeting, unless otherwise specified in these Bylaws.

9.5 Minutes

Minutes of each regular and special meeting of the Medical Staff shall be prepared and shall include a record of the attendance of members and any votes taken on matters presented at the meeting. The minutes shall be signed by the presiding officer and maintained in a permanent file in the Medical Staff office. Minutes shall be made available to any Medical Staff member upon request.

9.6 Conduct of Meetings

Meetings of the Medical Staff will be run in a manner determined by the President or designee who shall preside. Compliance with rules of parliamentary procedure is not required.

ARTICLE X
COMMITTEE MEETINGS

10.1 Regular Meetings

Committees may, by resolution, establish the time for holding regular meetings without providing members notice other than by announcement of such resolution in meeting minutes. Meetings will be run in a manner determined by the chair or designee who shall preside. Compliance with rules of parliamentary procedure is not required. Meetings may take place through audio or video conferencing under policies passed from time to time by the MEC.

10.2 Special Meetings

A special meeting of any Committee may be called by or at the request of its Chair, by the President of the Medical Staff, or by written request signed by twenty-five percent

(25%) of the current voting members of the Committee, but not by fewer than two (2) such members.

10.3 Notice of Meetings

Written or oral notice stating the place, day and hour of any special meeting shall be provided to each member of the committee that is to meet, not less than five (5) days before the time of such meeting. If mailed, the notice of the meeting shall be posted to the member, at his address as it appears on the records of the Medical Staff, at least seven (7) days before the meeting. The attendance of a member at a meeting shall constitute a waiver of notice of such meeting. No notice is required for regular meetings.

10.4 Quorum

A quorum for the MEC will be more than 50% of the voting membership. For all other committees, unless otherwise specified in these Bylaws, a quorum will be those staff voting members present, but not fewer than two (2) members.

10.5 Manner of Action

Unless otherwise stated in these Bylaws or its associated manuals, the action of a majority of the voting members present or participating electronically at a meeting at which a quorum is present shall be the action of that committee. Action may be taken without a meeting by unanimous consent in writing, setting forth the action so taken and signed by each member who would be entitled to vote at that meeting.

10.6 Minutes

Minutes of required committees and any special meetings shall be prepared, including a record of the members in attendance or participating and the results of any votes taken at the meeting. The minutes shall be signed by the chair or presiding designee and copies thereof shall be available to the attendees for approval. All minutes shall be made available to the MEC. Each committee shall maintain a permanent file in the Medical Staff office or Quality Department of the minutes of each meeting. Minutes containing peer review material or decisions shall be considered confidential to the full extent permitted under the law.

10.7 Attendance Requirements

Members of the MEC, Credentials and Medical Staff Quality Improvement Committee are expected to attend at least 75% of committee meetings held each year. Failure to attend at least 75% of the meetings makes the Medical Staff member ineligible for re-election and/or appointment to the committee for a period of three years. The President of the Medical Staff may remove any appointed member from a committee assignment based on attendance non-compliance.

10.8 Mandatory Special Appearance Requirement

Whenever suspected deviation from standard clinical or professional practice is identified, a Practitioner may be required to attend a meeting of a standing or ad hoc committee considering the matter. The Practitioner will be given special notice of the meeting, including the date, time and place, a statement of the issue involved, and a statement that the Practitioner's appearance is mandatory. Failure to attend a meeting when asked, unless excused by the President upon showing good cause, shall be considered an immediate and voluntary relinquishment of Privileges.

ARTICLE XI

CONFIDENTIALITY, IMMUNITY, AUTHORIZATIONS AND RELEASES

11.1 Authorizations and Releases

Each Practitioner shall, when requested by the Hospital, execute general and specific releases and provide documents when requested by the President, chair of the Credentials or Medical Staff Quality Improvement Committees, the Hospital CEO or their respective designees. Failure to execute such releases or provide requested documentation shall result in an application for appointment, reappointment, and/or clinical Privileges being deemed voluntarily withdrawn, and it shall not be further processed. By submitting an application for Medical Staff appointment or reappointment, or by applying for or exercising Privileges or providing specified patient care services within the Hospital, all Practitioners, without limitation:

