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## Bylaws Of The Medical Staff

**THE UNIVERSITY OF KANSAS HOSPITAL**

**BYLAWS OF THE MEDICAL STAFF**

**Adopted August 27, 1998 by the Medical Staff of the The University of Kansas Hospital**

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**I. PURPOSE**

The purpose of this organization is to bring the professionals who practice at the University of Kansas Hospital (the "Hospital") together into a cohesive body to promote excellent patient care. To this end, among other activities, it will evaluate applicants for Medical Staff membership, review privileges of members, evaluate and assist in improving the work performed by the Medical Staff, provide education appropriate to Medical Staff activities, and provide an appropriate educational setting that will encourage clinical and basic research.

**II. CATEGORIES OF THE MEDICAL STAFF**

Successful acquisition and retention of Medical Staff membership and clinical privileges is a matter to be recommended by the Medical Staff and approved by the Board of Directors ("Board") of the University of Kansas Hospital Authority ("Hospital Authority") in accordance with the Credentialing Procedures of the Medical Staff. Except for individuals appointed to the Honorary staff, all initially requested clinical privileges, by a current member or an initial

applicant for Medical Staff appointment to the Active, Courtesy, or Volunteer staff shall be subject to a period of Focused Professional Practice Evaluation or "FPPE." Medical Staff appointments are provisionally granted as set forth in these Bylaws and are subject to completion of the FPPE. In addition to the qualifications set forth in each category below, appointment and reappointment to the Medical Staff is subject to meeting the qualifications and conditions set forth elsewhere in these Bylaws, including Article VI, as applicable. Allied Health Professionals, and persons who have applied for clinical privileges as Allied Health Professionals, are governed by a separate Allied Health Professionals Policy and are subject to these Bylaws, the Rules, and other Medical Staff policies and procedures as applicable and as further set forth in the Allied Health Professionals Policy.

#### **PART A: ACTIVE**

##### **Section 1. Qualifications**

The Active staff shall consist of those doctors of medicine and osteopathy licensed in accordance with K.S.A. § 65-2801 et seq. who are members of the faculty of the Medical School and who regularly admit to or are otherwise regularly involved in the treatment or evaluation of patients at the Hospital. Members appointed to the Active staff must complete FPPE during the member's provisional appointment.

##### **Section 2. Obligations**

Persons appointed to the Active staff shall regularly attend Medical Staff and committee meetings, serve on appropriate Medical Staff and Hospital committees as appointed, participate in quality review, education, risk management, and utilization review activities of the Medical Staff and Hospital, and perform assigned on-call duties and assignments.

##### **Section 3. Prerogatives**

Persons appointed to the Active staff may admit patients to the Hospital, exercise those clinical privileges granted, vote on matters presented at general and special meetings of the Medical Staff, hold office, serve as voting members on Medical Staff committees to which they are appointed or elected, and serve as chairpersons of such committees. During provisional appointment, the member shall be permitted to admit patients to the Hospital, attend meetings, and serve on committees, but shall not exercise any other prerogative until completion of FPPE.

#### **PART B: COURTESY**

##### **1. Qualifications**

The Courtesy staff shall consist of those doctors of medicine and osteopathy licensed in accordance with K.S.A. § 65-2801 et seq. who are members of the faculty of the Medical School, who possess adequate clinical and professional expertise, but who do not regularly attend to or admit patients to the Hospital. Courtesy staff members must document their admission or involvement in the care or treatment of patients at the Hospital or at other primary practice sites (e.g., other hospitals or clinics). Members appointed to the Courtesy staff must complete FPPE during the member's provisional appointment.

##### **2. Obligations**

Persons appointed to the Courtesy staff may be required to perform assigned on-call duties and assignments if deemed necessary by the Clinical Service Chief of the Clinical Service in which the Courtesy staff member is assigned.

