

Bylaws of the Medical Staff
of
Children's Hospital

Incorporating
The Children's Hospital
Board of Directors'
Policy on
Medical Staff Appointment
And
Clinical Privileges

Adopted June 14, 2006

Amendments Adopted March 1, 2007,
Amendments Adopted November 2, 2007
Amendments Adopted June 10, 2008
[Amendments Adopted June 16, 2009](#)

Preamble

Preamble and Purpose

Children's Hospital ("Hospital") is a non-profit corporation organized under the laws of the District of Columbia. The Hospital serves as a health care facility with a mission to be the preeminent provider of patient care, advocacy, research, and education, to, for and in behalf of the general health, welfare and safety of children and patients with diseases of childhood.

The Medical Staff of the Hospital consists of physicians, dentists and other health care professionals adequate to discharge the Hospital's responsibilities to patient care, medical education and biomedical research. The Medical Staff, through its committees and officers, monitors the quality of medical care provided in the Hospital and accepts and discharges this responsibility subject to the ultimate authority of the Hospital's Board of Directors.

The responsibilities of the Medical Staff, as recognized and authorized by the Hospital's Board of Directors, shall include but shall not be limited to the following:

1. To monitor, evaluate, recommend and be accountable to the Hospital's Board of Directors for uniform standards concerning the quality and appropriateness of patient care provided in the Hospital;
2. To recommend to the Board of Directors an organizational structure for the Medical Staff;
3. To participate in and contribute to the leadership and planning for Children's Hospital;
4. To serve as the delegate of the Hospital's Board of Directors through various medical staff committees, chairmen and officers for the credentialing of individual medical and professional staff members;
5. To provide and assist in the instruction of members of the medical and professional staffs, residents and interns, medical students, nurses and other health care professional students;
6. To support the participation of medical and professional staff members and appropriate patients in approved research programs;
7. To ensure the application of principles of medical ethics in the practice of medicine at Children's Hospital and to interact with other disciplines to this end;
8. To recommend to the Hospital's Board of Directors policies, procedures, rules and regulations that promote and support quality patient care, patient safety and patient satisfaction within the Hospital;
9. To participate in community activities which promote the health and welfare of children; and
10. To perform such other functions as may be delegated by the Hospital's Board of Directors.

In an effort to discharge these duties and responsibilities, the physicians, dentists, scientists, and other health care professionals who are granted appointment and clinical privileges to attend patients in the Hospital and its other facilities shall function and act in accordance with the following Bylaws that have been approved by the Hospital's Board of Directors. It is recognized that Hospital management shall cooperate with and assist the Medical Staff in the accomplishment of their responsibilities pursuant to these bylaws.

Articles of this document including Article I, Definitions; Article VII, Initial Appointments to the Medical Staff; Article VIII, Clinical Privileges; Article IX, Reappointment to the Medical Staff; Article XI, Corrective Action; and Article XII, Fair Hearing Plan also constitute the Board Policy on Medical Staff Appointment and Clinical Privileges as defined in the Bylaws of Children's Hospital.

In addition to the Medical Staff Bylaws, there shall be policies, and procedures that shall be applicable to all members of the Medical Staff and other individuals who have been granted clinical privileges or a scope of practice to practice autonomously within the Hospital. All Medical Staff policies and procedures shall be considered an integral part of the Medical Staff Bylaws subject to the amendment and adoption provisions contained in each document.

Article I. Definitions

The following definitions shall apply to terms used in these bylaws:

- “Admit” shall be interpreted, in addition to inpatient care, to include an episode of care in an outpatient setting;
- “Allied Doctoral Clinician”, “Allied Doctoral Scientist” and “Allied Health Professional” shall be interpreted to refer to a graduate of a recognized training program who is licensed and/or certified by the local or national accrediting or certifying board in his specialty field, and has been granted privileges to practice within the hospital. These professionals are licensed independent practitioners who may have admitting privileges as defined within their scope of their practice;
- “Board” means the Board of Directors of Children’s Hospital;
- “Center of Excellence” (COE) is the name for one of six components in the Medical Staff organizational structure that is composed of many Divisions, programs or both;
- “Chairman” shall be interpreted to mean Committee Chairman as appropriate to the context;
- Chairman of the Board” means the Chairman of the Board of Directors of Children’s Hospital;
- “Chief Academic Officer” means the Chief Academic Officer of the Hospital or his designee;
- “Chief Executive Officer” or CEO means the President of the Hospital or his designee;
- “Chief Financial Officer” or CFO means the Chief Financial Officer of the Hospital or his designee;
- “Chief Legal Officer” means the Chief Legal Officer of the Hospital or his designee;
- “Chief Medical Officer” means the Chief Medical Officer of the Hospital or his designee;
- “Chief Nursing Officer” means the Chief Nursing Officer of the Hospital or his designee;
- “Clinical Privilege” means a defined unit of professional activity performed by Licensed Independent Practitioners in the course of evaluating or treating a patient;
- “Completed application” means the completed application form, delineation of privileges or job description, all required documents, all primary source verifications including the AMA Physician Profile, letters of recommendation, the results of sanctions queries to the Federation of State Medical Board, National Practitioner Data Bank and Medicare/Medicaid, and any other information the Credentials Committee requires.
- “Confidential Information” means information that may be, but is not limited to, a) information protected by the peer review process, or b) information of the hospital’s intentions, plans or objectives that if disclosed would disadvantage the hospital in its business affairs;
- “Dentists” shall refer to Doctors of Dental Surgery or *Dentariae Medicinae Doctores* (Doctors of Dental Medicine)
- “Division” shall refer to a grouping of physicians and other health care providers organized around a defined medical specialty or sub-specialty;
- “Division Chief” refers to that physician or other member that has been appointed to direct one of the Divisions within a Center of Excellence;
- “Executive Committee” means the Executive Committee of the Medical Staff unless specifically written otherwise;
- “Executive Director” refers to that physician who has been appointed to direct one of the six Centers of Excellence of Children’s Hospital and may also be entitled Senior Vice President of the Hospital;
- “Hospital” shall be interpreted to mean Children’s Hospital;
- “Hospital-based Staff” shall be interpreted as those members of the Medical Staff that are employees of Children’s Hospital;

"Medical Staff" shall be interpreted to mean the appointed medical staff of the hospital composed of physicians, dentists and licensed independent practitioners;

"Medical Staff Office" or MSO shall be interpreted as the Medical Staff Office of Children's Hospital;

"Member" means those physicians, dentists and licensed independent practitioners who have been granted medical staff appointment and/or clinical privileges by the Board to practice their discipline in the hospital;

"Oral surgeons" shall be interpreted to mean those licensed dentists who have successfully completed a post-graduate program in oral surgery accredited by a nationally recognized accrediting body approved by the United States Office of Education.

"Physicians" shall be interpreted to include both Doctors of Medicine and Doctors of Osteopathy;

"Program" shall refer to a grouping of physicians or other health care providers that provide clinical services in a hospital constituted, subspecialized manner. A program may be composed of members from a single division or from multiple divisions;

"Professional Review Action" means an action or recommendation of the Credentials Committee endorsed by the Executive Committee, or initiated by the Board of Directors that

- a) is taken in the course of professional review activity
- b) is based on the professional competence or professional conduct of a physician, dentist or other health care practitioner which affects or could adversely affect the health or welfare of a patient or patients and,
- c) does or may adversely affect the clinical privileges or Medical Staff membership of a physician.

"Voluntary Staff" shall be interpreted as those members of the Medical Staff that are not employees of Children's Hospital;

Words used in these bylaws shall be read as the masculine, feminine or neuter gender, and as the singular or plural, as the content requires. The Bylaws may be glossed with annotations referencing relevant segments of The Accreditation Manual of the Joint Commission for the Accreditation of Healthcare Organizations. The captions, headings or glossing are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

Article II. Categories of the Medical Staff

A. Medical Staff Year

For the purpose of these Bylaws, the Medical Staff year commences on the first day of July and ends on the 30th day of June each year.

B. Dues

All persons appointed to the Medical Staff shall pay annual Medical Staff dues to the Medical Staff Fund as required by the Executive Committee, based on medical staff category, and approved by the Board.

The Executive Committee may elect, every medical staff year, to delegate to the Chief Financial Officer administration of The Medical Staff Fund.

C. Appointments in General

All appointments to the Medical Staff shall be made by the Board, except as otherwise described in these bylaws, and shall be to one of the categories of the Medical Staff as described in Table 1: Medical Staff Category Requirements. Physicians, dentists and other licensed independent practitioners that are permitted by law and approved by the Board to provide professional services in the hospital and its other facilities are eligible for appointment to one of the categories of the Medical Staff. All applicants and members of the Medical Staff, except for members or applicants to Consulting Staff, must have and be able to demonstrate training and experience in the area of child health or diseases of childhood according to criteria set by the appropriate division. The Board may choose to limit Divisional membership, clinical privileges, or the use of Hospital facilities to subsets of the Medical Staff.

The Active Staff shall consist of all members of the Medical Staff. All members shall be entitled to vote. Only those members of the staff who have been granted admitting privileges through the appropriate credentialing process shall have the privilege of admitting patients to the hospital's clinical areas. Members of other medical staff categories may have clinical privileges to treat patients in collaboration with a member of the Attending Staff. Each member of the Attending Staff shall agree to assume all the functions and responsibilities of appointment to the Attending Staff, including, where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments. All staff members shall be eligible to serve on Medical Staff committees and to serve as chairmen of such committees (see accompanying table). Members of the Community Affiliate Staff are not eligible for certain Medical Staff offices as defined in Article IV.

Table 1 – Medical Staff Category Requirements

Category	Division Chief Nomination	Admitting Privileges (inpatient)	Admitting Privileges (outpatient)	Clinical Privileges	Licensure	Board Certification Required	Medical Staff Vote	Reappointed	Committee Service
Attending	No	Yes	Yes	Yes	Facility Jurisdictions	Yes	Yes	Yes, every 2 years	Yes
Allied Doctoral Clinician	No	No	Yes	Yes	Facility Jurisdictions	Yes, if applicable	Yes	Yes, every 2 years	Yes
Consulting	Yes	No	No	Yes	Facility Jurisdictions	Yes	Yes	Yes, every 2 years	Optional
Allied Health Professional	No	No	Yes	Yes	Facility Jurisdictions	Yes, if applicable	Yes	Yes, every 2 years	Yes
Limited Duty	No	No	Yes	Yes	Facility Jurisdictions	No	Yes	Yes, every 2 years	Optional
Academic Advisory	Yes	No	No	No	Any Jurisdiction	Yes, if applicable	Yes	Yes, every 5 years	Yes
Community Advisory	No	No	No	No	Any Jurisdiction	Yes, if applicable	Yes	Yes, every 5 years	Yes
Allied Doctoral Scientist	No	No	No	No	Facility Jurisdictions, if applicable	No	Yes	Yes, every 5 years	Yes
Honorary	Yes	No	No	No	Optional	N/A	Yes	Yes, every 5 years	Optional
Emeritus	Yes	No	No	No	Optional	Yes, if applicable	Yes	Yes, every 5 years	Optional

D. Description of Staff Categories

1. Attending Staff

The Attending Staff shall consist of those physicians and dentists who have been chosen to recommend medical care policy, monitor the delivery of patient care, and transact the general business of the Medical Staff. Members of the Attending Staff, except pediatric dentists, shall be certified by a specialty board appropriate to the appointment within six years of initial appointment, unless such requirement is waived by the Board, upon recommendation of the Medical Staff, after considering the specific competence and experience of the individual in question¹. They shall perform those duties assigned by the Division Chief and approved by the Medical Staff. In addition, members of the Attending Staff shall assume responsibility for the medical care of patients, and shall instruct and guide House Staff members in the various aspects of child health and the diseases of childhood. The Attending Staff has two components: Hospital-based Staff that are employed by Children's Hospital and Voluntary staff that are not employees of Children's Hospital. Members of the Attending Staff must be licensed within the appropriate jurisdiction for the Children's Hospital's facilities where they are granted privileges to conduct clinical activities.

2. Allied Doctoral Clinician Staff

The Allied Doctoral Clinician Staff shall include all non-physician and non-dentist doctoral level clinicians that provide direct clinical care within the limits of their respective disciplines. The Credentials Committee will review and report to the Executive Committee the delineation of privileges for each allied doctoral clinician. A specialty board or equivalent shall certify members of the Allied Doctoral Clinician Staff, if applicable, appropriate to the appointment and duties assigned. Members of this staff category may hold office in their respective division and serve on medical staff committees. Members of this category may admit and attend to patients in a clinical area appropriate to their scope of practice.

3. Consulting Staff

The Consulting Staff shall consist of those physicians with certified subspecialty expertise who provide highly specialized diagnostic and therapeutic services infrequently at Children's Hospital. The Division Chief must nominate individuals for this staff category. Members of this staff category may render services only under authority of a member of the Attending Staff. Physicians who are providing consultative services via telemedicine are members of this category. Appointment to the Consulting Staff does not entitle the member to admit patients.

4. Allied Health Professional Staff

The Allied Health Professional Staff shall be composed of licensed independent practitioners and/or certified non-doctoral level providers of health care. The Credentials Committee shall approve the delineation of privileges/job descriptions for each allied health professional. Allied health professionals may vote and may hold office in their respective clinical service, and shall admit and attend patients only within the limits of their scope of practice.

5. Limited Duty Staff

The Limited Duty Staff shall consist of those qualified physicians employed by the Hospital who desire to provide contracted services in a limited inpatient or outpatient area or service. They shall have completed two years of approved training appropriate to the privileges requested and shall be licensed to practice medicine in an appropriate jurisdiction for the purposes of their employment. The privileges of these physicians shall be limited to the purpose for which they are employed. Membership in this category shall terminate with the staff member's termination of employment with Children's Hospital.

¹ An automatic waiver is granted to individuals that have completed training but have not completed certification processes within a 6 year time frame. This may be extended for certification boards that have a longer certification period.

6. Academic Advisory Staff

The Academic Advisory Staff shall consist of qualified physicians, dentists, allied doctoral scientists and allied health professionals whose professional activities are research who wish to be participating members of the Medical Staff by service on Children's Hospital committees and Children's Hospital Board. Individuals are nominated for this staff category by the Division Chief. Appointment to the Academic Advisory Staff does not entitle the individual to consult, admit or treat patients in the hospital. Academic Advisory members are entitled to vote on Medical Staff issues and in Medical Staff elections.

7. Community Advisory Staff

The Community Advisory Staff shall consist of physicians, dentists and allied health professionals who wish to be associated with Children's Hospital, but do not admit patients in sufficient volume to evaluate the quality of care they provide. Appointment to the Community Advisory Staff does not entitle the member to clinical privileges. Community Advisory members are entitled to vote on Medical Staff issues and in Medical Staff elections.

8. Allied Doctoral Scientist Staff

The Allied Doctoral Scientist Staff shall include doctoral level Hospital Staff who do not provide direct patient care. Members of the Allied Doctoral Scientist Staff do not require biennial reappointment, but may hold office in their respective clinical service or department and serve on medical staff committees. Membership in this category is contingent on a staff member's employment and continued employment by the Hospital.

9. Honorary Staff

The Honorary Staff shall consist of board certified members of the Medical Staff who possess an outstanding record of contributions to Children's Hospital as evidenced by clinical service, advocacy for children, research and/or medical education. The President of the Medical Staff nominates these individuals. Honorary Staff status may also be granted to exceptional nationally known individuals in recognition of their contributions to the health and welfare of children. Persons appointed to this category may not admit patients to the Hospital and are not required to pay dues.

10. Emeritus Staff

The Emeritus Staff shall consist of medical staff members who have provided dedicated service to Children's Hospital for many decades. The Division Chief nominates these individuals. Persons appointed to this category may not admit patients to the Hospital and are not required to pay dues. Their continued contributions to medical staff committees is welcomed, but not required.

11. House Staff

Interns and residents in training in the Hospital shall not hold appointments to the Medical Staff and shall not be granted specific clinical privileges as part of their training program. Rather, they shall be permitted to exercise, under the supervision of licensed independent practitioners, only those privileges set out in training programs developed by appropriate personnel, both medical and/or administrative at the Hospital.

Certain appropriately licensed residents and fellows, with the permission of their Training Program Director, may be granted Limited Duty Staff appointments for employment during non-training hours under a separate agreement with the Hospital. The trainee must be credentialed by applying for and being granted Limited Duty privileges in the division where employment is sought.

12. Physicians Serving as Hospital Administrators and Managers

Physicians who hold employed positions within the Hospital that give them administrative or management responsibilities concerning the medical and academic affairs of the Hospital must obtain and maintain an appointment in the Attending Medical Staff and maintain clinical privileges.

E. Transitional Issues

Effective with the adoption of these bylaws, current members of the Community Advisory, Academic Advisory, Honorary and Emeritus categories of the Medical Staff whose initial appointments are dated before July 1, 2005 shall have their appointments set to expire on June 30, 2008, and shall be eligible for reappointment.

Article III. Structure of the Medical Staff

A. Centers of Excellence

1. List of Centers of Excellence

The following Centers of Excellence are established. Additional divisions within each Center of Excellence may be established by the Board as required after considering recommendations from the Executive Committee. Divisions are established within Centers of Excellence that encompass specialty and sub-specialty care. The Centers of Excellence are

- a) Center for Hospital Based Specialties
- b) Center for Neuroscience and Behavioral Medicine
- c) Center for Heart, Lung, and Kidney Diseases
- d) Center for Community Pediatric Health
- e) Center for Surgical Care
- f) Center for Cancer and Blood Disorders

2. Structure of Centers of Excellence

The divisions that comprise Centers of Excellence are listed in this table.

Table 2 Structure of the Medical Staff of Children’s Hospital

	Center for Hospital Based Specialties	Center for Heart, Lung and Kidney Diseases	Center for Surgical Care	Center for Neuroscience and Behavioral Medicine	Center for Community Pediatric Health	Center for Cancer and Blood Disorders
Divisions	Critical Care Medicine	Cardiology	Anesthesiology and Pain Medicine	General Child Neurology	General and Community Pediatrics	Oncology
	Infectious Disease (including Special Immunology and Epidemiology)	Nephrology	Pediatric Surgery, and Plastic and Reconstructive Surgery	Physical Medicine and Rehabilitation Services	Adolescent Medicine	Blood and Marrow Transplantation and Immunology
	Diagnostic Imaging and Radiology	Cardiovascular Surgery	Urology	Psychiatry	Pediatric Dentistry	Laboratory Medicine
	Emergency Medicine	Allergy, Pulmonary and Sleep Medicine	Otolaryngology	Psychology	Child and Adolescent Protection Services	Anatomic Pathology
	Endocrinology		Orthopaedics and Sports Medicine	Child Development	Dermatology	Pharmacy
	Neonatology		Gastroenterology Hepatology and Nutrition	Neurosurgery		Hematology
	Hospitalist Services		Ophthalmology	Neuropsychology		Rheumatology
	Transport Medicine		Trauma and Burn Services	Neurophysiology		
				Hearing and Speech		
				Genetics and Metabolism		
				Inpatient Neurology		

3. Senior Vice Presidents of the Centers of Excellence

Each Center of Excellence shall be headed by an Senior Vice President, who shall be a person qualified by training, experience and administrative ability for the position. The Senior Vice President shall be a member of the Hospital’s management team and shall be responsible for the overall leadership of the Center and the Divisions that comprise the Center.

Appointment to an Senior Vice President position shall be made by the Hospital’s Chief Executive Officer and Chief Medical Officer in consultation with the President of the Medical Staff. An Senior Vice President serves at the pleasure of the Chief Executive Officer, the Chief Medical Officer and the Chief Academic Officer.

The Senior Vice President shall be a Hospital-based member of the Attending Staff.

