

HARRISON MEDICAL CENTER

MEDICAL STAFF BYLAWS



December 20, 2021

**Harrison Medical Center
Medical Staff Bylaws
Revised December 20, 2021
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Article I: Name

The name of the organization shall be the Medical Staff of Harrison Medical Center (hereinafter *Medical Staff*).

Article II: Goals, Purposes, and Role of the Medical Staff

The Medical Staff supports the mission and core values of Harrison Medical Center (hereinafter *Harrison*).

The mission of Harrison Medical Center is:

To make a positive difference in people's lives through exceptional health care

The Core Values of Harrison Medical Center are:

Empathy

Innovation

Accountability

Section 1: Goals

To accomplish the mission, the Medical Staff has established the following goals:

- A. To strive for the provision of sound, quality care for all patients admitted to or treated in any of the facilities, departments, or services of Harrison
- B. To govern itself according to democratic principles – each member to be heard and represented – and to follow majority rule with due respect to the minority, subject to the ultimate authority of the Harrison Board of Directors (hereinafter *Board*) as set forth in these Bylaws
- C. To provide an appropriate educational setting that will maintain ethical and scientific standards of medical care and that will lead to continuous advancement in professional knowledge and skill
- D. To maintain professional, collegial relationships within the Medical Staff and with Harrison Administration, and the Board
- E. To undertake the governance of the Medical Staff in a manner that prepares it to meet future challenges and respond effectively to needs for change as they occur
- F. To provide a means for effective communication among the Medical Staff, Administration, and the Board on issues of mutual concern

Section 2: Purpose

The purposes of the Medical Staff are to:

- A. Provide one organized, collegial body through which the benefits of Medical Staff (mutual education, consultation, and professional support) may be obtained by each Medical Staff member and the obligations of Medical Staff membership may be fulfilled
- B. Serve as the primary means for the Medical Staff relating to the Board on issues involving the quality and appropriateness of the professional performance, clinical standards, and the ethical conduct of its members, as well as of all Non-Physician Practitioners
- C. Strive for quality patient care at all levels of the organization efficiently delivered, consistent with available resources, and achievable by the state of the healing arts in accordance with applicable standards in the community.
- D. Develop an organizational structure that defines the responsibility and, when appropriate, the authority and accountability of each organizational component
- E. Provide a means through which the Medical Staff actively and constructively may participate in Harrison's policy-making and planning processes

Section 3: Role

- A. The Medical Staff is an organized, self –governing body, subject to the ultimate authority of the Board, as set forth in these Bylaws.
 - 1. The Medical Staff is comprised of physicians, dentists, and podiatrists holding privileges at Harrison
 - 2. These Bylaws establish the manner by which the Medical Staff shall be self-governing
 - 3. The Medical Staff adopts and amends the Medical Staff Bylaws, Policies, and Rules and Regulations
- B. The Medical Staff's relationship with the Harrison Board
 - 1. The self-governing Medical Staff, as with all other organizational components of Harrison, is accountable to the Board and subject to the ultimate authority of the Board as set forth in these Bylaws.
 - 2. The Medical Staff and the Board collaborate to enhance the quality and safety of care, treatment, and services provided to patients. In matters of Medical Staff self-governance, the Board's consent to and affirmation of Medical Staff actions shall not be unreasonably withheld.
 - 3. The Board, which is ultimately responsible for the quality and safety of care at Harrison, delegates to the Medical Staff primary responsibility to oversee the quality of care provided by all members of the Medical Staff, Non-Physician Practitioners, and other staff who are privileged through the Medical Staff process.

4. The Medical Staff is accountable to the Board for working in conjunction with the Board and Administration in matters related to compliance with the requirements for accreditation by the Joint Commission and other statutory or regulatory standards which set parameters for the practice of health care and other activities of Medical Staff members within Harrison.

Article III: Medical Staff Membership

Section 1: Nature of Medical Staff Membership

Membership on the Medical Staff of Harrison is a privilege which shall be extended only to those physicians (MD or DO), dentists (DDS or DMD), and podiatrists (DPM) who continuously meet the qualifications, standards, and requirements set forth in these Bylaws and in other Medical Staff and Harrison Policies, Rules and Regulations, and Plans.

Section 2: The Relationship Between Medical Staff Membership and Clinical Privileges

“Medical Staff membership” refers to the organizational rights accorded a member pursuant to these Bylaws such as how the members and other practitioners relate to the Medical Staff as an organization and to each other (for example, right to vote, to serve on committees, to hold office, etc.).

By contrast the term “clinical privileges” refers to the privileges granted by the Board, based upon recommendations of the organized Medical Staff pursuant to these Bylaws. Clinical privileges delineate the clinical services that a practitioner can render to patients at Harrison.

Section 3: Qualifications for Medical Staff Membership

- A. All matters and details relating to qualifications for appointment to the Medical Staff, application for and modification of appointment to the Medical Staff, and reappointment to the Medical Staff are contained in the Medical Staff Policies on Appointment and Reappointment, Chapters 4 and 5, which is incorporated by reference into these Medical Staff Bylaws.
- B. Qualifications for initial appointment to the Medical Staff include, but are not limited to
 1. Valid licensure in the State of Washington (except for those Medical Staff applying for membership in the military category of these Bylaws: see Article IV, Section 5)
 2. Appropriate professional training and experience
 3. Appropriate evaluation of clinical performance to assure current competency
 4. Demonstration of appropriate interpersonal relationships, including the ability to comply with the Disruptive Behavior Policy, Medical Staff Policies, Chapter 15.
 5. Suitable physical and mental health status adequate to demonstrate to the satisfaction of the Medical Staff that the applicant is professionally competent to exercise their duties and responsibilities.

6. Professional liability insurance in an amount prescribed by the Board
 7. Specialty Board certification or admissibility for clinical privileges requested
 8. Appropriate prescriptive authority for clinical privileges requested
- C. All practitioners wishing to apply or re-apply for membership on the Medical Staff will complete an appropriate application and provide all information required. The application, all supporting materials, and primary source verifications will be reviewed by the designated officers and committees, forwarded to the Medical Executive Committee (hereinafter MEC), and then to the Board for final action.

Section 4: Discrimination Prohibited

- A. Medical Staff membership and/or clinical privileges shall not be granted or denied solely on the basis of sex, age, race, creed, religion, color, sexual orientation, marital status, or national origin or any other criterion unrelated to the delivery of quality patient care at Harrison or to professional ability or judgment.
- B. Medical Staff membership and/or clinical privileges shall not be granted or denied solely or primarily on economic criteria (other than statutory, regulatory, or judicial requirements or other exceptions, such as the maintenance of professional liability insurance as specifically described in these Bylaws) that do not relate to clinical qualifications, professional responsibility, or quality of care.

Section 5: Medical Staff Members Employed by Harrison

- A. Employment of a physician, dentist, or podiatrist by Harrison shall not affect the practitioner's membership on the Medical Staff so long as the practitioner meets the requirements for one of the categories of Medical Staff membership as described in Article IV.
- B. As members of the Medical Staff, practitioners employed by Harrison must comply with the Medical Staff Bylaws, Policies, and Rules and Regulations.
- C. Members of the Medical Staff who are employed by Harrison are subject to all of the due process protections afforded by these Bylaws in regard to membership on the Medical Staff and clinical privileges shall not be terminated, suspended, or reduced unless the requirements of Article III, Section 6 and/or Article X, Sections 6 and 7 and associated requirements in Medical Staff Policies are followed.
- D. The due process protections of these Bylaws and the Fair Hearing Policy do not apply in the matters relates solely to the termination of employment by Harrison of an employed member of the Medical Staff. Matters such as these are matters of contract, to be negotiated by the employed member of the Medical Staff and Harrison.

Section 6: Termination and Suspension of Medical Staff Membership

- A. The complete procedural details related to the indications for and the process by which a Medical Staff member's membership may be terminated, suspended, or other corrective action taken are found in Chapters 9 and 10 of the Medical Staff Policies.

- B. Indications for termination or suspension of Medical Staff membership may include, but are not limited to, concerns regarding the Medical Staff member's ability to
 - 1. Deliver safe, quality patient care
 - 2. Meet the emotional, physical, or behavioral requirements of membership and avoids disruptive behavior (as defined in the Medical Staff Policies, Disruptive Physician, Chapter 15).
 - 3. Comply with Medical Staff Bylaws, Policies, and Rules and Regulations as well as compliance with federal and state laws and regulations or applicable Harrison Policies or Procedures.
- C. The process for determining if a Medical Staff member's membership should be terminated, suspended, or other corrective action taken may involve
 - 1. The results of ongoing professional practice evaluation (hereinafter OPPE) related to renewal of membership and clinical privileges
 - 2. Focused professional practice evaluation (hereinafter FPPE) related to assessment during the provisional period
- D. This process (OPPE and FPPE) may involve review by Medical Staff officers, the applicable department or section, an investigating committee, the Professional Performance Committee (hereinafter PPC), the MEC, Harrison Administration, and the Board.

Article IV: Categories of the Medical Staff

Section 1: Categories

- A. The Medical Staff shall be divided into the following categories:
 - 1. Active
 - 2. Affiliate
 - 3. Provisional
 - 4. Military
 - 5. Courtesy
 - 6. Honorary
- B. All appointments to the Medical Staff shall be made by the Board upon recommendation of the Medical Staff and shall be to one of the above categories of the Medical Staff.
- C. All appointees shall be assigned to a specific Section.

- D. An appointee may be eligible for clinical privileges in areas outside their Department or Section. The applicant requesting such privileges must apply for same and be approved pursuant to the provisions of the Medical Staff Policies, Chapters 4 and 5 on Appointment and Reappointment and Chapter 7 on Clinical Privileges.
- E. The Board and MEC may jointly determine appropriate minimum or maximum numbers of admissions or patient contacts necessary as prerequisite for appointment or reappointment to any staff category. Such numbers may vary by Section or Specialty. Any such definition of minimum or maximum levels of activity shall be based solely on clinical, not economic or financial consideration.