- a. Authorize representatives of the Hospital and of the Medical Staff to solicit, procure, provide, and/or act upon information bearing on or reasonably believed to bear upon the practitioner's professional abilities and qualifications;
- b. Agree to be bound by the provisions of these Bylaws and Medical Staff rules, regulations and policies regardless of whether membership or clinical Privileges are granted or subsequently restricted;
- c. Acknowledge that the provisions of this Article are express conditions to an application for, or acceptance of, staff membership, and the continuation of such membership and/or the exercise of clinical Privileges or provision of specified patient care services at the Hospital;
- d. Agree to release from legal liability and hold harmless SMMC or its affiliates, its Medical Staff, and any representative of the Hospital or Medical Staff who acts to carry out Medical Staff or Hospital policies or functions, including all persons engaged in credentialing, peer review and performance improvement activities. In addition, all Practitioners agree that their sole remedy for any credentialing, corrective action or peer review action taken or recommended by the MEC for failure to comply with or meet

the requirements of these Bylaws or Medical Staff or Hospital policies, will be the right to seek injunctive relief, but only after they have exhausted the administrative remedies in these Bylaws.

e. Agree to release from legal liability and hold harmless any individual who or entity which provides information (including peer review information) regarding the Practitioner to the Hospital or its representatives.

f. Agree to consent to drug testing when requested by an officer of the Medical Staff, the Hospital CEO or Hospital CMO because of a suspicion of improper use of restricted or illegal substances and/or suspicion of an impairment of the Practitioner's ability to safely care for patients. Agree that a failure to consent to such testing may be considered an immediate voluntary resignation of membership and relinquishment of privileges.

11.2 Confidentiality

Information with respect to any practitioner submitted, collected or prepared by any representative of this or any other health care facility or organization or Medical Staff, for the purpose of evaluating and improving quality patient care, reducing morbidity or mortality, promoting efficiency, or contributing to medical education or clinical research, shall, to the fullest extent permitted by law and the policies of the Hospital and Medical Staff, be confidential. Confidential information shall not be disseminated to anyone other than a representative(s) of the Hospital or of the Medical Staff with a legitimate need for access in order to carry out required functions or third party health care entities performing legitimate credentialing and peer review activities. Such confidentiality shall also extend to information of like kind that may be provided by third parties.

11.3 Immunity from Liability

a. For Actions Taken

Representatives of the Hospital and the Medical Staff shall have absolute release from any and all liability in any judicial proceeding for damages or other relief for any action taken or statement or recommendation made within the scope of their duties as such representatives and which were undertaken in good faith.

b. Providing Information

Representatives of the Hospital, the Medical Staff and any third party shall have absolute release from any and all liability in any judicial proceeding for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of the Hospital or of the Medical Staff or to any other hospital, organization or health professionals, or other health-related

organizations, concerning Practitioners who are or have been an applicant to or member of the Staff or who did or does exercise privileges or provide specified services at this Hospital.

11.4 Activities and Information Covered

a. Activities

The provisions of this Article shall apply to acts, communications, reports, evaluations, recommendations, or disclosures in connection with this or any other health-related institution's or organization's activities concerning, but not limited to:

- 1) Applications for appointment, clinical privileges or specified services
- 2) Periodic reappraisals for reappointment, clinical privileges or specified services
- 3) Disciplinary measures, including warnings and reprimands
- 4) Corrective Actions
- 5) Hearings and appellate reviews
- 6) Performance Improvement activities including the creation and dissemination of performance profiles
- 7) Peer Review activities, including external peer review
- 8) Utilization and claims reviews
- 9) Other Hospital or committee activities related to monitoring and maintaining of quality patient care and appropriate professional conduct.

b. Information

The acts, communications, reports, letters, evaluations, performance data, disclosures and other information referred to in this Article may relate to a practitioner's professional qualifications, clinical or procedural abilities, judgment, character, physical and mental health, emotional stability, professional ethics, professional conduct or any other matter that might directly or indirectly affect patient care and/or the effective and efficient operation of the Hospital and Medical Staff.

11.5 Cumulative Effect

Provisions in these Bylaws and in application forms relating to authorizations, releases, confidentiality of information, and immunities from liability shall be in addition to other protections provided by local, state and federal law and not in limitation thereof.