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Because the Senior Vice President is a member of the Hospital's management team and serves in a capacity that is distinct from their medical staff membership, the Senior Vice President may be terminated because of corporate redesign, downsizing, and other management layoffs. Disciplinary action related to the performance of their managerial duties may be exercised on an Senior Vice President through the Human Resources mechanism that is established for other management staff. Termination of an individual from the position of Senior Vice President shall not affect the individual's membership on the Medical Staff.

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At the time of reappointment to the Medical Staff, review of Senior Vice Presidents with clinical privileges shall be conducted by the President of the Medical Staff with input from the Chief Medical Officer and Chairman of the Credentials Committee.

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4. Functions of Senior Vice President of the Centers of Excellence (COE)

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Among the duties performed by the Senior Vice President are:

- a) Account to the Hospital Chief Executive Officer and Board concerning the functioning of the COE and the divisions that comprise the COE;
- b) Work with the division and division chiefs in the COE to develop goals and objectives for the divisions, programs, and the individual members of the COE; and supervise the professional performance and development of members of the COE including peer-review activities as applicable; coordinate and integrate inter and intradepartmental services.
- c) Submit adequate documentation and records to the Executive Committee of the Medical Staff concerning the functioning of the COE;
- d) Conduct the meetings of the COE;
- e) Monitor the quality of patient care and report to the Clinical Operations and Effectiveness Committee any needed patient care, treatment and services not provided by the Center or Organization;
- f) Recommend to the Credentials Committee criteria for delineating clinical privileges in the respective divisions;
- g) Maintain overall accountability for the professional activities within the various divisions comprising the COE to assure compliance with Medical Staff Bylaws and Policies and Procedures, Hospital By-laws and Policies and Procedures, and regulatory and accreditation requirements; make recommendations for the improvement activities as manifested by inadequate personnel, space or resources that are necessary in order to provide quality care;
- h) Perform such other duties assigned by the Hospital Chief Executive Officer, Chief Medical Officer and Board.

B. Divisions

1. Functions of Divisions

Each division shall monitor and evaluate medical care on a retrospective, concurrent and prospective basis and may select cases for presentation at its meetings that will contribute to the continuing education of the members of the division. Such presentation should include cases involving deaths or complications, performance improvement, clinical monitors, and such other cases believed to be important, such as those involving patients currently in the hospital with unsolved clinical problems.

In discharging these functions, each division shall report to the Senior Vice President of the COE concerns for medical staff issues involving specific medical staff members. After review of these issues and through consultation with the Senior Vice President of the COE, this information, if deemed significant, will be reported to the Executive Committee or Chief Medical Officer whenever further investigation and appropriate action involving any member of the division is of concern (as stipulated in the Peer Review Policy). Copies of these reports shall be filed with the appropriate division. The Division Chief will report for the Division to the Center of Excellence, the Chief Medical Officer, Executive Committee, the Clinical Operations and Effectiveness Committee, and the Chief Executive Officer.

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2. Division Chief

Each division shall be headed by a chief, who will be a person qualified by training, experience and administrative ability for the position and who will be Board certified by an appropriate specialty board. If not board certified, the division chief must establish comparable competence through the credentialing process. The division chief shall be a member of the Hospital's management team and will develop and approve policies and procedures for the division and set and meet goals and objectives.

Appointment to a division chief position shall be made by the appropriate [Senior Vice President](#) of COE with the approval of Chief Executive Officer and Chief Medical Officer in consultation with the President of the Medical Staff. A division chief serves at the pleasure of his [Senior Vice President](#) of the Center of Excellence, the Chief Medical Officer, and the Chief Executive Officer.

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Division chiefs shall be members of the Hospital-based Medical Staff. Since the Division chief is a member of the Hospital's management team and serves in a capacity that is distinct from their medical staff membership, the chief may be terminated because of corporate redesign, downsizing, and other management layoffs. Disciplinary action related to the performance of their managerial duties may be exercised on a chief through the Human Resources mechanism that is established for other management staff. Termination of an individual from the position of division chief shall not affect the individual's membership on the Medical Staff.

3. Functions of Division Chiefs

Among the responsibilities of a chief are:

- a) Maintain continuing supervision of the professional performance of all individuals who have clinical privileges in the division and report thereon to the applicable [Senior Vice President](#) at such times as may be indicated under the peer review policy;
- b) To recommend to the [Senior Vice President](#) of his COE written criteria for the delineation of clinical privileges within the division.
- c) Report to the appropriate [Senior Vice President](#) his or her findings concerning the appointment or reappointment to the Medical Staff and the delineation of clinical privileges for all applicants seeking privileges in the division;
- d) Be accountable for all professional and administrative activities within the division;
- e) To develop such divisional policies and procedures as may be required to guide and support the provision of care, treatment or services by divisional staff including the scheduling of members for on call or on service clinical responsibilities;
- f) Be responsible for enforcement within the division of the Hospital and Medical Staff Bylaws and Policies and Procedures;
- g) Monitor and evaluate the quality and appropriateness of patient care provided within the division;
- h) Conduct the meetings of the division;
- i) Be responsible for the establishment, implementation and effectiveness of any teaching, education and research programs in the division;
- j) Report to the applicable [Senior Vice President](#), when necessary, with respect to matters affecting patient care in the division, including personnel, supplies, special regulations, standing orders and techniques as well as recommendations for off-site sources for needed patient care treatment services not provided by the division;
- k) Assist Hospital management in the preparation of annual reports, in external reviews such as regulatory and accreditation, and in such budget planning pertaining to the as may be required by the [Senior Vice President](#), the Chief Medical Officer, the Chief Executive Officer or the Board;
- l) Participate in coordination and integration of divisional activities into the center and the hospital;
- m) Delegate to a vice chief of the division such duties as he deems appropriate;

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- n) Establish programs within the divisions, as appropriate, and appoint program directors thereof subject to the approval of the [Senior Vice President](#); and
- o) Perform such other duties assigned by the [Senior Vice President](#), Chief Medical Officer, Hospital Chief Executive Officer and the Board.

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4. Creation and Dissolution of Divisions

The authority to create new divisions or programs or eliminate existing divisions/programs rests with the Children's Hospital Board. In helping the Board to make such decisions, the Board shall take into account the recommendation and/or advice of the appropriate [Senior Vice President](#), Chief Medical Officer and the Executive Committee of the Medical Staff.

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Among the criteria that will be considered in determining whether to create new divisions/s shall include:

- a) the need for an organizational structure different and separate from that of the existing division;
- b) the uniqueness of clinical interest and research activities; and
- c) the number of professionals involved in the proposed division.

5. Limited Divisional Membership – Exclusive Divisions

The Board may choose to limit members of the Attending Staff of a particular division to hospital-based staff (Exclusive Divisions). The authority to impose this limitation or remove it rests with the Children's Hospital Board. In helping the Board to make such decisions, the Board shall take into account the recommendation and/or advice of the appropriate Division Chief, [Senior Vice President](#), Chief Medical Officer and the Executive Committee.

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The MSO shall maintain a list of the divisions with exclusive divisional staff.

Within exclusive divisions, a member's termination of employment by Children's Hospital shall constitute voluntary relinquishment of clinical privileges and of membership in the Medical Staff category associated with the exclusive division. A member that terminates employment by Children's Hospital from an exclusive division may apply for membership and privileges in a non-exclusive medical staff category as a new applicant.

6. On-Service Assignments

On-service or on call assignments may be made by a Division Chief from among members the Attending Staff of the division. When such an assignment is made, members of the division who are on service or on call shall remain on-service or on call for the period of time assigned and until a successor has been designated. Members shall attend their assigned inpatient or clinical services regularly, and will be available at all times for consultation with the House Staff. Members on call shall be available to treat emergency patients. Unexcused failure to attend assigned patients, emergency patients or any patient at the time specified by the division chief shall be cause for removal of a member from the Medical Staff. A schedule for specific times of attendance for on call or on service responsibilities for each division shall be available to the President, the CEO and the Chief Medical Officer by the Division Chief.

Article IV. Officers of the Medical Staff

The officers of the Medical Staff shall be the President, President-Elect, and At-Large members of the Medical Staff Executive Committee. The President and President-Elect must hold an appointment to the Medical Staff in a category of Attending, Allied Health Professional, Consulting, or Allied Doctoral Clinician at the time of election and must maintain their staff category during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved. All officers shall be eligible for indemnification by Children's Hospital for the actions they perform on behalf of the Board and Medical Staff.

A. Eligibility for Office of President or President-Elect

To be eligible for nomination for the office of President-Elect, a member shall:

1. have had no previous professional review action with a negative outcome,
2. served on one committee of the Medical Staff, and
3. express a willingness to serve.

B. The President

The President shall:

1. Serve for his elected term of two years;
2. Act on behalf of the Board as the chief officer of the Medical Staff, in coordination and cooperation with the Chief Executive Officer, the Chief Medical Officer, and the Senior Vice Presidents in matters of mutual concern involving the Hospital;
3. Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff;
4. Make recommendations to the Bylaws and Nominating Committee and the Board for appointment of committee chairmen and members, in accordance with the provisions of these Bylaws and adopted Policies and Procedures, to all standing and special Medical Staff committees except the Executive Committee;
5. Serve as chairman of Executive Committee;
6. Serve as co-chair of the Hospital's Quality Council;
7. Serve as ex officio member of all Medical Staff committees other than the Executive Committee with vote;
8. Represent the views, policies, needs and grievances of the Medical Staff and report on the medical activities of the staff to the Board and to the Chief Executive Officer;
9. Provide day-to-day liaison on clinical care issues with the Chief Medical Officer and the Board; and
10. Receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the Medical Staff to provide medical care.

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C. President-Elect

The President-Elect shall:

1. Assume all the duties and have the authority of the President in the event of the President's temporary inability to perform his duties;
2. Be a member of the Executive Committee;
3. Be a member of the Credentials Committee;
4. Automatically succeed the President when the President fails to serve for any reason; and
5. Perform such duties as are assigned to him by the President.

In the event both the President and the President Elect are unavailable in an emergency, the authority and duties of the President will be temporarily assumed by the Past President or the Chief Medical Officer.

D. Past-President

The Past-President

1. Provides guidance to the President and President-elect in matters related to medical staff ;
2. Is a member of the Clinical Operations and Effectiveness and Executive Committees;
3. Chairs the Credentials Committee; and
4. Performs such duties as are assigned by the President.

E. At-Large Executive Committee Members

At-large Executive Committee Members shall serve for a term of three years or until a successor has been elected.

F. Election of Officers

1. At least 30 calendar days before the annual Medical Staff meeting, the Bylaws and Nominating committee, shall prepare a slate of nominees for each office and each at-large seat on the Executive Committee to be filled at the election held at the annual meeting. Additional nominations may be presented to the Bylaws and Nominating Committee by a petition signed by at least twenty (20) members of the Medical Staff eligible to vote.
2. Balloting may occur via electronic mail or fax during the week preceding the annual meeting.
3. The candidates who receive a majority vote of those Medical Staff members eligible to vote and present at the meeting at the time the vote is taken shall be elected. The vote shall be by written secret ballot. The vote shall be certified by the Bylaws and Nominating committee.
4. In any election, if there are three or more candidates for an office and no candidate receives a majority there shall be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one candidate.

G. Removal of Elected Officials

The Executive Committee, by a two-thirds majority vote and with approval of the Board; the Medical Staff at a Special Meeting or Annual Meeting; or the Board on its own motion may remove any Medical Staff officer or officers or at-large Executive Committee member or members. Notice of the meeting at which such action takes place shall have been given in writing to the elected official or officials at least ten business days before the date of such meeting. The elected official shall be afforded the opportunity to speak in his own behalf prior to the taking of any vote on his removal. Such removal will be effective when approved by the Board.

H. Vacancies in Office

If there is a vacancy in the office of the President prior to the expiration of the President's term, the President-Elect shall assume the office of President for the remainder of the unexpired term and will then fulfill the full two year term as President.

If there is a vacancy in the office of the President Elect, the Bylaws and Nominating Committee shall recommend to the Executive Committee another member to appoint to serve out the remainder of the unexpired term. At the next Annual Meeting of the Medical Staff, the Bylaws and Nominating Committee shall propose a candidate for President-Elect for election. (In some circumstances there may be two President-Elect offices to fill at a Medical Staff Election: one President-Elect to assume the office of President at the start of the next Medical Staff Year and another to fill the office of President-Elect at the start of the next Medical Staff Year, with a two-year term).

I. Board Confirmation of Officers

After the election or appointment of any officer of the Medical Staff or elected member of the Executive Committee, the Board shall be notified of the election or appointment and shall confirm the officer's selection.

Article V. Committees of the Medical Staff

A. Committee Appointments

1. Chairmen

All committee chairmen, unless otherwise provided for in these Bylaws, shall be appointed by the Board after receiving and considering recommendations from the President of the Medical Staff and the Chief Medical Officer. All chairmen shall be selected from among members eligible to serve on committees.

Such appointments shall be made by the Children's Hospital Board for an initial term of one year. After serving an initial term a chairman may be re-appointed by the Board from year to year for a maximum of five additional yearly terms after receiving and considering a recommendation from the President of the Medical Staff. Committee chairmen may not be re-appointed to the chairmanship of that committee for a period of two years following completion of their previous tenure.

The Chairman of the Credentials Committee, who is the past president of the Medical Staff, chairs the credentials committee following his term as President until such time as the succeeding President completes his term of office. If the Past-President of the Medical Staff is unable or unwilling to serve, the President shall recommend another member to serve as chairman of the Credentials Committee.

The co-chair of the Clinical Effectiveness Committee may be the medical director of Performance Improvement.

Chairmen shall be responsible for

- a. The agenda for committee meetings,
- b. Managing perceived or actual conflicts of interest, and
- c. Reinforcing the confidentiality of any confidential information discussed at a committee meeting.

2. Members

Members of each committee, except as otherwise provided for in these Bylaws, shall be recommended to the Board for appointment or reappointment yearly by the President of the Children's Hospital Medical Staff in consultation with the Chief Medical Officer and the Bylaws and Nominating Committee. In general, tenure on medical staff committees is expected to be six years with appropriate turnover. All appointed members may be removed and vacancies filled by the President of the Medical Staff at his discretion with approval of the Board.

The Chief Executive Officer and the Chief Medical Officer or their respective designees shall be members, ex officio without vote, on all committees unless otherwise provided for in these Bylaws.

Members of the Medical Staff have committee assignments as an obligation of their medical staff membership and appointment. Committee members are expected to assist in fulfilling the charge of their committee to the Executive Committee.

3. Conflict of Interest

In any instance where a member or members of any Medical Staff Committee has or appears to have a conflict of interest in any matter involving another Medical Staff member or any other matter before a committee, the committee member shall not participate in the discussion or voting on the matter. Before any meeting where a conflict of interest may arise, the committee member and the chairman of the committee involved shall meet to discuss the possible conflict of interest. The committee member or members shall excuse themselves from the meeting during the time of discussion and voting, although they may be asked and may answer any questions concerning the matter before leaving. The fact that an individual excuses themselves does not infer the existence of an actual conflict of interest.

4. Confidentiality

All committee members may be granted access to confidential information regarding staff members or the Hospital. All members shall have a duty to protect the confidentiality of the information. Consequences of a breach of confidentiality may include loss of office or committee appointment and may include revocation of medical staff membership. The Executive Committee shall investigate alleged breaches of confidentiality.

B. Executive Committee

1. Composition

An Executive Committee shall be formed and consist of the officers of the Medical Staff (the President, President-Elect, and Past President), three members elected at-large from and by those members that are Hospital-based Staff and three members elected at-large from and by those members that are Voluntary Staff. The Chief Medical Officer; and Chairman of the Clinical Operations and Effectiveness Committee, shall each serve as a member of the Executive Committee, ex officio, with vote. The Vice President, Patient Services, who is the designee of the Chief Executive Officer also serves ex-officio with vote. The chairman Pharmacy and Therapeutics Committee, Blood Utilization Committee, and the Center of Excellence, ~~Senior Vice President~~ shall serve as ex officio members without vote. The Chief Medical Information Officer shall serve as an ex officio member without vote. Apart from the individuals named in this paragraph as ex officio members of the Executive Committee, the Executive Committee may extend or retract ex officio membership, without vote, of the Executive Committee to other Medical Staff members without amendment of these bylaws.

Deleted: Executive Director

The President of the Medical Staff shall be chairman of the Executive Committee.

The CEO, Chairman of the Board or Chairman of the Board's Professional and Consumer Affairs Committee may attend meetings of the Executive Committee and participate in its discussions, but without vote.

Vacancies of the Executive Committee may be filled by an election held at a special meeting of the Medical Staff. Candidates shall be nominated by the Bylaws and Nominating Committee.

2. Duties

The duties and responsibilities of the Executive Committee shall be to:

- a) Represent and to act on behalf of the Medical Staff in all matters, between meetings of the Medical Staff, without requirement of subsequent approval of the Medical Staff, subject only to any limitations imposed by these Bylaws;
- b) Make amendments and modifications to the governing documents of the Medical Staff including these Bylaws, and Policies and Procedures of the Medical Staff to keep pace with changes to regulatory and accreditation standards, organizational changes of the Medical Staff requested by the Board or that reflect technical modifications;
- c) Recommend to the Board the composition and charter of other medical staff committees as may be needed to meet the Board's charter to the Medical Staff;
- d) Review applications for membership on the Medical Staff, the credentialing processes and delineation of privileges and make recommendations on them to the Board;
- e) Coordinate the activities and general policies of the various components of the Medical Staff;
- f) Receive and act upon reports from the various components of the Medical Staff, and to make recommendations concerning them to the Chief Executive Officer and the Board;
- g) Implement policies of the Medical Staff that are not the responsibility of the divisions;
- h) Provide a liaison among Medical Staff, the Chief Executive Officer and the Board;
- i) Keep the Medical Staff abreast of the applicable accreditation and regulatory requirements affecting the Hospital;
- j) Enforce Hospital and Medical Staff Policies and Procedures in the best interest of patient care;

Article V: Medical Staff Committees

- k) Evaluate situations involving questions of the clinical competence, patient care and treatment, case management or inappropriate behavior of any Medical Staff members for appropriate action in accordance with the Policies and Procedures of the Medical Staff and these Bylaws;
- l) Be responsible to the Board for the implementation of the Hospital's Performance Improvement Plan as it affects the Medical Staff; and
- m) Assess and recommend needed patient care services that are not provided by the organization that may be needed for the treatment of patients.

3. Meetings, Reports and Recommendations

The Executive Committee shall meet as often as necessary to transact pending business. Copies of all minutes and reports of the Executive Committee shall be transmitted to the Chief Executive Officer routinely. Recommendations of the Executive Committee shall be transmitted to the Children's Hospital Board with a copy to the Chief Executive Officer.

The chairman of the Executive Committee, his representative and/or such members of this committee as may be necessary shall be available to meet with the Children's Hospital Board or its applicable committees on all recommendations that the Executive Committee may make.

4. Report at the Annual Meeting or Special Meeting of the Medical Staff

All important actions of the Executive Committee shall be included in the Executive Committee's report to the Medical Staff at the Annual or any special meeting called for the purpose of receiving the Executive Committee's report.

C. Credentials Committee

1. Composition

The Credentials Committee shall consist of the Chief Medical Officer, who has direct organizational responsibility for and participation in the credentialing program, and eight members from the Medical Staff eligible to serve on committees. Of the eight members, there shall be at least two who are hospital-based and two who are voluntary staff, one member of the Allied Health Professional Staff and the overall membership will include representation from a range of participating practitioners. In addition, the Chief Nursing Officer, the Hospital's Risk Counsel, the President of the Medical Staff, the President-Elect of the Medical Staff and the Chairman of the Clinical Operations and Effectiveness committee shall each serve as a member of the Credentials Committee, ex officio, with vote.

Service on this committee shall be considered as the primary Medical Staff obligation of each member of the committee and other Medical Staff duties shall not interfere. All members of the Credentials Committee are required to sign a confidentiality statement. Each appointed member, except the chairman, shall serve six years with staggered terms.