Section 2: Active Staff

- A. Qualifications – Appointees to the Active Staff must:
 - 1. Meet the general qualifications for membership as set forth in the Medical Staff Bylaws and Policies
 - 2. Be professionally based within Harrison’s primary service area as defined by the Board
 - 3. Regularly admit or be involved in the care of patients at Harrison. This shall include referral of patients for inpatient care by the Hospitalist service or other specialty service
 - 4. Have completed a minimum of twelve months of satisfactory performance as a Provisional-Active staff member
- B. Prerogatives – Appointees to the Active Staff may
 - 1. Provide care for patients within the limits of the clinical privileges granted
 - 2. Attend all Medical Staff, Section, Committee, and other ad hoc meetings (except as excluded by Executive Session)
 - 3. Vote on all matters presented at the Annual Medical Staff Meeting or at Special Medical Staff Meetings
 - 4. Vote on all matters presented at Section meetings to which they are assigned
 - 5. Vote on all matters presented at Committee meetings to which they are assigned
 - 6. Hold Medical Staff or Section Office or serve as a Committee Chair
 - 7. When there are capacity limitations, regardless of the reason, Active Staff members shall be granted priority over members of all other Medical Staff categories for elective admissions

C. Responsibilities – Appointees to the Active Staff must

1. Conform in all respects to the provisions of these Bylaws and other requirements in any Medical Staff Polices, Rules and Regulations, and Plans and/or accreditation, regulatory, or statutory requirements applicable to Harrison
2. Contribute to the organizational and administrative affairs of the Medical Staff (such as meeting attendance and participation)
3. Actively participate in recognized functions of Medical Staff appointment, including quality improvement
4. Serve on Emergency Department call rosters as required by the Medical Staff Policies and Section Rules and Regulations
5. Discharge other Medical Staff duties as may be required from time to time

Section 3: Affiliate Staff

A. General – The Affiliate Staff shall consist of

1. Practitioners who do not regularly admit or attend patients at Harrison, but who refer patients to Harrison for services;
2. Practitioners who possess special skills or knowledge identified to be needed and not already sufficiently available at Harrison;
3. Practitioners who provide consultative services at the specific request of an Active or Provisional-Active member of the Medical Staff
4. Practitioners who provide telemedicine services at the request of an Active or Provisional-Active member of the Medical Staff

B. Qualifications – Appointees to the Affiliate staff must fulfill one of the following:

1. Be professionally based and actively engaged in the practice of medicine, dentistry, or podiatry within Harrison’s primary service area, as defined by the Board; or,
2. Be professionally based and actively engaged in the practice of medicine, dentistry, or podiatry within Harrison’s secondary service area, as defined by the Board, who regularly refers patients for care by an Active Staff member, and for whom membership is beneficial for continuity of patient care; or,
3. Be professionally based and actively engaged in the practice of medicine, dentistry, or podiatry outside Harrison’s primary or secondary service area, as defined by the Board, who represents a clinical specialty that is, in the opinion of the Board, not represented on the Active or Provisional-Active Medical Staff by an adequate number of practitioners to meet the requirements of patients in the Harrison service area.

C. Prerogatives – Appointees to the Affiliate Staff may

1. Provide direct patient treatment at Harrison only at the express request of an Active or Provisional-Active Medical Staff member. When providing such direct patient treatment, the Affiliate member must assure availability to provide follow-up care appropriate to the treatment rendered and the patient's clinical condition. The Board, in consultation with the MEC, may determine criteria as to the adequacy of this follow-up provision. In doing so, the provisions may vary by Section or Specialty.
2. Attend all Medical Staff, Section, open Committee meetings, and continuing medical education programs
3. Sit on any Medical Staff or Section committee to which assigned
4. Vote at Committee meetings, but not at Medical Staff or Section meetings
5. Provide direct patient treatment or schedule elective procedures for not more than 5 patients during any Medical Staff Year without the express written permission of the Chief of Staff. There are two exceptions to this limitation:
 - a. Cases on which the practitioner served as first assistant to an Active or Provisional-Active member of the Medical Staff for operative procedures do not count toward the total
 - b. Telemedicine or diagnostic or consultative assistance (for example, pediatric cardiology and neurology, neuromonitoring for surgery) does not count toward the total

D. Responsibilities – Appointees to the Affiliate Staff must

1. Conform in all respects to the provisions of these Bylaws and other requirements contained in any Medical Staff Policy, Section Rules and Regulations, and Plans
2. Discharge other Medical Staff duties as may be required from time to time

Section 4: Provisional Staff

A. General

1. Provisional Staff shall consist of members in their first year of appointment to the Medical Staff and who intend to hold staff membership on the Active or Affiliate Staff.
2. The Provisional Staff period is a probationary period lasting for a minimum of twelve months. The 12-month period begins on the date the practitioner is granted Medical Staff membership and clinical privileges by the Board.
3. It can be extended for another 6-month period, if in the opinion of the Section Chief, PPC, MEC, and Board, the member does not meet the standards for advancement to a higher level. At the end of the 18-month Provisional period, action must be

taken to either advance the member to the next level of Medical Staff membership or deny membership.

4. Members of the Provisional Staff must continuously meet the applicable qualifications and responsibilities for membership set forth in these Bylaws.
5. During the Provisional period, a member in that category will be designated as Provisional-Active or Provisional-Affiliate, as appropriate, to designate the category to which the Provisional member desires to advance.

B. Qualifications – Appointees to the Provisional Staff must

1. Meet the qualifications for ultimate assignment to the Active or Affiliate Staff
2. Intend to maintain membership on the Medical Staff for at least one year

C. Prerogatives – Appointees to the Provisional Staff may

1. Admit and provide care for patients within the limits of the clinical privileges granted pursuant to these Bylaws
2. Attend all Medical Staff meetings
3. Attend Section meetings
4. Attend any open Committee meetings and Harrison continuing medical education programs
5. Sit on any Medical Staff or Section Committees to which assigned
6. Vote at Committee meetings, but not at Medical Staff or Section meetings

D. Responsibilities – Appointees to the Provisional Staff must

1. Conform in all respects to the provisions of the Medical Staff Bylaws, Policies, Rules and Regulations, and Plans
2. Contribute to the organizational and administrative affairs of the Medical Staff
3. Actively participate in recognized functions of Medical Staff appointment, including quality improvement
4. Provisional-Active will serve on Emergency Department call rosters as required by Medical Staff Policies and Section Rules and Regulations
5. Discharge other Medical Staff duties as may be required from time to time

Section 5: Military Staff

- A. Qualifications – Appointees to the Military Staff must:
1. Meet the general qualifications for membership as set forth in the Medical Staff Bylaws and Policies. Exemption: Practitioners in this category are required to have an unrestricted license to practice medicine issued by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide health care independently as a health care professional.
 2. Be an active duty physician, dentist, or podiatrist at a military facility with which Harrison has a Resource Sharing Agreement to provide services to patients within the jurisdiction of the military facility
 3. Admit and provide continuity of care for patients covered by the Resource Sharing Agreement, including follow up care appropriate for the treatment rendered and the patient's clinical condition
- B. Prerogatives – Appointees to the Military Staff may:
1. Provide continuous care for patients covered by the Resource Sharing Agreement within the limits of the clinical privileges granted independently by Harrison. There is no presumption that, just because one has certain privileges at the military facility, those privileges are automatically granted at Harrison.
 2. Attend all Medical Staff, Section, Committee, and other ad hoc meetings (except as excluded by Executive Session) and cannot vote and hold office
 3. Seek consultation from other non-military members of the Medical Staff provided such is permitted by the terms of the Resource Sharing Agreement
- C. Special Circumstances
1. It is understood that military obligations are the highest priority for practitioners in this category. It is expected that the Military Staff member will have a pre-arranged plan of coverage for patients who are hospitalized, but for whom the physician may no longer be available to continue care because of a military obligation. Such arrangement may be made with another Military Staff practitioner with the same clinical privileges who is covered under the Resource Sharing Agreement or a member of the Active or Provisional Active Staff with the same clinical privileges. The CMO will be made aware of this plan in advance so hospitalized patients may have continuous coverage in the event of an assignment, transfer, or deployment with minimal notice.
 2. No provision of this Section is applicable to members of the military who have obtained Off Duty Civilian Employment with any group affiliated with Harrison. Those individuals shall follow the credentialing process and meet the criteria for clinical privileges as anyone else seeking membership in another category. They may care of any patients presenting at a Harrison facility within their scope of privileges, and are not limited by the Resource Sharing Agreement.

Section 6: Courtesy Staff

- D. Qualifications – The Courtesy Staff shall consist of
 1. Members who do not have clinical privileges to treat patients at Harrison; but, otherwise meet the criteria for Medical Staff membership
 2. Members who routinely refer patients to Harrison or receive patients from Harrison for follow up treatment and need access to patient information to maintain continuity of care
 3. Members must be professionally based and actively engaged in the practice of medicine, dentistry, or podiatry within Harrison’s primary or secondary service areas as defined by the Board
- E. Prerogatives – Appointees to the Courtesy Staff may
 1. Have access to the Harrison electronic medical records of their patients
 2. Order outpatient diagnostic tests and therapeutic services (laboratory, imaging, rehabilitation, infusion services, etc.)
 3. Attend Medical Staff meetings and Section meetings without vote
 4. Participate in Harrison continuing medical education programs
- F. Responsibilities – Appointees to the Courtesy Staff must
 1. Conform in all respects to the provisions of these Bylaws and other requirements contained in any Medical Staff Policy, Section Rules and Regulations, and Plans
 2. Discharge other Medical Staff duties as may be required from time to time

Section 7: Honorary Staff

- A. Qualifications
 1. Retirement from active practice after serving as members of the Active Medical Staff for a period of at least 10 continuous years and with continued adherence to the appropriate professional and ethical standards and are approved by the MEC; or,
 2. Other physicians, dentists, or podiatrists who have been recommended for this honor by the MEC
- B. Prerogatives – Members of the Honorary Staff may
 1. Attend Medical Staff meetings

2. Attend Section meetings by invitation of the Chief
 3. Attend open Committee meetings by invitation of the Chair
 4. Participate in continuing medical education programs
 5. Not admit or care for patients at Harrison
 6. Not vote
 7. Not hold Medical Staff office
 8. Have access to electronic medical record upon authorization of the MEC based upon clinical needs of patients
- C. Responsibilities – Members of the Honorary Staff shall maintain high ethical and professional standards to reflect positively on the Medical Staff

Section 8: Locum Tenens

- A. Qualifications – Appointees to the Locum Tenens staff shall consist of
1. Physicians, dentists, and podiatrists who have been assigned to work at Harrison on a temporary or per diem basis, either via arrangement with a staffing agency or contractual arrangement. Such arrangement may be made by either Harrison or a physician group which is making arrangements for coverage for an Active, Affiliate, or Provisional Staff member
 2. Physicians, dentists, and podiatrists who meet the credentialing criteria for the clinical privileges requested.
- B. Clinical Privileges are generally granted for the period of temporary coverage
1. Initial granting of privileges may be for a maximum of one year if intermittent coverage is expected
 2. For those working on an intermittent basis for a longer term, upon approval by the Section Chief, the privileges may be renewed consistent with the Medical Staff reappointment cycle
- C. Prerogatives – Locum Tenens practitioners may
1. Admit and provide care for patients within the limits of clinical privileges granted and coverage assignment, which may include Emergency Department call
 2. Attend Medical Staff meetings and Section meetings, without vote
 3. Participate in Harrison continuing medical education programs
- D. Though Locum Tenens practitioners are not members of the Harrison Medical Staff, they are expected to conform in all respects to the provisions of these Bylaws and other

requirements contained in any Medical Staff Policies, Section Rules and Regulations, and Plans.