##### **3. Prerogatives**

Persons appointed to the Courtesy staff may admit patients to the Hospital and

exercise those clinical privileges granted. Courtesy staff members may attend general and special Medical Staff meetings without a vote. Courtesy staff may serve as non-voting members on Medical Staff committees to which they are appointed, unless a right to vote within the committee is specified by the Chief of Staff upon a member's appointment to the committee. Courtesy staff members shall not hold office. During provisional appointment, the member shall be permitted to admit patients to the Hospital, attend meetings, and serve on committees, but shall not exercise any other prerogative until completion of FPPE.

#### **PART C: VOLUNTEER**

##### **Section 1. Qualifications**

The Volunteer staff shall consist of those doctors of medicine and osteopathy licensed in accordance with K.S.A. § 65-2801 et seq., and dentists licensed in accordance with K.S.A. § 65-1421 et seq., who possess adequate clinical and professional expertise, but who are not authorized to admit patients to the Hospital. Volunteer staff members must document their involvement in the care or treatment of patients at the Hospital or at other primary practice sites (e.g., other hospitals or clinics). Members appointed to the Volunteer staff must complete FPPE during the member's provisional appointment.

##### **Section 2. Obligations**

Persons appointed to the Volunteer staff may be required to perform assigned on-call duties and assignments if deemed necessary by the Clinical Service Chief of the Clinical Service in which the Volunteer staff member is assigned.

##### **Section 3. Prerogatives**

Persons appointed to the Volunteer staff may exercise those clinical privileges granted. Volunteer staff members may attend general and special Medical Staff meetings without a vote and serve as non-voting members on Medical Staff committees to which they are appointed. Volunteer staff members shall not hold office. During provisional appointment, the member shall be permitted to attend meetings and serve on committees, but shall not exercise any other prerogative until completion of FPPE.

#### **PART D: HONORARY**

##### **Section 1. Qualifications**

The Honorary staff shall consist of those doctors of medicine and osteopathy who are members of the faculty of the Medical School, who have retired from the active practice of medicine, that wish to continue to participate in administrative activities.

##### **Section 2. Prerogatives**

Persons appointed to the Honorary staff may attend general Medical Staff meetings and serve on committees to which they are duly appointed, but may not admit patients to the Hospital, exercise clinical privileges or otherwise treat or evaluate patients, or vote on any matters presented at meetings of the Medical Staff.

Honorary staff may serve as non-voting members on Medical Staff committees to which they are appointed, unless a right to vote within the committee is specified by the Chief of Staff upon a member's appointment to the committee.

### **III. ORGANIZATION OF THE MEDICAL STAFF**

#### **A. MEDICAL STAFF YEAR**

For the purpose of these Bylaws, the Medical Staff Year commences each year on

the first day of July and ends on the 30<sup>th</sup> day of June in the following year.

**B. OFFICERS OF THE MEDICAL STAFF**

**1. Identity and Qualifications of Officers**

The officers of the Medical Staff shall be the Chief of Staff, Immediate Past Chief of Staff, Vice Chief of Staff, Secretary, and three Elected Representatives of the Medical Staff. All must be members of the Active staff at the time of their nomination and election and during their terms of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

**2. Duties of Officers**

**A. The Chief of Staff**

**The Chief of Staff shall:**

1. **Be responsible to the Board as the chief administrative officer of the Medical Staff;**
2. **Preside at all meetings of the Medical Staff;**
3. **Serve as chair of the Executive Committee;**
4. **Appoint, after consultation with the CEO of the Hospital, the membership of, designate the chairs of, and serve as a voting member of the Executive Committee and an ex-officio, nonvoting member of all other standing or ad hoc committees of the Medical Staff in accordance with the Medical Staff Committee Procedures;**
5. **Serve as a member of the Board in accordance with the Bylaws of the Hospital Authority;**
6. **Communicate and represent the opinions, policies, concerns and needs of the Medical Staff to the Board, the CEO of the Hospital, the Executive Dean of the Medical School (the "Dean") and the other officers of the Medical Staff;**
7. **Receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality patient care;**
8. **Enforce the Bylaws, Rules and Regulations, and other policies and procedures of the Medical Staff;**
9. **Work with the Dean in directing the activities of the Medical Staff to foster the appropriate educational and research environment at the Hospital; and**
10. **Perform all other functions specifically delegated to the Chief of Staff in these Bylaws.**

