

<b>Diagnostic and Treatment Center</b>
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**MEDICAL STAFF BYLAWS**

**PREAMBLE**

**WHEREAS**, the Diagnostic and Surgical Services Center, L.L.C. (“Diagnostic and Treatment Center”) organized as a Wisconsin Limited Liability Company Law, is a healthcare services center designed to provide quality care for eligible patients; and

**WHEREAS**, it is recognized there is a need to provide quality care and management.

**THEREFORE**, the Practitioners (as defined below) practicing in this facility hereby organize themselves into a medical staff in conformity with these Bylaws.

**MEDICAL STAFF DEVELOPMENT POLICY**

**It Is The Policy Of The Diagnostic and Treatment Center That:**

Applicants seeking to provide service through the Diagnostic and Treatment Center will be reviewed according to the following criteria:

1. The credentialing process, these Medical Staff Bylaws, quality assurance criteria and other applicable policies of the Diagnostic and Treatment Center;
2. The commitment by the applicant to comply with the Diagnostic and Treatment Center’s vision of quality, ethical, patient centered health care;
3. The necessity of ensuring the safe and efficient functioning of the Diagnostic and Treatment Center;
4. Demonstrated need for the service the applicant requests to perform in the facilities of the Diagnostic and Treatment Center;
5. The existence of an exclusive contract that might prevent an applicant from being offered staff membership;
6. The ability of the Diagnostic and Treatment Center to provide, in an economically feasible manner, appropriately qualified support staff and equipment for applicants’ intended use of the Diagnostic and Treatment Center; and
7. The date of application.

**DEFINITIONS**

For the purposes of these Bylaws, the following definitions shall apply:

1. Governing Board – The Management Committee, as defined under the Diagnostic and Treatment Center’s Operating Agreement. The duties of the Governing Board are detailed in Article IX, Section A, which is sometimes referred to herein as “Board.”

2. Medical Staff - The Practitioners who have been granted membership and privileges to care for patients at the Diagnostic and Treatment Center.
3. Practitioner - An individual with an M.D., D.D.S., D.P.M., D.M.D., or D.O. degree who is fully licensed to practice medicine, surgery, dentistry, podiatry or osteopathy in the State of Wisconsin, and who is a member of the Diagnostic and Treatment Center's Medical Staff.
4. Physician Assistant is a graduate of a training program approved by the Council of Medical Education of the American Medical Association and has passed the examination given by the National Board of Medical Examiners for Certification of Practitioner Assistants, and is licensed to practice as a physician's assistant in the State of Wisconsin. These personnel must follow all guidelines, rules and regulations as established by the Wisconsin Medical Examining Board.
5. Diagnostic and Treatment Center (DTC) - Diagnostic and Treatment Center, Schofield, WI 54476.
6. Contracted Entity - An affiliate or third party with whom the Diagnostic and Treatment Center enters into one more written contracts to perform any function described in these Bylaws, including credentialing, quality improvement activities such as peer review, utilization review, corrective action investigations, or hearings.

#### **ARTICLE I NAME**

Collectively, the Practitioners who have been granted membership and privileges to care for patients at the Diagnostic and Treatment Center shall be referred to as "Medical Staff of the Diagnostic and Treatment Center" or "Medical Staff."

#### **ARTICLE II PURPOSE**

The purposes of the Medical Staff of the Diagnostic and Treatment Center are as follows:

1. To make every reasonable effort to ensure that all patients treated at the Diagnostic and Treatment Center, regardless of race, sex, sexual orientation, age, color, creed or national origin, receive quality medical care.
2. To make every reasonable effort to ensure an acceptable level of professional performance of all Practitioners authorized to practice at the Diagnostic and Treatment Center, through the appropriate delineation of clinical privileges. Each Practitioner approved to practice at the Diagnostic and Treatment Center is subject to an ongoing review and evaluation of his/her performance.
3. To provide an appropriate setting to maintain scientific and clinical standards.
4. To initiate and maintain rules and regulations governing the activities of the Medical Staff.

5. To provide a means whereby issues concerning the Medical Staff and the Diagnostic and Treatment Center may be discussed by the Medical Staff with the management of the Diagnostic and Treatment Center.
6. To ensure quality care through adherence to the policies and standards of selected state and federal accreditation agencies.
7. To promote the public's confidence in and use of comprehensive clinical services performed by the Medical Staff of the Diagnostic and Treatment Center.

### **ARTICLE III**

#### **MEDICAL STAFF MEMBERSHIP**

##### **Section A - Nature of Membership**

Membership on the Medical Staff is a privilege extended to ethical, competent Practitioners who continuously meet the standards and requirements set forth in these Bylaws.

##### **Section B - Qualifications for Membership**

1. Every applicant who seeks or enjoys appointment to the Medical Staff or clinical privileges to perform patient care services at the Diagnostic and Treatment Center, must at the time of appointment and continuously thereafter demonstrate the following qualifications:
  - a. A valid current license issued by the State of Wisconsin to practice medicine, osteopathy, dentistry, or podiatry.
  - b. A current valid DEA registration.
  - c. Professional education, training, experience, ability, current competence and judgment, demonstrating a continuing ability to provide quality and efficient patient care services, relevant to the clinical privileges requested, and to contribute to the attainment of the Diagnostic and Treatment Center's objectives.
  - d. Post-graduate study in the applicant's specialty sufficient to qualify the applicant for certification by an appropriate medical, dental, podiatric osteopathic specialty board (if such board exists in the applicant's specialty) or professional training and professional credentials equivalent thereto.
  - e. A willingness and capability to work with and relate to other Practitioners, Allied Health Professionals, the Diagnostic and Treatment Center administration and employees, visitors, and the community, all in a cooperative and professional manner.
  - f. Evidence of current professional liability insurance in not less than the minimum amount as required by the State of Wisconsin.
  - g. Participation in continuing medical education, satisfying the continuing educational requirements of the applicant's licensure requirements.

- h. The absence of felony convictions or convictions for other offenses where the circumstances of the offense substantially relate to the circumstances of the applicant's practice.
- i. All appointees to the Medical Staff and Allied Health Staff shall always act in a manner consistent with the highest ethical standards and levels of professional competence.
- j. Evidence of staff privileges at a Wisconsin hospital. Those individuals that will provide patient care services to inpatients at Saint Clare's Hospital within the DTC, shall be required to have Medical Staff membership and appropriate clinical privileges at Saint Clare's Hospital.
- k. Absence of exclusion from any federally-funded health care program.
- l. Absence of any bar from providing direct patient care in regulated health care facilities under Wisconsin caregiver misconduct laws.