Section 9: General Responsibilities

To facilitate contact regarding patient care and correspondence related to the business of the organized Medical Staff, regardless of staff category, each member of the Medical Staff is expected to provide Harrison with current and accurate

- A. Office mailing address
- B. Office contact numbers (telephone, fax, and backline)
- C. Cell phone and/or pager numbers
- D. E-mail address
- E. Home address and telephone number (for disaster plan)
- F. Detailed information for after office hours contact

This information is to be initially provided to the Medical Staff Services Office (hereinafter MSSO) and updated, as needed, thereafter with the MSSO.

Section 10: Limitations of Prerogatives

The prerogatives set forth under each Medical Staff category are general in nature and may be subject to limitations by special conditions attached to a practitioner staff appointment under other Articles and Sections of the Bylaws and/or other requirements contained in any Medical Staff Policies, Section Rules and Regulations, or Plans.

Article V: Structure of the Medical Staff

Section 1: Medical Staff Year

The Medical Staff Year will coincide with Harrison's fiscal year. The dates of the Medical Staff Year may be changed to coincide with any changes to the Harrison fiscal year.

Section 2: Medical Staff Fees

- A. Medical Staff fees for application and reappointment shall be established by the MEC, subject to approval by the Board, whose approval will not be unreasonably withheld.
- B. Fees are payable at the time of initial application. An initial application will not be processed unless the required fees have been paid.
- C. Fees related to reappointment must be paid prior to the expiration of the member's appointment. Applications for reappointment will not be processed without payment of the required fees.

- D. Fees collected for initial application or reappointment will be deposited in the Medical Staff Treasury.

Section 3: Medical Staff Treasury

- A. The Medical Staff shall maintain control of its funds through the establishment of a Medical Staff Treasury account within Harrison's financial structure.
- B. This account will be controlled by the appropriate Medical Staff officers whose fiduciary duty in handling such funds shall be solely to the Medical Staff, without outside influence.
- C. The Board and Administration shall have no right to the funds in the Medical Staff Treasury, but may prohibit expenditures that would result in a violation of law.
- D. The budget for the Medical Staff shall be ratified at least annually by the MEC.
- E. Funds shall be expended by the officers pursuant to their power under these Bylaws. Expenditures of funds shall be determined by the MEC. The Chief of Staff is authorized to approve expenditures of less than \$1,000 per month, if such expenditures are necessary prior to the next meeting of the MEC. The MEC or Chief of Staff shall notify the CEO of any expenditures that are not set forth in the Medical Staff budget.
- F. A report of the income, disbursements, and balance of the Medical Staff Treasury shall be reported to the MEC at each regularly scheduled meeting.

Section 4: Officers of the Medical Staff

- A. Officers of the Medical Staff shall consist of the following:
 - 1. Chief of Staff
 - 2. Assistant Chief of Staff
 - 3. Secretary/Treasurer
 - 4. Immediate Past Chief of Staff
 - 5. Section Chiefs
- B. Qualifications
 - 1. Must hold current specialty certification
 - 2. Must be members of the Active Staff in good standing at the time of nomination
 - 3. Must remain members of the Active Staff in good standing for the duration of their terms of office
 - 4. Failure to maintain good standing shall require that the person vacate the office immediately

C. Conflict of Interest Disclosures

1. Candidates for election or appointment to Medical Staff offices or the MEC shall disclose in writing to the Medical Staff, prior to the date of the election or appointment, any personal, professional, financial affiliations, or responsibilities which could be perceived as a conflict of interest or potential conflict of interest by the Medical Staff
2. Included in such disclosures should be any contractual or employment relationship with Harrison to allow Medical Staff members voting to make an informed decision as to whether the candidate will be able to act in the best interest of the Medical Staff.

D. Terms of Office

1. Officers shall serve for two years and may be elected to additional terms.
2. The Chief of Staff, Assistant Chief of Staff, and Secretary/Treasurer shall be elected in even numbered years.
3. In even numbered years, Chiefs of the following Sections will be elected:
 - a. Anesthesiology
 - b. Cardiology
 - c. Emergency Medicine
 - d. Primary Care - Ambulatory
 - e. Primary Care - Inpatient
 - f. Medical Specialties
 - g. Radiology
4. In odd numbered years, Chiefs of the following Sections will be elected:
 - a. General Surgery
 - b. Pediatrics
 - c. Obstetrics and Gynecology
 - d. Ophthalmology
 - e. Orthopaedics
 - f. Surgical Specialties

E. Election of Officers

1. The following Officers shall be elected at the Annual Medical Staff Meeting:
 - a. Chief of Staff
 - b. Assistant Chief of Staff
 - c. Secretary/Treasurer
 - d. Chief of the Department of Surgery
 - e. Chief of the Department of Medicine
2. Though it is presumed that the Assistant Chief of Staff will advance to the position of Chief of Staff, this may not always be true; thus, the biennial election of the Chief of Staff.
3. Only members of the Active Medical Staff shall be eligible to vote
4. Election may be by written ballot or electronic media as determined by the MEC
5. The Secretary/Treasurer and Immediate Past Chief of Staff shall count the ballots and record the votes.
6. Each candidate must be elected by a simple majority of the Active Staff members present and voting at the meeting or, if the vote is conducted by mail or electronic media, a simple majority of votes received.
7. If three or more candidates are running and a majority is not obtained, the voting will continue at the same meeting and the candidate with the least votes will be eliminated in each subsequent vote until a single candidate receives a majority vote.
8. Voting by proxy will not be permitted.

F. Nomination of Chief of Staff, Assistant Chief of Staff, and Secretary/Treasurer

1. By Nominating Committee
 - a. The members of the Nominating Committee shall be as follows:
 - (1) Immediate Past Chief of Staff, who shall be Chair
 - (2) Chief of Staff
 - (3) Two members of the Active Staff, in good standing, chosen by the MEC

- (4) President of the Kitsap County Medical Society, or designee, provided that person is a member of the Active Staff of Harrison in good standing
- b. The Nominating Committee shall identify one or more candidates qualified and willing to be considered for each position to be filled.
- c. The Nominating Committee will report the list of nominees for Chief of Staff, Assistant Chief of Staff and Secretary/Treasurer to the MEC at its January meeting.
- d. The list of nominees for each position will be distributed to all Active Staff members on or before February 15.

2. By Petition

Nominating by petition requires the signatures of at least 10 members of the Active Staff and must be submitted to the Chief of Staff by April 30. The Medical Staff shall be notified in writing of the additional nominee at least two weeks prior to the Annual Meeting.

G. Nomination and Election of Section Chiefs

1. Candidates for Section Chief due to be filled shall be selected by the appropriate Section.
2. Each Section shall elect their own Chief.
3. The names of the Section Chiefs-Elect shall be reported to the MEC at its February meeting.

H. Nomination and Election of Department Chiefs

1. The Nominating Committee will select candidates from those members of the Department with training and experience as set forth in Medical Staff Policies Chapter 2.
2. The Chiefs of Medicine and Surgery will be elected by Active Staff members of the various Sections within the Department by written ballot. If there is only one candidate for either office, the ratifying vote for that office will be conducted electronically.
3. If, at the time of the Annual Meeting, there is only one candidate for a position, a quorum will not be required to validate the election. A voice vote will be taken and the candidate will be accepted or rejected by acclamation.

I. Removal of Officers

1. Officers or Chiefs will be immediately removed from office in the event of any one of the following:
 - a. Loss of Active Staff membership
 - b. Loss of clinical privileges

- c. Revocation of professional license by the State of Washington
 - d. Failure to perform the required duties of office
 - e. Failure to adhere to standards of professional ethics
 - f. Failure to comply with or support enforcement of the Medical Staff Bylaws, Polices, Rules and Regulations, or Plans
 - g. Failure to maintain adequate professional liability insurance
 - h. No longer living or working in the Harrison service area and regularly treating or referring patients for care at Harrison
 - i. Failure to meet minimum standards of his/her Section with regard to board certification
 - j. Physical or mental impairment, including substance abuse, which interferes with the person's ability to carry out the responsibilities of office
2. The MEC may remove an Officer or Chief by a vote of three-fourths of its members if any of the following occurs:
- a. More than one unexcused absence annually from the MEC meeting without making arrangements for an alternate
 - b. Failure to convene meetings of the MEC, Department, or Section in order to conduct business of the Medical Staff in accordance with Medical Staff Bylaws, Policies, Rules and Regulations, and the Medical Staff Quality Improvement Plan.
 - c. Delaying the credentialing process, without reasonable cause, resulting in non-compliance with Bylaws, Policies, or accreditation or regulatory standards
3. The Medical Staff may remove any Officer from office by petition of 25% of the Active Medical Staff and subsequent two-thirds vote by written ballots of the Active Staff members voting.
- a. Voting by Active Staff members on removal of an elected officer shall be by secret written mail ballot or electronic media.
 - b. The written mail ballots shall be sent to each member of the Active Staff at least 21 days before the voting deadline date.
 - c. To validate the vote, enough ballots need to be returned to constitute a quorum of the Medical Staff (30%)

- d. The ballots will be counted by the Secretary/Treasurer and Immediate Past Chief of Staff, except when he/she is the subject of the balloting, in which case the Chief of Staff shall count the ballots in his/her stead.
- e. MSSO staff may provide support in this process, but may not participate in the counting of the votes.

4. Removal shall require approval of the Board

J. Vacancies in Medical Staff Offices

- 1. Vacancies if office occur upon the death or disability, resignation, removal of the officer or such offers loss of Active Staff membership
- 2. If an officer vacates or is removed from office before completion of his/her term, a successor shall be promptly elected at a regular or special Medical Staff meeting. In the case of a Section Chief, he/she shall be promptly elected at a regular or special meeting of the Section.
- 3. However, in the case of the Chief of Staff, the Assistant Chief of Staff shall fill the vacated office until the next Annual Medical Staff Meeting, at which the replacement for the Assistant Chief of Staff shall be elected by the above process.

K. Physician Members of the Board

- 1. The Chief of Staff shall serve as a member of the Harrison Board. Though the primary role of the Chief of Staff on the Board is to represent the interests of the Medical Staff and to be an advocate for patient care quality and safety, this does not preclude the Chief of Staff from fully participating in other Board matters that are not specifically pertinent to either
- 2. As a voting member of the Board, the Chief of Staff will have the same rights and responsibilities of other voting members of the Board.
- 3. All physician members of the Board, as with all Board members, shall fulfill their fiduciary obligations as members of the Board. Any conflict of interest between their fiduciary duties as a member of the Board and their position as a member of the Medical Staff shall be disclosed to the MEC and the Board.