**B. The Immediate Past Chief of Staff**

The Immediate Past Chief of Staff shall:

1. **Consult with the Chief of Staff and Vice Chief of Staff, as requested, on matters relating to the duties of such officers;**
2. **Perform such duties as are delegated to the Immediate Past Chief of Staff by the Chief of Staff or the Vice Chief of Staff in the Absence of the Chief of Staff; and**
3. **Serve on Medical Staff committees as requested by the Chief of Staff.**

**C. The Vice Chief of Staff**

**The Vice Chief of Staff shall:**

1. **Assume all the duties and have the authority of the Chief of Staff in the absence of the Chief of Staff;**
2. **Serve as a member of the Executive Committee; and**
3. **Perform such duties as are delegated to the Vice Chief of Staff by the Chief of Staff.**

**D. Secretary**

**The Secretary shall:**

1. **Serve as a member of the Executive Committee;**
2. **Keep accurate and complete minutes of all Executive Committee and Medical Staff meetings;**
3. **Call Medical Staff meetings on order of the Chief of Staff or the Vice Chief of Staff if acting as the Chief of Staff; and**
4. **Attend to all correspondence and perform such other duties as ordinarily pertain to the office of Secretary.**

**E. Elected Representatives of the Medical Staff**

**Each of the three Elected Representatives shall:**

1. **Serve as a member of the Executive Committee; and**
2. **Perform such functions as may be delegated to them by the Chief of Staff.**

**3. Election and Terms of Officers and Elected Representatives**

**A. Nomination**

**All elected officers of the Medical Staff will be elected from the slate of candidates presented by the Nominations and Elections Committee at the Annual Meeting or from those additional nominations proposed from the floor at the Annual Meeting. The Immediate Past Chief of Staff is not elected.**

**B. Election**

1. Not later than five (5) business days after the Annual Meeting, the Nominations and Elections Committee shall prepare and deliver to each member of the Active staff a written or electronic ballot form ("primary ballot") clearly indicating the position(s) to be elected, the candidates nominated for each position, the date by which the ballot must be returned, and the physical or e-mail address to which the ballot must be returned.
2. Within ten (10) business days after the Annual Meeting, members of the Active staff shall return their marked ballots to the Nominations and Elections Committee at the address indicated on the ballot.
3. Within thirty (30) business days after the Annual Meeting, the Nominations and Elections Committee shall tally the results and announce the winners of the election. Winners shall be those receiving a majority of votes cast.
4. In the event no candidate receives a majority of votes cast, the Nominations and Elections Committee shall, within five (5) business days after announcing the election results, prepare and deliver to each member of the Active staff, a written or electronic ballot form ("runoff ballot") listing the positions for which no candidate received a majority of votes cast, the two candidates receiving the greatest number of votes for each such position, the date by which ballots must be returned, and the physical or e-mail address to which ballots must be returned. The Active staff shall have fifteen (15) business days from the date the results of the initial election are announced to return their runoff ballots to the Nominations and Elections Committee at the address indicated on the ballot.
5. The time period between an Annual Meeting and either the completion of the election process or the end of the Medical Staff Year, whichever occurs last, shall be termed an "Election Period."

**C. Terms of Office**

**With the exception of the Immediate Past Chief of Staff, each officer shall serve a term of three years and may be re-nominated and re-elected for one additional consecutive term, or for non-consecutive terms without limitation. The Immediate Past Chief of Staff shall serve a term of one year, following which the office of Immediate Past Chief of Staff shall remain vacant until a new Chief of Staff is elected. Officers shall serve through the last day of the Medical Staff Year. Newly elected**

**officers will begin their terms on the first day of the next Medical Staff Year.**

**D. Staggering of Terms**

**In order to provide continuing and overlap of Medical Staff leadership, nominations and elections shall continue to be staggered such that the Chief of Staff and one Elected Representative, the Vice Chief of Staff and one Elected Representative, and the Secretary and one Elected Representative are elected in successive years, with the exception of elections to fill vacated offices pursuant to Article III, Part B, Section 4(D) below, and with no officer's term exceeding three years.**