**Section C – Duration and Condition of Appointment**

1. All initial appointments and reappointments to the Medical Staff of the Diagnostic and Treatment Center shall be made by the Governing Board. The Governing Board shall act on appointments, reappointments and revocation of appointments. The Governing Board may act on the basis of documented evidence of the applicant's professional and ethical qualifications obtained from any reliable source.
2. Initial appointments shall be for a provisional period of not more than one year. Reappointments shall be for a period of not more than two years.
3. Every initial application for staff appointment must contain a request for specific clinical privileges. The evaluation of such request shall be based upon the applicant's education, training, experience, demonstrated competence, references, and other relevant information, including like surgical privileges at a hospital.
4. The applicant has the burden of producing adequate information for proper evaluation of professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.
5. Allied Health Professionals shall be licensed, certified or registered as applicable and shall perform within the limits established by the Medical Staff and consistent with applicable licensing rules and regulations. Allied Health Professionals must have malpractice coverage provided by the Medical Staff member who introduces them or employs them or they must carry their own coverage.
6. The applicant agrees that falsification of information contained in the application, providing misleading information or omitting material information shall constitute grounds for denial and for withdrawal of staff privileges if granted.

## **Section D - Credentialing Plan**

1. Application packets for appointment to the staff may be obtained only from the Chief Medical Officer.
2. Upon receiving the completed application, the Chief Medical Officer shall delegate responsibility to the appropriate staff member at the Diagnostic and Treatment Center, a Contracted Entity, and/or to an appropriate Credentials Verification Organization for making all necessary research and verification from the primary sources of references, licensure and other information concerning the applicant's qualifications for membership and staff privileges sought, including information required to be produced from the National Practitioner Data Bank in accordance with the Health Care Quality Improvement Act of 1986 and the Fraud and Abuse Databank.

Satisfactory evidence of primary source verification may be a letter, a computer printout, or a documented phone call. For proof of licensure, medical school graduation, and residency, a document or photocopy of a document provided by the applicant is not considered primary source verification.

3. The completed application shall be transmitted to the Chief Medical Officer. The Chief Medical Officer is empowered, in consultation with the Executive Director, upon the basis of information then available, to grant temporary privileges to the applicant. A personal interview with the Chief Medical Officer of the Diagnostic and Treatment Center is also mandatory prior to receiving temporary privileges. Temporary privileges will remain in effect for 90 days, unless the Chief Medical Officer withdraws those privileges or extends one 90-day extension to the applicant. If there is a failure on the part of the applicant to provide accurate information, or an inability to verify accuracy of information, his/her temporary privileges will expire automatically.
4. The completed application with satisfactory evidence of all primary source verification then shall be submitted to the Executive Director for its review, and then to the Governing Board for its approval. The Board shall evaluate the character, qualifications, professional standing and suitability of the applicant, and shall make a decision only after this evaluation is completed. Decisions should also be made for privileges for specific procedures to be granted, commensurate with the Practitioner's education, training and experience, as provided in these Bylaws.
5. All applicants, as well as members of the Medical Staff, consent to the release of pertinent information for any purpose set forth in these Bylaws, and unconditionally release from liability and agree to hold harmless any person or entity furnishing or releasing such information concerning application for Medical Staff status.
6. The applicant shall be responsible for updating all educational information, providing copies of proof of Wisconsin licensure and DEA registration, providing all references required, completing appropriate delineation of privileges forms, and providing proof of professional liability insurance. Medical Staff members are required to notify DTC of any reduction in Medical Staff status or clinical privileges at any other hospital within seven days of such change.
7. By applying for appointment to the Medical Staff of the Diagnostic and Treatment Center, each applicant thereby signifies his willingness to appear for interviews in regard

to his application, authorizes the Diagnostic and Treatment Center to consult with members of the medical staffs of other hospitals or institutions with which the applicant has been associated and with others who may have information bearing on his/her competence, character, and ethical qualifications, and consents to the Diagnostic and Treatment Center's inspection of all records and documents that may be material to an evaluation of the professional qualifications and competence to carry out the clinical privileges requested. Applicants unconditionally release from liability and agree to hold harmless any person or entity furnishing or releasing such information concerning application for Medical Staff status.

8. The Governing Board may request a personal interview with the applicant, if there are questions regarding any information that has been submitted.
9. The Governing Board shall have ultimate authority in all decisions concerning medical staff appointments.
10. When the Governing Board decides to defer the application for further consideration, it must be followed up within 90 days with a final decision for appointment and/or granting of privileges, or for rejection of the application.
11. In the event the Governing Board should decide to deny some or all of the staff privileges for which an applicant has applied, the applicant shall be notified in writing of its recommendation. The appeals process outlined in Article IX shall not pertain to adverse decisions on initial applications unless the adverse decision is related to the applicant's professional competence or conduct.
12. By applying for membership on the Diagnostic and Treatment Center Medical Staff, the applicant agrees that he shall disclose to patients, prior to making a referral to the Diagnostic and Treatment Center, any financial or ownership interest in the Diagnostic and Treatment Center in accordance with applicable Wisconsin and Federal law.

#### **Section E - Reappointment Process**

1. All appointments shall be for a period of not more than two years.
2. At appropriate intervals, the Governing Board shall review all pertinent information required of or available on each Practitioner for the purpose of determining recommendations for reappointment to the Staff and/or renewal or change of privileges for the ensuing reappointment. When non-reappointment or a change in privileges is recommended, the reason for such recommendation shall be stated and documented.
3. Each recommendation concerning the reappointment of a Staff member and/or renewal or change of privileges shall be based upon peer review of the Practitioner's professional competence and clinical judgment in the treatment of patients, ethics and conduct and participation in Staff affairs. In addition, compliance with the Medical Staff Bylaws, Rules and Regulations, cooperation with personnel, use of the facilities, interaction with other Practitioners, physical and mental capabilities, compliance with continuing education requirements, quality assurance activities, and general attitude toward patients, the Diagnostic and Treatment Center and the public, and all other relevant information, including but not limited to the considerations described below, may be considered.

## **Section F – Appointment and Reappointment Considerations**

Other considerations during the initial appointment and reappointment process include:

1. Voluntary or involuntary termination of Staff membership or privileges at any hospital, ambulatory surgery center or other healthcare facility.
2. Voluntary or involuntary revocation, suspension, modification, reduction, or non-renewal of privileges at any hospital, ambulatory surgery center or other healthcare facility.
3. Imposition of any probationary conditions or disciplinary actions by any licensing board, specialty board, professional society, hospital, ambulatory surgery center or other health care facility.
4. Current investigation regarding status or privileges at any hospital, ambulatory surgery center or other healthcare facility.
5. Whether an applicant has ever been denied a request for membership or any requested privileges or withdrawn an application for the same at any hospital, ambulatory surgery center or other healthcare facility.
6. Whether the applicant' s membership in local, or national professional societies, or license to practice any profession in any jurisdiction, or specialty board certification or DEA number, has ever been suspended, revoked or denied.
7. Whether the applicant has ever been or is currently the subject of a medical liability action or has ever been refused liability insurance or renewal, had limitations placed on the scope of practice, or had coverage rated up because of unusual risks.
8. Reappointment is contingent upon performance. Therefore, it is necessary to perform procedures and be involved in patient care activities so that performance can be reviewed. It is the recommendation of the Governing Board that each Practitioner enjoying staff privileges must accumulate a minimum number of 12 cases per year or his or her privileges may not be renewed.