L. Duties of Officers

- 1. Chief of Staff
 - a. Serve as chief administrative officer of the Medical Staff
 - b. Fulfill those duties specified in Medical Staff Policies
 - c. Serve on the Board
- 2. Assistant Chief of Staff

- a. In the absence of the Chief of Staff, assume all duties of and have the authority of the Chief of Staff
 - b. Fulfill other duties specified in Medical Staff Policies
3. Secretary/Treasurer
- a. Ensure the preparation of accurate and complete minutes of the MEC meeting and Medical Staff meetings
 - b. Be responsible for the collection and expenditure of all Medical Staff funds and the proper maintenance of the Medical Staff account
 - c. Fulfill other duties specified in Medical Staff Policies
4. Section Chiefs
- a. Serve as administrative officers of their Sections
 - b. Fulfill those duties specified in Medical Staff Policies

Section 5: Meetings of the Medical Staff

A. Annual Meeting

1. The Annual Medical Staff Meeting shall be held during the 11th month of the Medical Staff Year. If circumstances preclude holding the meeting during the appointed month, an alternate date may be selected by the MEC such that at least 30 days' notice can be published to the Medical Staff.
2. At this meeting, new officers shall be elected and other Medical Staff business shall be conducted.
3. Action approved by the Medical Staff at a regular or special Medical Staff meeting takes precedence over conflicting action of all other Medical Staff Committees and Sections, except as prohibited by these Bylaws.
4. A notice of this meeting, including the agenda, shall be published at least 30 days prior to the meeting.

B. Special Meetings

1. Special meetings of the Medical Staff may be called at any time by the Chief of Staff.
2. A special meeting may be called by the Chief of Staff when requested by the Board.
3. A special meeting may be called by a majority vote of the MEC.
4. A special meeting may be called by a petition signed by 10% of the Active Staff.

5. The request to call a special meeting shall be in writing and shall state the purpose of the meeting.
6. There shall be written notice of the meeting, including an agenda, published at least 5 working days prior to the time set for the meeting and delivered by fax, e-mail, or other electronic media, or mail to the Active Medical Staff.
7. No business shall be transacted at a special meeting except that stated in the notice.

C. Section Meetings

1. Section meetings shall be held at the direction of the Chief to conduct Section business and maintain the quality improvement program.
2. Each Section may determine whether or not to require attendance at their meetings as a requisite for membership in the Section.

D. Quorum

1. The presence of 30% of the Active Medical Staff shall constitute a quorum at any annual or special Medical Staff meeting.
2. When the MEC has determined that an election shall be decided by mail or electronic media, then receipt of ballots from 30% of the Active Staff shall constitute a quorum.
3. The presence of 50% of the total voting membership of the MEC shall constitute a quorum.
4. A quorum of any Section meeting shall be constituted by those members present and eligible to vote.
5. For the purposes of determining a quorum, a member may participate in a meeting by means of conference telephone or similar communication equipment by which all persons participating in the meeting can communicate with each other. Such participation shall constitute present of the person at the meeting.
6. Ex-officio members shall not be counted in determining the presence of a quorum.

E. Executive Session

1. Executive session is a meeting of a Medical Staff Committee or Section, or of the Medical Staff as a whole, in which only voting Medical Staff members are present, unless others are expressly requested by the presiding member to attend.
2. An executive session may be called by the presiding member at the request of any Medical Staff Section or Committee member, and shall be called by the presiding member pursuant to a duly adopted motion.
3. An executive session may be called to discuss peer review issues, personnel issues, or any other sensitive issues requiring confidentiality.

Section 6: Robert's Rules of Order

The latest edition of Robert's Rules of Order shall govern all staff meetings unless waived by a majority of those present at the meeting.

Section 7: Minutes

- A. Minutes shall be prepared for each meeting of the whole Medical Staff, the MEC, Standing Committees, Departments, Sections, and ad hoc committees. The minutes shall be reviewed and signed by the presiding member unless otherwise specified in these Bylaws.
- B. Minutes shall include a record of the attendance of members, of recommendations made, and votes taken on each matter.
- C. The minutes of annual and special Medical Staff meetings and the MEC shall be signed by the Secretary/Treasurer.
- D. Copies of minutes shall be promptly forwarded to the MEC.

Section 8: Manner of Action

There are two manners of action for the Medical Staff, a Committee, or a Section.

- A. The action of a majority (or higher percentage when required elsewhere in these Bylaws) of the voting members present at a meeting at which there is a quorum is the action of the Medical Staff, Committee, or Section.
- B. In lieu of a meeting, the Chief of Staff or presiding member of the Committee or Section may call for a written or e-mail ballot. A majority vote (or higher percentage when required elsewhere in these Bylaws) of those members constituting a quorum is the action of the Medical Staff, Committee, or Section.

Section 9: Voting Rights

- A. Only members of the Active Staff may vote in annual or special Medical Staff meetings
- B. Members of the Provisional Staff and Affiliate Staff may vote at Committee meetings

Article VI: Clinical Sections

Section 1: Organization of Sections

- A. The Medical Staff shall be organized into Sections, as described in Medical Staff Policies, Chapter 2..
- B. Each member of the Medical Staff shall be assigned membership and clinical privileges in the Section most appropriate to his/her training, experience, and clinical activity. However,

a member may be granted clinical privileges in other Sections as well if requested by the member.

- C. With the express approval of the MEC, a group of at least 10 practitioners, who are members of the Medical Staff, with common clinical interests may organize, by specialty, as a Section to promote the stated goals of the Medical Staff.
- D. The relationship of the Departments and Sections will be delineated in the Medical Staff Policies.
- E. Two or more Sections with common critical interests may form a Department to promote the stated goals of the Medical Staff upon approval by the MEC and a vote of the affected Sections. The detail for creation of a Department will be outlined in Medical Staff Policies Chapter 2.

Section 2: Function of Sections

- A. The primary responsibility delegated to each Section is to implement and conduct specific review and evaluation activities that contribute to the quality, safety, and efficiency of patient care provided by members of the Section.
- B. The number and extent of such reviews to be conducted during the year shall be determined by the individual Sections and approved by the MEC, in consultation with other appropriate Committees and in conjunction with the Medical Staff Quality Plan as outlined in the Medical Staff Policies Chapter 18.
- C. Each Section shall routinely collect information about important aspects of patient care provided in the Section, periodically assess this information, and develop objective criteria for use in evaluating patient care.
- D. The Harrison Quality Department shall provide support to the Sections in carrying out the review and evaluation functions, including the gathering and analysis of data.
- E. Patient care reviews shall include all clinical work performed under the jurisdiction of the Section, regardless of whether the member whose work is subject to such review is a member of the Section.
- F. To carry out this responsibility, each Section shall perform the activities outlined in the Medical Staff Policies.

Section 3: Section Chiefs

- A. Qualifications are defined in Article V, Section 4.B.
- B. Term of office is defined in Article V, Section 4.D.
- C. Nomination and election of Section Chiefs are defined in Article V, Section 4.G.
- D. Removal of Section Chief from Office

1. The MEC may remove a Section Chief for the reasons listed in Article V, Section 4.H by two-thirds vote.
2. A Section Chief may be removed by a two-thirds vote of all Active Staff members of the Section
3. If a Section Chief vacates or is removed from office before completion of the term, a successor shall be promptly elected at a regular or special meeting of the Section to serve for the remainder of the term.

E. Duties and Responsibilities of the Section Chiefs

1. The Section Chiefs shall serve as the administrative officers of the Sections shall fulfill those duties specified in the Medical Staff Bylaws and Policies.
2. The Section Chiefs shall fulfill those duties specified in the Section Rules and Regulations.
3. The general roles and responsibilities of the Section Chiefs are to
 - a. Oversee clinically related activities of the Section
 - b. Oversee administratively related activities of the Section, unless otherwise provided by Harrison
 - c. Provide continuing surveillance of the professional performance of the individuals in the Section who have delineated clinical privileges
 - d. Recommend to the Medical Staff the criteria for clinical privileges that are relevant to the care provided in the Section
 - e. Recommend clinical privileges for each member of the Section
 - f. Assess and recommend to the Chief Operating Officer off-site sources for needed patient care, treatment, and services not provided by Harrison
 - g. Integrate the Section into the primary functions of Harrison
 - h. Coordinate and integrate intersectional and intrasectional services
 - i. Develop and implement of policies and procedures that guide and support the provision of care, treatment, and services
 - j. Recommend a sufficient number of qualified and competent persons to provide care, treatment, and services
 - k. Determine the qualifications and competence of Non-Physician Practitioners in the Section, as well as other personnel who are not licensed independent practitioners and who provide patient, care, treatment, and services
 - l. Continually assess and improve the quality of care, treatment, and services

- m. Maintain quality control programs, as appropriate
- n. Provide orientation and continuing education for all members of the Section
- o. Recommend space and other resources needed by the Section

Article VII: Committees of the Medical Staff

Section 1: General Role of Medical Staff Committees

- A. There shall be standing and special Medical Staff Committees, which will be established to perform one or more of the Medical Staff functions required by the Bylaws.
- B. The Committees described in this Article shall be the standing Committees of the Medical Staff.
- C. Additional special or ad hoc Committees may be created by the Chief of Staff to perform tasks specified in the Committee Charter.
- D. All Committees of the Medical Staff, except the MEC, are to function in an advisory capacity to the MEC, except as otherwise noted in these Bylaws.
- E. Reports and recommendations to the various Committees will be submitted to the MEC for evaluation and appropriate action.

Section 2: Composition and Appointment

- A. Composition
 - 1. Medical Staff Committees, established to perform one or more of the Medical Staff functions required by the Bylaws, accreditation, regulatory, or statutory standards, shall consist of members of the Active, Provisional, or Affiliate Staff.
 - 2. The Committees may include, where appropriate, non-physician practitioners, Harrison management, nursing, health information management, pharmacy, social work, quality, and such other Harrison staff as appropriate to the function(s) to be discharged by the Committee.
 - 3. In matters of peer review being addressed by the Committee, only Medical Staff members of the Committee may vote.
- B. Appointment
 - 1. Except as otherwise provided, all members of each Committee shall be appointed yearly by the Chief of Staff, with the advice and consent of the MEC.
 - 2. There is no limit on the number of one year terms Committee members or Chairpersons can serve.

3. The CEO, CMO, Chief of Staff, and Director of Medical Staff Services, or their respective designees, shall be members ex-officio, without vote, on all Committees, except as otherwise provided in the Bylaws.