**4. Vacancies**

Vacancies in office will be filled in the following manner:

- A. The Chief of Staff will be replaced by the Vice Chief of Staff, who will serve as Chief of Staff. Should the Vice Chief of Staff decline or be unable to serve, the Secretary shall serve as Chief of Staff. Should the Secretary decline or be unable to serve, the Elected Representatives, in the order of their seniority, shall serve as Chief of Staff. The person succeeding to the office of Chief of Staff shall serve until the end of the term of such person's predecessor.**
- B. The Vice Chief of Staff shall be replaced by the Secretary, who shall serve as Vice Chief of Staff. Should the Secretary decline or be unable to serve, the Elected Representatives, in the order of their seniority, shall serve as Vice Chief of Staff. The person succeeding to the office of Vice Chief of Staff shall serve until the end of the term of such person's predecessor's.**
- C. The Secretary shall be replaced by the Elected Representatives, in the order of their seniority. The person succeeding the office of Secretary shall serve until the end of the term of such person's predecessor.**
- D. Vacancies in the offices of Chief of Staff, Vice Chief of Staff, and Secretary which cannot be filled in accordance with Article III, Part B, Sections 4(A), (B), or (C) above, and vacancies in the office of Elected Representative, will be filled by appointment by the Nominations and Elections Committee, which appointment shall expire at the end of the Medical Staff Year in which such vacancy occurs.**
- E. If a vacancy is filled in accordance with Article III, Part B, Section 4(D) above, the office in which the vacancy occurred shall be subject to nomination at the next Annual Meeting following the date the vacancy occurred (except as stated in Section 4(F) below) and election following such Annual Meeting**

in accordance with Article III, Part B, Section 3(A) and (B), with the newly elected officer to complete the term of such person's predecessor.

- F. If a vacancy in the office of Vice Chief of Staff, Secretary, or Elected Representative occurs during an Election Period in which such office is subject to election, the provisions of Article III, Part B, Section 4(D) above shall not apply, and the winning candidate in the election being held during such Election Period shall assume office as provided in Article III, Part B, Section 3(C) above.
- G. Vacancy in the office of Immediate Past Chief of Staff shall not require replacement.

## 5. Removal of an Officer of the Medical Staff

### A. Grounds for Removal

- 1. Any officer of the Medical Staff shall immediately forfeit their office as provided in Article III, Part B, Section 1 above if they cease, for any reason, to be members of the Active staff.
- 2. Any officer of the Medical Staff may be removed from office on one or more of the following grounds:
  - a. Failure or inability for any reason, including physical or mental infirmity, to fulfill the duties of their particular office as listed in Article III, Part B, Section 2 above;
  - b. Conduct detrimental to the interests of the University of Kansas Hospital.

### A. Procedure for Removal

- 1. Automatic removals pursuant to Article III, Part B, Section 5(A)(1) above shall be effective immediately and shall not require a meeting or vote of the Medical Staff.
- 2. Removal other than automatic removals pursuant to Article III, Part B, Section 5(A)(1) above may only be accomplished at a Special Meeting of the Medical Staff called for that purpose and at which a quorum is present.
  - a. The officer whose removal is sought may be removed from office by a vote of a majority of the members of the Active staff present at such meeting.
  - b. The Special Meeting to consider the removal of any officer shall be called by the Chief of Staff, or the Vice Chief of Staff if the Chief of Staff is the officer whose removal is sought, upon written request of the Board, the Executive Committee, or at least ten percent (10%) of the members of the Active staff. Said written request shall be delivered to the Chief of Staff or to the Vice Chief of Staff if the Chief of Staff is the officer whose removal is sought. Said Special Meeting shall be held no earlier than ten (10) and no later than twenty (20) days following the Chief of Staff's or Vice Chief of Staff's receipt of such a written request.
  - c. The Chief of Staff or Vice Chief of Staff shall send notice of such a Special

Meeting to all Medical Staff members no later than three (3) days prior to the date of said Special Meeting, which notice shall state the date and time of the Special Meeting and the purpose for which it is to be held.