## **ARTICLE IV PRIVILEGES**

### **Section A - Delineation of Privileges**

1. Practitioners shall be entitled to exercise only those privileges specifically granted by the Governing Board.
2. Each initial application for appointment to the Medical Staff, and each application for reappointment, must contain a request for the specific privileges desired by the applicant.
3. The evaluation of an applicants request shall be based upon education, training, experience, demonstrated current competence, references, and any other relevant

information. The applicant or Practitioner shall have the burden of documenting qualifications and competency for the privileges requested.

4. Periodic re-determination of privileges with an increase or curtailment of same shall be based in part upon the direct observation of clinical performance, and review of such records of the Medical Staff which document the evaluation of the Practitioner's participation in the delivery of health care.
5. Any request for a modification of privileges must be supported by documentation of training and/or experience supportive of such request.

### **Section B - Temporary Privileges**

1. Temporary privileges may be granted in specific circumstances as listed below. Practitioners with temporary privileges shall meet the qualifications and responsibilities for staff membership. Practitioners with temporary privileges shall acknowledge and abide by all provisions of the Medical Staff Bylaws and Rules and Regulations.
2. **Application.** Upon receipt of 1) a completed application for staff membership (which shall include a valid and current license to practice medicine issued by the State of Wisconsin a valid and current DEA registration, and proof of professional liability insurance in an amount not less than the minimum amount required by the state of Wisconsin; 2) a written request for temporary privileges that includes a rationale for the request, and following a personal interview with the Chief Medical Officer, and upon the basis of information then available which may be reasonably relied upon as to the competence and ethical standing of the applicant, the Chief Medical Officer, in consultation with the Executive Director, may grant temporary privileges to the applicant. In exercising such privileges, the applicant shall act under the supervision of the Chief Medical Officer. These temporary privileges may be renewed after 90 days. Not more than one renewal may be granted.
3. Special requirements of supervision and reporting may be imposed by the Chief Medical Officer or the Governing Board on any Practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Governing Board Chairman or the Chief Medical Officer upon notice of any failure by the Practitioner to comply with such special requirements.

## **ARTICLE V CORRECTIVE ACTION**

### **Section A – Bases for Routine Corrective Action**

Whenever there exists reasonable cause for believing that a Practitioner has engaged in conduct which: (i) constitutes grounds for denial, suspension, or termination of Medical Staff appointment; or (ii) is contrary to the Bylaws or rules and regulations; or (iii) is detrimental to patient safety; or (iv) is likely to adversely effect the delivery of quality or efficient patient care at the Diagnostic and Treatment Center; or (v) is disruptive to operations of the Diagnostic and Treatment Center or that materially impedes the order and efficient administration of the Diagnostic and Treatment Center's affairs, then corrective action against the Practitioner may be requested by the Diagnostic and Treatment Center's Executive Director, Chairman of the Governing Board or the Chief Medical Officer.

## **Section B – Requests and Notices**

The individual requesting corrective action shall summarize the specific activities or conduct which constitute the grounds for the request and promptly notify the other two individuals authorized to request corrective action of the request. Each shall continue to keep the others fully informed of all action taken in connection therewith.

## **Section C – Investigation upon Request for Routine Corrective Action**

Upon receipt of any request for corrective action, the Chair of the Governing Board shall either immediately appoint an Ad Hoc Committee, made up of three members of the Medical Staff, to investigate the matter, or delegate investigation of the matter to a Contracted Entity to perform this function, following procedural rules that are substantially similar to or more comprehensive than the procedural rules set forth below for the Ad Hoc Committee. However, in the event of any conflict between these Medical Staff Bylaws and the process called for in the contract with the Contracted Entity, the contract with the Contracted Entity shall control.

1. Conduct of Investigation. The Practitioner against whom corrective action has been requested shall have an opportunity for an interview with the Ad Hoc Committee. At such interview he/she shall be informed of the general nature of the concerns regarding him/her, and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws or the Fair Hearing Plan with respect to hearings shall apply thereto. Legal counsel may not be present.
2. Report of Investigation. The Ad Hoc Committee shall forward a written report of its investigation to the Governing Board as soon as practicable after the termination of its investigation. The report of the investigation shall document the factual findings and judgments of the investigator(s) but shall not recommend any particular action or outcome. The Practitioner against whom corrective action has been requested shall receive a copy of the report.

## **Section D – Governing Board Action**

As soon as practical after the conclusion of the investigative process set forth in Section C, if any, the Governing Board shall make a recommendation with respect to such request for corrective action.

1. Types of Action. The Governing Board may make a recommendation concerning the request for corrective action for specific sanctions, which may include, without limitation:
  - (1) verbal warning, letter of admonition, or letter of reprimand;
  - (2) requirement for consultation or monitoring which does not require prospective review or approval of professional activities;
  - (3) concurrent or retrospective review of professional activities;
  - (4) probation (meaning that the Practitioner will be observed for a period of time regarding the activity that led to the original request and that additional, more serious, sanctions will be imposed for continued behavior);
  - (5) prospective review and approval of professional activities;
  - (6) reduction, suspension or revocation of clinical privileges;

- (7) sustaining, expanding, or otherwise modifying already imposed corrective action including precautionary suspension of clinical privileges;
  - (8) reduction or limitation of any Medical Staff prerogatives directly relating to the Practitioner's delivery of patient care;
  - (9) suspension or revocation of Medical Staff appointment;
  - (10) referral for health assessment and required compliance with recommendations stemming from that assessment; or
  - (11) any combination of the above.
2. Procedural Rights. Any recommendation by the Governing Board for sanctions described in subsection 1(5-9) shall entitle the affected Practitioner to the procedural rights provided in the Fair Hearing Plan as set forth in Article IX of these Medical Staff Bylaws, or if the hearing process is delegated to a Contracted Entity, to a hearing process that provides notice and hearing procedures meeting the procedural standards for hearings expressed in the Health Care Quality Improvement Act of 1986 or such procedures as are otherwise fair to the Practitioner under the circumstances.

#### **Section E - Precautionary Suspension**

1. The Chief Medical Officer, the Executive Director or Chair of the Governing Board, shall each have the authority, whenever action must be taken to protect the life of any patient or to reduce the substantial likelihood of imminent threat to the health or safety of any patient or other person at the Diagnostic and Treatment Center, to summarily suspend all or any portion of the privileges of a Practitioner, and such precautionary suspension shall become effective immediately upon imposition. When such action is taken, it shall be promptly recorded in writing, and forwarded to the Governing Board, and by Special Notice, to the suspended Practitioner.
2. A Practitioner whose privileges have been suspended on a precautionary basis shall be entitled to request a hearing before an Ad Hoc Hearing Committee in accordance with Article IX of these Bylaws.