C. Removal

If a member of a Committee, including the MEC, ceases to be a member in good standing of the Medical Staff, suffers loss or significant limitation of clinical privileges, or no longer practices at Harrison, or any other good cause exists, that member may be removed at the direction of the Chief of Staff with the advice and consent of the MEC.

D. Chairperson

Committee Chairs may be elected by the Committee members, unless otherwise provided in these Bylaws or the Committee Charter.

Section 3: Standing Committees

The following Committees shall be maintained as standing Committees of the Medical Staff:

A. Medical Executive Committee

1. Shall be the governing Committee of the Medical Staff and shall act on behalf of the Medical Staff between meetings of the organized Medical Staff, within the scope of responsibilities as defined in Medical Staff Policy Chapter 3.
2. Shall discharge the responsibilities of the Medical Staff, assisted from time to time by such additional Committees as it may wish to appoint.
3. Composition of the MEC
 - a. All members of the Active Medical Staff, of any discipline or specialty, are eligible for members on the MEC.
 - b. The majority of voting members of the MEC must be fully licensed doctors of medicine or osteopathy who are actively practicing at Harrison.
 - c. The MEC is composed of the following:
 - (1) Chief of Staff
 - (2) Assistant Chief of Staff
 - (3) Secretary/Treasurer
 - (4) Immediate Past Chief of Staff
 - (5) Section Chiefs
 - (6) Chair of the Professional Performance Committee

(7) Ex-officio members without vote are

- (a) President/CEO
- (b) Chief Medical Officer
- (c) Director of Medical Staff Services

- 4. Specific duties of the MEC are outlined in the Medical Staff Policies on Committees Chapter 3 and the Committee Charter
- 5. Nothing in this subsection shall preclude membership on the MEC by Non-Physician Practitioners or other individuals if such membership is specifically authorized by a vote of the Medical Staff

B. Professional Performance Committee

- 1. Members shall be appointed by the Chief of Staff with advice and consent from the MEC.
- 2. Shall direct and oversee the peer review and credentialing activities of the Medical Staff
- 3. Composition and specific duties are outlined in the Medical Staff Policy on Committees Chapter 3 and the Committee Charter

C. Physician Well-Being Committee

- 1. Shall be appointed by the Chief of Staff
- 2. Composition and specific duties of this Committee are outlined in the Medical Staff Policy on Impaired Physicians Chapter 11 and the Committee Charter

D. Medical Staff Quality Committee

- 1. Shall be appointed by the Chief of Staff with advice and consent of the MEC
- 2. Composition and specific duties of this Committee are outlined in the Medical Staff Policy on Committees Chapter 3 and the Committee Charter

E. Credentials Committee

- 1. Members shall be appointed by the Chief of Staff.
- 2. Shall carry out the credentialing activities of the Medical Staff and Non-Physician Practitioners
- 3. Composition and specific duties of this Committee are outlined in the Medical Staff Policy on Committees Chapter 3 and the Committee Charter.

F. Multispecialty Peer Review Committee

1. Members shall be appointed by the Chief of Staff with advice and consent of the MEC.
2. Shall carry out the peer review activities of the Medical Staff and Non-Physician Practitioners in accordance with the Medical Staff Quality Plan, Chapter 18.

Section 4: Other Committees

- A. Additional special Committees or ad hoc Committees may be created by the Chief of Staff, with the advice and consent of the MEC, to perform tasks specified in the Committee Charters.
- B. Such Committees shall confine their work to the purpose for which they are appointed as described in the Committee Charter, approved by the MEC.
- C. Such Committees shall disband when their work is complete.
- D. Such Committees shall not have the power of action unless such is specifically granted by the action which created the Committee and is delineated in the Committee Charter.
- E. A current description of such Committee Charter, including their composition, specific duties, power of action, and reporting structure will be appended to the Medical Staff Policy on Committees Chapter 3.

Article VIII: Quality Improvement

Section 1: Quality Improvement Program

- A. The Medical Staff shall develop and maintain a Medical Staff Quality Improvement Plan to fulfill the obligation to provide a coordinated program for the identification and prevention of medical malpractice prescribed by RCW 70.41.200.
- B. The Medical Staff Quality Improvement Plan shall also fulfill standards and requirements of accreditation and regulatory agencies.
- C. The Medical Staff Quality Improvement Plan shall be coordinated with Harrison's overall Quality Improvement Program and shall be approved by the MEC and the Board.
- D. All deliberations, discussions, information reported and received, and actions taken by the Medical Staff or any committee of the Medical Staff, when the same involves issues of quality of care of peer review, shall be maintained and recorded in accordance with RCW chapter 70.41, RCW 4.24.250, and RCW 18.71.0195 and their updates.

Section 2: Physician Impairment

- A. The Medical Staff shall develop and maintain a Medical Staff Policy on Impaired Physicians, to be approved by the MEC and the Board.
- B. This Policy is separate from any which addresses disciplinary actions.

- C. A Committee on Physician Well-Being shall be appointed by the Chief of Staff with the advice and consent of the MEC.
- D. The composition, functions, and procedures on the Physician Well Being Committee are outlined in Medical Staff Policy Chapter 3.

Article IX: Medical Appraisal – History and Physical Examination

- A. Every patient must have a history and physical (H&P) examination appropriate for the patient's clinical condition and for the proposed care and treatment plan.
- B. For patients admitted to a hospital bedded nursing unit, the H&P must be completed within 24 hours after admission.
- C. If an H&P has been completed within 30 days prior to admission and is available in the current patient record, it must be updated within 24 hours of admission.
- D. Every patient scheduled for surgery must have an H&P on the chart prior to being taken to surgery, except in an emergency where delay could have adverse consequences for the patient.
- E. The H&P for a surgical patient must be completed within 24 hours prior to surgery. If an H&P has been completed within 30 days prior to surgery, it must be updated within 24 hours of surgery.
- F. The H&P, for a patient having a procedure for which an H&P is required, must be reviewed the day of the procedure and the patient examined to confirm there have been no changes in the patient's condition. The practitioner performing the procedures, or their designee who is actively credentialed at Harrison Medical Center to perform H&Ps, will document in the patient's record that there have been no changes in the patient's condition. Or, if changes have been identified, the practitioner, or designee, will document the changes. In addition, if a designee will update the H&P and the designee identifies a change in the patient's condition, the designee is required to document changes into the electronic health record and verbally notify the practitioner who is performing the procedure as soon as possible and prior to the initiation of the procedure. If there are clinically relevant changes in the patient's condition detected by the designee, the practitioner must co-sign the updated H&P prior to the procedure.
- G. The minimal content of the H&P may vary by treatment, setting, level of care, and the treatments and services being provided.
 - 1. The H&P must be detailed and comprehensive for
 - a. Patients who meet inpatient criteria
 - b. Patients who meet criteria for admission to a bedded nursing unit (outpatient or observation)
 - c. Patients having an invasive procedure

- d. Patients scheduled for an elective, potentially hazardous, diagnostic procedure
- 2. Outpatients having elective therapeutic or diagnostic procedures with moderate risk must have a detailed intermediate H&P appropriate for the patient's clinical condition prior to the commencement of the procedure.
- 3. Outpatients having elective therapeutic or diagnostic procedures with minimal risk must have an H&P note with details pertinent to the planned procedure and such note must be entered in the record prior to commencement of the procedure.
- H. Only those members of the Medical Staff who have been granted privileges to perform an H&P may perform or update an H&P.
- I. Complete details related to the requirements of H&Ps are described in Medical Staff Policies Chapter 14.

Article X: Practitioner Rights

Section 1: Individual Right to be Heard

- A. All practitioners should initially attempt to resolve conflicts or difficulties by working with their respective Section Chief.
- B. In the event that a practitioner is unable to resolve a difficulty working with his/her Section Chief, that practitioner may, upon presentation of a written notice, meet with the MEC to discuss the issue at the next regularly scheduled meeting of the MEC.
- C. The written notice shall be presented to the Director of Medical Staff Services who will notify the Chief of Staff and CMO.
- D. The written notice must be presented at least one week prior to the next regularly scheduled MEC meeting or the matter may be held over to the regularly scheduled meeting the following month.

Section 2: Conflict Management Process – The Right to Challenge Rules, Regulations, and Policies

- A. In the event a Medical Staff member believes that a Medical Staff rule, regulation, or policy is inappropriate, the member may request a review of the rule, regulation, or policy by the MEC by submitting a petition signed by 5% of the members of the Active Staff to the Chief of Staff at least 3 business days prior to the next regularly scheduled meeting of the MEC.
 - 1. The petition should clearly state the basis of disagreement and may include any other information by way of additional explanation of the disagreement.
 - 2. The petitioners must acknowledge that they have read the petition and all attachments, if any, in order for the signature to be considered valid.
- B. The MEC will then

1. Provide the petitioners with information clarifying the intent of the rule, regulation, or policy; and/or
 2. Will meet with the petitioners within 30 calendar days to discuss the issue at the next regularly schedule MEC meeting
- C. If the MEC and the petitioners are unable to resolve the conflict, a summary of the subject of the conflict and the resolution agreed upon by the MEC and the petitioners shall be distributed to all members of the Medical Staff. The proposed rule, regulation, or policy which was the subject of the petition will then be forwarded to the Board for its review and action, which shall not be unreasonably withheld.

Section 3: Right to Consideration by the Whole

- A. Should the original petitioning members of the Active Medical Staff, or if the voting members of the Medical Staff do not approve a proposed solution agreed upon by the original petitioners and the MEC, the matter may be brought up for discussion by the Medical Staff as a whole, provided the requirements of this section are met.
- B. Upon presentation of a petition requesting a Special Medical Staff Meeting to discuss the unresolved conflict signed by 5% of the Active Medical Staff, the Chief of Staff will schedule the meeting no sooner than 30 days, but no more than 60 days within receipt of the petition.
- C. The petition should clearly state the basis of the disagreement and may include any other information by the way of additional explanation to Medical Staff members.
- D. The petitioners must acknowledge that they have read the petition and all attachments, if any, in order for the signature to be valid.
- E. Should the Medical Staff fail to reach resolution on the matter, the petition and all accompanying materials, if any, will be forwarded to the Board for it review and consideration. The decision of the Board shall be final and shall not serve as the basis for conflict management under Harrison corporation bylaws.

Section 4: Exceptions to Conflict Management Process

Sections 1, 2, and 3 above do not pertain to issues involving disciplinary action, denial of requests for appointment, reappointment, denial of or changes in clinical privileges, or any other matters relating to individual credentialing and privileging actions.

Section 5: The Fair Hearing Plan

- A. Right to a Fair Hearing
 1. In the event of corrective action recommended by the MEC or the credentialing or privileging action recommended by the MEC involves a denial, reduction, suspension, or revocation of clinical privileges or suspension or termination of Medical Staff membership for more than 30 days due to a concern of competence or professional conduct (unfavorable actions), the affected Medical Staff member shall be entitled to a hearing as provided in this Section 5 and as further described in

Medical Staff Policy # 16 prior to the MEC forwarding its recommendation to the Board for final action.