- d. The officer whose removal is sought shall be afforded a reasonable opportunity to address the Special Meeting prior to any vote on such officer's removal.

## A. MEETINGS OF THE MEDICAL STAFF

### 1. Annual Meeting

The Medical Staff shall hold its annual meeting ("Annual Meeting") at least sixty (60) days before the end of the Medical Staff Year. The Chief of Staff shall cause a written notice specifying the date, time and place of the Annual Meeting to be delivered to each member of the Medical Staff at least ten (10) days in advance of such meeting. The purpose of the Annual Meeting shall be to report on the activities of the Medical Staff, to nominate candidates for election as officers of the Medical Staff, to nominate and elect members of the Nominations and Elections Committee, and to transact such other business as may be necessary and desirable. The Secretary of the Medical Staff shall prepare written minutes of each Annual Meeting.

### 2. Special Staff Meetings

Special meetings of the Medical Staff ("Special Meetings") may be called at any time (i) by the Chief of Staff, (ii) upon request of the Board or the Executive Committee, or (iii) upon the written request of at least ten percent (10%) of the members of the Active staff, which request or petition shall state the purpose of such meeting. The Chief of Staff shall schedule any such Special Meeting no less than ten (10) and no more than twenty (20) days following the Chief of Staff's receipt of such a request and shall notify all members of the Medical Staff of the time, place and purpose of such Special Meeting no later than three (3) days prior to such Special Meeting.

### 3. Quorum

Quorum requirement for any Annual or Special Meeting is defined as those Medical Staff members present. In the event that a vote is required regarding the removal of an officer, a majority of the Active staff must be present.

### 4. Executive Committee Reports

All policy decisions of the Executive Committee shall be included in the Executive Committee's report to the Medical Staff at all Annual Meetings and any Special Meetings called for the purpose of receiving or demanding a report from the Executive Committee. At any Annual Meeting, or at any Special Meeting called for that purpose, the Medical Staff may, by majority vote, require the Executive Committee to reconsider any such policy decision at the Executive Committee's next meeting. In the event that such reconsideration does not result in a policy decision which is approved by the Medical Staff at or before the next Annual Meeting, the Medical Staff may, at such Annual Meeting or at any subsequent Special Meeting called for that purpose, approve an appropriate policy by majority vote.

### 5. Rules of Order

Whenever its provisions do not conflict with these Bylaws, **Sturgis Standard Code of Parliamentary Procedure**, shall govern all meetings.

## **I. CLINICAL SERVICES OF THE MEDICAL STAFF**

### **A. CLINICAL SERVICES**

#### **1. Organization**

The Medical Staff shall be organized into the following Clinical Services:

- **Anesthesiology**
- **Cardiovascular Medicine**
- **Cardiovascular and Thoracic Surgery**
- **Emergency Medicine**
- **Family Medicine**
- **Internal Medicine**
- **Neurology**
- **Neurosurgery**
- **Obstetrics and Gynecology**
- **Ophthalmology**
- **Orthopedics**
- **Otorhinolaryngology**
- **Pathology and Laboratory Medicine**
- **Pediatrics**
- **Plastic Surgery**
- **Psychiatry and Behavioral Sciences**
- **Radiology**
- **Radiation Oncology**
- **Rehabilitation Medicine**
- **Surgery**
- **Urology**

#### **2. Assignment**

Each person appointed to the Medical Staff shall be assigned to the Clinical Service(s) appropriate to their medical specialty and the clinical privileges they have been granted.

#### **3. Changes**

When deemed appropriate, the Medical Staff and the Board, by their joint action, may add, delete, combine or sub-divide Clinical Services.