#### **Section F - Automatic Suspension**

A Practitioner's clinical privileges shall automatically be suspended upon the occurrence of the following circumstances.

1. License Impairment or Restriction. Whenever a Practitioner's license, certificate or other legal credential authorizing him/her to practice in Wisconsin is revoked or lapses, his/her Medical Staff Membership and clinical privileges shall be automatically revoked. Whenever the relevant licensing board limits, restricts, or suspends such license or other legal credential, his/her clinical privileges within the scope of the limitation, restriction or suspension shall also be automatically limited, restricted or suspended, at least for the duration of the limitation, restriction or suspension. In the case of limitation, restriction or suspension, the Governing Board shall review the matter at the termination of the limitation, restriction or suspension or such earlier time as the Governing Body decides to do so.
2. Drug Enforcement (DEA) Number. Whenever a Practitioner's DEA number is revoked or suspended, he/she shall immediately and automatically be divested at least of his/her right to prescribe medications covered by the number effective upon such revocation or

suspension, and in the case of suspension, for at least the duration of the suspension. At the end of such suspension, the Governing Board shall review the matter.

3. Professional Liability Insurance. Whenever a Practitioner's professional liability insurance is canceled, suspended, or lapses, his/her Medical Staff Membership and clinical privileges shall be automatically suspended. Upon restoration of the insurance or termination of suspension, the Governing Board shall review the matter.
4. Participation in Medicare or Medicaid. Whenever a Practitioner's eligibility to participate in the Medicare or Medicaid program has been terminated or suspended, his/her Medical Staff Membership and clinical privileges shall be automatically revoked. The Practitioner will not be eligible to reapply until the Practitioner is again eligible to participate.
5. Failure to Complete Medical Records. A temporary suspension in the form of withdrawal of a Practitioner's privileges to perform procedures or interpret studies, effective until medical records are completed, shall be imposed in accordance with the Rules and Regulations.
6. DTC shall report any adverse professional review action to the National Practitioner Data Bank when required.

## **ARTICLE VI RULES AND REGULATIONS**

Rules and Regulations shall be adopted by the Governing Board as may be necessary for the proper conduct of the work of the Medical Staff of the Diagnostic and Treatment Center.

## **ARTICLE VII AMENDMENTS TO BYLAWS, RULES AND REGULATIONS**

These Bylaws, Rules and Regulations may be amended as follows:

1. All proposed amendments must originate in or be submitted to the Clinical Affairs Committee of the Diagnostic and Treatment Center.
2. The Governing Board shall have the power to adopt such amendments to the bylaws as are, in the Board's judgment, technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or the errors of grammar or expression, without prior submission to the Clinical Affairs Committee, but these amendments shall then be forwarded to the Clinical Affairs Committee for information and comment.
3. The Governing Board shall have the power to adopt all other amendments to the bylaws after considering the recommendation of the Clinical Affairs Committee, except that if the Clinical Affairs Committee fails to issue a recommendation on an amendment submitted to it by the Governing Board within 60 days of submission, the Governing Board may act without such recommendation.

All such amendments shall be effective immediately upon adoption by the Governing Board. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Board. After adoption, such amendments shall, as soon as practicable, be distributed to the Medical Staff.

## **ARTICLE VIII ADOPTION**

These Bylaws and Rules and Regulations will initially be adopted by the Governing Board and will thereafter be subject to amendment as set forth in Article VII. They shall, when adopted by the Governing Board, be equally binding on all members of the Medical Staff.

## **ARTICLE IX FAIR HEARING PLAN**

### **Section A – Grounds for Hearing**

Occurrence of one or more of the following enumerated actions (“adverse actions”) shall entitle the Practitioner or applicant affected thereby to a hearing:

- a. Denial of Medical Staff appointment or reappointment, if such is related to the Practitioner’s or applicant’s professional competence, conduct or other qualifications for appointment (other than the failure to satisfy specified eligibility criteria, such as current licensure).
- b. Limitation or suspension of admitting privileges.
- c. Denial of requested clinical privileges.
- d. Reduction in, limitation of, suspension of or revocation of clinical privileges or Medical Staff membership (except automatic suspension).
- e. Imposition of terms of proctoring or probation that include a requirement for third party approval prior to the exercise of clinical privileges.
- f. Imposition of terms of proctoring or probation, which include a requirement for consultation or assistance during surgery, or other exercise of clinical privileges.

No hearing or appellate rights will be granted to any applicant or Practitioner for any reason other than those set forth above. Specifically, but without limitation, no hearing or appellate rights will be granted to a Practitioner or applicant for any of the following:

- a. Any adverse action that has been voluntarily accepted by the Practitioner or applicant.
- b. Issuance of a verbal warning or formal letter of reprimand.
- c. Imposition of a requirement for retrospective proctoring, monitoring, consultation or review of cases without a requirement for prior approval of exercise of clinical privileges.
- d. Removal of a Practitioner from an administrative position.
- e. Imposition of a requirement for specific continuing medical education.
- f. Any action or recommendation taken as a result of the individual’s failure to satisfy specified eligibility criteria, including criteria providing the basis for an Automatic Suspension.
- g. Any adverse action with respect to temporary or emergency privileges.
- h. Failure to timely submit a complete application with all required documentation.

- i. Any adverse action taken as the result of an administrative decision of the Governing Body of DTC including, without limitation, a decision to grant an exclusive contract for a service to a particular provider or group of providers; a decision to no longer offer a particular procedure or service; a decision to begin requiring increased education or training for a particular service or procedure; or a decision to allocate surgical suite time in a particular manner.

#### **Section B - Hearing Conducted by Contracted Entity**

Some or all of the hearing process contemplated under these Medical Staff Bylaws may be carried out by a Contracted Entity pursuant to a written contract with the DTC. In that case, alternative procedures may be substituted for any one or more steps of the process set forth in this Fair Hearing Plan, with the intent to provide notice and hearing procedures meeting the procedural standards for hearings expressed in the Health Care Quality Improvement Act of 1986 or such procedures as are otherwise fair to the Practitioner under the circumstances. However, in the event of any conflict between these Medical Staff Bylaws (including its Fair Hearing Plan) and the process called for in the contract with the Contracted Entity, the process called for in the contract with Contracted Entity shall control.