2. However, the following shall not entitle a Medical Staff member to a hearing or review under the Bylaws or Medical Staff Policies.
 - a. The issuance of a letter of warning, admonition, censure, or reprimand
 - b. Denial, termination, or reduction of temporary or disaster privileges
 - c. Reduction or suspension of clinical privileges for less than 30 days
 - d. Imposition of probation, monitoring, or a requirement of consultation other than mandatory concurrent consultation
 - e. Automatic relinquishment of clinical privileges under the Bylaws and Medical Staff Policies
 - f. A requirement for additional training or continuing education
 - g. The granting of privileges or membership for a period less than 2 years
 - h. Any action, event, or recommendation not explicitly provided with hearing or review rights under these Bylaws
 - i. Suspension of clinical privileges (except Automatic Suspension) as outlined in Medical Staff Policy Chapter 9.

B. Fair Hearing Process

1. The procedural details related to the fair hearing and appeal processes are outlined in detail in Medical Staff Policy Chapter 16.
2. Request for a Fair Hearing for any of the circumstances identified in Article XI, Section 2 must be in writing and delivered to the Chief of Staff within 30 days after the affected member is notified of the unfavorable action.
3. A Fair Hearing shall be held not less than 30 days and not more than 60 days after the Affected Member has submitted a request for Fair Hearing to the Chief of Staff.
4. The hearing panel, known as the Judicial Review Committee (hereinafter JRC), shall be composed of not less than three members of the Active Medical Staff appointed by the MEC, except under circumstances identified in subsection 6 below. One member of the JRC shall have the same healing arts licensure as the Affected Member and, where feasible, one member should be an individual practicing in the same specialty as the Affected Member.
5. The JRC shall elect its Chair.

6. In the event that it is not feasible to appoint a JRC from the Active Staff, the MEC may appoint members from other staff categories or even practitioners who are not members of the Harrison Medical Staff.
7. The Fair Hearing shall be presided over by a Hearing Officer as outlined in Medical Staff Policies Chapter 16. The Hearing Officer shall not be entitled to vote.
8. The Fair Hearing process shall include
 - a. Prehearing exchange of information and discovery
 - b. Right of the parties to call witnesses
 - c. Right of the parties to be represented by legal counsel
 - d. Right of the parties to present evidence
 - e. Right of the parties to present a written statement at the close of all presentations and evidentiary rebuttals
 - f. Review of the decision of the JRC by the MEC and, subsequently, by the Board
 - g. Right of the Affected Member to appeal an adverse decision of the JRC, which has subsequently been approved by the MEC and Board.
9. Burdens of Presenting Evidence and Proof
 - a. At the hearing, the MEC shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The Affected Practitioner shall be obligated to present evidence in response.
 - b. The Affected Practitioner shall have the burden to prove by a preponderance of the evidence that the proposed action or recommendation of the MEC should be rejected and/or modified.
 - c. For a hearing regarding a denial of an initial appointment for Medical Staff membership which would be a reportable action, the applicant shall bear the burden of persuading the JRC by a preponderance of the evidence of the applicant's qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning the applicant's current qualifications for membership and privileges. An applicant shall not be able to introduce information requested by the Medical Staff but not produced during the application process unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.
10. Appeal of the JRC decision to the Board must be requested by the Affected Member in writing to the Chief of Staff within 15 days of receiving notice of an adverse decision of the JRC, approved by the MEC and Board.

11. The Board may sit as a body of the whole as the Appeal Board, or it may appoint an Appeals Board which shall be composed of not less than 3 members of the Board. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person did not participate in bringing the charges or take part in the JRC hearing on the same matter. The members of the Appeal Board must not be in direct economic competition with or be a partner of the Affected Member. The Affected Member shall be entitled to oral question and challenge the impartiality of the members of the Appeal Board.
12. The Appeals Board may, at its own discretion, select an attorney to assist in the proceeding. If an attorney is selected, he/she may act as an Appellate Hearing Officer and shall have all of the authority of and carry out all of the duties assigned to a Hearing Officer. The attorney serving in the role of Appellate Hearing Officer shall not be entitled to vote with respect to the appeal.
13. The Appellate Hearing Officer shall not be an attorney that represented either party before the JRC, nor shall the attorney utilized by Harrison for advice regarding its affairs nor a member of his/her firm.
14. The Appeal Board shall limit its review to the record of the hearing before the JRC, the JRC's report and recommendations, and any written briefs submitted by the parties. However, the Appeals Board may, in its sole discretion, accept additional issues or oral or written evidence subject to the same rights of cross-examination and rebuttal provided at the JRC hearing, but only upon a showing of good cause that such issues could not, with reasonable diligence, be presented to the JRC in the course of the hearing.
15. At the conclusion of the appellate review, including oral argument, the Appeal Board shall, at a time convenient to itself, conduct deliberations whether to affirm or reverse the decision of the JRC.
16. The Appeal Board may affirm the decision, reverse the decision, or remand the matter for further review by the JRC.
17. If the full Board is sitting as the Appeal Board, then the final action of the Appeal Board shall constitute the final action of the Board.
18. If the Appeal Board is comprised of fewer members than the full Board, then the decision of the Appeal Board shall be considered by the Board for final action within 30 days of receipt of the Appeal Board's decision.

C. Exceptions to Fair Hearing Rights

1. An applicant or Medical Staff member whose application for Medical Staff membership and privileges was denied or whose Medical Staff membership and privileges are terminated on the basis that the privileges sought or held are granted only pursuant to a closed staff or exclusive use policy or agreement.
2. Medical Staff members who are serving in a medico-administrative capacity or who are otherwise employed by Harrison, removal from office or termination of employment of such individual shall be governed by the terms of their individual

contracts and agreements with Harrison. However, the hearing rights of these Bylaws shall apply to the extent that Medical Staff membership status or clinical privileges, which are independent of the member's contract or terms of employment, are also removed or suspended, unless the contract or term of employment provide otherwise.

3. Medical Staff members whose clinical privileges are terminated or reduced due to a change in Medical Staff category, unless such action is a reportable event.
4. The Honorary Staff
5. In instances of Automatic Suspension

Section 6: Automatic Suspension

- A. The full details of the indications for and process by which a Medical Staff member may be subject to an automatic suspension of his/her clinical privileges are found in Medical Staff Policy Chapter 10.
- B. The indications for an automatic suspension of a Medical Staff member's clinical privileges include, but are not limited to
 1. Revocation, suspension, or voluntary termination of
 - a. Professional license
 - b. Drug Enforcement Administration prescribing authority
 - c. Professional liability insurance
 2. Failure to submit reappointment materials to continue Medical Staff membership including payment of the required fee
 3. Conviction of a felony
 4. Failure to complete patient records in accordance with state and/or federal law or in accordance with standards for timeliness and accuracy as outlines in Medical Staff Policy Chapter 14
 5. Failure to provide required information pursuant to a formal request from the PPC, MEC, or Board. Required information refers to
 - a. The obligation to submit to and provide information concerning physical and mental examination
 - b. Information necessary to explain an investigation, professional review action, or resignation from another facility or agency
 - c. Information pertaining to professional liability actions involving the member

6. Conviction of a misdemeanor involving violation of law pertaining to controlled substances or illegal drugs, unless the Medical Staff member is enrolled and satisfactorily participating in a program supervised by the Washington Physician Health Program (WPHP), or Medicare, Medicaid, or other federally funded health care program, insurance fraud or abuse, or pleading nolo contendere (no contest) to the same.
- C. Procedures related to Automatic Suspension of a member's clinical privileges for any of the reasons listed above include notification of the Affected Member by the Chief of Staff or his/her designee in writing by personal delivery, mail, and/or e-mail of any suspension under this Section.
- D. Suspension shall continue until the cause of the suspension is remediated.
- E. Should the Medical Staff member fail to correct the cause for the suspension within a reasonable time, as set forth in the notification of the suspension, the Medical Staff member is subject to termination of his/her Medical Staff membership and clinical privileges.

Section 7: Summary and Precautionary Suspension

- A. The full details for the indications for and the process by which a Medical Staff member may be subject to a summary or precautionary suspension of his/her clinical privileges are found in Medical Staff Policy Chapter 9
- B. The indications for a summary or precautionary suspension include, but are not limited to, circumstances in which a Medical Staff member's actions might reasonably be believed to result in imminent danger to the health and safety of any individual, including such actions as physical violence or other physical abuse directed at people, sexual harassment or harassment involving physical conduct, or possession weapons on Harrison property. See Medical Staff Policy on Disruptive Behavior Chapter 15.
- C. Summary or precautionary suspension of the clinical privileges of a member may be invoked by the Chief of Staff, Assistant Chief of Staff, CMO, Chair of the PPC, or the CEO or Board Chair (after consultation with the Chief of Staff) for the indications identified above in Section 7.B.
- D. Within 10 days of the imposition of a summary suspension the PPC, before taking any further action, shall conduct an inquiry as it deems necessary which shall include at least one meeting of the PPC. The purpose of this meeting shall be to determine whether an actual risk of immediate injury or damage to the health and safety of any individual actually exists so as to support the continued imposition of summary suspension. Neither the inquiry of the PPC nor any other activities of the PPC in taking its further action shall constitute a formal investigation or hearing. This shall be considered informal and none of the procedural rules of Article X, Section 5 of these Bylaws with respect to hearing and appeals shall apply.

Article XI: Clinical Privileges

Section 1: General Provisions

- A. Medical Staff membership or renewal shall not confer any clinical privileges.

- B. Each physician, dentist, or podiatrist who has been granted membership on the Medical Staff shall be entitled to exercise only those clinical privileges specifically recommended by the MEC and granted by the Board.
- C. Clinical privileges may be granted for a period up to 2 years.
- D. Clinical privileges shall be granted, continued, modified, or terminated by the Board only upon recommendation of the Medical Staff only for reasons directly related to quality of patient care and other provisions of the Medical Staff Bylaws, and only following the procedures outlined in the Medical Staff Bylaws and Policies.
- E. Approval by the Board of clinical privileges recommended by the Medical Staff shall not be unreasonably withheld.
- F. Except as otherwise provided in these Bylaws, a Medical Staff member providing clinical services in a Harrison facility shall be entitled to exercise only those clinical privileges specifically granted.
- G. Said privileges and services must be location specific within the scope of any license, certificate, or other legal credential authorizing practice in the State of Washington and consistent with any restrictions thereon, and shall be subject to the Medical Staff Bylaws, Policies, Rules and Regulations, and credentialing criteria.
- H. All matters relating to qualifications by clinical privileges are contained in the Medical Staff Policy on Clinical Privileges Chapter 7.
- I. Qualifications for clinical privileges is based on, but not limited to
 - a. The applicant's education, training, experience, current clinical competence, judgment, and outcomes
 - b. Observation of the applicant's clinical performance, including patient outcomes, if applicable
 - c. The needs and capabilities of Harrison
 - d. Information related to clinical performance and patient outcomes obtained from other sources, including, but not limited to, other healthcare facilities where the applicant has exercised clinical privileges
- J. The procedural details related to the granting, review, or modification of clinical privileges is found in Medical Staff Policy Chapter 7.