### **B. CLINICAL SERVICE CHIEFS**

#### **1. Clinical Service Chief**

The designation of "Clinical Service Chief" refers to the physician's administrative role within the Hospital's governance and operational structure as a member of the Medical Staff and related to Hospital's

inpatient and outpatient clinical activities (this does not include non-Hospital clinical activities, such as Kansas University Physicians, Inc. ("KUPI") clinics, etc.). Clinical Service Chiefs report to the CEO of the Hospital; provided, however, that Clinical Service Chiefs are required to regularly communicate with and advise the Dean regarding material clinical issues that could possibly affect the Medical School's academic mission. To qualify as a Clinical Service Chief a physician must be certified by the appropriate specialty board for his or her respective Clinical Service or have affirmatively established comparable competence through the credentialing process.

**2. Department Chair**

The designation of "Department Chair" refers to the physician's administrative leadership role within the Medical School's governance and operational structure as a member of the faculty of the Medical School. Department Chairs report to the Dean; provided, however, that Department Chairs are required to regularly communicate with and advise the CEO of the Hospital regarding material research, educational and non-Hospital patient issues that could possibly affect the Hospital's clinical mission.

**3. Appointment of a Clinical Service Chief**

**A. Except as otherwise provided in Article IV, Part B, Section 3(B) below, the Department Chair of each clinical department of the Medical School shall be the Clinical Service Chief of the corresponding Clinical Service of the Hospital. Notwithstanding anything to the contrary in this Article IV, the CEO of the Hospital shall, in consultation with the Dean, appoint the Clinical Service Chief when there is no corresponding clinical department of the Medical School.**

**B. The Department Chair shall not serve as the Clinical Service Chief if:**

- 1. The Department Chair voluntarily chooses not to serve in the capacity of Clinical Service Chief;**
- 2. The Department Chair is not, or does not, become a member of the Medical Staff; or**
- 3. The Dean and the CEO of the Hospital have mutually agreed that the Department Chair will not serve as the Clinical Service Chief.**

**C. In the event that the Department Chair will not be the Clinical Service Chief pursuant to Article IV, Part B, Section 3(B) above, the CEO of the Hospital, after consultation with the Department Chair and the President of KUPI, shall appoint a KUPI physician from the applicable clinical department of the Medical School (unless a suitable candidate is not available) who is a member of the Medical Staff to serve as the Clinical Service Chief; provided, however, that the CEO of the Hospital may select a**

**Hospital-employed cardiologist or a Hospital-employed cardiothoracic surgeon who is a member of the Medical Staff to be the Clinical Service Chief for the Cardiovascular Diseases Clinical Service. The appointee shall be subject to approval by the Dean; provided, however, that if the Dean does not approve the appointment, the CEO of the Hospital can appeal the Dean's decision to the Hospital Authority Board, and such Board decision shall be final, binding and unappealable.**

- D. Notwithstanding any other provision in these Bylaws to the contrary, and irrespective of his or her category of appointment, a Clinical Service Chief shall be entitled to vote on matters presented at general and special meetings of the Medical Staff, hold office, serve as a voting member on Medical Staff committees to which he or she is appointed or elected, and serve as a chairperson of such committees.**

**4. Clinical Service Chief Duties.** Each Clinical Service Chief shall:

- A. Serve as a member of the Executive Committee.
- B. Assume responsibility for the implementation within the Clinical Service of actions taken by the Board and Executive Committee.
- C. Assume responsibility for enforcement within the Clinical Service of the Bylaws of the Medical Staff, Rules and Regulations of the Medical Staff, policies and procedures of the Medical Staff and Hospital, and the Bylaws of the Hospital Authority.
- D. Transmit to the Executive Committee recommendations, including recommendations of the Department Chair (as applicable), concerning the appointment, reappointment and delineation of clinical privileges for all individuals in and applications to his/her Clinical Service.
- E. Monitor all clinically related activities of the Clinical Service and all members of the Medical Staff assigned to the Clinical Service with delineated privileges.
- F. Monitor all admission-related activities of the Clinical Service.
- G. Integrate the Clinical Service into the primary functions of the Hospital.
- H. Assume responsibility for the Clinical Service's establishment of written criteria for the assignment of clinical privileges to Medical Staff members assigned to such Clinical Service. Such criteria shall be approved by the Executive Committee and the Board and may be amended from time to time upon the approval of the Executive Committee and the Board.
- I. Assume responsibility for the Clinical Service's development and implementation of policies and procedures that guide and support the provision of care, treatment and services.
- J. Assume responsibility for the Clinical Service's continual assessment and improvement of the quality of care, treatment and services within the Clinical Service.
- K. Assume responsibility for the Clinical Service's maintenance of quality control and improvement programs.
- L. Assume responsibility for the Clinical Service's orientation and continuing education for Hospital related activities.