ARTICLE XII **GENERAL PROVISIONS**

12.1 Medical Staff Rules, Regulations, and Policies

Subject to approval by the Hospital Board or its designee, the Medical Executive Committee shall adopt such Rules, Regulations and policies as may be necessary to carry out the responsibilities and functions of the Medical Staff and implement its operations. There shall be no substantive distinction between rules, regulations, and policies.

12.2 Peer Review Body

The Medical Executive Committee, the Hospital Board, Medical Staff committees, or any group or body of Medical Staff members and/or Hospital personnel which monitors, evaluates, and/or takes action to review the credentials of Practitioners or to improve the delivery, quality, safety and/or efficiency of services provided by members of the Medical Staff and other Practitioners credentialed by SMMC shall be considered, for purposes of protecting confidential information and providing immunity from liability under applicable law, a Peer Review Body as defined under Maine law.

The files, records, findings, opinions, recommendations, evaluations, and reports of such committees and bodies, information provided to or obtained by such committees and bodies, and the identity of persons providing information to such committees or bodies, to the fullest extent permitted by law, shall be considered to be privileged and confidential information.

The members of such committees and bodies, persons acting as staff to such committees and bodies, persons who participate with or assist such committees or bodies, and such committees and bodies themselves, to the fullest extent permitted by law, shall be immune from liability for actions taken or recommendation made within the scope of the functions of the committee or body.

12.3 Payment of Dues and Fees

All members of the Medical Staff will be required to pay Medical Staff dues in an amount determined from time to time by the MEC and approved by the Board. Failure to pay Medical Staff dues will result in ineligibility for reappointment of membership or Privileges until all back dues owed are paid in full.

12.4 Conflict of Interest

All members of the Medical Staff are expected to comply with any Conflict of Interest policies which may be adopted from time to time by the Medical Executive Committee or the Board.

12.5 Joint Conference

Whenever the Board's proposed decision will be contrary to the MEC's recommendation, the Board shall submit the matter to a Joint Conference of an equal number of Medical Staff and Board members for review and recommendation before

making its final decision and giving notice of final decision. Individuals participating in a Joint Conference will be appointed by the Medical Staff President and Chair of the Board. The MEC or the Board may also request the convening of a Joint Conference to discuss any matter of controversy or concern that would benefit from enhanced dialogue between Medical Staff and Board leaders.

12.6 Histories and Physicals

A physician or oralmaxillofacial surgeon holding privileges at SMMC must complete a physical examination and medical history for each patient no more than thirty days before or 24 hours after admission or registration. A history and physical must be completed prior to any surgery or procedure requiring anesthesia services. The MEC may, at its discretion and consistent with state law, specify in Medical Staff policies additional privileged Practitioners who may perform these required histories and physicals.

12.7 Communication

Communication between members of the Medical Staff and the Hospital, Medical Staff, and their representatives will be via electronic mail (email) and all members of the Medical Staff are required to maintain an email account through which such communication can be carried out.

ARTICLE XIII **ADOPTION AND AMENDMENT OF MEDICAL STAFF GOVERNING** **DOCUMENTS**

13.1 Formulating and Reviewing Bylaws Amendments

The Medical Staff shall have the responsibility to formulate, review at least every 36 months, and recommend to the Board any Medical Staff Bylaws, rules, regulations, policies, procedures, and amendments as needed, which shall be effective when approved by the Board. The Medical Staff can exercise this responsibility through its elected and appointed leaders or through direct vote of its membership. Neither the Board nor the Medical Staff shall unilaterally amend the Medical Staff Bylaws.

13.2 Methods of Adoption and Amendment to Bylaws and Corrective Action & Fair Hearing Manual

13.2.1 Proposed amendments to the Medical Staff Bylaws or the Corrective Action & Fair Hearing Manual may be offered for consideration by any Medical Staff Committee, by majority vote at a meeting of the Medical Staff, or by the MEC.