Section 2: Termination, Suspension, or Reduction of Clinical Privileges

- A. The complete procedural details related to the indications for and the process by which a Medical Staff member's clinical privileges may be terminated, suspended, or reduced are found in Medical Staff Policy Chapter 7.

- B. Indications for termination, suspension, or reduction of clinical privileges may include, but are not limited to, concerns regarding the Medical Staff member's ability to
 - 1. Deliver safe, quality patient care as evidenced by current clinical competence
 - 2. Behave in a manner that is not disruptive to operations as defined in Medical Staff Policy Chapter 15.
 - 3. Comply with the Medical Staff Bylaws, Policies, Rules and Regulations, Plans, Joint Commission accreditation standards, and applicable federal and state regulatory and statutory requirements.
- C. The process of determining if a Medical Staff member's clinical privileges should be terminated, suspended, or reduced may involve the results of OPPE related to reappointment or an FPPE related to provisional period or a request for investigation. This process may involve Medical Staff Officers, an Investigating Committee, the PPC, the MEC, and/or the Board.

Article XII: Non-Physician Practitioners

Section 1: General Provisions

- A. Non-physician privileges shall be available to health care professions other than physician, dentists, and podiatrists who hold a license or other legal credential as required by the State of Washington to provide certain professional services.
- B. The clinical privileges given to Non-Physician Practitioners (hereinafter NPPs) may differ substantially in scope from privileges granted to Medical Staff members and be more restrictive than what may be allowed by the scope of practice for that credential in the State of Washington.
- C. Privileges may be subject to the conditions set forth in the Medical Staff Bylaws and Policies, or Rules and Regulations adopted by the Sections, including credentialing criteria, or by the Medical Staff as a whole.
- D. It is recognized there are currently many different types of NNPs active in patient care, and likely that new types will emerge over time as need develops.
- E. From time to time, there may be reasons of medical care effectiveness and efficiency that make it desirable for NPPs to participate in the care of patients at Harrison.
- F. After recommendations from the Medical Staff, the Board determines which NPP disciplines may be granted privileges at Harrison.
- G. Clinical privileges will be delineated for qualified NPPs who are permitted by law and by the Medical Staff to provide patient care services independently at Harrison (licensed independent practitioners, hereinafter LIPs).
- H. Harrison or a Medical Staff member may utilize NPPs who are not permitted by law to provide patient care services independently. These NPPs (Supervised NPPs) may provide patient care under the supervision of sponsoring supervising physicians. Clinical privileges

and degree of supervision required for Supervised NPPs will be recommended by the Medical Staff and approved by the Board. The activities of all Supervised NPPs must be conducted in conjunction with a physician member of the Active or Provisional Active Staff.

- I. The overall care of the hospitalized patient will be coordinated by the attending physician.

Section 2: Non-Physician Practitioner Policy

- A. Pursuant to the considerations above, the Medical Staff shall maintain a Non-Physician Practitioner Policy, included in the Medical Staff Policies, which shall be subject to approval by the Board.
- B. The Non-Physician Practitioner Policy Chapter 19 shall include the
 1. Qualifications for NPPs
 2. Procedures for credentialing, granting, modifying, suspending, or terminating clinical privileges of NPPs for appointment and reappointment
 3. Rights and prerogatives of NPPs
 4. Matters pertaining to quality improvement, peer review, investigations, disciplinary steps, and hearings and appeals

Article XIII: Medical Staff Policies

Section 1: General Provisions

From time to time, subject to approval by the Board, the Medical Staff shall adopt such Policies as may be necessary to implement more specifically the general principles found within these Bylaws. Where appropriate and permitted by the Joint Commission accreditation standards, procedural details for some subjects will be outlined in the appropriate chapter of the Medical Staff Policies, which shall include the following Chapters:

Chapter 1	Officers of the Medical Staff
Chapter 2	Department and Sections
Chapter 3	Committees
Chapter 4	Appointment
Chapter 5	Reappointment
Chapter 6	Leave of Absence
Chapter 7	Clinical Privileges
Chapter 8	Investigations
Chapter 9	Precautionary Suspension
Chapter 10	Automatic Suspension
Chapter 11	Impaired Physicians or Providers
Chapter 12	Consent for Treatment
Chapter 13	Conduct of Care
Chapter 14	Health Information Management
Chapter 15	Disruptive Behavior
Chapter 16	Fair Hearing
Chapter 17	Mandatory Reporting

Chapter 18	Medical Staff Quality Plan
Chapter 19	Advanced Practice Clinicians
Chapter 20	Allied Health Professionals
Chapter 21	Department and Section Rules and Regulations
Chapter 22	Students and Observerships
Appendix A	Committee Charters

Section 2: Adoption and Amendment of Medical Staff Policies

- A. The initial Medical Staff Policies were approved by the Active Medical Staff and the Board in June, 1998.
- B. The organized Medical Staff has the ability to adopt Medical Staff Policies and amendments thereto, and to propose them directly to the Board.
- C. If the Active Staff (voting members of the Medical Staff) propose to adopt a policy or amendment thereto, those making the proposal shall first communicate the proposal to the MEC. This may be a group of individual Active Staff members with a common concern, a Section, Specialty, or Medical Staff Committee.
- D. Communication with the MEC about the proposed change may be accomplished by
 - 1. Recommendation of the Bylaws Committee
 - 2. Recommendation of a Section or Medical Staff Committee presented to the MEC at a regularly scheduled meeting
 - 3. Upon petition by 5% of the Active Staff in good standing, submitted to the Chief of Staff
- E. All proposed additions to, revisions of, or deletions from any Medical Staff governance document shall be referred to the Bylaws Committee for review to ensure that a contradiction or conflict with other provisions or accreditation, regulatory, or statutory standard will not result as an unintended consequence of the change. The Bylaws Committee will communicate its recommendations, including any concerns, to the MEC in writing.
- F. The Medical Staff delegates authority to adopt policies and amendments thereto to the MEC, subject to other requirements of this section.
- G. Amendments to the Medical Staff Policies shall be approved by the MEC, subject to approval by the Board, whose approval shall not be unreasonably withheld.
- H. Amendments shall be announced to the Active Medical Staff at least 60 days prior to being submitted to the Board for consideration.
- I. If the MEC chooses to submit a new policy or amendment of an existing policy to the Medical Staff for vote at an annual or special meeting, voting on the policy and/or amendment shall be a vote in person by oral vote, or show of hands, if requested by at least two eligible voters. Or the MEC may authorize a vote by mail or electronic medial

- J. In person voting and voting by mail or electronic media are mutually exclusive.
- K. If voting by mail is chosen by the MEC, ballots must be mailed at least 30 days prior to the deadline and must be received in the Medical Staff Services Office by the deadline to be counted. The Secretary/Treasurer and Immediate Past Chief of Staff will conduct the count. Medical Staff Services Office staff may support the collection of ballots, but not participate directly in the count.
- L. When urgent action is required to comply with law, regulation, or accreditation requirements, the MEC may provisionally adopt a Policy and forward it to the Board for approval. If the Medical Staff did not have the opportunity to comment on the Policy, the Medical Staff may petition to have the Policy revoked by Medical Staff vote, provided that the Policy shall remain in effect until a superseding Medical Staff Policy that complies with the law, regulation, or accreditation requirement is adopted.
- M. If there is a disagreement between the Medical Staff and the MEC over the adoption of the policy or amendment thereto, then the Conflict Management Process of Article X, Section 2 shall apply.
- N. If there is a disagreement between the MEC and the Board, the matter will be submitted to the Joint Conference Committee for discussion and to work toward compromise for an acceptable resolution which can be submitted to the Board for further consideration.

Article XIV: Adoption and Amendment of Section Rules and Regulations

- A. Subject to the approval of the MEC and the Board, each Section shall formulate its own Rules and Regulations for the conduct of its affairs and the discharge of its responsibilities.
- B. When a Department is created and contains a number of Sections, there will also be an overarching set of Rules and Regulations for the Department.
- C. Rules and Regulations shall not be inconsistent with the Medical Staff Bylaws and Policies, Harrison Policies, or accreditation, regulatory, and statutory standards and requirements.
- D. The Rules and Regulations may be amended at a regularly scheduled or special meeting of the Department or Section provided prior notice of action is given at least 60 days prior to the meeting and a quorum, defined as the number of Active Staff members present and voting, is present.
- E. The generally recommended table of contents for the Section Rules and Regulations shall include at least the following:

In development and will be inserted later.

- F. Prior to submission to the MEC, the proposed Rules and Regulations or amendments thereto shall be submitted to the Bylaws Committee for technical review to assure no conflicts with the items listed in paragraph C of this section.
- G. Each Section shall review its Rules and Regulations at least annually and report to the MEC if there are changes in process.

- H. A permanent file of current Department and Section Rules and Regulations shall be maintained with the Medical Staff Bylaws and Policies in the Medical Staff Services Office.

Article XV: Adoption and Amendment of Medical Staff Bylaws

SECTION 1. Medical Staff Responsibility and Authority

- A. The organized Medical Staff develops, and adopts Medical Staff Bylaws and amendments thereto, which shall be effective when approved by the Board, whose approval shall not be unreasonably withheld.
- B. Such responsibility and authority shall be exercised in good faith and in a reasonable and timely manner, collaborating with the Board in a well-functioning relationship which reflects clearly roles, responsibilities, and accountabilities to enhance the quality and safety of care, treatment, and services provided to patients.
- C. Adoption of the Medical Staff Bylaws cannot be delegated.
- D. After adoption by the Medical Staff, the Bylaws shall be submitted to the Board for its approval. A decision by the Board to withhold its approval of the Medical Staff Bylaws shall have a rational basis. If the Board's approval is withheld, the Board shall specify the reasons for doing so in writing which shall be forwarded to the Chief of Staff.
- E. Hospital administration may develop and recommend proposed Bylaws or amendments thereto to the Medical Staff and Board in order for the Bylaws to be compliant with law, regulation, and accreditation standards by first making such recommendations to the MEC, who shall forward the request to the Bylaws Committee for consideration and recommendation. Whenever possible, the Medical Staff and Harrison administration shall work together in a collaborative manner as to the feasibility of any proposed Bylaws or amendments to the Bylaws and the impact they may have on Harrison operations.
- F. The Medical Staff Bylaws, Policies, and Rules and Regulations and the Board Bylaws and Harrison Policies must be compatible with each other and compliant with law, accreditation standards, and regulatory and statutory requirements.
- G. Neither the Medical Staff nor the Board may unilaterally amend the Medical Staff Bylaws.