#### **Section C - Notice of Right to Hearing**

Within 30 days of receipt of written notice of an adverse action taken by the Governing Board entitling the individual to a hearing, the Chair of the Governing Board or the Chief Medical Officer shall give the affected individual specific written notice of the adverse action and the right to a hearing. The written notice shall be hand-delivered, delivered by a national overnight courier service, or be sent by certified mail to the individual's office or residence address as identified on the physician's most recent application for membership. Refusal of this notice shall constitute waiver of all rights accorded under the Fair Hearing Plan. The notice shall include:

- a. The reasons for the proposed action or recommendation.
- b. A statement that the individual has 30 days after receiving the notice in which to submit a request for a hearing and that the request must satisfy the conditions of Section D.
- c. An explanation that failure to request a hearing within the 30-day time period and in the proper manner constitutes a waiver of all rights accorded under the Fair Hearing Plan.
- d. A summary of the hearing rights afforded the individual.
- e. A statement indicating whether the adverse action would be reportable to the National Practitioner Data Bank if the action becomes final.

#### **Section D - Request for a Hearing**

The individual has 30 days after receiving notice of an adverse action to serve a written notice of a request for a hearing on the Chair of the Governing Board and/or the Chief Medical Officer. If the individual intends to be represented by an attorney, the request for a hearing must so indicate. An individual who fails to request a hearing within the time and in the manner specified, waives his/her right to any hearing or appellate review to which he/she might otherwise be entitled. Such waiver will apply only to the matters that were the basis for the adverse action that triggered the notice.

## **Section E - Hearing Prerequisites**

### **1. Notice of Hearing Date**

Upon receiving a timely and proper request for hearing, the Chair of the Governing Board will promptly determine the date and time of the hearing. At least 30 days prior to the date set for the hearing, the Chair of the Governing Board shall send the individual written notice of the hearing date and time unless the individual's request for hearing requested an expedited schedule.

### **2. Contents of Notice**

The hearing notice shall state the place, date and time of the hearing, the identity of Hearing Committee members, and shall further state in concise language the acts or omissions with which the individual is charged, or the other reasons or subject which were considered in making the adverse decision, and any other reasons or subject matter which form the basis for the adverse action. The hearing notice shall indicate that failure of the individual to appear shall act as a waiver of all rights under the Fair Hearing Plan.

### **3. Appointment of Hearing Committee**

The hearing shall be conducted by a Hearing Committee of not less than three members of the Medical Staff appointed by the Chair of the Governing Board. No Member who has actively participated in the consideration of the adverse decision and no member who is in direct economic competition with the individual will be appointed a member of the Hearing Committee. If the individual has objections to the identity of any individual Hearing Committee member, the individual must provide written notice of such objection to the Chair of the Governing Board or designee within 10 days of the individual's receipt of the notice of hearing. If the individual fails to provide such written notice of objection, any objection to the composition of the Hearing Committee shall be waived. A timely objection shall be considered by the Chair of the Governing Board. If the Chair of the Governing Board determines in its discretion that the objection is valid, it shall replace the Hearing Committee member objected to with another person. The Chair of the Governing Board shall have the right to appoint members to the Hearing Committee who are not members of the Medical Staff if necessary in order to have a full Hearing Committee or if deemed otherwise advisable by the Chair of the Governing Board.

### **4. List of Witnesses**

At least 10 days prior to the scheduled date for commencement of the hearing, the individual shall provide the Governing Board and the Chair of the Governing Board shall provide the individual with a written notice of the names of the individuals who are expected to appear at the hearing to give testimony or evidence in regards to the matter. Each list shall be amended as soon as possible if additional witnesses are identified and the amended list shall be served on the other party.

The Hearing Committee may permit a witness who has not been listed to testify if it finds that failure to list such witness was justified, that such failure did not prejudice the party entitled to receive the list, and that the testimony of such witness will materially assist the Hearing Committee.

## **Section F - Hearing Procedure**

### **1. Conduct of Hearing**

The hearing shall be conducted in accordance with the rules set forth in this Plan. If a hearing matter arises which this Fair Hearing Plan does not address, the Hearing Committee Chair shall be authorized to determine how to proceed.

### **2. Personal Presence**

The personal presence of the Practitioner or individual is required throughout the hearing, unless such personal presence is excused for any specified time by the Hearing Committee.

A Practitioner or applicant who fails to appear and proceed at such hearing unless excused or who fails to proceed at the hearing in accordance with this Fair Hearing Plan, shall be deemed to have waived all rights under the Fair Hearing Plan. The adverse recommendation shall then become and remain effective pending the final decision by the Governing Board.

### **3. Presiding Officer**

The Chair of the Governing Board shall appoint a Presiding Officer to preside over all proceedings in connection with the Hearing. The duties of the Presiding Officer shall be to enforce these Bylaws, ensure that the Practitioner receives due process, make rulings concerning all pre-hearing procedural matters such as continuances, witnesses, disqualification of members of the Hearing Committee, and discovery rulings. The Presiding Officer shall also preside at the Hearing maintaining decorum, assuring that all participants have a reasonable opportunity to present relevant oral and documentary evidence, and making all rulings on matters of law, procedure and the admissibility of evidence in accordance with these bylaws. The Presiding Officer shall act neither as prosecuting officer nor as advocate for either party to the Hearing. The Presiding Officer shall be entitled to vote.

Alternatively, the Chair of the Governing Board may elect to designate a Hearing Officer for the proceeding. The Hearing Officer shall be an attorney who does not regularly represent DTC, the Practitioner or applicant, or any Medical Staff Member involved in the adverse action or Hearing and shall not be an advocate for either party. The Hearing Officer shall take no part in the decision of the Hearing Committee; however, the Hearing Officer may assist the Hearing Committee in drafting a written report of the Hearing Committee's decision. If a Hearing Officer is used, references to Presiding Officer in this document apply to the Hearing Officer as well.

### **4. Representation**

The Practitioner or applicant may be accompanied and assisted at the hearing by a member of the Medical Staff in good standing. The Practitioner or applicant may also be represented by an attorney at the hearing, provided his/her request for the hearing indicated his/her intent to be so represented, or provided he/she gives the Hearing Committee 15 days advance written notice of intent to be represented by an attorney.

The Governing Board may be represented by counsel at the hearing or appellate review at its discretion.

5. Rights of Parties

During the hearing, each party shall have the following rights, subject to the rulings of the presiding officer and provided that such rights shall be exercised in a manner so as to permit the hearing to proceed expeditiously:

- a. Call and examine witnesses.
- b. Introduce exhibits.
- c. Cross-examine any witness on any matter relevant to the issue(s).
- d. Impeach any witness.
- e. Rebut any evidence.

If the Practitioner or applicant does not testify on his/her own behalf, she/he may be called and examined as if under cross-examination.

6. Procedure and Evidence

The purpose of the hearing is to develop information relative to the matter at issue so as to guide the Hearing Committee in making its final decision.

The hearing need not be conducted strictly in accordance with rules of evidence. At the discretion of the Presiding Officer, any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be considered, regardless of whether such evidence would be admitted in a court of law.

