

## MEDICAL STAFF BYLAWS

### **Why are hospital bylaws important?**

- Through its bylaws, the medical staff:
  - Defines the physician-hospital relationship
  - Defines the physician-physician relationship
  - Defines how patient safety standards and quality standards will be enforced
  - Creates professional conduct standards and defines how they will be enforced
  - Defines how it will govern itself
- Bylaws can enhance the protection for Medical Staff leaders performing their leadership functions—they can ensure that compliance is maximized, and risk is minimized.

### **Who approves bylaws?**

The medical staff approves bylaws and bylaws changes at a quarterly medical staff meeting. They must be approved by an affirmative vote of 2/3rds. The bylaws become active when they are approved by the board.

### **What sources of authority impact the content of hospital bylaws?**

- CMS (Medicare) Hospital Conditions of Participation
- Joint Commission and other accrediting bodies
- State licensure laws
- Health Care Quality Improvement Act
- Court decisions
- Relevant quality standards

### **How can a physician be removed or suspended from the medical staff?**

**Familiarize yourself with these items. Follow the links to learn your responsibilities and objective triggers.**

|  |       |                |              |
|--|-------|----------------|--------------|
|  | Basis | Hearing rights | Takes effect |
|--|-------|----------------|--------------|

|                           |   |  |   |
|---------------------------|---|--|---|
| Immediate removal         | Failure to notify CEO and medical staff president of items outlined in <a href="#">responsibilities</a> | No   | Immediately. Can reapply to the medical staff in 90 days.   |
| Summary suspension        | Imminent danger to patient, employee or others  | Yes- if ratified and continued by the MEC              | Immediately   |
| Routine corrective action | Violation of bylaws, quality of care issues, professional conduct                                       | Yes- if practice is restricted under fair hearing plan | After fair hearing and appeal. If physician is removed after fair hearing can reapply to medical staff in 5 years |
| Automatic suspension      | <b>Objective <a href="#">triggers</a></b>   | No   | Immediately. Physician reinstated when deficiency corrected.  |

**Where can I find the complete bylaws and rules and regulations?**

These are available on the Conemaugh intranet under Physicians and under the Medical Staff Office Sharepoint site under MSO Documents.

**3.3 RESPONSIBILITIES**

**3.3(k)** Notify the CEO (or designee) within twenty-four (24) hours of receipt of notification or of the member’s action in the following regards if:

- (1) His/Her professional licensure in any state is suspended or revoked;
- (2) He/She involuntarily relinquishes his/her license to practice any profession in any jurisdiction;
- (3) His/Her professional liability insurance is modified or terminated;
- (4) He/She voluntarily or involuntarily relinquishes his/her National Drug Enforcement Agency (DEA) number or state certificate;
- (5) He/She is excluded from participation in federal or state health insurance, including Medicare or Medicaid;
- (6) He/She is subject to current, pending investigation or challenge to licensure, DEA certification, medical staff membership or clinical privileges at any health care facility, or participation in federal or state insurance;
- (7) His/Her medical staff membership or clinical privileges are involuntarily revoked, reduced, relinquished, limited or restricted in any health care facility;

- (8) He/She participates in a mandatory drug and/or alcohol rehabilitation or formal impairment program or has ceased participation in such program without successful completion.

Notify the CEO (or designee) within three (3) days of receipt of notification or of the member's action in the following regards if:

- (1) His/Her medical staff membership or clinical privileges are voluntarily revoked, reduced, relinquished, limited or restricted in any health care facility, which does not include a voluntary decision not to renew membership or privileges as long as the member is not under investigation at the time of such decision;
- (2) He/She has any criminal charges (misdemeanor or felony), including a DWI/DUI, but not including minor traffic violations, brought/initiated against him/her;
- (3) He/She voluntarily relinquishes his/her license to practice any profession in any jurisdiction, which does not include a voluntary decision not to renew a license as long as the member is not under investigation at the time of such decision;
- (4) His/Her patient management is the subject of an investigation by a state medical board;
- (5) He/She is named as a defendant, or is subject to a final judgment or settlement, in any court proceeding alleging that he/she committed professional negligence or fraud; however, this provision shall not apply if the Hospital is notified by being a party to such a suit;
- (6) His/Her specialty board certification expires, is voluntarily surrendered, or is revoked;
- (7) He/She participates in a voluntary drug and/or alcohol rehabilitation program or formal impairment program or has ceased participation in such program without successful completion; or has been diagnosed with any condition resulting in a material change in health status (which would affect an individual's ability to exercise clinical privileges) from the time the individual submitted his/her application.