The President of the Medical Staff shall recommend for appointment to the Board up to eight additional members of the committee for any unexpired term if at any time the continued workability of the committee is threatened by the inability or unwillingness of any member to serve. The Past-President of the Medical Staff will serve as the Chairman of the Credentials Committee following his presidency until succeeded by the outgoing President of the Medical Staff.

2. Duties

The duties and responsibilities of the Credentials Committee shall be to:

- a) Assure a process for the granting, renewal, and revision of clinical privileges through a credentialing and recredentialing process;
- b) Review and verify the credentials of all applicants for Medical Staff appointment regardless of staff category, reappointment, and clinical privileges to assure that these individuals are capable of providing quality care, treatment and service, for the privileges requested and remain current in their clinical discipline through the participation in continuing medical education;

Article V: Medical Staff Committees

- c) Assure that an individual practitioner's health will not interfere with their ability to provide quality patient care;
- d) Make investigations of and interview such applicants as may be necessary, and to make recommendations to the Medical Executive Committee on the same in accordance with the peer review policy and these Bylaws;
- e) Recommend to the Executive Committee proposed programs for the use of non-physicians in expanded roles within the hospital and the qualifications, training and licensure of various practitioners proposed for newly recommended programs.
- f) Review as questions arise all information available regarding the behavior and clinical competence of persons currently appointed to the Medical Staff, and as a result of such review to make recommendations on the same to the Medical Executive Committee in accordance with the Peer Review Policy and these Bylaws;
- g) Assure a process for a fair hearing and appeals process for adverse decisions regarding appointment, reappointment, denial, reduction, suspension or revocation of clinical privileges of medical staff members; and
- h) Affirm the expedited process of medical staff appointment that can be accomplished when there is a complete and uncomplicated medical staff application and the Credentials Committee is between meetings.

3. Meetings, Reports and Recommendations

The Credentials Committee shall meet as often as necessary to accomplish its duties but at least six times a year and shall maintain a permanent record of its proceedings and actions and shall report its recommendations to the Executive Committee, and the Chief Executive Officer.

D. Clinical Effectiveness Committee

1. Composition

The Clinical Effectiveness Committee is jointly chaired by the Medical Director of Performance Improvement and the Director of Quality and Clinical Operations Effectiveness. The membership shall follow the Quality Assurance plan of the Hospital. The Clinical Effectiveness Committee shall organize subcommittees that meet the charge of the Quality Plan of Children's Hospital, and the Bylaws of the Medical Staff.

2. Duties

The Clinical Effectiveness Committee is an interdisciplinary organization-wide committee whose members include Leadership, Medical Staff members, Nursing staff and others who represent all Divisions and are appointed jointly by the Chief Executive Officer and the President of the Medical Staff. The Committee provides the mechanism for implementing quality improvement activities.

Duties and responsibilities for the Clinical Effectiveness committee are as follows:

- a) Identify the need for hospital-wide training in performance improvement methods and techniques; ensure that training is completed;
- b) Provide for the training of Medical Staff Leadership and Board members in performance improvement methods and techniques;
- c) Receive Center of Excellence, Division, and committee reports of required on-going assessments, measurements and evaluations of key performance indicators to improve the quality of care, treatment, services, patient safety and satisfaction, and the assessment and improvement of other processes;
- d) Receive status/progress reports from care delivery teams;
- e) Recommend that processes improved through pilot project be implemented hospital-wide;
- f) Complete an annual appraisal of the Quality Plan;

- g) Report to the Quality Council and assist the quality council in prioritizing institution wide quality initiatives;
- h) Report to the Executive Committee of the Medical Staff regarding clinical quality and peer review data for the purposes of re-credentialing;
- i) Peer review teams will be identified, as needed, to address issues related to patient care policy and procedures, practitioner specific data and/or peer review functions. Data generated from clinical peer review functions will be utilized for re-credentialing purposes. Teams will meet as often as necessary to address improvement opportunities; Evaluate the efficiency and effectiveness of team's output and provide for recognition of achievements;
- j) Prepare the hospital for accreditation and regulatory review by outside agencies including the Department of Health and JCAHO;
- k) Provide institutional leadership for initiative in Patient Safety and Patient Satisfaction;
- l) Receive reports on the hospital's corporate goals and ORYX initiatives and recommend improvements as may be necessary;
- m) Follow up on serious and sentinel events, root cause analyses and other in-depth reviews performed to improve the quality of care delivered at Children's Hospital; and
- n) Receive reports on medical staff performance improvement activities including but not limited to medical record documentation, medication use, use of blood and blood components, infectious disease practices, autopsy and transplant consortium referrals, and surgical case review.

3. Meetings, Reports and Recommendations

The Clinical Operations and Effectiveness Committee meets monthly to review reports, act on recommendations for process improvement and to evaluate the efficiency and effectiveness of performance improvement teams and programs. The committee shall maintain a permanent record of its findings, proceedings and actions and shall make a report thereof after each meeting to the Executive Committee.

E. Pharmacy and Therapeutics Committee

1. Composition

The Pharmacy and Therapeutics Committee shall consist of at least five Medical Staff members, one representative each from the nursing service, Food and Nutrition service and Hospital management. The Director of the Hospital's pharmacy shall be a member of the committee ex officio, with vote.

2. Duties and responsibilities

The Pharmacy and Therapeutics Committee shall provide oversight and review of medication use, the review of drugs for the Hospital Formulary and shall develop, review and revise drug related policies, procedures, and standardized order sets. In addition, the committee shall receive regular reports from the Food and Nutrition service and shall develop, review and revise nutrition-related policies and procedures.

The Chairman of the Pharmaceutical Care Committee shall appoint members of teams as necessary to perform these duties.

3. Meetings, Reports and Recommendations

The Pharmacy and Therapeutics Committee shall meet as often as necessary to accomplish its function and meet standards of appropriate regulatory agencies, shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof after each meeting to the Executive Committee and the Chief Executive Officer.

The Pharmacy and Therapeutics Committee shall report (with or without recommendation) to the Executive Committee for its consideration and appropriate action any situation involving questions of the clinical competency, patient care and treatment, case management, professional ethics, infraction of Hospital or Medical Staff Bylaws or Policies and Procedures or unacceptable conduct on the part of any member.

Article V: Medical Staff Committees

F. Graduate Education Committee

1. Composition

The Graduate Education Committee shall consist of at least ten members, five of whom shall be representative of the formal training programs at Children’s Hospital and five others selected at-large from the Medical Staff. The committee shall be appointed jointly by the President of the Medical Staff and the Chairman of the Department of Pediatrics of George Washington University School of Medicine. A minimum of two residents/fellows in training will be appointed to the committee. The chairman of the committee shall be the Chairman of Pediatrics, George Washington University or designee. A representative of hospital management shall be appointed to the committee by the Chief Executive Officer and shall serve ex officio, without vote.

2. Duties and responsibilities

The Graduate Education Committee shall:

- a) Review and recommend programs of graduate education and continuing graduate education that are designed to keep the Medical Staff, other health care professionals, fellows, residents and interns informed of significant developments and new skills in various fields of child health and development;
- b) Cooperate with The George Washington University, other universities, where appropriate, and other health care institutions in post-graduate training and Medical Staff continuing education activities;
- c) Formulate policies for the conduct of the trainees and training programs and report these to the Executive Committee;
- d) Act in an advisory capacity with respect to employment opportunities for the trainees; and
- e) Assist in documenting and maintaining regulatory and accreditation standards as they apply to trainees.

3. Meetings, Reports and Recommendations

The Graduate Education Committee shall meet as often as necessary to accomplish its function and meet standards of appropriate regulatory agencies, shall maintain a permanent record of its findings, proceedings and actions, and shall make a report thereof after each meeting to the Executive Committee and the Chief Executive Officer.

G. Institutional Review Board for Human Subject Research

The Institutional Review Board for Human Subject Research (“IRB”) is a committee overseen by Board of Directors, and thus is a Children’s Hospital Board Committee. Meeting minutes are reported to the Executive Committee for informational purposes.

H. Bylaws and Nominating Committee

1. Composition

The Bylaws and Nominating Committee shall consist of at least five persons appointed from the committee-eligible Medical Staff by the President of the Medical Staff. The Chief Medical Officer and the Chairman of the Board’s Committee on Consumer and Professional Affairs are members ex officio with ~~vote.~~

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2. Duties and responsibilities

The Bylaws and Nominating Committee shall review the Bylaws, and the Policies and Procedures of the Medical Staff at least annually and recommend amendments to the Executive Committee. In addition, the committee shall receive and consider all recommendations for changes in these Bylaws from the Board, the Professional Affairs Committee, any committee or division of the Medical Staff, the Chief Executive Officer, or any member.

The Bylaws and Nominating Committee shall nominate members for the various elected positions of the Medical Staff as outlined in Article IV. The Bylaws and Nominating Committee shall also propose to the

Article V: Medical Staff Committees

Medical Executive Committee individuals to be members or chairmen of the various medical staff committees.

3. Meetings, Reports and Recommendations

The Bylaws and Nominating Committee shall meet as often as necessary to fulfill its duties, but at least once a year. The committee shall maintain a permanent record of its activities, and shall report its recommendations to the Executive Committee and the Chief Executive Officer.

I. Creation of Standing Committees

The Executive Committee of the Medical Staff may, by resolution, upon approval of the Board and without amendment of these Bylaws, establish additional committees to perform one or more Medical Staff functions. In the same manner, the Executive Committee may by resolution and upon approval by the Board dissolve or rearrange committee structure, duties or composition as needed, to better perform the Medical Staff functions. Any function required to be performed by the Bylaws which is not assigned to a standing or special committee shall be performed by the Executive Committee.

J. Special Committees

Special committees shall be created and their members and chairman shall be appointed by the President of the Medical Staff with the approval of the Children's Hospital Board as required. Such committees shall confine their activities to the purpose for which they were appointed, and shall report to the Executive Committee. Membership on these committees may be restricted to those persons with special knowledge or skills applicable to the committee's charge. The chairmanship of such committees is not time-limited.

Article VI. Meetings of the Medical Staff

A. General Medical Staff Meetings

1. Annual Medical Staff Meeting

The Medical Staff shall meet once each year to conduct the Annual Meeting, at which elections shall be held for vacancies of office for Medical Staff Officers or members at-large of the Executive Committee for the ensuing Medical Staff year. In addition at that meeting reports and recommendations will be evaluated and action shall be taken on any other matters placed on the agenda by the President. The President will announce the date of the Annual Meeting at least 90 calendar days before the end of the Medical Staff Year.

a) Special Medical Staff Meetings

Special meetings of the Medical Staff may be called at any time by the Board, the Chief Executive Officer, the President of the Medical Staff, a majority of the Executive Committee or by a petition signed by not less than one-third of the voting Medical Staff.

In the event that it is necessary for the Medical Staff to act on a question without being able to meet, the voting Medical Staff may be presented with the question by mail or electronic mail and their votes returned to the President by same. A non-response to such questions will be considered an affirmative vote after a two-week time-period has elapsed.

b) Quorum

The presence of one hundred (100) of the persons eligible to vote shall constitute a quorum for any regular or special meeting of the Medical Staff. This quorum must exist for any final action to be taken. When a question is presented by mail or electronic mail, the quorum shall consist of 100 responses as defined in a) above.

c) Agendas

(1) The agenda of the Annual Medical Staff meeting shall be:

- i) Call to order
- ii) Report from Management
- iii) Report from the Board
- iv) Report of the Executive Committee
- v) Discussion and recommendations for improvement of the professional work of the hospital
- vi) Election of Officers (if any)
- vii) Old business
- viii) New business
- ix) Adjournment

(2) The agenda at a Special meeting of the Medical Staff shall be limited to:

- i) Reading of the notice calling the meeting
- ii) Transaction of business for which the meeting was called
- iii) Adjournment

B. Center of Excellence, Division and Committee Meetings

1. Center of Excellence

Members of each Center of Excellence shall meet as often as necessary at a time set by the Senior Vice President to review and evaluate the clinical work of the center, to consider the findings of ongoing performance improvement activities, and to discuss any other matters concerning the Center, or its Divisions. The Senior Vice President shall set the agenda for the meeting and its general conduct. The

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findings of these meetings shall be provided to the Chief Medical Officer who will provide a report to the Executive Committee.

2. Division Meetings

Members of each division shall meet as often as necessary at a time set by the Chief of the Division to review and evaluate clinical work, to consider the findings of ongoing performance improvement activities, and to discuss any other matters concerning the division. The Division Chief or committee chairman shall set the agenda for the meeting and its general conduct.

3. Medical Staff Committee Meetings

Each Medical Staff committee shall meet as often as necessary to accomplish its duties, unless otherwise specified, at a time set by the chairman of the committee. The chairman shall set the agenda for the meeting and its general conduct. The CEO shall provide administrative support for all Medical Staff Committees.

The President may serve as Presiding Officer of any Medical Staff committee meeting in the absence of the chairman.

4. Special COE, Division, and Committee Meetings

A special meeting of any Center of Excellence, Division, or Medical Staff Committee may be called by or at the request of the Senior Vice President, Division Chief or Committee Chairman, by the President of the Medical Staff, or by a petition signed by not less than one-fourth of the members of the center, division, or committee. Copies of such petition shall be delivered to the Chairman of the Executive Committee.

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In the event that it is necessary for a Center of Excellence, Division, or committee to act on a question without being able to meet, the voting members may be presented with the question, in person, by mail, by electronic mail, or by telephone, and their vote returned to the Center Director, the Division Chief, or committee chairman. Such a vote shall be binding so long as the question is voted on by a majority of the Center, Division or Committee eligible to vote.

C. Provisions Common to all Meetings

1. Notice of Meetings

Notice of any meetings of the Divisions, Center of Excellence or Committees shall be provided by interoffice, e-mail or regular mailing at least 10 business days in advance of such meetings. Such notice shall be deemed to constitute actual notice to the persons concerned. The attendance of any individual at any meeting shall constitute a waiver of that individual's notice of said meeting. In emergent situations, this requirement may be waived by the Presiding Officer of a meeting.

2. Quorum and Voting

For COE, Division and Medical Staff Committees, a quorum shall consist of those members attending and eligible to vote. A quorum shall be no less than three members, unless the COE, Division or Medical Staff Committee has less than 3 members in which case the quorum shall be 2 members. The Presiding Officer of any COE or Division meeting may limit voting on any question to members with clinical privileges. In the event of a tie vote, the Presiding Officer of any meeting may cast an additional vote to break the tie.

3. Confidentiality

At any meeting where confidential information is to be discussed, the chairman shall remind attendees of their duties to protect said confidential information.

4. Attendance Requirements

Each member with clinical privileges shall be required to attend at least fifty percent of all applicable meetings in each year, but is expected to attend all meetings. The Presiding Officer may excuse individuals from attendance for valid reasons. The failure of any person to meet the foregoing requirements may constitute grounds for non-reappointment.

Any member whose clinical work is scheduled for discussion at a center, division, or committee meeting shall be so notified and shall be expected to attend such meeting. If the member is not otherwise required to attend the meeting where his clinical work will be discussed, the Center Director, the Division Chief, or committee chairman shall give him advance written notice of the time and place of the meeting at which his attendance is expected. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall be given by certified mail, return receipt requested, and his attendance at the meeting at which the alleged deviation is to be discussed shall be mandatory.

The applicable Division Chief shall notify the Center Director and the Executive Committee of the failure of a member to attend any meeting with respect to which he was given notice that attendance was mandatory. Unless excused by the Executive Committee upon showing of good cause, such failure shall constitute voluntary relinquishment of all or such portion of the member's admitting privileges as the Executive Committee may direct. Such relinquishment shall remain in effect until the matter is resolved. In all other cases, if the member makes a timely request for postponement supported by an adequate showing that his absence will be unavoidable, the discussion may be postponed by the Division Chief, the Center Director, or by the Executive Committee to the next regularly scheduled meeting. Otherwise, the pertinent clinical information shall be presented and discussed as scheduled regardless of the attendance of the member.

5. Minutes

Minutes of each meeting of each Center of Excellence, Division, or Medical Staff committee shall be prepared and shall include a record of the attendance of members, of the recommendations made and of the action taken on each matter. The minutes shall be signed by the presiding officer and copies of division minutes shall be maintained within the Center of Excellence, or Division. Minutes of Medical Staff Committees shall be forwarded to the MSO for maintenance. Matters of concern raised in division meetings will be forwarded to the Senior Vice President, who will review them and provide a summary of each which shall be forwarded to the Chief Medical Officer for incorporation in his report at the Executive Committee meeting.

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The minutes of standing and special committees shall be signed by the presiding officer and copies shall be forwarded to the Executive Committee unless otherwise specified for certain committees elsewhere in these Bylaws. All minutes of each meeting of each center, division, or committee that relate to or reflect quality of care review or peer review, pursuant to District of Columbia Code DC ST Sec. 44-801, et seq., are considered confidential and shall not be released without the permission of the Hospital's Chief Legal Officer. Minutes containing confidential information should be kept in a confidential file maintained by the Center, Division, or committee.

6. Rules of Order

The Chairman of any meeting shall have the power to determine the rules of order involving any item of business before the meeting.

7. Voting

Any individual who, by virtue of position, attends a meeting in more than one capacity shall be entitled to only one vote.

Article VII. Initial Appointments to the Medical Staff

A. Qualifications for Appointment

1. General

Appointment to the Medical Staff is a privilege, which shall be extended only to professionally competent individuals who continuously meet the eligibility criteria, standards, and requirements set forth in the By-laws and in such policies as are adopted from time to time by the Board. All individuals practicing medicine and dentistry in a Children's Hospital facility, unless excepted by specific provisions of these Bylaws, must first have been appointed to the Medical Staff. All members of the Medical Staff must have and be able to demonstrate training and experience in the area of child health or diseases of childhood according to criteria set by the appropriate division.

2. Specific Qualifications

a) Categories with Clinical Privileges (Attending, Consulting, Allied Doctoral Clinician, Allied Health Professional, Limited Duty)

Only physicians, dentists, doctoral clinicians and other licensed independent practitioners who

- 1) Are currently licensed to practice their specific discipline in jurisdiction(s) where the hospital operates facilities;
- 2) Possess current Federal Drug Enforcement Agency (DEA) certificate(s), if applicable to the intended scope of practice;
- 3) Possess current and appropriate jurisdictional certificate(s) for Controlled Substances, if applicable to the intended scope of practice;
- 4) Are certified by the appropriate specialty board, except pediatric dentists, unless such requirement is waived by the Board² after considering the specific competence and experience of the individual in question; and
- 5) Can document their
 - (i) Background, experience, training and demonstrated competence
 - (ii) Adherence to ethics of their profession,
 - (iii) Good reputation and character (including the applicant's mental and emotional stability),
 - (iv) Ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by him in the Hospital will receive quality care and that the Hospital and its Medical Staff will be able to operate in an orderly manner, and
 - (v) Current health status that supports the applicants ability to perform the requested privileges and in accordance with jurisdictional requirements

shall be eligible for appointment to the Attending, Consulting, Allied Doctoral Clinician, Allied Health Professional or Limited Duty Categories of the Medical Staff.

² An automatic waiver is limited to candidates for certification who must obtain certification within six years of Medical Staff appointment unless eligibility requirements of the certification Board permit a longer period of time.

b) Categories without Clinical Privileges (Academic Advisory, Community Advisory, Allied Doctoral Scientist, Honorary, Emeritus)

Only physicians, dentists, doctoral clinicians and other licensed independent practitioners who

- 1) Are certified by the appropriate specialty board, except pediatric dentists, unless such requirement is waived by the Board³ after considering the specific competence and experience of the individual in question; and
- 2) Can document their
 - (i) background, experience, training and demonstrated competence,
 - (ii) Ability to work harmoniously with others sufficiently to convince the Hospital and its Medical Staff will be able to operate in an orderly manner,
 - (iii) adherence to the ethics of their profession, and
 - (iv) good reputation and character (including the applicant's mental and emotional stability),

shall be eligible for appointment to the Academic Advisory, Community Advisory, Allied Doctoral Scientist, Honorary, or Emeritus Categories of the Medical Staff.