Each party shall be entitled, prior to or during the hearing, to submit memoranda concerning any issue of law or fact, and those memoranda shall become part of the hearing record. The hearing committee may require such memoranda to be filed at a time specified by the Hearing Committee. A copy of any written memoranda must be presented to the other party and to the presiding officer.

The Hearing Committee may ask questions of witnesses, call additional witnesses or request documentary evidence. The Presiding Officer may order oral evidence to be taken under oath or by affirmation administered by any person legally authorized to notarize documents.

7. Official Notice

In reaching a decision, the Hearing Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issue under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held.

8. Burden of Proof

It shall be the obligation of the Governing Board representative to present evidence in support of the adverse recommendation or decision. The affected individual shall

thereafter be responsible for supporting his/her challenge to the adverse recommendation or decision by showing through clear and convincing evidence that the charges or grounds involved lack any factual basis or that such basis or any action based thereon is arbitrary, unreasonable or capricious.

9. Hearing Record

An accurate record of the hearing shall be kept by transcription by a court stenographer. A copy of the hearing record will be provided to the individual after payment of a reasonable fee for the preparation of documents.

10. Postponement

The postponement or continuance of a hearing beyond the time set by the Hearing Committee will be made with the approval of the Presiding Officer. Granting such postponement will only be for good cause.

11. Presence of Hearing Committee Members

There must be at least a majority of the Hearing Committee members present throughout the hearing and deliberations. If a committee member is absent from any part of the hearing or deliberations, the Presiding Officer, in his/her discretion, may rule that such member not participate further in the hearing or deliberations or in the decision of the committee. No member may vote by proxy.

12. Deliberations, Recesses and Adjournment

The Hearing Committee may recess and reconvene the hearing without special notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation.

Upon conclusion of the presentation of oral and written evidence, the hearing shall be adjourned. The Hearing Committee will, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The decision of the Hearing Committee shall be reached by majority vote.

13. Hearing Committee Decision

Within 30 days after final adjournment of the hearing, the Hearing Committee shall make a written report setting forth its decision and the basis for its decision together with appropriate references to the evidence and shall forward the same together with the hearing record and all other documentation to the Governing Board, with copies to the individual and Chief Medical Officer. The decision may be to affirm, modify or reject the original adverse action. If a Hearing Officer is used, that individual may assist the Hearing Committee in drafting the written report but not in reaching the decision.

14. Effect of Decision

If the Hearing Committee's decision is adverse to the individual in any of the respects listed in Section A of this Article, the notice of the decision shall inform the individual of

his or her right to request an appellate review by the Governing Board as provided in Section F below.

### **Section G – Initiation and Requirements of Appellate Review**

1. Request for Appellate Review.

Within 10 days following receipt of the notice of the Hearing Committee's decision, either party may file a written request for an appellate review by the Governing Board. Such request shall be delivered to the Chief Medical Officer either in person or by certified or registered mail, return receipt requested, and shall include a brief statement as to the reasons for appeal. The Governing Board shall be deemed to have received the notice on the date of the first Governing Board meeting following transmission of the decision to it.

2. Waiver by Failure to Request Appellate Review.

A party that fails to request an appellate review within the time and in the manner specified in Subsection 1 above waives any rights to such review and the Hearing Committee's decision, shall be deemed final and the matter shall be considered closed.

3. Notice of Time and Place for Appellate Review.

Upon receipt of a proper and timely request for appellate review, the Chief Medical Officer shall deliver such request to the Chair of the Governing Board. The Chair of the Governing Board shall schedule and arrange for an appellate review, which shall be conducted not more than sixty days from the date of receipt of the appellate review request. An appellate review for a Practitioner who is under a suspension then in effect shall be held not later than 45 days from the date of receipt for the request for appellate review. At least ten days prior to the appellate review, the Chief Medical Officer shall deliver to the individual notice of the time, place and date of the review.

4. Postponements and Extension.

The Chair of the Governing Board shall permit postponements or extensions of the appellate review only on good cause and if the request therefore is made as soon as is reasonably practicable. Such postponements and extensions shall automatically extend for an equal number of days the time periods set forth in this Article for the appellate review. In all cases, the above time periods shall be extended until the transcript of the Hearing Committee hearing is completed.

### **Section H – Appellate Review Procedure**

1. Nature of Proceedings.

The proceedings by the Governing Board shall be in the nature of an appellate review based upon the record of the hearing before the Hearing Committee, that committee's decision, and all other documentation considered by the Hearing Committee in addition to consideration of the written statements, if any, submitted pursuant to Subsection H.2 of this Section and such other material as may be presented and accepted under Subsections H.4 and H.5. Each party may be represented by counsel during the appeal.

The Governing Board may appoint an appellate review committee consisting of the Chairman and not less than 4 other members of the Governing Board to act in the place and stead of the Governing Board throughout the entire appellate review and to render a final decision as provided herein.

2. Written Statements

The party requesting the appellate review shall submit a written statement detailing the findings of fact, conclusions and procedural matters with which he or she disagrees, and the reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the Governing Board through the Chief Medical Officer at least 15 days prior to the scheduled date of the appellate review unless such time limit is expressly waived by the Chair of the Governing Board. The Chief Medical Officer shall send a copy of the statement to the other party. A written statement in reply may be submitted to the Governing Board through the Chief Medical Officer. The Chief Medical Officer shall provide a copy thereof to the party requesting the appeal.

3. Presiding Officer.

The Chairman of the Governing Board shall be the presiding officer. The Chairman shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

4. Oral Statements.

The Governing Board may, in its sole discretion, permit the parties or their representatives to appear personally and make oral statements in favor of their positions. Any party or representative who appears personally shall be required to answer questions put to him or her by any member of the Governing Board.

5. Consideration of New or Additional Matters.

New or additional matters or evidence not raised or presented during the Hearing Committee hearing or in the hearing decision and not otherwise reflected in the record shall be introduced at the appellate review only at the discretion of the Governing Board, following an explanation by the party requesting the consideration of such matter or evidence as to why it was not presented earlier. Any such additional oral or written evidence shall be subject to the same rights of cross-examination or confrontation provided at the Hearing Committee hearing.

6. Presence of Members and Votes.

A quorum of the Governing Board or the entire appellate review committee if one is appointed must be present throughout the review and deliberations. If a member of the Governing Board is absent from any substantial part of the proceedings, said member shall not be permitted to participate in the deliberations or the decision. A majority vote of the Governing Board is necessary for the Governing Board to take action. The Chairman shall vote twice to break any otherwise even vote.

7. Recesses and Adjournment.

The Governing Board may recess the review proceedings for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation and may reconvene the proceedings with five days notice. Upon the conclusion of oral statements, if permitted, the appellate review shall be closed. The Governing Board shall thereupon, within the time set forth in Section I of this Article, conduct its deliberations outside the presence of the parties, their representatives, or any other persons and shall render a written decision as provided in Section I.