**Failure to provide any such notice, as required above, shall result in immediate loss of Medical Staff membership and clinical privileges, without right of fair hearing procedures.**

### **8.3 AUTOMATIC SUSPENSION**

#### **8.3(a) License**

A Medical Staff member or AHP Staff member whose license, certificate, or other legal credential authorizing him/her to practice in Pennsylvania is revoked, relinquished, suspended or restricted shall immediately and automatically be

suspended from the Medical Staff or AHP Staff and practicing in the hospital. Suspensions based upon revocation, relinquishment, suspension or restriction of license shall require the practitioner or AHP to request reinstatement, rather than automatic reinstatement upon reestablishment of his/her full licensure.

**8.3(b) Drug Enforcement Administration (DEA) Registration Number**

Any practitioner or AHP (who is required by Section 6.2 to have DEA registration) whose DEA registration number/controlled substance certificate or equivalent state credential is revoked, suspended, relinquished or expired shall immediately and automatically be suspended from the staff and practicing in the Hospital until such time as the registration is reinstated.

**8.3(c) Medical Records**

- (1) Automatic suspension of a practitioner's or AHP's privileges shall be imposed for failure to complete medical records as required by the Medical Staff Bylaws and Rules & Regulations. The suspension shall continue until such records are completed unless the practitioner or AHP satisfies the Medical Staff President that he/she has a justifiable excuse for such omissions.
- (2) Medical Records- Expulsion: Any Medical Staff or AHP Staff member who accumulates forty-five (45) or more CONSECUTIVE days of automatic suspension under said subsection 8.3(c)(1) shall automatically be terminated from the Medical Staff. Such termination shall be effective as of the first day after the forty-fifth (45th) consecutive day of such automatic suspension.

**8.3(d) Malpractice Insurance Coverage**

Any practitioner or AHP unable to provide proof of current medical malpractice coverage in the amounts prescribed in these bylaws will be automatically suspended until proof of such coverage is provided to the MEC and CEO.

**8.3(e) Failure to Appear/Cooperate**

Failure of a practitioner or AHP to appear at any meeting with respect to which he/she was given such special notice and/or failure to comply with any reasonable directive of the MEC shall, unless excused by the MEC upon a showing of good cause, result in an automatic suspension of all or such portion of the practitioner's or AHP's clinical privileges as the MEC may direct.

**8.3(f) Exclusions/Suspension from Medicare**

Any practitioner or AHP who is excluded from the Medicare program or any state government payor program will be automatically suspended. Suspensions based on exclusion from the Medicare program or any state government payor program shall require the practitioner or AHP to request reinstatement, rather than automatic reinstatement upon reenrollment in the applicable program.

**8.3(g) Contractual Prohibitions**

Any practitioner or AHP who is subject to any valid agreement (e.g., a non-compete agreement) that would prevent him/her from practicing at the Hospital, upon discovery of such agreement, shall be immediately and automatically suspended from the staff and from practicing at the Hospital. The affected practitioner or AHP shall not be permitted to reapply for membership/clinical privileges unless or until the agreement is terminated or expires.

**8.3(h) Compliance with Vaccination Policy**

Any Medical Staff or AHP Staff member who refuses to be vaccinated in accordance with Hospital policies (unless exempt as defined by such policies) will have his/her Medical Staff or AHP Staff membership and clinical privileges immediately and automatically suspended. Any individual so suspended shall not be reinstated until he/she has complied with Hospital policy as determined by the Board of Trustees.

**8.3(i) Automatic Suspension - Fair Hearing Plan Not Applicable**

No staff member whose privileges are automatically suspended under this Section 8.3, shall have the right of hearing or appeal as provided under Article IX of these bylaws. The Medical Staff President shall designate a physician to provide continued medical care for any suspended practitioner's patients. Any automatic suspension of longer than one hundred eighty (180) days shall result in automatic termination of membership and privileges, without further procedural rights.

**8.3(j) Medical Staff President**

It shall be the duty of the Medical Staff President to cooperate with the CEO in enforcing all automatic suspensions and terminations and in making necessary reports of same. The CEO or his/her designee shall periodically keep the Medical Staff President informed of the names of individuals who have been suspended or terminated under Section 8.3.

**8.3(k) Felony**

Any Practitioner or AHP who pleads guilty or no contest or who has been convicted of a felony shall be immediately suspended from the staff and practicing at the Hospital.