3. No Entitlement to Appointment

No individual shall be entitled to appointment to the Medical Staff or to exercise particular clinical privileges merely by virtue of the fact that:

- a) He is licensed to practice his profession in the District of Columbia or any state;
- b) He is a member of any particular professional organization, or
- c) He had in the past, or currently has, a Medical Staff appointment or privileges in this or another Hospital.

4. Non-Discrimination Policy

The Medical Staff of Children's Hospital does not discriminate on the basis of age, gender, race/ethnicity, religion, or sexual orientation in its appointment, reappointment, or credentialing process.

B. Conditions of Appointment

1. Duration of Initial Appointment

All initial appointments to the Medical Staff for categories with clinical privileges shall be provisional for up to 24 months. Initial appointments to the Medical Staff for categories without clinical privileges shall be for a term of 5 years.

All initial clinical privileges shall be provisional for a minimum of 6 up to 24 months from the date of the appointment. During the term of this provisional appointment, the provisional appointee with clinical privileges shall be evaluated by the Division Chief in which he has clinical privileges, and by the relevant Hospital and Medical Staff committees as to clinical competence, general behavior and conduct. Any provisional clinical privileges granted may be adjusted to reflect clinical competence at the end of the provisional period, or sooner if warranted. At the conclusion of the initial appointment, the member with must seek reappointment according to Article IX Reappointment.

³ An automatic waiver is limited to candidates for certification who must obtain certification within six years of Medical Staff appointment unless eligibility requirements of the certification Board permit a longer period of time.

2. Rights and Duties of Members

Appointment to the Medical Staff shall confer on the member only the clinical privileges that have been specifically granted by the Board, if any. Each member shall assume reasonable duties and responsibilities as the Medical Staff or the Board shall require.

C. Application for Initial Appointment with Clinical Privileges

Applications for appointment to the Medical Staff shall be in writing, and shall be submitted on forms that are approved by the Board, upon recommendation of the Executive Committee. An applicant shall obtain these forms from the MSO.

1. Information for Initial Appointment with Clinical Privileges (Attending, Consulting, Allied Doctoral Clinician, Allied Health Professional, Limited Duty)

Applications shall require the following information in support of the applicant's membership in the Medical Staff to Staff Categories with Clinical Privileges.

- a) The names and complete addresses of at least two physicians, dentists or other practitioners, as appropriate, who can serve as references with recent, extensive experience in observing and working with the applicant and who can provide adequate information pertaining to the applicant's present professional competence and character;
- b) Confirmation that the applicant has graduated from an accredited medical school or accredited program for other health care professions and verification of all post graduate training programs completed;
- c) Information as to whether the applicant has ever resigned, voluntarily relinquished, or reduced his medical staff appointment or clinical privileges at any other hospital or health care facility; whether his medical staff appointment or clinical privileges have been denied, revoked, or suspended at any other hospital or health care facility; whether he has received a request for his resignation from any other hospital or health care facility; or whether there has been a voluntary or involuntary limitation, reduction or loss of clinical privileges at any other hospital or health care facility;
- d) Information as to whether his membership in local, state or national professional societies has ever been suspended, modified or involuntarily terminated;
- e) Information as to whether there are any previously successful or currently pending challenges to any license to practice any health profession in any state or whether such license has ever been suspended, modified, terminated or voluntarily or involuntarily relinquished. The submitted application shall include a copy of all the applicant's current licenses to practice;
- f) Information concerning pending or closed claims, lawsuits or adverse professional review actions in the District of Columbia or another state, including the substance of the allegations in such proceedings, claims, lawsuits, or actions and any additional information concerning such proceedings, claims, lawsuits or actions as the applicant may deem appropriate or the Board may request;
- g) Information concerning the applicant's morbidities and mortalities regarding privileges held at other institutions, where available;
- h) A consent to the release of information from his present and past professional liability insurance carriers;
- i) Information on the applicant's physical and mental health;
- j) Information as to whether the applicant has ever been named as a defendant in a criminal action, apart from minor traffic violations, but including allegations of driving while under the influence of alcohol, or other controlled dangerous substances and details about any such instance;
- k) Information as to the applicant's activities in Continuing Medical Education;
- l) A copy of a United States Federal or State governmental-issued identification card bearing the applicant's picture; and

m) Such other information as the Board or Credentials Committee may require.

2. Undertakings for Initial Appointments with Clinical Privileges (Attending, Consulting, Allied Doctoral Clinician, Allied Health Professional, Limited Duty)

Every application for staff appointment or reappointment with clinical privileges shall be signed by the applicant, shall incorporate by reference the requirements of the original application and shall contain:

- a) The applicant's specific acknowledgement of his obligation upon appointment to the Medical Staff to provide continuous care and supervision to all patients within the Hospital for whom he has responsibility;
- b) An agreement to abide by the Bylaws of the Hospital Corporation; the Bylaws, and Policies and Procedures of the Medical Staff; and all other policies and procedures of the Hospital as shall be in force, and amended from time to time, during the term of his Medical Staff appointment;
- c) An agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to him by the Medical Staff and the Board;
- d) An agreement to provide the Hospital, upon request or without request, current information regarding all questions on the application form at any time, with the exception of voluntary relinquishment of privileges at other Hospitals where resignation was not requested by that Hospital;
- e) An agreement to provide the Hospital with updates to licenses and other supporting documents of the application as they are renewed including an annual update to health status; controlled substance registrations; board certification status; licensure and other documents as the Hospital or Medical Staff may require;
- f) A statement that the applicant has received and had an opportunity to read a copy of the Bylaws of the Hospital, the Bylaws of the Medical Staff, and the Policies and Procedures of the Medical Staff that are in force at the time of his application and thereafter;
- g) A statement that he agrees to be bound by the terms of the Bylaws of the Hospital, the Bylaws of the Medical Staff, and the Policies and Procedures of the Medical Staff in all matters relating to consideration of his application without regard to whether or not he is granted appointment to the Medical Staff or clinical privileges;
- h) A statement of his willingness to appear for personal interviews in regard to his application;
- i) A statement that any misrepresentation, misstatement in, or omission from the application whether intentional or not, shall constitute cause of automatic and immediate rejection of the application resulting in denial of appointment and clinical privileges. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in summary dismissal from the Medical Staff; and
- j) a statement that the applicant:
 - 1. Will not split fees or accept financial inducements for patient referrals;
 - 2. Will not delegate responsibility for diagnoses or care of hospitalized patients to any individual who is not qualified to undertake this responsibility or who is not adequately supervised;
 - 3. Will not deceive patients as to the identity of an operating surgeon or any other individual providing treatment or services;
 - 4. Will abide by the Code of Conduct of the Medical Staff;
 - 5. Will seek consultation whenever necessary; and
 - 6. Will abide by generally recognized ethical principles applicable to his profession.

3. Information for Clinical Privileges

If the application contains a request for specific clinical privileges then the following information shall be required concerning the applicant's eligibility for the requested privileges including:

- a) The names and complete addresses of the chief of each department of all Hospitals or other institutions at which the applicant has worked or trained (i.e., the individual who served as chief at the time the applicant worked in the particular department). If the number of Hospitals the applicant has worked in is great or if a number of years have passed since the applicant worked at a particular Hospital, the Credentials Committee and the Board may take into consideration the applicant's documented, good faith effort to produce this information.
- b) Information as to whether there are any previously successful or currently pending challenges to the applicant's Drug Enforcement Administration registration or registrations (federal, state or district) or whether such registration or registrations have been suspended, modified, terminated or voluntarily or involuntarily relinquished. The submitted application shall include a copy of the applicant's Drug Enforcement Administration certificates, both federal, state or district, where applicable;
- c) Information as to whether the applicant has currently in force professional liability insurance coverage that covers work performed and care rendered at the Hospital, its regional outpatient centers, or its affiliated institutions, including the name of the insurance company and the amount and classification of such coverage;
- d) Information on the work eligibility of the applicant; and
- e) Such other information as the Board or Credentials Committee may require substantiating eligibility for the privileges requested.

D. Application for Initial Appointment without Clinical Privileges

Applications for appointment without Clinical Privileges to the Medical Staff shall be in writing, and shall be submitted on forms that are approved by the Board, upon recommendation of the Executive Committee. An applicant shall obtain these forms from the MSO.

1. Information for Initial Appointment without Clinical Privileges

Applications for membership without clinical privileges shall require the following information in support of the applicant's membership in the Medical Staff.

- a) The names and complete addresses of at least two physicians, dentists or other practitioners, as appropriate, who can provide adequate information pertaining to the applicant's present professional competence and character;
- b) Confirmation that the applicant has graduated from an accredited medical school or accredited program for other health care professions and verification of all post graduate training programs completed;
- c) Information as to whether the applicant has ever resigned, voluntarily relinquished, or reduced his medical staff appointment or clinical privileges at any other hospital or health care facility; whether his medical staff appointment or clinical privileges have been denied, revoked, or suspended at any other hospital or health care facility; or whether he has received a request for his resignation from any other hospital or health care facility; or, whether there has been a voluntary or involuntary limitation, reduction or loss of clinical privileges at any other hospital or health care facility;
- d) Information as to whether his membership in local, state or national professional societies has ever been suspended, modified or involuntarily terminated;
- e) Information as to whether there are any previously successful or currently pending challenges to any license to practice any health profession in any state or whether such license has ever been suspended, modified, terminated or voluntarily or involuntarily relinquished. The submitted application shall include a copy of all the applicant's current licenses to practice;
- f) Information on the applicant's physical and mental health;

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- g) Information as to whether the applicant has ever been named as a defendant in a criminal action, apart from minor traffic violations, but including allegations of driving while under the influence of alcohol, or other controlled dangerous substances and details about any such instance;
- h) Information as to the applicant's activities in Continuing Medical Education;
- i) A copy of a United States Federal or State government-issued identification card bearing the applicant's picture; and
- j) Such other information as the Board or Credentials Committee may require

2. Undertakings for applications for appointment without clinical privileges

Every application for staff appointment or reappointment without clinical privileges shall be signed by the applicant, shall incorporate by reference the requirements of the original application and shall contain:

- a) the applicant's specific acknowledgement of his obligations upon appointment to the Medical Staff;
- b) An agreement to abide by the Bylaws of the Hospital Corporation; the Bylaws, and Policies and Procedures of the Medical Staff; and all other policies and procedures of the Hospital as shall be in force, and amended from time to time, during the term of his Medical Staff appointment;
- c) An agreement to accept committee assignments and such other reasonable duties and responsibilities as shall be assigned to him by the Medical Staff and the Board consistent with the Bylaws, and Policies and Procedures of the Medical Staff and Hospital;
- d) An agreement to provide the Hospital, upon request or without request, current information regarding all questions on the application form at any time, with the exception of voluntary relinquishment of privileges at other Hospitals where resignation was not requested by that Hospital, new or updated information that is pertinent to any question on the application form;
- e) A statement that the applicant has received and had an opportunity to read a copy of the Bylaws of the Hospital, the Bylaws of the Medical Staff, and the Policies and Procedures of the Medical Staff that are in force at the time of his application and thereafter;
- f) A statement that he agrees to be bound by the terms of the Bylaws of the Hospital, the Bylaws of the Medical Staff, and the Policies and Procedures of the Medical Staff in all matters relating to consideration of his application without regard to whether or not he is granted appointment to the Medical Staff;
- g) A statement of his willingness to appear for personal interviews in regard to his application;
- h) A statement that any misrepresentation, misstatement in, or omission from the application whether intentional or not, shall constitute cause of automatic and immediate rejection of the application resulting in denial of appointment and clinical privileges. In the event that an appointment has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in summary dismissal from the Medical Staff; and
- i) A statement that the applicant:
 - 1) Will not split fees or accept financial inducements for patient referrals;
 - 2) Will abide by the Code of Conduct of the Medical Staff; and
 - 3) Will abide by generally recognized ethical principles applicable to his profession.

E. Common processing of applications

1. Burden of Providing Information

The applicant shall have the burden of producing adequate information for a proper evaluation of his competence, character, ethics and other qualifications, and of resolving any doubts about such qualifications. He shall have the burden of providing evidence that all the statements made and information given on the application are factual and true. Until the applicant has provided all information requested by the Medical Staff, the application will be deemed incomplete and will not be processed.

2. Time Frames

Any application that has not been deemed complete within 180 calendar days of receipt will be considered inactive. The applicant will be so notified in writing. An applicant desiring membership with an inactive application shall have to submit a new application.

Applications that are complete shall be acted on by the Medical Staff and Board within 120 calendar days after the application is deemed complete.

3. Authorization to Obtain Information

The following statements, which shall be included on the application form and which form a part of the Bylaws, are express conditions applicable to any Medical Staff applicant, any member of the Medical Staff and to all others having or seeking clinical privileges in the Hospital. By applying for appointment, reappointment or clinical privileges, the applicant expressly accepts these conditions during the processing and consideration of his application, whether or not he is granted appointment or clinical privileges. This acceptance also applies during the time of any appointment or reappointment.

a) Immunity:

To the fullest extent permitted by law, the individual releases from any and all liability, and extends absolute immunity to the Hospital, its authorized representatives and any third parties as defined in subsection d) below, with respect to any acts, communications or documents, recommendations or disclosures involving the individual, concerning, but not limited to, the following:

1. Appointment or clinical privileges, including temporary privileges;
2. Evaluations concerning reappointment or changes in clinical privileges;
3. Proceedings for suspension or reduction of clinical privileges or for revocation of Medical Staff appointment, or any other disciplinary sanction;
4. Summary suspension;
5. Hearings and appellate reviews;
6. Medical care evaluations;
7. Clinical resource reviews;
8. Other activities relating to the quality of patient care or professional conduct;
9. Matters or inquiries concerning the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics or behavior;
10. Any other matter that might directly or indirectly have an effect on the individual's competence, on patient care or on the orderly operation of this or any other Hospital or health care facility;
11. All oral and written submissions to, and all meetings, discussions and investigations by the Credentials or Executive Committees;
12. All information obtained from the Federation of State Medical Boards or the AMA Physician Profile; or
13. All information obtained from or submitted to the National Practitioner Data Bank as required by law as long as the Hospital is in compliance with the provisions of the law.

b) Authorization to Obtain Information:

The individual applicant specifically authorizes the Hospital and its authorized representatives to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter reasonably having a bearing on the individual's satisfaction of the criteria for initial and continued appointment to the Medical Staff including, but not limited to, the AMA Physician Profile, the

Federation of State Medical Boards and the National Practitioner Data Bank. This authorization also covers the right to inspect or obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of said third parties, the AMA Physician Profile, the Federation of State Medical Boards and the National Practitioner Data Bank that may be relevant to such questions.

c) Authorization to Release Information

Similarly, the individual specifically authorizes the Hospital and its authorized representatives to release such information to other hospitals, health care facilities and their agents, and managed care plans who solicit such information for the purpose of evaluating the applicant's professional qualifications pursuant to the applicant's request for appointment or clinical privileges; the individual acknowledges that the Hospital is required by law to release information on adverse professional review actions to the National Practitioner Data Bank.

d) Definitions

1. As used in this section, [3. Authorization to obtain information] the term "Hospital and its authorized representatives" means the Hospital corporation and any of the following individuals who have any responsibility for obtaining or evaluating the individual's credentials, or acting upon the individual's application or conduct in the Hospital: the members of its Board and their appointed representatives; the Chief Executive Officer; other Hospital employees; consultants to the Hospital; the Hospital's attorney and his partners, associates or designees; and all members of the Medical Staff who have any responsibility for obtaining or evaluating the individual's credentials, or acting upon his application or conduct in the Hospital.
2. As used in this section, the term "third parties" means all individuals, including members of the Hospital's Medical Staff, and members of the Medical Staffs of other hospitals or other physicians or health practitioners, nurses or other organizations, the AMA Physician Profile Service, the Federation of State Medical Boards and the National Practitioner Data Bank, associations, partnerships and corporations or government agencies, whether hospitals, health care facilities or not, from whom information has been requested by the Hospital or its authorized representatives.

4. Right to Review Information

The individual shall have the right, upon request, to be informed of the status of the credentialing application. Further, the individual shall have the right to review the information obtained in support of the credentialing application, with the exception of information received from the National Practitioner Data Bank. If information is obtained during the credentialing process that varies substantially from the information provided by the individual, the individual will be notified, in writing, and shall have the right to review and correct any erroneous information. Sensitive information must be reviewed in the presence of the CMO and may be redacted to protect the source of such information.

F. Procedure for Initial Appointment

1. Submission of Application

The application for Medical Staff appointment shall be submitted by the applicant to the Chief Executive Officer on forms approved by the Board. It must be accompanied by payment of such processing fees as may be recommended by the Medical Staff and approved by the Board. It is the responsibility of the applicant to ensure completion of his application, including adequate responses from references.

After receipt of all information required in Article VII, Part C, the application will be transmitted to the Credentials Committee for evaluation.

Applications as Attending Staff to divisions with exclusive divisional staffs, Article III, Part B 5, may not be processed unless there is evidence of the applicant's employment or intended employment by Children's Hospital. Absent such evidence, the application will be returned to the applicant with a letter so stating.

2. Initial Medical Staff Office Procedure

Upon receipt of the application for appointment the MSO shall:

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- a) Query the National Practitioner Data Bank;
- b) Query the Federation of State Medical Boards;
- c) Query the Office of the Inspector General website for Medicare/Medicaid Sanctions; and
- d) Perform any other initial screening as the Medical Staff may require.

The MSO shall forward the application to the Division Chief or Chiefs in which the applicant seeks membership and/or any clinical privileges.

3. Division Chief Procedure

Within 15 calendar days after receipt of the application, the division chief or chiefs shall write an appraisal of the applicant's qualifications for appointment and written findings supporting the proposed delineation of the applicant's clinical privileges if privileges are requested. This report shall be forwarded to the appropriate ~~Senior Vice President~~. The division chief's recommendations shall also be a part of the Credentials Committee's report. The Division Chief shall attest to the established identity of an applicant. As part of the process of making this recommendation, the division chief may require a meeting with the applicant to discuss and may require proof of any aspect of his application, his qualifications or his requested clinical privileges. ~~Failure to act within 15 days of receipt of the application, without demonstration of good reason of said inaction by the Division Chief through written communication to the Chairman of the Credentials Committee, shall constitute approval of the application and the privileges requested. The application shall be forwarded to the Senior Vice President.~~

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4. Center of Excellence ~~Senior Vice President~~ Procedure

Within 15 calendar days after he receives the application, the ~~Senior Vice President~~ of the appropriate Center shall review the recommendations of the division chief or chiefs and shall forward the application to the Credentials Committee with his own written appraisal of the application and, if privileges are requested, delineation of the applicant's clinical privileges. ~~Failure to act within 15 days of receipt of the application, without demonstration of good reason of said inaction by the Senior Vice President through written communication to the Chairman of the Credentials Committee, shall constitute approval of the application and the privileges requested. The application shall be forwarded to the Credentials Committee for its consideration as an application with possible issues.~~

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5. Credentials Committee Procedure

The Credentials Committee shall consider the application at its next scheduled meeting.

To determine whether the applicant has established and meets all of the necessary qualifications for the staff category and any clinical privileges requested by him, the Credentials Committee shall

1. Examine the evidence of the character, professional competence, malpractice history, qualifications, prior behavior and ethical standing of the applicant;
2. Physical and mental health;
3. Determine, through information contained in references given by the applicant and from other sources available to the committee, including appraisals from the division chief and the appropriate Center ~~Senior Vice President~~(s) in which privileges are sought;
4. And examine the reports from the National Practitioner Data Bank and the Federation of State Medical Boards;

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The Credentials Committee may determine that additional information may be required before final disposition of the application. This may include a physical and mental examination of the applicant by a physician or physicians selected by the Credentials Committee and shall require that the results be made available for the Credentials Committee's consideration. The application will be deemed incomplete until such information as the Committee requires is made available.