8. Conclusion.

The appellate review shall not be deemed to be concluded until all of the procedural steps provided hereinabove have been completed or waived.

**Section I – Final Decision of the Governing Board**

1. Governing Board Action.

Within 20 days after the conclusion of the proceedings of the appellate review, the Governing Board shall render its final decision in writing and shall deliver notice and a copy of the decision to the individual by certified or registered mail, return receipt requested. The final decision of the Governing Board shall be effective immediately and shall not be subject to further review.

**ARTICLE X**  
**ALLIED HEALTH PROFESSIONAL APPOINTMENTS**

**Section A - Definition**

Allied Health Professionals shall be defined as individuals, other than Practitioners, who exercise independent judgment within the areas of their professional competence and who are qualified to render medical or surgical care under the supervision of a Practitioner. Allied Health Professionals will be granted rights to perform patient care services at the Diagnostic and Treatment Center consistent with their training, experience, and demonstrated competence.

1. Allied Health Professionals shall include, but may not be limited to the following individuals:
  - a. Certified Registered Nurse Anesthetists (CRNA)
  - b. Certified Nurse Practitioner (CNP)
  - c. Private Practitioner's surgical nurses or technicians
  - d. Physician assistants (PA)
  - e. Physical, Occupational and Speech Therapists
2. All Allied Health Professional staff shall adhere to appropriate standards of professional ethics, and shall comply with applicable Bylaws, rules, regulations and policies of the Diagnostic and Treatment Center.

## **Section B - Procedure for Appointment**

1. Application for appointment to the Allied Health Professional Staff shall be made in writing, and signed by the applicant in such form as required by the Diagnostic and Treatment Center. The application shall contain detailed information concerning the applicant's professional qualifications and include a statement indicating the applicant has read the Bylaws and Rules and Regulations of the Diagnostic and Treatment Center, and agrees to abide by the terms thereof.
2. The application shall be also signed by the sponsoring Medical Staff member, when applicable, indicating the Medical Staff Member's agreement to be fully responsible for the allied health professional's actions in dealing with patients treated at the Diagnostic and Treatment Center.
3. The application shall outline a description of duties the applicant desires to perform at the Diagnostic and Treatment Center.
4. The applicant shall submit a current license registration or certification, when applicable.
5. The applicant shall show proof of professional education, training, experience, ability, competence, and judgment, demonstrating a continuing ability to provide quality and efficient patient care services and to contribute to the attainment of the Diagnostic and Treatment Center's institutional objectives.
6. The applicant shall show willingness and capability to work with and relate to other Medical Staff appointees, Allied Health Professionals, the Diagnostic and Treatment Center administration and employees, visitors, and the community, in a cooperative and professional manner. The applicant shall agree to abide by the Diagnostic and Treatment Center's professional Code of Conduct.
7. Applicant must show proof of current professional liability insurance, in effect in the minimum amount either as required by State law or \$1,000,000 per occurrence and \$3,000,000 for all occurrences, either in own name or in name of supervising Practitioner or dentist.
8. The completed application shall be reviewed by the Chief Medical Officer who shall recommend or deny granting temporary privileges for 90 days. Not more than one renewal may be granted.
9. The appropriate designee of the Board Chairman shall be responsible for coordinating the gathering and verification of information necessary in the application process. The Governing Board shall make its decision based upon education, training, experience, and character of the applicant. The Governing Board shall have ultimate authority in all decisions concerning allied health professional appointments.

## **Section C - Privileges of Physician Assistant**

1. The Physician Assistant may perform medical functions only in the fields for which he/she has been trained, approved, and registered. He/she may not replace a Practitioner in any capacity. He/she may not make diagnoses, therapeutic decisions, or substitute for a Practitioner during surgery. He/she may not participate in any operative

procedure, including closure of wounds under general anesthesia, unless a Practitioner is present.

2. The Physician Assistant may perform medical tasks only under the supervisor, or at the direction of, the Practitioner or Practitioners to whom he/she is registered, and cannot be used as a Physician Assistant by other Practitioners. Some of the medical tasks that can be performed under supervision or by direction are taking patients' histories, performance of physical examinations, requesting and carrying out laboratory and diagnostic procedures, collecting and screening laboratory data, writing patient summaries, administering medications and instructing patients as to the regime prescribed by the Practitioner. All orders that the Physician Assistant transcribes must be countersigned by the supervising Practitioner within 24 hours.
3. A Physician Assistant must clearly identify himself/herself to a patient as a Physician Assistant in order to ensure that he/she is not mistaken for a licensed independent provider.

#### **Section D - Removal From Staff**

1. An Allied Health Professional who ceases employment with the sponsoring Medical Staff member will automatically be terminated from the Allied Health Professional Staff, effective the date of termination from employment of the Medical Staff member. The sponsoring Medical Staff member is responsible for notifying the Chief Medical Officer of the termination.
2. Allied Health Professionals may be terminated for other reasons as defined by the Diagnostic and Treatment Center's guidelines for employee terminations.

### **ARTICLE XI GOVERNANCE AND COMMITTEES**

#### **Section A - Governing Board**

1. In addition to the authority of the Governing Board as described in the Operating Agreement, the Governing Board shall also have the following responsibilities:
  - a. To assume overall responsibility and authority for the operation and performance of the Diagnostic and Treatment Center.
  - b. To serve as the Board through which Practitioners may obtain the privilege to provide services to patients.
  - c. To develop an effective organizational structure and adopt policies and procedures.
  - d. To enforce compliance with the Diagnostic and Treatment Center's bylaws, rules, and policies and procedures.
  - e. To establish and participate in the Diagnostic and Treatment Center's quality and utilization assessment program to improve the quality of care provided, improve patient care and resolve identified problems.

- f. To develop, administer and recommend amendments to bylaws, supporting manuals, rules and policies of the staff.
  - g. To establish a policy on the rights and responsibilities of patients.
  - h. To assume responsibility to review all major contracts affecting medical care provided under its auspices including the following:
    - (a) the provision of radiology services;
    - (b) the provision of pathology and medical lab services;
    - (c) the use of external laboratories;
    - (d) the provision of anesthesia services;
    - (e) the provision of medical and radiation oncology therapy;
    - (f) provision of sleep lab services; and
    - (g) physical, occupational and speech therapy services.
  - i. To operate the organization without limitations by reason of race, creed, sex, natural origin.
  - j. To take all other actions as required by applicable law.
2. The Governing Board shall meet as often as necessary. The Governing Board shall maintain a permanent record of its proceedings and actions.