13.2.2 The MEC shall vote on proposed amendments at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the MEC, all active members of the Medical Staff shall receive a description of the proposed amendment(s) by email. At least thirty days following this dissemination of the proposed amendment, all eligible members of the medical staff will be able to vote on the proposed amendment(s). This vote may be conducted via printed or electronic ballot in a manner determined by the MEC. Ballots marked in favor of amendment(s) or those that are not returned will be considered affirmative votes in support of the MEC recommendations for amendment(s). To be adopted, the proposed amendment(s) must be affirmed by a majority of the members of the Medical Staff in the active category and the Hospital Board must subsequently ratify the amendment.

13.2.3 In cases of documented need for an urgent bylaws amendment in order to comply with law or regulation, the MEC may provisionally adopt and the Board may provisionally approve such urgent amendment without prior notification of the medical staff. In such cases the Medical Staff will be immediately notified by the MEC and a Medical Staff vote on the amendment will be held as soon as practicable.

13.3 Methods of Adoption and Amendment to the Medical Staff Credentials Manual, rules and regulations, policies and procedures.

13.3.1 All proposed amendments to the Credentials Manual, Rules and Regulations, or other Medical Staff manuals, policies and procedures, whether originated by members of the Medical Staff, MEC or another standing committee, must be reviewed and discussed by the MEC prior to an MEC vote.

13.3.2 The MEC shall vote on the proposed language changes at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the MEC, any of these documents may be adopted, amended or repealed, in whole or in part and such changes shall be effective when approved by the Board.

13.4 Technical/Legal Changes to Medical Staff Documents

The MEC may adopt such amendments to Medical Staff Bylaws, manuals, rules, regulations, and policies that are, in the committee's judgment, technical modifications or clarifications, consist of reorganization or renumbering of material, or are needed due to punctuation, spelling, or other errors of grammar or expression. Such amendments need not be ratified by the Board. The MEC may also adopt minor language changes necessary to bring these Bylaws into strict compliance with laws or regulations. Such amendments must be ratified by the Board.

Adopted by

Medical Staff: April 22, 2010

Hospital Board of Directors: May 3, 2010

Attachment A: SMMC Medical Staff Bylaws

DEFINITIONS

ADVERSE DECISION means a professional review action (as defined by the federal Health Care Quality Improvement Act) in which the Board or Medical Executive Committee denies, terminates, limits, suspends, modifies a grant of Privileges or Medical Staff membership for reasons relating to unprofessional conduct or clinical competence.

BOARD, HOSPITAL BOARD or BOARD OF DIRECTORS means the governing body of the Hospital.

BOARD CERTIFICATION: The designation conferred by one of the affiliated specialties of the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Oral and Maxillofacial Surgery, the American Board of Podiatric Surgery (ABPS), the Royal College of Physicians of Ireland The Royal College of Surgeons of England, or the Royal College of Physicians & Surgeons of Canada, or any similar foreign specialty board recognized by the Hospital Board that conducts comparable reviews of residency or fellowship training with examination to achieve certification, as applicable, upon a physician, oral surgeon or podiatrist who has successfully completed an approved educational training program and an evaluation process, including passing an examination, in the applicant's area of clinical practice.

BYLAWS: The governance documents of the Medical Staff describing the structure of the organization, its chief responsibilities, and its mechanisms for self-governance. The Bylaws include the Medical Staff Corrective Action and Fair Hearing Manual.

CHAIR: The individual responsible for directing the functions and meetings of a Medical Staff committee.

CHIEF EXECUTIVE OFFICER (CEO): The individual appointed by the Board to act on its behalf in the overall administrative management of the Hospital.

CHIEF MEDICAL OFFICER (CMO): The senior physician executive appointed by the Hospital to assist it in various administrative capacities. This individual may be referred to as the Chief of the Medical Staff or other assigned nomenclature but in these bylaws will be referred to as the Chief Medical Officer.

CLINICAL CHIEF: A member of the Medical Staff appointed by the Hospital to assist in the management of matters related to a clinical service line or other designated clinical activity of the Hospital.

CORRECTIVE ACTION: An action taken by the Medical Staff or Board which restricts, limits, denies, or terminates the privileges or Medical Staff membership of a Practitioner for reasons of unprofessional conduct or concerns about clinical competence and which entitles the Practitioner to procedural rights as outlined in the Corrective Action and Fair Hearing Manual of these Bylaws. Required evaluations, performance monitoring, formal warnings and reprimands are not considered Corrective Actions.