If the Credentials Committee's recommendation for appointment is favorable, the Credentials Committee shall recommend provisional appointment to a division with appropriately delineated provisional clinical privileges, if any. The committee shall indicate in its recommendation whether the application is eligible for Expedited Board Action as defined in 7b below. The Credentials Committee shall recommend a term of appointment including start and end dates.

The Credentials Committee may recommend the imposition of modifications or conditions on the recommended provisional privileges.

As part of the process of making its recommendation, the Credentials Committee shall have the right to require the applicant to provide additional information in support of the application including, but not limited to supporting documentation, interview with a committee member, or a meeting with the committee to discuss any aspect of his application, his qualifications or his clinical privileges. An application shall be deemed incomplete until such information, interviews or meetings are held.

The Credentials Committee shall notify the applicant of the credentialing decision as soon as possible, usually within 60 calendar days of the Committee's actions.

6. Credentials Committee Report

The Credentials Committee shall promptly forward its recommendation and all related information to the Executive Committee of the Medical Staff. If the report is favorable to the applicant, the applicant may be granted temporary privileges according to Article VIII Part C 1.

7. Executive Committee Review and Subsequent Action

The Executive Committee shall act on applications at its first regular meeting scheduled at least 15 calendar days after receipt of the Credentials Committee Report. The Executive Committee may a) approve, b) approve for Expedited Board Action, c) reject, d) return the application to the Credentials Committee for further consideration or e) defer for not more than 30 calendar days any application. The Executive Committee shall make every effort to complete its actions within 90 calendar days of receipt of the application from the Credentials Committee.

a) Executive Committee Approval

When the recommendation of the Executive Committee is the approval of the application, the Executive Committee shall transmit to the Professional and Consumer Affairs Committee of the Board through the Chief Executive Officer the complete application with a) the recommendations that the applicant be appointed to the Medical Staff b) the Medical Staff Category and c) any clinical privileges to be granted, which may be qualified by any probationary conditions.

b) Executive Committee Approval with Expedited Board Action

Medical staff appointment and clinical privileges may be granted by Expedited Board Action to an applicant when there is agreement among the following individuals forming the Expedited Board Action Committee: the President of the Medical Staff, Chief Medical Officer, Chairman of the Credentials Committee, and Chairman of the Board's Professional and Consumer Affairs Committee. Expedited Board Action is intended to quicken the process to allow granting of membership and privileges, if requested, to applicants without waiting for scheduled meetings of the Board's Committee on Professional and Consumer Affairs and of the Board.

Eligibility for Expedited Board Action is only possible if

- 1) The application is complete,
- 2) The Executive Committee recommendation is not adverse or with limitations,
- 3) There is no current or previously successful challenge to licensure or registration in any state or the District of Columbia,
- 4) The applicant has not received an involuntary termination of medical staff membership at another institution,

- 5) The applicant has not received an involuntary limitation, reduction, denial or loss of privileges, at another institution,
- 6) The applicant requested privileges, if any, do not differ from those recommended by the Credentials Committee, and
- 7) There is no unusual pattern or excessive number of professional liability actions against the applicant.

When the recommendation of the Executive Committee is the approval of the application with Expedited Board Action, the Executive Committee shall transmit to the Expedited Board Action Committee through the Chief Executive Officer the report of the completed application with a) the recommendations that the applicant be appointed to the Medical Staff, b) the Medical Staff Category and c) any clinical privileges to be granted, which may be qualified by any probationary conditions. Upon approval by the Expedited Board Action Committee, the applicant shall be notified by the CEO according to the paragraph 9 below.

c) Executive Committee Rejection

When the recommendation of the Executive Committee is the rejection of the application, the application shall be forwarded to the Chief Executive Officer who shall promptly notify the applicant in writing, return receipt requested. The Chief Executive Officer shall then hold the application until after the applicant has either exercised or waived his right to a hearing as provided in these Bylaws, Section XI B 1(a). If the applicant requests a hearing, and after the hearing process concludes, the Chief Executive Officer shall forward the recommendation of the Executive Committee, the Hearing Panel's final recommendation together with the application and all supporting documentation to the Professional and Consumer Affairs Committee of the Board.

d) Executive Committee returns application to the Credentials Committee for further consideration.

When the Executive Committee returns the application to the Credentials Committee for further consideration, the reasons for requesting further consideration shall be communicated to the Credentials Committee. The Credentials Committee shall consider the application at its next meeting.

e) Executive Committee Deferral

When the Executive Committee defers consideration of an application, the Executive Committee shall consider the application at its next scheduled meeting. When an application is deferred for more than 90 calendar days, the Executive Committee shall explain the delay to the Chief Executive Officer who shall in turn notify the applicant and the Professional and Consumer Affairs Committee of the Board of the delay and the reasons for the delay.

8. Professional and Consumer Affairs Committee Procedure

The Professional and Consumer Affairs Committee shall process the application in accordance with the requirements set forth in the Bylaws of Children's Hospital, Article VII, Section 3 (b).

9. Applicant Acceptance of Appointment and Privileges

Upon approval by the Hospital Board, the CEO shall forward a letter to the applicant that notifies him of the appointment, the clinical privileges granted, if any, and the responsibilities of Members of the Medical Staff. The applicant shall indicate his acceptance of the appointment in writing. Unless granted temporary privileges, the applicant shall not be allowed to exercise any privileges granted until he indicates his acceptance of the appointment and his understanding of the responsibilities of appointment. Such acceptance shall be retained by the MSO.

Article VIII. Clinical Privileges

A. General

Each individual who has been given an appointment to the Medical Staff shall be entitled to exercise only those clinical privileges specifically granted by the Board, except as stated in these Bylaws or policies adopted by the Board. The clinical privileges recommended to the Board by the Medical Staff shall be based upon the applicant's education, training, experience, demonstrated current competence and judgment, physical and mental health status, eligibility for the sought privileges, references and other relevant information, including an appraisal by the chief of the division in which such privileges are sought. The applicant shall have the burden of establishing his eligibility for and competence to exercise the clinical privileges he requests.

B. Clinical Privileges for Dentists

The scope and extent of surgical procedures that a dentist may perform in the Hospital or its facilities shall be delineated and recommended in the same manner as other clinical privileges. Surgical procedures performed by dentists shall be under the overall supervision of the Senior Vice President, Center for Surgical Specialties.

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The dentist shall be responsible for the dental care of the patient, including the dental history and dental examination as well as all appropriate elements of the patient's record. Dentists may write orders within the scope of their license and consistent with division and Medical Staff Policies and Hospital and Medical Staff Bylaws.

The patient's medical history and physical examination shall be made and recorded by a physician who holds an appointment to the Medical Staff before dental surgery may be performed, and a designated physician shall be responsible for the medical care of the patient throughout the period of hospitalization.

The Senior Vice President, Center for Community and Pediatric Health may recommend to the Credentials Committee to qualify an Oral Surgeon applicant to perform the complete the admission history and physical examination and assess the medical risks of the procedure for patients without underlying health problems.

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C. Procedure for Temporary Clinical Privileges

1. Temporary Clinical Privileges for Applicants

Upon favorable action by the Credentials Committee, temporary privileges may be granted, by the CEO, to an applicant for a specific time period not to exceed 120 calendar days. In exercising such privileges, the applicant shall act under the supervision of the division chief in which he has requested primary privileges. Such privileges shall be subject to any special requirements imposed by Section 3 below. In the event that the recommendations from the Medical Executive Committee or the Board's Committee on Professional and Consumer Affairs are adverse to the applicant, the CEO shall suspend the applicant's temporary privileges according to Section 4 below.

A member who is applying for reappointment shall be eligible for temporary privileges at his existing privilege level for up to 120 days in the event that his application has been approved by the Credentials Committee but has not received final action by the end of the appointment period. The CEO may grant such temporary privileges upon consultation with the Chairman of the Credentials Committee.

2. Temporary Clinical Privileges for Non-Applicants

Temporary privileges for care of a specific patient or patients may be granted by the Chief Executive Officer with the concurrence of either the Chief Medical Officer; Division Chief and Center Director concerned; or the President of the Medical Staff, to a physician who is not an applicant for appointment. The decision to grant temporary privileges must be based on verified, reliable information then available which may reasonably be relied upon as to the licensure status (in any state), competence, character, physical and mental health status, ethical standing, and professional liability insurance coverage of the practitioner requesting the privileges. The Chief Executive Officer shall first obtain such individual's signed

Article VIII: Privileges

acknowledgement that he agrees to be bound by the Hospital and Medical Staff Bylaws, Policies and Procedures then in force in all matters relating to his temporary clinical privileges. Such privileges shall be restricted to the specific patients for which they are granted.

A division chief may request or approve upon a request for a consultative opinion of a physician, dentist, or other health practitioner of recognized professional ability in a special field concerning the care of a specialized patient in his division. When the consultation extends beyond an opinion, temporary privileges must be obtained. The division chief shall inform the CMO in writing of the name of consultant, the patient's name, attending physician, licensure status of consultant and area of specialized knowledge.

3. Special Requirements

The division chief may impose special requirements of supervision and reporting on any individual granted temporary clinical privileges. The CEO shall terminate an individual's temporary privileges upon notice of any failure by the individual to comply with such special conditions.

4. Termination of Temporary Clinical Privileges

The Chief Executive Officer, may at any time, after asking for a recommendation of the President of the Medical Staff, the Chief Medical Officer or the division chief responsible for the individual's supervision, terminate an individual's temporary admitting privileges. Clinical privileges shall then be terminated when the physician's patients are discharged from the Hospital. However, where it is determined that the care or safety of such patients would be endangered by continued treatment by the individual, a summary termination of temporary clinical privileges may be imposed by the Chief Executive Officer, the division chief, the Center Senior Vice President or President of the Medical Staff, and such termination shall be immediately effective.

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The appropriate division chief or, in his absence, the Center Senior Vice President concerned, shall assign to a member of the Attending Staff responsibility for the care of the terminated individual's patients until they are discharged from the Hospital, giving consideration to the wishes of the patient in the selection of the substitute.

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The granting of any temporary admitting and clinical privileges is a courtesy on the part of the Hospital. Neither the granting, denial nor termination of such privileges shall entitle the individual concerned to any of the procedural rights provided in Article XII of these bylaws with respect to hearings or appeals.

Temporary privileges shall be automatically terminated at such time as the Credentials Committee recommends unfavorably with respect to the applicant's appointment to the Medical Staff. Temporary privileges shall be modified to conform to the recommendation of the Credentials Committee, at that time reported to the Executive Committee, should the Credentials Committee recommend provisional privileges that differ from the temporary privileges that had been granted.

5. Emergency Clinical Privileges

In an emergency involving a particular patient, a physician who is not a Medical Staff member may be permitted by the Hospital to exercise clinical privileges to act in the emergency using all necessary facilities of the Hospital, including calling for any consultations.

Similarly, in an emergency involving a particular patient, a physician currently appointed to the Medical Staff may be permitted by the Hospital to act in such emergency by exercising clinical privileges not specifically granted to him.

When the emergency situation no longer exists, such physician may request the temporary privileges necessary to continue to treat the patient. In the event such temporary privileges are denied or he does not request such privileges, the patient shall be reassigned by the President of the Medical Staff, Chief Medical Officer or his designee to an appropriate member of the Medical Staff. The wishes of the patient shall be considered in the selection of a substitute physician.

For the purpose of this section, an "emergency" is defined as a condition which could result in serious or permanent harm to a patient or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that harm or danger.

Article VIII: Privileges

6. Disaster Privileges

In emergency or disaster situations, the CEO or the President of the Medical Staff or their designee(s) may grant temporary clinical privileges to other providers through agreements with other institutions. Disaster privileging becomes effective when the Children's Hospital Mass Casualty Incident disaster plan has been activated. The guidelines for the temporary privileges are described in the individual Memorandum of Understanding with those organizations.

In addition, whenever a Mass Casualty Incident Plan is activated, the CEO or President of the Medical Staff or their designee(s) may grant disaster privileges to individuals on a case by case basis upon presentation of a federal or state government-issued photo identification and any of the following:

- a) A current picture hospital ID card that clearly identifies professional designation;
- b) A current license to practice
- c) Primary source verification of a license to practice;
- d) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corps (MRC) or Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP);
- e) Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); or
- f) Presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner's identity and ability to act as a licensed independent practitioner during an emergency.

Individuals granted disaster privileges shall be granted specific identification badges allowing ready identification of a disaster-privileged practitioner. The MSO shall collect such information as described by these Bylaws to initiate the process of verification; and verification shall be the highest priority when verification can be performed. Generally it is expected that primary source verification of licensure shall be completed within 72 hours from the time the volunteer practitioner presents to the organization. In the situation where primary source verification cannot be completed within 72 hours, there shall be documentation of the following:

- a) Why primary source verification cannot be completed within 72 hours.
- b) Evidence of a demonstrated need to continue the disaster-privileged practitioner's privileges
- c) Attempts to complete primary source verification

If primary source verification cannot be completed with 72 hours, primary source verification of licensure for disaster-privileged practitioners shall not be required in the event that the practitioner has not provided care, treatment or services under the disaster privileges.

Disaster privileges as are granted shall be governed by Sections 2 and 3 above, "Temporary Clinical Privileges for Non-Applicants" and "Special Requirements." In addition, the need for continuing a disaster-privileged practitioner's privileges shall be reassessed within 72 hours of the disaster event.

D. Procedures for Requesting Increase in Clinical Privileges

1. Application for Increased Clinical Privileges

Whenever a member desires to increase his clinical privileges, he shall apply in writing to the MSO on a form approved by the Board. The application shall state in detail the specific additional clinical privileges desired and the applicant's eligibility for the increased privileges. This application will be transmitted through the MSO to the appropriate division. Thereafter, it will be processed as if it were an application for initial clinical privileges if the request is made during the term of appointment, or as part of the reappointment application if the request is made as part of a reappointment application. All increased privileges shall be provisional for a period of a minimum of 6 to up to 24 months from the date of the

Article VIII: Privileges

granting of the privilege(s), to coincide with the reappointment cycle and to allow for a period of focused review.

2. Factors to be Considered

Recommendations for an increase in clinical privileges made to the Board shall be based upon proof of:

- a) Eligibility for the privileges requested,
- b) Relevant recent training and experience,
- c) Observation of patient care provided,
- d) Review of the records of patients treated in this or other Hospitals,
- e) Results of the Hospital's performance improvement activities, and
- f) Other reasonable indicators of the member's continuing qualifications for the privileges in question.

The recommendation for such increased privileges may carry with it such requirements for supervision or consultation for such periods of time as are thought necessary. An application for increases in clinical privileges shall be eligible for expedited board action if the application meets the criteria set forth for expedited board action per Article IX H 3 of these bylaws.

E. Delineation of Privileges, New Privileges and Amendment of Delineation of Privileges

1. Delineation of Privileges Document

Each division shall develop and maintain a Delineation of Privileges (DOP) document or documents that contain the following information.

- a) For each Medical Staff Category for which Division or Section has members, the DOP document shall have a section describing
 - i. The eligibility requirements for membership in the division for that medical staff category and, if needed, any jurisdictional-based licensing requirements for exercising a privilege in a particular jurisdiction.
 - ii. The general set of medical problems that a practitioner may treat.
 - iii. The expectations of a member of the division in the particular medical staff category (such as call responsibilities).
 - iv. A Description of the set of "Core" privileges — privileges that an individual shall request and be granted as a single unit.
 - v. Optionally, a description of the specific eligibility requirements for a specific or set of delineated privileges.
 - vi. There may be subcategories within categories of medical staff (such as Attending Category I, Attending Category II, As a Nurse Practitioner, etc) which may be qualified with additional eligibility requirements.
- b) A delineated set of privileges shall include
 - i. A description of the privilege,
 - ii. The geographic (e.g. Virginia, Maryland or District of Columbia) locale where that privilege may be exercised, if the division practices in multiple jurisdictions.
 - iii. Optionally, an indication of the suggested number of these privileges to perform during the preceding two-year period to maintain proficiency.
 - iv. Optionally, the delineated privilege may be qualified by patient age groups.

c) The DOP shall indicate the following:

“By requesting any clinical privileges it is understood that at any time the Division Chief, Center Director, Chief Medical Officer or President of the Medical Staff may order, for cause, supervision of any practitioner granted privileges hereunder. A practitioner may also request of a Division Chief supervision of his practice. Neither act shall constitute reduction of privileges. However, the burden of practice supervision shall be borne by the practitioner being supervised. Once established, practice supervision shall continue at the discretion of the Division Chief. Initially granted privileges are provisional for a 6 to 24 month period to allow for a focused practice review.

“Practitioners may also be required to submit documentation of their proficiency for the privileges requested.”

d) The DOP shall be provided to applicants for initial appointments and applicants for reappointment that request clinical privileges.

2. Clinical Privileges for New Procedures

Requests for clinical privileges to perform a significant procedure or service not currently being performed at the hospital, or a significantly new technique to perform an existing procedure [“new procedure”] will not be processed until

- a) A determination has been made that the procedure will be offered by the hospital and until
- b) Criteria to be eligible to request those clinical privileges have been established.

The Division Chief shall forward a recommendation through the COE Senior Vice President to the Credentials Committee and the Executive Committee of any newly developed procedure or significantly changed techniques to an existing procedure. This recommendation shall be considered by both committees and may result in a preliminary recommendation as to whether the new procedure should be offered, considering whether the hospital has the capabilities, including support services, to perform the new procedure. In this section of the Bylaws, “significantly changed techniques” means the introduction of new technologies that require substantial retraining of any supporting staff.

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If it is recommended that the new procedure be offered, the Division Chief shall forward through the COE Senior Vice President to the Credentials Committee his recommendations, by amending the Division or Section Delineation of Privileges, regarding

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- a) the eligibility criteria for the new privilege and
- b) the extent of monitoring and supervision that should occur if the privileges are granted.

The Credentials Committee may also develop criteria and/or indications for when the new privilege is appropriate. The Credentials Committee shall forward its recommendations to the Executive Committee, which shall review the matter and forward its recommendations to the Board for final action.

3. Clinical Privileges That Cross Specialty Lines

Requests for clinical privileges that traditionally at the hospital have been exercised only by members from another specialty will not be processed until the steps outlined in this Section have been completed and a determination has been made regarding the member’s eligibility to request the clinical privileges in question.

The Credentials Committee shall conduct research and consult with experts, including those on the Medical Staff (e.g., center directors, division chiefs, members with special interest and/or expertise) and those outside the Hospital (e.g., other hospitals, residency training programs, specialty societies).

The Credentials Committee shall develop recommendations regarding

- a) the eligibility criteria to be allowed to perform the clinical privileges in question, and
- b) the extent of monitoring and supervision that should occur.

These recommendations may or may not permit members from different specialties to request the privileges at issue. The Credentials Committee shall forward its recommendations to the Executive Committee, which shall review the matter and forward its recommendations to the Board for final action.

In the event two or more specialties provide the same service, a multidisciplinary committee may be formed for purposes of evaluating the qualifications of practitioners to exercise those privileges and for conduct of the ongoing quality review and improvements.

4. Procedure for Amending and Reviewing Delineation of Privileges

Revisions to Delineation of Privileges shall be reported by the Division Chief through the COE ~~Senior Vice President~~ to the Credentials Committee. In his report, the Division Chief shall also indicate his review of the list of privileges and his determination that the privileges may be performed with safety and with confidence within the hospital. The Division Chief shall review the Delineation of Privilege Document every 2 years.

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The Credentials Committee shall consider the revision at its regular meetings. The Credentials Committee may consult outside experts for the purposes of validating the eligibility requirements, the monitoring requirements, and the continued competency requirements of any privileges listed on the Delineation of Privileges document.