**Section B - Chief Medical Officer**

1. As Chairman of the Clinical Affairs Committee, the Chief Medical Officer shall be accountable to the Governing Board for the quality and efficiency of clinical services and professional performance within the Diagnostic and Treatment Center and for the effectiveness of the monitoring and evaluation of patient care and other quality maintenance functions delegated to the Medical Staff.
2. The Chief Medical Officer shall review and enforce compliance with standards of ethical conduct and professional demeanor among the Practitioners and Allied Health Professionals exercising clinical privileges at the Diagnostic and Treatment Center in their relations with each other, the Governing Board, the Diagnostic and Treatment Center management, other professional and support staff, and the community.
3. The Chief Medical Officer shall assist the Executive Director in coordinating and directing an efficient operation and organization of the administrative, policy making, and representatives of the Medical Staff, nursing support and other personnel and departments. Enforce compliance with the provisions of the Medical Staff and Corporate Bylaws, Rules and Regulations, policies and procedures and with regulatory and accrediting agencies requirements, and periodically evaluate the effectiveness of such operation and organization.

### **Section C – Clinical Affairs (CA) Committee**

1. The CA Committee shall consist of a representative of each clinical and administrative section of the Diagnostic and Treatment Center, with the Chief Medical Officer as Chairman, the Executive Director and other staff members as deemed necessary.
  - a. CA Committee members shall be appointed by the Governing Board and serve a minimum term of two years. Upon completion of a term the member will voluntarily remain for a successive term or will voluntarily resign at the end of their current term.
  - b. The Governing Board may remove CA Committee members with good reason, such as if they develop a conflict of interest with the Diagnostic and Treatment Center that cannot be resolved to the Governing Board's satisfaction, fail to attend meetings or otherwise carry out the responsibilities assigned to the individual as a member of the committee.
  
2. The CA Committee and its subcommittees shall be responsible for activities relating to quality of care, risk management, medical records, nursing, utilization and such other functions as the Governing Board shall from time to time assign to it. The CA Committee (including any of its subcommittees) is a major component of the Diagnostic and Treatment Center's program organized and operated to help improve the quality of care in the Diagnostic and Treatment Center, and its activities will be conducted in a manner consistent with the provisions of Secs. 146.37 and 146.38 of the Wisconsin Statutes. The peer review protections of those statutes, including the protection of the confidentiality of committee records and proceedings, are intended to apply to all activities of the CA Committee, as well as to individuals designated by the committee to assist it in carrying out the duties and responsibilities of the committees. The functions of the Committee shall include:
  - a. Developing patient care policies and procedures for provision of quality patient care and for recommendation to the Governing Board.;
  - b. Establishing and implementing standards of clinical practice that are consistent with nationally recognized professional standards and current clinical research and practice;
  - c. Coordinating the care provided by the Medical Staff with the care provided by the clinical and ancillary personnel;
  - d. Reporting the activities of the Committee at each Governing Board Meeting; and
  - e. Establishing and providing a performance and utilization assessment program to improve the quality of care provided, improve patient care, and resolve identified problems at the Diagnostic and Treatment Center.
  
3. The CA Committee shall meet as often as necessary but no less than quarterly and shall keep a permanent record of its proceedings. Minutes of each meeting shall be forwarded to the Governing Board.

- a. Members shall be required to attend 2/3 of the annual Committee meetings. Unless excused for cause by the Committee Chairperson, the failure to meet the foregoing attendance requirements shall be ground for dismissal from the Committee membership.
  - b. The presence of 2/3 of the total membership of the Committee at any regular or special meeting shall constitute a quorum for purposes of Committee action. A positive vote of the majority of the Committee members present once a quorum has been reached shall be required to take any action.
4. The CA Committee may appoint an Operating Room (OR) Subcommittee as needed to provide oversight to the delivery of services provided within the ambulatory surgery center, including but not limited to issues related to safe patient care and treatment.
- a. Duties of the OR Subcommittee shall include, but are not limited to:
    - i. determining, implementing and monitoring policies governing the ambulatory surgery center's total operation and for ensuring that these policies are administered so as to provide quality health care in a safe environment;
    - ii. oversee quality improvement aspects of the OR, as applied to all surgical patient populations;
    - iii. identify new policies and procedures in the OR and to revise existing ones;
    - iv. make recommendations to DTC Administration and the governing Board through the CA Committee; and
    - v. serve as the authority for the allocation of block time in the OR.
  - b. Membership of this subcommittee shall include the Medical Director of the OR, the Administrative Director of the OR, and representatives of the surgeons, anesthesiologists and other physicians utilizing the ambulatory surgery center as selected by the CA Committee. The Executive Director and Chief Medical Officer shall serve on the OR Subcommittee on an ad hoc basis. The OR Medical Director shall serve as the chair of this committee.

#### **Section D - Ad Hoc Committees**

Special Committees or Ad Hoc Committees may be appointed from time to time by the Governing Board in order to carry out properly the duties of the Medical Staff. Such committees shall meet as directed by their respective chairperson and shall confine their work to the purpose for which they were appointed and shall submit a report to the Governing Board.

### **ARTICLE XII IMMUNITY FROM LIABILITY**

The following shall be express conditions to any person's application or Medical Staff member's exercise of clinical privileges at the Diagnostic and Treatment Center or to the Medical Staff.

**FIRST**, that any act, communication, report, recommendation, or disclosure with respect to any such applicant or Practitioner, performed or made at any request of any authorized representative of this Medical Staff, a Contracted Entity, or any other health facility for the

purpose of achieving and maintaining quality patient care in this or any other health care facility shall be privileged to the fullest extent permitted by law.

**SECOND**, that such privileges shall extend to members of the Medical Staff, the Governing Board, any Contracted Entity, to other Practitioners who supply information, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article, the term "third parties" means both individuals and organizations from which information has been requested by an authorized representative of the Staff of the Diagnostic and Treatment Center, including a Contracted Entity.

**THIRD**, that there shall be, to the fullest extent permitted by law, absolute immunity from civil liability arising from any act, communication, report, recommendation or disclosure, even when the information involved would otherwise be deemed privileged.

**FOURTH**, that such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care facilities' activities related, but not limited to:

- applications for appointment or clinical privileges;
- periodic reappraisals for reappointment of clinical privileges;
- corrective action including summary suspension;
- hearings and review;
- medical care evaluations;
- infection control; and
- committee activities related to quality patient care and interprofessional conduct.

**FIFTH**, that the acts, communications, reports, recommendations, and disclosures referred to in this Article may relate to a Practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or other matters which may directly or indirectly have an impact on patient care.

**SIXTH**, that in furtherance of the foregoing, each applicant and/or Medical Staff member shall upon request of the Chairman of the Governing Board of the Diagnostic and Treatment Center, execute a written release in accordance with the tenor and import of this Article in favor of the individuals and organization specified in paragraph "SECOND", and whether or not such written release is requested or executed, each applicant and/or Medical Staff member agrees to such a release.

ADOPTED BY THE Diagnostic and Treatment Center GOVERNING BOARD on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Chair, Governing Board