DELEGATION OF FUNCTIONS: When a function is to be carried out by a person or committee, the person, or the committee through its Chairperson, may delegate performance of the function to one or more qualified designees.

EX OFFICIO means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means **with** voting rights.

HOSPITAL: Southern Maine Medical Center (SMMC) including all of its facilities and all of its personnel and organizational entities, including the Medical Staff.

INVESTIGATION: This is a formal study as described in Article I of the Corrective Action and Fair Hearing Manual and is intended to determine for the MEC whether sufficient evidence has been found to support a recommendation of Corrective Action.

JOINT CONFERENCE: Defined as a meeting between representatives of the Board (appointed by the Board Chair) and representatives of the Medical Staff (appointed by the Medical Staff President).

LOCUM TENENS PRACTITIONER: A Practitioner who delivers clinical services within the service area of SMMC on a temporary basis in order to provide coverage for another member of the Hospital Medical Staff or to address any unexpected shortage in clinical coverage faced by the Hospital.

MEDICAL EXECUTIVE COMMITTEE (MEC): The executive committee of the Medical Staff that has oversight over all Medical Staff Activities and is accountable to the Hospital Board of Directors.

MEDICAL STAFF or STAFF: The formal organization created by the Hospital Board of Directors to carry out delegated functions and is comprised of all Practitioners who are appointed to it by the Board.

MEDICAL STAFF YEAR: The period from October 1 to September 30 of each calendar year.

MEMBER: Means a Practitioner who has been appointed by the Board to the Medical Staff of SMMC.

MONTHLY: Means each month of the calendar year. However, committees required to meet monthly shall hold at least ten (10) meetings in a calendar year but need not hold 12 meetings.

ORGANIZED HEALTH CARE ARRANGEMENT: A clinically integrated care setting in which individuals typically receive health care from more than one Practitioner and which is defined in 45 C.F.R. §164.501 commonly known as the HIPAA Privacy Regulations.

PEER REVIEW: The review of an individual's or individuals' performance of clinical professional activities as part of the Medical Staff's quality oversight and performance improvement responsibilities.

PEER REVIEW BODY: Any group of Medical Staff and Hospital personnel who are organized under these Bylaws to collaborate to address matters of quality performance and professional conduct on the part of a Medical Staff member or Practitioner with Privileges.

PHYSICIAN: An individual with an M.D., D.O., D.M.D., D.D.S., or D.P.M. degree who is fully licensed to practice in the state of Maine.

PRACTITIONER: Any licensed clinician who has been granted or may be granted clinical Privileges by the Board.

PRECAUTIONARY SUSPENSION: A suspension of a Practitioner's Medical Staff membership or all or any portion of the clinical Privileges of a Medical Staff appointee or Practitioner holding Privileges whenever based on a reasonable possibility that failure to do so may pose danger to the health and/or safety of any individual or to the orderly operations of the Hospital. In these documents this term is synonymous with 'summary suspension'.

PRIVILEGE: The permission granted by the Board to a Practitioner to render or exercise specific diagnostic, therapeutic, medical, surgical or dental services and/or procedures in the Hospital or any of its facilities.

PRONOUN: The use of the male pronoun (he/his/him) throughout these Bylaws is applicable to either male or female individuals.

SERVICE CHIEF: A Practitioner designated by the Hospital CEO to serve in a clinical leadership and administrative role for specified clinical services and/or specialties at SMMC.

SMMC: Southern Maine Medical Center

SPECIAL NOTICE: Written notification sent by hand delivery, or through utilization of a mail delivery service that tracks the delivery of the written notification.

TELEMEDICINE: The delivery of clinical services through electronic interaction (e.g. telephone, videoconferencing, telemetry) rather than in the direct physical presence of the patient.

TIME LIMITS: All time limits referred to in these Bylaws, including the Corrective Action & Fair Hearing Manual and any other Medical Staff policies, are advisory only, and are not mandatory unless a specific provision states that a particular right is waived by failing to take action within a specified time period.