The Credentials Committee shall report to the Executive Committee the revisions recommended.

The Executive Committee shall forward its recommendations to the Board's Professional and Consumer Affairs Committee for final action.

5. Provisional Privileges

Newly admitted members of the Medical Staff who request clinical privileges shall be granted provisional privileges for a period of from 6 to 24 months. Additionally, any newly granted privileges requested through an application for an increase in privileges shall also be provisional for a period of 6 to 24 months. During the provisional period, the Division Chief shall monitor the member's performance of the provisional privileges in the form of a Focused ~~Professional Practice Evaluation (FPPE)~~. During the ~~FPPE~~, the Division Chief may, or at the conclusion of the ~~FPPE~~, the Division Chief shall recommend to the Credentials Committee through the Center ~~Senior Vice President~~ either a) the awarding of full clinical privileges for some or all of the requested privileges, b) the continuation of the ~~FPPE~~ of some or all of the requested privileges or c) the revocation of some or all of the provisional privileges. The revocation of a provisional privilege is not reportable to the NPDB.

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Article IX. Reappointment to the Medical Staff

A. General

Each current member who wishes to be reappointed to the Medical Staff shall be responsible for completing the reappointment application form and required supporting documentation. The reappointment application shall be forwarded to the member at least six months before the expiration of the member's appointment. The completed reappointment application shall be submitted to the Medical Staff Office within 30 calendar days of receipt. If a member chooses not to be reappointed to the Medical Staff, the member shall send a letter to the CEO indicating the member's voluntary relinquishment of his medical staff appointment and clinical privileges at the end of the current appointment. The failure to apply for reappointment or submit a letter of relinquishment shall result in the automatic expiration of the Medical Staff member's appointment and clinical privileges at the end of the term of the current Medical Staff appointment. Reappointment, if granted, shall be for a period of not more than the term stated in Table 1 for the particular Staff Category and should, when practical, reflect the divisional reappointment process.

If a member has submitted an application for reappointment that, through no fault of their own, is either incomplete or has not been received final action by the Board of Directors, then that individual may be eligible for temporary privileges.

B. Reappointment Cycle by Division

Where possible, reappointment shall be accomplished by division. The MSO shall prepare a roster of members who are slated to be reappointed 6 months before the assigned divisional date, or date of appointment, and transmit reappointment applications to the members. This roster shall be transmitted to the Division Chief.

A member who is still in probation for initial appointment may be reappointed within the divisional process fulfilling any probationary credentialing period. Alternatively, the division chief with the concurrence of the Credentials Committee and Executive Committee may elect to defer divisional reappointment for an initial appointee in which case the member will apply for reappointment "off cycle." At the "off cycle" reappointment, the member's term of appointment shall be adjusted to conform to the divisional reappointment cycle.

C. Information

The applicant shall provide

- 1) Information as to whether there are any previously successful or currently pending challenges to licensure to practice any health profession in any state or whether such license has ever been suspended, modified, terminated or voluntarily or involuntarily relinquished since the last appointment/reappointment. The submitted application shall include a copy of all the applicant's current licenses to practice;
- 2) Information as to whether there are any previously successful or currently pending challenges to the applicant's controlled substances registrations (federal, state or district) or whether any registration has been suspended, modified, voluntarily or involuntarily relinquished or terminated since the last appointment/reappointment. For reappointment to a staff category with clinical privileges, the submitted application shall include a copy of the applicant's controlled substance registration certificates: federal, state or district, where applicable;
- 3) Information as to whether the applicant since his last appointment or reappointment has resigned, voluntarily relinquished, or reduced his medical staff appointment or clinical privileges at any other hospital or health care facility; whether his medical staff appointment or clinical privileges have been denied, revoked, or suspended at any other hospital or health care facility; or whether he has received a request for his resignation from any other hospital or health care facility; or, whether there has been a voluntary or involuntary limitation, reduction or loss of clinical privileges at any other hospital or health care facility;

- 4) For reappointment to a staff category with clinical privileges, information as to whether the applicant has currently in force professional liability insurance coverage that covers work performed and care rendered at the Hospital, its regional outpatient centers, or its affiliated institutions, including the name of the insurance company and the amount and classification of such coverage;
- 5) Information concerning pending or closed claims, lawsuits or adverse professional review actions in the District of Columbia or another state, including the substance of the allegations in such proceedings, claims, lawsuits or actions and any additional information concerning such proceedings, claims, lawsuits or actions as the practitioner may deem appropriate or the Board may request;
- 6) For reappointment to a staff category with clinical privileges, a consent to release of information from his present and past professional liability carriers;
- 7) For reappointment to a staff category with clinical privileges, information on the applicant's physical and mental health since the last appointment/reappointment;
- 8) Information as to whether the applicant has ever been named as a defendant in a criminal action, apart from minor traffic violations, but including allegations of driving while under the influence of alcohol, or other controlled dangerous substances and details about any such instance;
- 9) Information as the current status of any Specialty Board Certifications;
- 10) Such other information as the Board or Credentials Committee may require to establish eligibility for reappointment to the Medical Staff and eligibility for any requested clinical privileges.

D. Factors to be Considered

At each step of the application review, the recommendation for reappointment of a member or for a change in staff category, where applicable, shall be based upon such member's:

- 1) Current valid license to practice medicine in the jurisdiction appropriate to the individual's practice including, where appropriate, Federal and State controlled substances certificate(s);
- 2) Ethical behavior, clinical competence and clinical judgment in the treatment of patients;
- 3) Attendance at Medical Staff meetings and participation in staff duties;
- 4) Compliance with the Hospital Bylaws and Policies and Procedures and with the Medical Staff Bylaws and Rules and Regulations and Policies and Procedures;
- 5) Behavior in the Hospital and his cooperation with medical and Hospital personnel;
- 6) Appropriate use of the Hospital's facilities for his patients and his interpersonal skills in dealing with patients, the Hospital and its personnel;
- 7) Current Board Certification status;⁴
- 8) Physical and mental health;
- 9) Capacity to satisfactorily treat patients as indicated by the results of the Hospital's performance improvement activities or other reasonable indicators of continuing qualifications as related to the delineated privileges requested;
- 10) Satisfactory completion of continuing education requirements related to the privileges requested as may be imposed by law, this Hospital or applicable accreditation agencies;

11) Assessments by the Division Chief and others from the Ongoing Professional Practice Evaluation (OPPE)

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⁴ If an applicant's board certification has lapsed due to failure to recertify, the committee may grant a time limited waiver of 24 months to allow the applicant to recertify.

- 12) Other relevant findings from the Hospital's performance improvement activities;
- 13) Information concerning pending professional misconduct proceedings or medical malpractice actions, the substance of the allegations in such proceedings or actions and any additional information concerning such proceedings as the Medical Staff may deem appropriate; including any information contained in the Federation of State Medical Boards and the National Practitioner Data Bank.
- 14) Information as to whether the applicant has ever been named as a defendant in a criminal action and details concerning such instances; and
- 15) Other relevant information as found in the completed reappointment application form including professional performance, peer review activities, judgment, and clinical or technical skills.

E. Division Chief Procedure

Consideration of continued appointment, as indicated in the semi-annual OPPE performed by the Division Chief, shall be reviewed before the application is forwarded to the Division Chief. If an application has "no issues," as defined below, and the division chief has recommended reappointment during the preceding OPPE, then the application may be forwarded directly to the Credentials Committee for its consideration.

If the application "has issues" then within 15 calendar days after he receives the application, the division chief shall transmit to the appropriate Senior Vice President his report for the member seeking reappointment in the same Medical Staff category. The report shall include a recommendation for appointment or non-reappointment for each applicant. The report shall include an appraisal of the reappointee's current competencies for the privileges requested. Failure to act within 15 days, without demonstration of good reason of said inaction by the Division Chief through written communication to the Chairman of the Credentials Committee, shall constitute approval of the application and the application shall be forwarded to the Center of Excellence Senior Vice President for his consideration.

The Division Chief shall also submit his written appraisal of applications that request changes in staff category or in clinical privileges based on criteria outlined in Article VIII D.

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F. Center of Excellence Procedure

The Senior Vice President concerned shall review the recommendations of the division chief and within 15 calendar days shall transmit his recommendations and the recommendations of the division chief to the Credentials Committee for further action. Failure to act within 15 days, without demonstration of good reason of said inaction by the Senior Vice President through written communication to the Chairman of the Credentials Committee, shall constitute approval of the application and the application shall be forwarded to the Credentials Committee for its consideration.

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G. Credentials Committee Procedure

The Credentials Committee shall review all pertinent information available, including information provided from other committees of the Medical Staff and from Hospital management for the purpose of determining its recommendations for Medical Staff reappointment or non-reappointment, for change in staff category, and for the granting of any clinical privileges for the ensuing appointment period.

The Credentials Committee may require that a member currently seeking reappointment procure a physical and/or mental examination by a physician or physicians selected by the Credentials Committee either as part of the reapplication process or during the appointment period to aid it in determining whether clinical privileges should be granted or continued. The member seeking reappointment shall make the results available for the committee's consideration. Failure of the member seeking reappointment to procure such an examination within a reasonable time after being requested to do so in writing by the committee shall constitute voluntary relinquishment of all Medical Staff and clinical privileges until such time as the Credentials Committee has received the examination results and has had a reasonable opportunity to evaluate them and make a recommendation thereon. If the member's medical staff appointment term ends during this period of time, the matter shall constitute voluntary relinquishment of appointment and privileges during an investigation and shall be reportable to the National Practitioner Data Bank.

The Credentials Committee may consider and vote on members who are recommended for reappointment without change in staff category and clinical privileges in a group. Recommendations for non-reappointment and for changes in category or privileges, with supporting data and reasons attached, shall be handled individually. The Credentials Committee shall indicate whether an application for reappointment is eligible to Expedited Board Action as defined in H below. The Credentials Committee shall recommend a term of reappointment including start and end dates that comport with these Bylaws.

If, during the review of a particular member's reappointment, it becomes apparent to the Credentials Committee or its chairman that the committee is likely to make a recommendation to deny reappointment, to deny a requested change in staff category or clinical privileges, or to reduce clinical privileges, the chairman of the Credentials Committee shall table the matter, and follow the procedure outlined in Article XI B.

For members who are recommended for reappointment without change in staff category and clinical privileges the Credentials Committee shall transmit its report and recommendations to the Executive Committee.

For members who are recommended for reappointment with increases in clinical privileges or affirmation of provisional privileges, the reason for such recommendation shall be stated, documented and included in the report to the Executive Committee.

For members who are recommended for non-reappointment, changes in staff category, or reduction in clinical privileges, the recommendation shall be stated, documented and included in the report to the Executive Committee.

H. Executive Committee Procedure

The Executive Committee shall consider and act on applications for reappointment at its first regular meeting scheduled at least 15 calendar days after receipt of the Credentials Committee Report. The Executive Committee may approve, approve for Expedited Board Action, reject or defer for not more than 30 calendar days, any application.

If the action is

- 1) approval with no changes in medical staff category or clinical privileges, or
- 2) approval with increases in clinical privileges or affirmation of provisional privileges,

the application and the recommendation shall be forwarded through the Chief Executive Officer to the Board's Professional and Consumer Affairs Committee. The Professional and Consumer Affairs Committee shall process the recommendation in accordance with the requirements set forth in the Bylaws of Children's Hospital, Article VII, Section 3 (b).

If the action is approval with Expedited Board Action, then the report of the application will be forwarded to the Expedited Board Action Committee through the Chief Executive Officer with the recommendation that the applicant be reappointed to the Medical Staff with any changes in clinical privileges to be granted, which may be qualified by any probationary conditions. The CEO shall notify the applicant of the reappointment according to paragraph I below.

Medical staff reappointment and clinical privileges may be granted by expedited Board Action to an applicant for reappointment when there is agreement of the Expedited Board Action Committee (membership described in Article VII Initial Appointments).

Eligibility for expedited Board Action on an application for reappointment is only possible if ("no issues")

- 1) The application is complete,
- 2) The Executive Committee recommendation is not adverse or with limitations,
- 3) There is no current or previous successful challenge to licensure or registration in any state or the District of Columbia,

- 4) The applicant has not received an involuntary termination of medical staff membership at another institution,
- 5) The applicant has not received an involuntary limitation, reduction, denial or loss of privileges, at another institution, and
- 6) The Credentials Committee determines there is no unusual pattern or excessive number of professional liability actions against the applicant during the previous appointment period.

When the recommendation of the Executive Committee is to defer the application for further consideration, the application should be reconsidered within 30 calendar days with a subsequent recommendation to the Professional and Consumer Affairs Committee, through the Chief Executive Officer, for reappointment to the Medical Staff with specified clinical privileges, or for rejection of the application for Medical Staff reappointment.

When the recommendation of the Executive Committee is adverse to the applicant in respect to either reappointment to the Medical Staff or clinical privileges requested, the application shall be forwarded to the Chief Executive Officer who shall promptly so notify the applicant in writing, return receipt requested. The Chief Executive Officer shall then hold the application until after the applicant has exercised or has been deemed to have waived his right to a hearing as provided in the Bylaws, Article XII. The Chief Executive Officer shall then forward the recommendation of the Executive Committee, together with the application and all supporting documentation, to the Professional and Consumer Affairs Committee of the Board.

I. Applicant Acceptance

After Board approval of the application for reappointment, the CEO shall notify the applicant in writing. The applicant shall indicate his acceptance of the reappointment and any privileges conferred in writing. Such acceptance shall be maintained by the MSO.

J. Right to Review Information

The member shall have the right, upon request, to be informed of the status of the credentialing application. Further, the member shall have the right to review the information obtained in support of the credentialing application, with the exception of information received from the National Practitioner Data Bank. The review shall be conducted in the presence of the CMO or designee. Any confidential information may be redacted before review for the protection of confidential sources. If information is obtained during the credentialing process that varies substantially from the information provided by the member, the member will be notified, in writing, and shall have the right to review and correct any erroneous information.

K. Reinstatement

If an individual's appointment has lapsed through no fault of their own, that individual's appointment may be eligible for reinstatement back to the end date of the preceding appointment, assuring continuity of appointment, upon favorable action by the Credentials Committee taking into consideration the applicant's clinical activities during the period of lapse. Applications eligible for reinstatement are not eligible for the expedited review process. Such an applicant may be eligible for temporary privileges until final board action.

Article X. Impairment

A. General

Members of the Medical Staff who experience health related problems due to disease, physical or psychological addiction that impairs their ability to care for patients have the right to treatment and due process in a non-judgmental manner as it relates to their medical staff appointment and privileges. The member may, however, be immediately relieved of their privileges by the President or Chief Medical Officer if there is a real or perceived threat to patient safety per Article XI Corrective Action. Any member who self-reports an impairment on the basis of substance abuse, infectious diseases, or for physical, psychological or emotional reasons shall be afforded the right to due process described herein to the extent that these impairments, up to the time of self-reporting, caused no patient harm and up to the time of self-reporting there had been no reckless disregard for patient safety.

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This article provides a mechanism for the Medical Staff and the Hospital to have in place processes to promote patient safety as it relates to physician impairment and that a process for the confidentiality of investigation and rehabilitation of the member are maintained.

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To preserve the confidentiality where impairment is suspected, the Medical Staff explicitly delegates to the Chief Medical Officer the authority to investigate cases of suspected impairment.

B. Substance abuse

Medical Staff Members shall not be under the influence of alcohol or other illegal substances while attending patients.

C. Definitions

Licensed Independent Provider (LIP): A member of the Children's Hospital medical staff.

Impaired Licensed Independent Provider A LIP who is unable to perform the services permitted by their professional licensure, certification, credentialing, Medical Staff Bylaws, and/or Policies and Procedures with the required degree of competency because of a physical, psychological, substance abuse impairment or other aberrant behavior in the workplace which behavior does or has the potential to lead to a compromise in the quality of patient care or to a patient safety concern.

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Chief Medical Officer is the Chief Medical Officer or his/her delegate including but not limited to Hospital Counsel, the Medical Administrator on call, or the Nursing Administrator on call.

D. Education and Awareness

Members of the Medical Staff and Hospital Staff will receive educational information regarding the signs and symptoms of potential physical, psychological or emotional impairment of a Licensed Independent Practitioner.

The education will include information about the process for reporting the suspected impairment, emphasizing the confidential nature of such a report.

Members of the Medical Staff and the Hospital Staff have an affirmative duty to report suspected cases of provider impairment. Failure to report a case of suspected impairment may result in corrective action by the Medical Staff up to and including revocation of medical staff membership and privileges.

E. Self-Reporting

Any member who self-reports an impairment on the basis of substance abuse, infectious diseases, or for physical, psychological or emotional reasons shall be afforded the rights described herein to the extent that these impairments, up to the time of self-reporting, caused no patient harm or created no risk of patient harm. If, because of an impairment, self-reported or not, patient harm or a reckless disregard for patient safety be suspected, then an objective investigation of the facts surrounding such an act or acts shall be undertaken by the CMO and a corrective action may be taken under the Medical Staff Bylaws that supersedes any rights herein afforded to a suspected impaired physician.

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In circumstances of self-reported impairment without suspicion of patient harm of reckless disregard for patient safety, the CMO may elect options in assisting the member according to Section G below.

F. Report and Investigation

Any Licensed Independent Provider (LIP) or hospital staff member may report suspected LIP impairment by 1) orally communicating directly with the Chief Medical Officer (CMO) or delegate, 2) submitting a written incident report directly to the Risk Management office, or 3) submitting a written report to Human Resources.

The report should be factual, and list the rationale for the suspected impairment.

The CMO, after an initial investigation of the incident, may implement a precautionary suspension of the suspected impaired member's medical staff privileges, per Article XI, if an immediate threat to patient safety is perceived.

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As part of an initial investigation of suspected substance abuse, the CMO may require a member to undergo immediate laboratory screening for substances. Refusal to comply with this screening requirement shall be grounds for separation of employment by Children's Hospital, if the provider is a Children's Hospital employee, and shall be grounds for corrective action by the Medical Staff up to and including revocation of medical staff membership and privileges.

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After consultation with the President of the Medical Staff, the CMO may convene a peer-review team to investigate the complaint of impairment and report back its findings to the Chief Medical Officer and the President of the Medical Staff. The sole purpose of the peer-review team is investigatory. This investigation may include a requirement for interviews of the member, the complainant and possibly other witnesses to the potential impairment. In addition, physical and laboratory examinations of the suspected impaired member may be requested. The failure of the member, after reasonable opportunity, to cooperate with said investigation and/or failure to agree to undergo such physical or laboratory testing shall be grounds for separation of employment by Children's Hospital, if the provider is a Children's Hospital employee, and shall be grounds for corrective action by the Medical Staff up to and including revocation of medical staff membership and privileges.

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Under circumstances where it appears that a member —knowing of his impairment — fails to reveal same and elects to proceed to render patient care services thereby exhibiting reckless conduct in disregard of patient safety concerns, whether real or perceived, corrective action procedures, per the Medical Staff Bylaws, may be initiated by the CMO, the President of the Medical Staff or the investigative team independent of any rights and procedures accorded herein to an impaired or suspected impaired member. All such rights and procedures provided in the Bylaws of the Medical Staff and these Policies and Procedures of the Medical Staff shall remain available, but any separate charges and/or corrective actions based on the member's reckless conduct may also be independently pursued as determined appropriate.

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If, in the sole judgment and discretion of the CMO, an impairment is believed to be present after completion of the investigation, the CMO, President of the Medical Staff, and, if the member is an employee of Children's Hospital, the Vice President of Human Resources, shall meet with the member to inform the member of the results of the investigation, to advise the member that he/she may suffer from an impairment that adversely affects his/her practice and to direct the member to treatment or rehabilitation programs as provided under Resolution Options, below. The confidentiality of the individual or individuals who filed the report of suspected impairment and the specific circumstances of the report shall be respected.