SECTION 2. Procedure

- A. All proposed amendments of these Bylaws must be initiated by the Medical Staff.
- B. As a matter of procedure, any proposals for changes to the Bylaws must be referred to the Bylaws Committee.
- C. After due study, and with access the independent legal counsel, the Bylaws Committee shall submit recommendations to the MEC. This shall not preclude consultation with Harrison legal counsel on technical matters.
- D. After due deliberation, with the option of Executive Session, with access to independent legal counsel, or hospital legal counsel for advice on technical matters, the MEC shall vote to report

on the proposed amendment either favorably or unfavorably at the next annual meeting or special meeting of the Medical Staff called for such purpose. The proposed amendment(s) shall be voted upon at the meeting. Or, the MEC can choose to submit its report and recommendations in writing to the Medical Staff and conduct the vote by mail or electronic media.

- E. The proposed amendments, together with the recommendations of the MEC, shall be mailed to the members of the Active Medical Staff at least 60 days prior to the Medical Staff Meeting at which the amendments will be considered or the scheduled written vote by mail or electronic media.
- F. Approval of the amendments will require a simple majority of the Active Staff attending the meeting, a quorum being present (defined as 30% of the Active Staff) or participation in a written vote by mail or electronic media in which a quorum participate (defined as 30% of the Active Staff).

SECTION 3. Review

- A. These Bylaws and their associated Medical Staff Policies shall be reviewed by the Bylaws Committee yearly and a report made to the MEC.
- B. The conformance of these Bylaws to the current laws, regulations, accreditation standards, and the needs of the Medical Staff and Harrison shall be considered and amendments proposed as necessary.

SECTION 4. Medical Staff Unification

- A. The Hospital Medical Staff can elect to be unified with, or opt-out of unification with, the medical staffs of other hospitals that share the same Board, according to the following processes. The resulting unified medical staff will be referred to hereinafter as the "Unified Medical Staff".
- B. Unification Process
 - 1. The Board determines that a unified and integrated medical staff is permissible and votes in favor of a resolution to support unification of the Medical Staff.
 - 2. As soon as unification is under consideration by the Board, but no later than ninety (90) days before submission for a Medical Staff vote under these Bylaws, the Hospital will send written notice of proposed unification of medical staffs to the voting members of the Medical Staff.
 - 3. The notice will include at least the following information: the hospital(s) and medical staff(s) involved in the proposed unification, any risks and benefits, and schedule, plans and prospects for the Unified Medical Staff.
 - 4. The MEC will review the proposal and share with all Medical Staff members its analysis of the proposed unification, based on its assessment of the immediate and long-term effects of unification ninety (90) days prior to the Medical Staff vote on unification.
 - 5. The Medical Staff will vote on whether to unify at a special meeting called for that purpose or by electronic ballot. A majority of the Medical Staff members who hold Privileges at the Hospital and have the right to vote attending the meeting at which a quorum is present (defined at 30% of the Active Staff) must cast votes in favor of unification or to opt-out of

unification , or participate in a written vote by electronic ballot in which a quorum participate (defined at 30% of the Active Staff).

6. If the Medical Staff votes to accept unification, such unification will proceed only for those medical staff(s) of the other hospital(s) that similarly vote in favor of a unified medical staff.
7. If the Medical Staff votes to accept unification, these Medical Staff Bylaws remain in effect until the Medical Staff Bylaws are amended or new Medical Staff Bylaws for the Unified Medical Staff are adopted pursuant to the terms of these Bylaws.
8. The Unified Medical Staff will establish and implement policies and procedures in accordance with applicable State and Federal laws, and Joint Commission standards.

C. Opt-Out Process

1. One (1) year after initial acceptance of the Unified Medical Staff, and every two (2) years thereafter, the Medical Staff at a hospital may vote on whether to opt-out of the Unified Medical Staff at a special meeting called for that purpose or by electronic ballot.
2. A majority of Medical Staff members who hold Privileges at the hospital (other than telemedicine Privileges) and have the right to vote must cast votes in favor of opting-out of the Unified Medical Staff to unwind unification.
3. Upon voting to opt-out of the Unified Medical Staff, the Medical Staff remains unified, and the Medical Staff Bylaws of the Unified Medical Staff remain in effect until:
 - a. New Medical Staff Bylaws for the separate and distinct Medical Staff are adopted by the Medical Staff and approved by the Board; and
 - b. A special election has been held and Medical Staff officers and other leaders have been elected for the separate and distinct Medical Staff.
4. Upon the effective date of the opt-out from the Unified Medical Staff:
 - a. Each member of the Unified Medical Staff with Privileges at the hospital will be a member of the separate and distinct Medical Staff.
 - b. All peer review information developed by the Unified Medical Staff for those members who have Privileges at the hospital (including without limitation, any credentialing, privileging, OPPE, FPPE, and investigation information) will be made available to the separate and distinct Medical Staff.
 - c. Any peer review matters that are in progress for those members who have Privileges at the hospital as of the effective date of the opt-out will be continued by the separate and distinct Medical Staff.

Article XVI: Indemnification

The indemnification extended to officers and directors of Harrison by the Harrison Medical Center Bylaws, now or hereafter amended, shall extend to the Medical Staff members for service on any Medical Staff Committee, assisting in peer review and professional review, and/or quality

improvement activities described in the Bylaws, Policies, and Rules and Regulations. No indemnification shall be made pursuant to this section for the rendering of patient care or actions not taken in good faith.

Approvals		
Bylaws Committee	June 28, 2021	Gary Gretch, MD - Bylaws Committee Chair
Medical Executive Committee	July 15, 2021	Griffith Blackmon, MD - Chief of Staff
Medical Staff End of 60 day Review	September 19, 2021	Jacob Mathew, MD – Secretary/Treasurer
Medical Executive Committee	November 18, 2021	Griffith Blackmon, MD – Chief of Staff
Board Executive Committee	December 20, 2021	Uli Chi – Chair
Effective Date	December 20, 2021	

Definitions

With respect to these Bylaws, the following definitions apply:

Administration	The individuals duly appointed by the CHI Franciscan Board to be responsible for the management of Harrison Medical Center and its facilities
Board Quality and Value Committee	A subcommittee of the CHI Franciscan Health Board of Directors to whom review and approval of Medical Staff recommendations have been delegated
CHI Franciscan Health	Catholic Health Initiatives Franciscan Health
Chief of Staff	Physician elected by the Active Staff members of the Medical Staff to carry out those duties assigned to that position as specified in these Bylaws and Medical Staff Policies
Clinical Privileges or Privileges	The permission granted by the Board to an individual to render specific diagnostic, therapeutic, medical, dental, and/or surgical services at a Harrison facility
CMO	Chief Medical Officer, the chief administrative medical officer of Harrison Medical Center
COO	Chief Operating Officer, the chief administrative operations officer of Harrison Medical Center
Dentist	Person with DDS or DMD degree who is licensed in Washington state to practice dentistry in all its phases
Department	A group of Sections with a common interest who have formed a Department for furthering the goals of the Medical Staff
Harrison	Harrison Medical Center and all its facilities
Harrison Board	Board of Directors of Harrison Medical Center Corporation
Independent Legal Counsel	Independent Legal Counsel is chose by the MEC to assist in matters related to the Medical Staff. The Medical Staff shall be responsible for payment for all costs and other fees related to consultation with independent legal counsel unless Harrison has agreed in writing in advance to contribute funds for such service.
Medical Staff or Organized Medical Staff	Formal organization of all licensed physicians, dentists, and podiatrists who have been appointed to membership on the Medical Staff and who, by acting pursuant to these Bylaws, are carrying out the responsibilities which have been delegated to them by the Harrison Board.
Physician	Medical or osteopathic physician and surgeon duly licensed by the State of Washington
Podiatrist	Podiatric physician and surgeon duly licensed by the State of Washington
Practitioner	Individual who is a member of the Medical Staff and has been granted clinical privileges to provide patient care, treatment, and services in a Harrison facility;

	<p>or, A non-physician practitioner, either a licensed independent non-physician practitioner or a supervised non-physician practitioner who has been granted clinical privileges to provide patient care, treatment, and services in a Harrison facility</p> <p>For the purpose of on call coverage for Harrison patients, the covering practitioner shall be an individual who is similarly licensed as the member of the Medical Staff for whom the practitioner assumes call responsibility</p>
President	President of Harrison Medical Center and an agent of the Harrison Board and the CHI Franciscan Board in all matters
Section	Any group of practitioners with common clinical interests who have organized by specialty to promote the stated goals of the Medical Staff

Interpretations and Other Conventions

1. Construction

As used in these Bylaws, personal pronouns shall be interpreted to refer to persons of either gender and as either singular or plural, whichever is applicable. The words in these Bylaws shall be construed to make common sense and, where possible, promote harmony within the Medical Staff and Harrison.

2. Titles, Headings, and Captions

The title, headings, and captions appearing in these Bylaws are used and intended for convenience of description or reference only and shall not be construed or interpreted to limit, restrict, or define the scope or effect of any provision.

3. Citations

Citations to Articles and Sections appearing in these Bylaws refer to provisions of these Bylaws unless otherwise specified.

4. Multiple Campuses

To the extent that Harrison Medical Center operates multiple campuses under one Hospital license or operates as a regional hospital system, these Bylaws shall apply to all Harrison campuses. Separate provisions may be included in the Medical Staff Policies, Department Rules and Regulations, or Section Rules and Regulations to address unique characteristics of individual campuses.

5. Severability

If any provision in these Bylaws, or its application to any person or circumstances, is held invalid by a court of competent jurisdiction, the remainder of these Bylaws, or the application of the provision to other person or circumstance, shall not be affected.

6. Timeliness of Board Action

It is recognized that some actions of the Medical Staff require approval by the Board. The Board shall consider recommendations made by the Medical Staff (through the MEC) in a timely fashion and shall not unreasonably withhold its action on such recommendations.

7. Assignment, Successors, and Affiliation

These Bylaws, and clinical privileges accorded under these Bylaws, will be binding upon the Hospital and Medical Staff of any successor in interest in Harrison or any assigned successor to the Medical Staff unless or until the Medical Staff adopts new or amended Medical Staff Bylaws.

Harrison Medical Center's affiliation with other Hospitals, Healthcare Systems, or similar entities shall not affect these Medical Staff Bylaws unless otherwise approved by the Medical Staff.