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The original report and a description of actions taken by the CMO shall be retained in the CMO's confidential file. If the investigation reveals that there is no merit to the report, the report will be destroyed. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the CMO's confidential file and the provider's activities and practice shall be observed by the CMO or his/her designee, and the provider may be requested to submit to further physical and laboratory examinations, until the CMO determines in his/her sole judgment and discretion that there is or is not an impairment. The failure of the provider, after reasonable opportunity, to cooperate with said period of observation and/or failure to agree to undergo such further physical or laboratory testing as may be requested shall be grounds for separation of employment by Children's

Hospital, if the provider is a Children's Hospital employee, and shall be grounds for corrective action by the Medical Staff up to and including revocation of medical staff membership and privileges. The provider being observed shall be informed of the observation by the CMO, or delegate, and observation may include a focused practice review, as described in the peer review policy.

If, in the CMO's sole judgment and discretion, the period of continued observation reveals that there is no merit to the report, the report will be destroyed. If the period of observation reveals that there is an impairment or an impairment appears to be likely, the CMO, President of the Medical Staff, and, if the provider is an employee of Children's Hospital, the Vice President of Human Resources, shall meet with the member to inform the provider of the results of the period of observation, to advise the member that he/she may suffer from an impairment that adversely affects his/her practice and to direct the member to treatment or rehabilitation programs as provided under Resolution Options, below.

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The CMO will inform the individual or individuals who filed the report that appropriate follow-up action was taken; no specific information may be disclosed that will compromise the privacy of the provider. Throughout this process, all parties shall avoid speculation, conclusions, gossip and any discussions of the matter with anyone outside of those described in this policy. Violation of this paragraph constitutes grounds for corrective action by the Medical Staff up to and including revocation of medical staff privileges or loss of medical staff membership.

At all times, the CMO shall keep the Chief Executive Officer and the President of the Medical Staff informed of developments regarding the member.

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G. Resolution Options

Depending on the severity of the impairment, the CMO in the exercise of his/her sole discretion and acting for the hospital and the Medical Staff, may elect any of the following as may be applicable:

1. If the member is a Children's Hospital employee, the member may take a leave of absence as prescribed by the Children's Hospital Family and Medical Leave Human Resources Policies to participate in a rehabilitation program approved in advance by the CMO, President of the Medical Staff and Vice President of Human Resources as a condition of continued Medical Staff membership and privileges at the hospital. A report of this action shall be made to the Medical Executive Committee and to the hospital's Board of Directors.
2. If the member is not a Children's Hospital employee, the member may request a voluntary leave of absence from the Medical Staff for a term of less than one year with opportunity for reinstatement of privileges pending evidence of successful rehabilitation as defined below. Such Medical Staff member may also resign membership and privileges at Children's Hospital with a right to reapply for membership and privileges pending evidence of successful rehabilitation as defined below. A report of this action shall be made to the Medical Executive Committee and to the hospital's Board of Directors
3. In the case of a chronic infectious disease, the CMO may recommend to the Medical Executive Committee, after consultation with health care workers knowledgeable in the particular area, restricting privileges in accordance with hospital policy and/or current recommendations/guidelines promulgated by the United States Centers for Disease Control and Prevention or take other action otherwise deemed to be necessary to protect the welfare of patients. A report of such actions shall be made to the Medical Executive Committee and to the hospital's Board of Directors.

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If the impaired member fails to agree to resolution options 1, 2, or 3 above, depending on the circumstances, the CMO may recommend to the Medical Executive Committee imposing restrictions on medical staff privileges up to and including termination of responsibilities and medical staff privileges. Such a recommendation shall be treated as a Corrective Action and handled according to these Bylaws.

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Whenever an employed member's privileges are to be reduced or restricted because of an impairment other than substance abuse, the CMO shall make reasonable efforts, in consultation with the Vice President of Human Resources and other appropriate parties, to find alternative job placement consistent with the

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remaining privileges. The Vice President of Human Resources shall assist the employed member in accessing the maximum employee benefits available to the provider during the time of impairment.

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The CMO or the Medical Executive Committee may seek the advice of the hospital counsel to determine whether any conduct must be reported to law enforcement authorities (e.g. The National Practitioner's Data Bank, local licensure authorities) and, depending on the resolution options selected, what additional steps must be taken under these Bylaws.

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If the CMO selects a resolution unacceptable to the member, the CMO shall recommend to the Medical Executive Committee initiation of a Corrective Action through provisions of these Bylaws.

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H. Reinstatement Process

Where a member has taken a leave of absence or has resigned medical staff membership and privileges under the Resolution Options above, the member shall not be eligible for reinstatement of medical staff membership and/or privileges until he establishes, to the satisfaction of the CMO with the concurrence of the Medical Executive Committee and the Hospital's Board of Directors, that a rehabilitation program approved in advance by the CMO has been successfully completed (if such has been recommended) or has received clearance from an appropriate consulting health care provider in whom the CMO has confidence and from whom the CMO receives a satisfactory report. In considering recommending a member for reinstatement of privileges and/or medical staff membership, the CMO must consider patient care interests of paramount importance. In making the reinstatement recommendation, the CMO shall consult the President of the Medical Staff and others as necessary.

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As part of the reinstatement process, the CMO shall obtain a letter from the Director of the Rehabilitation Program or appropriate consulting health care provider where the member was treated. The member seeking reinstatement must authorize the release of at least the following information.

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1. Whether the member is participating in the program;
2. Whether he/she is in compliance with all the terms of the program;
3. Whether he/she attends required meetings/consultations regularly;
4. Whether in the opinion of those treating doctors, the member is rehabilitated or successfully recovering;
5. Whether an aftercare program has been recommended to the member and if so, a description of the aftercare program; and
6. Whether in the opinion of the director or consultant, the member is capable of resuming his/her clinical practice and providing continuous competent care to his/her patients.

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I. Monitoring

As part of the process of returning to practice at the Hospital, the member shall be notified that he will be monitored.

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Following reinstatement of medical staff membership and/or privileges or whenever a member retains medical staff privileges despite an ongoing impairment, the member must inform the CMO of the name and address of his continuing primary care physician and the monitoring treatment program director; the member must also authorize these persons to provide the CMO with information regarding his condition, treatment and ongoing compliance with the treatment program. The CMO has the right to require an opinion and/or examination from other medical consultants of the CMO's choice.

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Assuming all of the information received indicates that the member is rehabilitated or is still capable, despite the impairment, of exercising his privileges, the Medical Executive Committee with the CMO, must take the following additional precautions when making a recommendation to the Board of Directors to reinstate or affirm clinical privileges and/or medical staff membership:

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1. The clinical performance of the monitored member shall be monitored by the Senior Vice President and Division Chief or designee. The nature of that monitoring shall be determined

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by the CMO in consultation with the Senior Vice President and Division Chief and other appropriate staff and consultants.

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2. The member must identify a qualified practitioner who is willing to assume responsibility for the care of the provider's patients in the event of the monitored practitioner's inability or unavailability.

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3. The monitored member shall be required to provide periodic reports to the hospital from his/her primary care physician for a period of time specified by the CMO stating that he/she is continuing treatment or therapy, as appropriate, and that his/her ability to treat and care for patients in the hospital is not impaired.

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4. If applicable, the member must agree to submit to alcohol or drug monitoring by the CMO independent of that required by the monitored treatment program in which the provider may be enrolled. Failure to submit to testing (and in the case of substance abuse, test negative) shall result in immediate termination of medical staff appointment, privileges and, if the provider is a hospital employee, termination of employment.

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5. For cases where impairment is not due to substance abuse, the CMO may require independent verification of compliance with any prescribed treatment programs. Failure to adhere to the programs, without good cause, shall be grounds for corrective action by the Medical Staff up to and including revocation of medical staff membership and privileges and if the provider is a hospital employee, termination of employment.

Monitoring of an impaired member shall continue until such time as the Medical Executive Committee and Board of Directors, by recommendation of the CMO and Division Chief, determine to discontinue monitoring.

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Article XI. Corrective Action

Action taken and recommendations made pursuant to this Article shall be treated as confidential in accordance with such policies regarding confidentiality as may be adopted by the Board. In addition, reports of actions taken pursuant to this Article shall be made by the Chief Executive Officer and to such governmental agencies as may be required by law, including the National Practitioner Data Bank.

A. Credential Committee Recredentialing Actions Affecting Members

If, during the review of a particular member's reappointment, it becomes apparent to the Credentials Committee or its chairman that the committee is likely to make a recommendation to deny reappointment, to deny a requested change in staff category or clinical privileges, or to reduce clinical privileges, the chairman of the Credentials Committee shall table the matter and notify the member of the general tenor of the possible recommendation and ask him if he desires to meet with the committee prior to any final recommendation by the committee. At such meeting, the affected member shall be informed of the general nature of the evidence supporting the recommendation contemplated and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing and none of the procedural rules provided in these bylaws with respect to hearings shall apply nor shall minutes of the discussion in the meeting be kept. However, the committee shall indicate as part of its report whether such a meeting occurred. The member does not have the right to have counsel attend such a meeting.

B. Procedure for Other Questions Involving Members

1. Grounds for Action

Whenever, on the basis of information ~~or~~ belief, the President of the Medical Staff, the Chief Medical Officer, the Chief Academic Officer, a division chief, a Center ~~Senior Vice President~~, the chairman or a majority of any Medical Staff committee, the Chairman of the Board, the Chief Executive Officer or any member of the Medical Staff has cause to question:

- a) The clinical competence of any member;
- b) The care or treatment of a patient or patients or management of a case by any member;
- c) The adherence by any member to applicable ethical standards or the Bylaws, Policies and Procedures, of the Hospital, the Board or the Medical Staff including, but not limited to the Hospital's performance improvement, risk management and clinical resource management program; or
- d) The behavior or conduct on the part of any member that is considered professionally unacceptable to the Hospital or disruptive of the orderly operation of the Hospital or its Medical Staff, including the inability of the member to work harmoniously with others;

a written request for an investigation of the matter shall be addressed to the Executive Committee making specific reference to the activity or conduct which gave rise to the request.

The chairman of the Executive Committee shall promptly notify the Chief Executive Officer in writing of all requests for an investigation regarding an individual received by the Executive Committee and keep the Chief Executive Officer fully informed of all action taken in connection therewith.

2. Precautionary Suspension of Clinical Privileges

Whenever Grounds for Action (Article XI C 1) are considered, The Chief Medical Officer or the Officers of the Medical Staff, with the approval of the Chief Executive Officer, may suspend, as a Precautionary Suspension, all or any part of the clinical privileges whenever failure to take such an action may result in imminent danger to the health and/or safety of any individual or to the orderly operations of the hospital (See also Summary Suspension below). This suspension shall be deemed to be administrative in nature as an interim precautionary action and not a professional review action. This suspension shall not indicate the validity of the Grounds for Action, and the suspension shall remain in force without appeal during the course of any investigation. If a Precautionary Suspension is placed into effect, the investigation shall be

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completed within a reasonable time, not to exceed 30 calendar days of the suspension. Should an investigation exceed 30 calendar days, the reasons for the delay shall be transmitted to the Board so it may consider whether the suspension should be lifted. A hearing, pursuant to Article XII, is not required for a precautionary suspension or restriction.

A precautionary suspension shall become effective immediately upon imposition and shall immediately be reported in writing to the Executive Committee through the Chief Medical Officer with the approval of the Chief Executive Officer. A Precautionary Suspension shall remain in effect unless or until modified by the Chief Executive Officer or the Board.

In the event the suspension is lifted, the Executive Committee shall take such further actions as may be deemed necessary or required in the manner specified in this article.

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3. Investigative Procedure

The Executive Committee shall meet as soon after receiving the request as practicable and in the opinion of the Executive Committee

- a) If the request for investigation contains information sufficient to warrant a recommendation for adverse action, the Executive Committee, at its discretion, shall make such a recommendation, with or without a personal interview with the member; or
- b) If the request for investigation does not at that point contain information sufficient to warrant a recommendation, the Executive Committee shall either immediately investigate the matter itself, or appoint a subcommittee of the Executive Committee or an Investigating Committee to do so.
- c) An Investigating Committee, if constituted, shall consist of three persons who may hold appointments to the Medical Staff. This committee shall not include partners, associates or relatives of the affected individual or members of the Executive Committee who are without apparent conflict of interest. Employment by Children's Hospital, in and of itself, shall not constitute a conflict of interest.

The Investigating Committee shall have available the full resources of the Medical Staff and the Hospital, as well as the authority to use outside consultants as required.

The individual with respect to whom an investigation has been requested shall have an opportunity to meet with the Investigating Committee before it makes its report. At this meeting (but not, as a matter of right, in advance of it) the individual shall be informed of the general nature of the information supporting the investigation requested and shall be invited to discuss, explain or refute it. This interview shall not constitute a hearing, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply. The Investigation shall make a summary of such interviews. The individual being investigated may not, as a matter of right, be represented by counsel at such interview.

The investigation may require that the individual procure a physical and/or mental examination by a physician or physicians selected by the committee. Failure to procure such an examination within a reasonable time after being requested to do so in writing by the committee shall constitute voluntary relinquishment of all privileges until such time as the committee has received the results and has had a reasonable opportunity to evaluate them and make recommendations thereon. If the member's appointment lapses during this time, the action shall be deemed a resignation during an investigation and shall be reportable to the National Practitioner Data Bank.

If a subcommittee or Investigating Committee is used, the Executive Committee may accept, modify or reject the report it receives from that committee.

4. Executive Committee Recommendations

After the Investigating Committee delivers its report and recommendation, the Executive Committee may:

- a) Recommend issuing a letter of counsel,
- b) Recommend issuing a letter of reprimand,

Article XI: Corrective Action

- c) Recommend imposition of terms of conditional continued appointment,
- d) Recommend suspension of clinical privileges for a term,
- e) Recommend imposition of a requirement for mandatory concurring consultation,
- f) Recommend reduction of clinical privileges,
- g) Recommend revocation of staff appointment, or
- h) Recommend that no action is justified.

If the recommendation of the Executive Committee is to either a) issue a letter of counsel or b) issue a letter of reprimand, or c) impose terms of conditional continued appointment, the Executive Committee shall implement the recommendation immediately. These actions are without right of appeal to the Board.

If the recommendation of the Executive Committee is suspension of clinical privileges for a term of 30 calendar days or less, the suspension shall be implemented immediately. A report of the action taken and reasons thereof shall be made to the Board through the Chief Executive Officer and the action shall stand unless modified by the Board. If the Board chooses to modify the duration of the suspension to a term of more than 30 calendar days, that action shall invoke the hearing rights outlined in Article XII as a board initiated professional review action.

If the recommendation of the Executive Committee is that no action is justified, a report of this action shall be made to the Board through the Chief Executive Officer. The action shall stand unless modified by the Board. If the Board chooses to modify the action such that the member shall have his privileges suspended for a term of more than 30 calendar days, imposition of a mandatory confirmatory consultation, reduction of clinical privileges, or revocation of staff appointment, that action shall invoke the hearing rights outlined in Article XII as a board initiated professional review action.

If the recommendation of the Executive Committee is the imposition of a mandatory concurring consultation requirement, reduction of clinical privileges, suspension of clinical privileges for more than 30 calendar days or revocation of staff appointment the Executive Committee shall forward its recommendation through the CEO to the Board. The Chief Executive Officer shall promptly notify the affected individual by certified mail, return receipt requested. The Chief Executive Officer shall then hold the recommendation until after the individual has exercised or has been deemed to have waived his right to a hearing as provided in Article XII. At the time the individual has been deemed to have waived his right to a hearing, the Chief Executive Officer shall forward the recommendation of the Executive Committee, together with all supporting documentation, to the Board. The chairman of the Executive Committee or his designee shall be available to the Board or its appropriate committee to answer any questions that may be raised with respect to the recommendation. These actions are reportable to the National Practitioner Data Bank upon final action of the Board.

C. Summary Suspension of Clinical Privileges

1. Grounds for Summary Suspension

The President of the Medical Staff, Chief Medical Officer, Senior Vice President, a Division Chief, the Chief Executive Officer, or the Chairman of the Board shall each have the authority to summarily suspend all or any portion of the clinical privileges of a member or other individual whenever such action is in the best interest of patient care or safety or the continued effective operation of the Hospital, or whenever such member has violated the bylaws, policies and procedures of the Hospital or Medical Staff. Such suspension shall not imply any final finding of the referral for the situation that caused the suspension.

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Such summary suspension shall become effective immediately upon imposition, shall immediately be reported in writing to the Chief Executive Officer, or the President of the Medical Staff, and shall remain in effect unless or until modified by the Chief Executive Officer or the Board.

2. Executive Committee Procedure

Any person who exercises his authority under Section 1 of this Part to summarily suspend clinical privileges shall immediately report his action to the President of the Medical Staff and the Chief Medical Officer. An

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investigation of the matter resulting in summary suspension shall be completed within 14 calendar days of the suspension or reasons for the delay shall be transmitted to the Board so that it may consider whether the suspension should be lifted. At that point the Executive Committee shall proceed as required in the manner specified under Part B of this Section. The summary suspension shall remain in force after the appropriate committee takes responsibility, unless and until modified by that committee or the Chief Executive Officer, or until the matter that required the suspension is finally resolved. If the suspension lasts longer than 30 calendar days it shall be reported to the National Practitioner Data Bank.

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3. Care of Suspended Individual's Patients

Immediately upon the imposition of a summary suspension, the appropriate division chief or, in his absence, the appropriate Senior Vice President shall assign to another member with appropriate clinical privileges responsibility for care of the suspended member's patients admitted to the Hospital at the time of such suspension until such time as they are discharged. The wishes of the patient, parents or legal guardian shall be considered in the selection of a substitute; however, the patient, parents or legal guardian have the right to reject the recommendation of the division chief. It shall be the duty of the President of the Medical Staff, the Chief Medical Officer, the Senior Vice President, and the division chief to cooperate with the Chief Executive Officer in enforcing all suspensions.

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D. Other Actions

1. Failure to Complete Medical Records

The admitting and operative clinical privileges of any member shall be deferred for failure to complete medical records in accordance with Medical Staff Policies and Procedures, unless the Medical Staff member is without fault. Such deferment shall continue until all the records of the member's patients are no longer delinquent. Failure to complete the medical records that caused deferment of clinical privileges after 90 days from the initial deferment of privileges shall constitute a voluntary relinquishment of clinical privileges and resignation from the Medical Staff. Such an action is not reportable to the National Practitioner Data Bank.

2. Maintaining Eligibility Criteria for Privileges or Membership

Action by the appropriate District of Columbia or other state licensing board revoking or suspending a member's professional license, or loss or lapse of any license to practice for any reason, including jurisdictional controlled substance licenses where appropriate to the member's scope of practice, shall result in automatic suspension of clinical privileges for the particular jurisdiction as of that date, until the license or licenses are restored. If an individual's license or licenses are not restored during his term of appointment, that individual shall not be eligible for reappointment but would have to apply as a new applicant. Lapse in licensure extending for more than 120 days shall be deemed a voluntary resignation from the Medical Staff and is not reportable to the National Practitioner Data Bank.

Failure to maintain all eligibility criteria for any granted privileges shall result in deferral of those privileges for which the eligibility criteria are no longer met. If a member's privileges are deferred for more than 90 days on the basis of failure to maintain eligibility criteria, then those member's privileges shall be considered relinquished. The member shall have the opportunity to reapply for any relinquished privileges as per Article VII D of these Bylaws.

3. Failure to be Adequately Insured

If at any time the professional liability insurance coverage of a member with clinical privileges lapses, falls below the required minimum, is terminated or otherwise ceases to be in effect, the member's clinical privileges shall be automatically suspended as of that date until the required professional liability insurance coverage is restored. Such an action is not reportable to the National Practitioner Data Bank.

4. Failure to Maintain Board Certification

If at any time a member's time-limited board certification lapses due to a failure to recertify, the affected member shall report this to the Credentials Committee within 30 calendar days. In consideration of any reappointment application, the Credentials Committee may consider a time-limited waiver of the board

Article XI: Corrective Action

certification requirement for eligibility for membership or a permanent waiver of board certification consistent with Article VII A 2 a) 4).

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5. Failure to Attend Meetings or Satisfy Continuing Education Requirements

Failure to attend meetings as required in the Medical Staff Bylaws or failure to complete legally mandated continuing education requirements shall be considered a voluntary relinquishment of active Medical Staff appointment and shall be sufficient grounds for refusing to reappoint the member concerned. Such failures shall be documented and specifically considered by the Credentials Committee when making its recommendations for reappointment, by the Executive Committee and the Board when making its final decisions. Such an action is not reportable to the National Practitioner Data Bank.

Any member whose reappointment has been refused for these reasons shall be entitled to meet with a committee to be designated by the Board before final action is taken. This meeting with the Board committee shall not be conducted under the procedural rules Article XII provided in this policy.

If reappointment is refused by the Board for failure to attend meetings or satisfy continuing education requirements, the member shall be eligible to reapply for Medical Staff appointment and the application shall be processed in the same manner as if it were an initial application.

6. Resignation

A member wishing to resign from the Medical Staff shall so indicate in writing to the Credentials Committee. Resignations of members shall be effective on the date of final Board Action. The Credentials Committee shall recommend to the Medical Executive Committee whether an individual's resignation is without issues and may be considered by the Expedited Board Action Committee of the Board of Directors. The Expedited Board Action Committee (membership described in Article VII) shall consider resignations and may render final action on behalf of the Board of Directors when the vote for acceptance is unanimous. A report of resignations accepted shall be made to the Professional and Consumer Affairs Committee of the Board.

E. Procedure for Leave of Absence

Members may, for good cause, be granted leaves of absence by the Board for a definitely stated period of time, not to exceed one year. Absence for longer than one year shall constitute voluntary resignation of Medical Staff appointment and clinical privileges unless an exception is made by the Board.

Requests for leaves of absence shall be made through the MSO and forwarded to the division chief in which the member applying for leave has his primary clinical privileges, and shall state the beginning and ending dates of the requested leave. The division chief shall transmit the request together with his recommendation to the Senior Vice President of the Center concerned. The Senior Vice President shall review the request and recommendation of the division chief and thereafter transmit his recommendation to the Credentials Committee. The Credentials Committee shall make a report and a recommendation to the Executive Committee of the Medical Staff and the Executive Committee will transmit its recommendation to the Chief Executive Officer for action by the Board.

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At the conclusion of the leave of absence, the member may be reinstated, upon filing a written statement requesting reinstatement that includes a summary of his professional activities during the leave of absence and any other such information as the Executive Committee may request, with the MSO and the Executive Committee. The Executive Committee shall transmit the request to the Board along with the Executive Committee's recommendations for staff category and privileges. The Board shall consider the request for reinstatement as per the Children's Hospital Bylaws.

In acting upon the request for reinstatement, the Board may approve reinstatement to either the same or a different staff category, and may limit or modify the clinical privileges granted to the member upon reinstatement.

Article XII. Fair Hearing Plan

A. Initiation of Hearing

An applicant or a member shall be entitled to a hearing whenever the Executive Committee has taken a professional review action adversely affecting the member's clinical privileges or Medical Staff membership regarding those matters enumerated in Part B, 2 of this Article. The affected individual shall also be entitled to a hearing, before the Board enters a final decision, in the event the Board should determine to take a professional review action regarding any of those matters. The purpose of the hearing shall be to make a report and recommendation to the Board, and the duties of the Hearing Panel shall be so defined and so carried out. Accordingly, the hearing shall be conducted in as informal a manner as possible, subject only to the rules and procedures set forth in this Article. This article applies to any action based on competence or professional conduct, but does not include decisions such as those based on properly adopted Medical Staffing plans nor on actions based on technical or administrative business unrelated to the health or welfare of a patient, such as suspension for failure to attend meetings or for failure to complete medical records, under Article XI E, Sections 1, 3 and 5.

B. The Hearing

1. Notice of Recommendation

When a recommendation is made which, according to Part B 2 of this section, entitles an individual to a hearing prior to a final decision of the Board on that recommendation, the affected individual shall promptly be given notice by the Chief Executive Officer, in writing, return receipt requested. This notice shall contain

- a) A statement of the recommendation made and the reasons for it;
- b) Notice that the individual has the right to request a hearing on the recommendation within 30 calendar days of receipt of the notice; and
- c) A summary of the rights of the hearing as provided for in this policy.

Such individual shall have 30 calendar days following the date of the receipt of such notice within which to request a hearing by the Hearing Panel (Article XII A). The request shall in writing to the Chief Executive Officer. All days shall be included in computing the 30-day period except that if the thirtieth day is not an ordinary business day (Monday through Friday), the final day of notice shall be the next following business day. In the event the affected individual does not request a hearing within the time and in the manner described, he shall be deemed to have waived his right to such hearing and to have accepted the recommendation involved.

2. Grounds for Hearing

Any professional review action which adversely affects clinical privileges or Medical Staff membership shall constitute grounds for a hearing.

3. Unappealable Actions

Neither voluntary nor automatic relinquishment of clinical privileges, as provided for elsewhere in this these Bylaws, no matter whether recommended by the Executive Committee or imposed by the Board, shall constitute grounds for a hearing but shall take effect without hearing or appeal. If voluntary relinquishment is in exchange for not conducting an investigation or occurs pending an investigation, it is reportable to the National Practitioner Data Bank.

4. Notice of Hearing and Statement of Reasons

The Chief Executive Officer shall schedule the hearing and shall give notice of its time, place and date, in writing, return receipt requested, to the person who requested the hearing. The notice shall also include a proposed list of witnesses who will give testimony or evidence in support of the Medical Staff or the Board at the hearing. The hearing shall begin as soon as practicable, but no sooner than 30 calendar days after the notice of the hearing unless an earlier hearing date has been specifically agreed to in writing by the parties. This notice shall contain a statement of the specific reasons for the recommendation as well as the list of

Article XII: Fair Hearing

patient records and information supporting the recommendation. This statement, and the list of supporting patient record numbers and other information it contains, may be amended or added to at any time, even during the hearing so long as the additional material is relevant to the continued appointment or clinical privileges of the individual requesting the hearing, and that individual and his counsel have sufficient time to study this additional information and rebut it.

5. List of Witnesses

A written list of the names and addresses of the persons so far as is then reasonably known, who will give testimony or evidence in support of the Medical Staff or the Board at the hearing, shall be given with the notice of hearing. The individual requesting the hearing shall provide a written list of the names and addresses of the persons expected to offer testimony or evidence on his behalf within 10 business days after receiving notice of the hearing. The witness list of either party may, in the discretion of the presiding officer, be supplemented or amended at any time during the course of the hearing, provided that notice of the change is given to the other party.

6. Hearing Panel

When a hearing is requested, the Chief Executive Officer, acting for the Board and after considering the recommendations of the President of the Medical Staff and the Chairman of the Board, shall appoint a Hearing Panel which shall be composed of not less than three members. The President shall appoint a chairman of the Hearing Panel. The majority of the Panel shall be composed of Medical Staff members who shall not have actively participated in the previous consideration of the matter. Other members of the Panel may include physicians not connected with the Hospital. The Panel shall not include any individual who is in direct economic competition with the affected person. Knowledge of the matter involved shall not preclude any individual from serving as a member of the Hearing Panel.

7. Failure to Appear

Failure, without good cause, of the individual requesting the hearing to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendation.

8. Postponements and Extensions

Postponements and extensions of time beyond any time limit set forth in this policy may be requested by anyone but shall be permitted only by the Hearing Panel chairman on a showing of good cause.

9. Deliberations and Recommendation of the Hearing Panel

Within 20 calendar days after final adjournment of the hearing, the Hearing Panel shall conduct its deliberations outside the presence of any other person except the Presiding Officer (See Part C of this Article) and shall render a recommendation and a report. The report shall contain all supporting documentation, and a concise statement of the reasons justifying the recommendation. The reasons shall be substantially based on the evidence produced at the hearing. The Hearing Panel shall deliver the recommendation and the report to the Chief Executive Officer.

10. Disposition of Hearing Panel Report

Upon its receipt, the Chief Executive Officer shall forward the Hearing Panel's report and recommendation, along with all supporting documentation, to the Board for action. He shall also send a copy of the report and recommendation, return receipt requested, to the individual who requested the hearing. If the hearing has been conducted by a reason of an adverse recommendation by the Medical Staff, a copy of the report of the Hearing Panel shall be delivered by the Chief Executive Officer to the President of the Medical Staff for informational purposes.

C. Hearing Procedure

1. Representation

The individual requesting the hearing shall be entitled to be represented at the hearing by an attorney, at his own expense, to examine witnesses and present his case. To represent the interests of the Board, the

Article XII: Fair Hearing

Chief Executive Officer shall appoint a person, who may be an attorney, to support the recommendations that gave rise to the hearing and to examine and cross-examine witnesses at the hearing.

2. Presiding Officer

The Chief Executive officer may appoint an attorney at law as Presiding Officer. Such Presiding Officer may be legal counsel to the Hospital. He must not act as a prosecuting officer, or as an advocate for either side at the hearing. He may participate in the private deliberations of the Hearing Panel and be a legal advisor to it, but he shall not be entitled to vote on its recommendations. He may thereafter continue to advise the Board on the matter.

If no Presiding Officer has been appointed, the chairman of the Hearing Panel shall be the Presiding Officer.

The Presiding Officer shall act to insure that all participants in the hearing have a reasonable opportunity to be heard and to present all oral and documentary evidence, that decorum is maintained throughout the hearing and that no intimidation is permitted. He shall determine the order of procedure throughout the hearing, and shall have the authority and discretion, in accordance with these Bylaws, to make rulings on all questions which pertain to matters of procedure and to the admissibility of evidence, as set forth in Article XII C 5. In making this decision, the Presiding Officer may rely on the legal counsel to the Hospital. In all instances he shall act in such a way that all information relevant to the continued appointment or clinical privileges of the person requesting the hearing is considered by the Hearing Panel in formulating its recommendations to the Board.

3. Record of Hearing

The Hearing Panel shall maintain a record of the hearing by a reporter present to make a record of the hearing or a recording of the proceedings. The cost of such reporter shall be borne by the Hospital. The Hearing Panel shall order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the District of Columbia.

4. Rights of Both Sides

At a hearing both sides shall have the following rights: to call and examine witnesses to the extent available, to introduce exhibits, to cross-examine any witness on any matter relevant to the issues and to rebut any evidence. If the person requesting the hearing does not testify in his own behalf, he may be called, however, and examined.

5. Admissibility of Evidence

The hearing shall not be conducted according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the Presiding Officer if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Hearing Panel may request such a memorandum to be filed, following the close of the hearing. The Hearing Panel may interrogate the witnesses, call additional witnesses or request documentary evidence if it deems it appropriate.

6. Official Notice

The Presiding Officer shall have the discretion to take official notice of any matters, either technical or scientific, relating to the issues under consideration that could have been judicially noticed by the courts of the District of Columbia. Participants in the hearing shall be informed of the matters to be officially noticed and such matters shall be noted in the record of the hearing. Either party shall have the opportunity to request that a matter be officially noticed or to refute the noticed matter by evidence or by written or oral presentation of authority. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

7. Basis of Recommendation

The recommendation of the Hearing Panel shall be based on the evidence produced at the hearing. This evidence may consist of the following:

- a) Oral testimony of witnesses;
- b) Memorandum of points and authorities presented in connection with the hearing;
- c) Any information regarding the person who requested the hearing so long as this information has been admitted into evidence at the hearing and the person who requested the hearing had the opportunity to comment on and, by other evidence, refute it;
- d) Any and all applications, references, and accompanying documents;
- e) All officially noticed matters;
- f) Any other evidence that has been admitted.

8. Burden of Proof

At any hearing conducted under this Article, the following rules governing the burden of proof shall apply:

The Board or the Medical Staff, whichever recommendation prompted the hearing initially, shall first come forward with evidence in support of its recommendation. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his support.

After all the evidence has been submitted by both sides, the Hearing Panel shall recommend in favor of the Medical Staff or the Board unless it finds that the individual who requested the hearing has proved that the recommendation that prompted the hearing was not substantially sustained by the evidence or otherwise unfounded.

9. Attendance by Panel Members

Recognizing that it is necessary to conduct a hearing as soon as reasonable after the event or events that gave rise to the hearing's necessity and that not all members of the Hearing Panel may be present continually at all sessions of the panel, the hearing shall continue even though certain members of the Hearing Panel are not present at all times. The fact that certain panel members were not physically present at all times during the hearings will not disqualify them or invalidate the hearing. Consequently, no quorum of the Hearing Panel shall be required in order to continue the hearing. The vote shall be by majority of those appointed to the Hearing Panel.

10. Adjournment and Conclusion

The Presiding Officer may adjourn and reconvene the hearing at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

D. Appeals

1. Time for Appeal

Within 7 business days after the affected individual is notified of an adverse recommendation from the Hearing Panel or Board committee modifying a recommendation of a Hearing Panel, which had not been previously appealed in a manner adverse to the individual, he may request an appellate review. The request shall be in writing, and shall be delivered to the Chief Executive Officer either in person or by certified mail, and shall include a brief statement of the reason(s) for appeal. If such appellate review is not requested within 7 business days as provided herein, the affected individual shall be deemed to have accepted the recommendation involved.

2. Grounds for Appeal

The grounds for appeal from an adverse recommendation shall be that:

There was substantial failure on the part of the Medical Staff, Hearing Panel or Board committee, whichever recommendation is the subject of the appellate review, to comply with the Medical Staff Bylaws in the conduct of the hearing or recommendation based upon the hearing so as to deny due process or a fair hearing; or

The recommendation was made arbitrarily or capriciously; or

The recommendation was not substantially supported by the evidence.

3. Time, Place and Notice

Whenever an appeal is requested as set forth in the preceding sections, the Chairman of the Board shall, within 10 business days after receipt of such request, schedule and arrange for an appellate review. The Board shall give the affected individual notice of the time, place and date of the appellate review. The date of appellate review shall be not less than 20 calendar days, nor more than 40 calendar days, from the date of receipt of the request for appellate review. However, when a request for appellate review is from a member who is under a suspension, the appellate review shall be held as soon as the arrangements may reasonably be made and not more than 14 calendar days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Chairman of the Board for good cause.

4. Nature of Appellate Review

The Chairman of the Board shall appoint a Review Panel composed of three or more persons, either members of the Board or others, including but not limited to reputable persons outside the Hospital, or any combination of the same, to consider the record upon which the recommendation before it was made.

The Review Panel may accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Hearing Panel proceedings. Such additional evidence shall be accepted only if the party seeking to admit it can demonstrate that he was deprived of the opportunity to admit it at the hearing and then only at the discretion of the Review Panel.

Each party shall have the right to present a written statement in support of his position on appeal, and in its sole discretion, the Review Panel may allow each party or its representative to appear personally and make oral argument. The Review Panel shall recommend final action to the Board.

The Board may accept, modify or reject the recommendation of the Review Panel or, in its discretion, refer the matter for further review and recommendation.

5. Final Decision of the Board

Within 30 calendar days after receipt of the Review Panel's recommendation, the Board shall render a final decision in writing containing the reasons for taking the action that are substantially based on the evidence produced at the hearing and shall deliver copies thereof to the affected individual and to the President of the Medical Staff, in person or by certified mail.

6. Further Review

Except where the matter is referred for further review and recommendation in accordance with Section 4 of this Part, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. However, if the Board refers the matter for further review and recommendation, such recommendations shall be promptly made to the Board in accordance with the instructions given by the Board. This further review process and the report back to the Board shall in no event exceed 30 calendar days in duration except as the parties may otherwise stipulate.

7. Right to One Appeal Only

No applicant or Medical Staff member shall be entitled as a matter of right to more than one appellate review on any single matter which may be the subject of an appeal, without regard to whether such subject is the result of action by the Medical Staff or Hearing Panel, or a combination of acts of such bodies.

E. Right to Reapply to the Medical Staff

In the event that the Board ultimately determines to deny initial appointment to the Medical Staff, deny reappointment to the Medical Staff or to terminate the Medical Staff appointment and clinical privileges of a member, that individual may not again apply for Medical Staff appointment or clinical privileges at Children's Hospital for five years from the date of the final decision unless the Board provides otherwise in the written decision.

Article XIII. Policies and Procedures of the Medical Staff

Medical Staff policies and procedures as may be necessary to implement more specifically the general principles of conduct found in these Bylaws shall be adopted in accordance with this Article. Policies and Procedures shall set standards of practice that are to be required of each individual exercising clinical privileges in the Hospital and shall act as an aid to evaluating performance under, and compliance with, these standards. Policies and Procedures shall have the same force and effect as the Bylaws.

Particular Policies and Procedures may be adopted, amended, repealed or added by vote of the Executive Committee, or at any regular or special Medical Staff meeting. Copies of the proposed amendments, additions or repeals must be made available to all members of the Executive Committee 14 calendar days before a vote occurs on the proposed changes. Written comments on the proposed changes by members shall be brought to the attention of the Executive Committee before any vote.

Policies and Procedures of the Medical Staff may also be adopted, amended, repealed or added by the Medical Staff at a regular meeting or special meeting called for that purpose provided that the procedure used in amending the Medical Staff Bylaws is followed.

Article XIV. Amendments

All proposed amendments of these Bylaws initiated by the Medical Staff shall, as a matter of procedure, be referred to the Bylaws and Nominating Committee. The Bylaws and Nominating Committee shall report to the Executive Committee from time to time on proposed amendments to the Bylaws. The Executive Committee shall report on the proposed amendments either favorably or unfavorably at the next regular meeting of the Medical Staff, at a special meeting called for such purpose, or to the voting members of the Medical Staff by mail ballot or electronic mail. The amendments shall be published for 14 calendar days before a vote. Balloting by mail or electronic mail may be conducted if there is no regular or special meeting scheduled. To be adopted, an amendment must receive a majority of the votes cast by the voting members of the Medical Staff who are present at the time of such vote and who do vote. In the case of a mail or electronic mail ballot, non-response will represent an affirmative vote two weeks after the mailing date. Amendments so adopted shall be effective when approved by the Children's Hospital Board.

Neither the Executive Committee nor the Children's Hospital Board may unilaterally amend the Medical Staff Bylaws or Policies and Procedures. When there is disagreement between the two groups, an ad hoc committee with equal representation of the Medical Staff leadership and the Children's Hospital Board will be convened in order to reconcile the dispute.

The Executive Committee shall have the power to adopt such amendments to the Bylaws as are, in the committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. The Executive Committee shall also have to power to adopt amendments to the Bylaws to meet requirements of hospital accreditation or licensing bodies. The Executive Committee shall also have the power to adopt amendments to the Bylaws to change the Medical Staff Structure. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within 60 calendar days after adoption by the Executive Committee.

The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Executive Committee. After adoption, such amendments shall, as soon as practicable, be published for 14 calendar days and sent to the Chief Executive Officer.

Article XV. Adoption

These Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, and henceforth all activities and actions of the Medical Staff and of each individual exercising clinical privileges in the Hospital shall be taken under and pursuant to the requirements of these Bylaws.

The present Policies and Procedures of the Medical Staff are hereby readopted and placed into effect insofar as they are consistent with these Bylaws, until such time as they are amended in accordance with the terms of these Bylaws.

APPROVED by the Medical Staff at ~~the Annual Meeting~~ held on ~~June 16, 2009~~

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President of the Medical Staff

APPROVED by the Children's Hospital Board of Directors September ~~16, 2009~~

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Chief Executive Officer

Chairman of the Board, Children's Hospital

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