- M. Recommend a sufficient number of qualified and competent persons to provide care, treatment and services for the Clinical Service.
- N. Regularly communicate with and advise the Dean regarding material clinical issues that could possibly affect the Medical School's academic mission.
- O. If the Clinical Service Chief is not the Department Chair, report to the Department Chair as defined by departmental organizational structure.
- P. Assume responsibility for administrative activities of the Clinical Service, unless otherwise provided by the Hospital.
- Q. Assess and recommend to the relevant Hospital authority off-site sources for needed patient care, treatment and services not provided by the Clinical Service or the Hospital.
- R. Coordinate and integrate services between, among and within the Clinical Services.
- S. Determine the qualifications and competence of the Clinical Service personnel who are not licensed independent practitioners and who provide patient care, treatment and services.
- T. Recommend space and other resources needed by the Clinical Service.

**1. Removal of a Clinical Service Chief**

- A. **A Clinical Service Chief who is also the Department Chair shall serve until such person voluntarily steps down from the position of Clinical Service Chief (in which case the new Clinical Service Chief shall be appointed pursuant to Article IV, Part B, Section 3(C) above), such person is replaced by the Dean as the Department Chair (in which case the new Department Chair will become the new Clinical Service Chief unless one of the conditions in Article IV, Part B, Section 3(B) above applies (in which case the new Clinical Service Chief will be appointed pursuant to Article IV, Part B, Section 3(C) above), or such person is removed pursuant to Article IV, Part B, Section 5(B) below (in which case the replacement Clinical Service Chief will be determined pursuant to Article IV, Part B, Section 6 below).**

**A Clinical Service Chief who is not also the Department Chair shall serve until (1) such person voluntarily steps down from position of Clinical Service Chief (in which case the new Clinical Service Chief shall be appointed pursuant to Article IV, Part B, Section 3(A) above); (2) such person is removed pursuant to Article IV, Part B, Section 5(B) below (in which case the replacement Clinical Service Chief will be determined pursuant to Article IV, Part B, Section 3(C) above); or (3) the Department Chair requests the removal of the Clinical Service Chief and at least two out of the three following persons concur with the removal decision: the CEO of the Hospital, the Dean, and the President of KUPI; provided, however, that if one of those three persons does not consent to the removal, that person(s) can appeal the decision of the Department Chair and the other two persons to the Hospital Authority Board, and such Board decision on removal shall be final, binding and unappealable (in which case the replacement Clinical Service Chief will be determined pursuant to Article IV, Part B, Section 3(C)).**

- B. **The CEO of the Hospital may remove any Clinical Service Chief (including a Clinical Service Chief also serving as a Department Chair) under any of the following conditions:**

- 1. **upon mutual agreement of the CEO of the Hospital, the Dean and the**

President of KUPI; or

2. for "Cause" (as defined in Article IV, Part B, Section 5(C) below), after consultation with the Dean and the President of KUPI; or
3. the Clinical Service Chief receives an "unsatisfactory" annual evaluation by the CEO of the Hospital (which evaluation must specify in writing the Clinical Service Chief's performance deficiencies and must be performed pursuant to an evaluation process mutually agreed to by the Dean, the President of KUPI and the Medical Staff Executive Committee), and the Clinical Service Chief has not cured the specified performance deficiencies, within ninety (90) days of such written notice, to the CEO of the Hospital's reasonable satisfaction and either (a) the Dean and the President of KUPI agree to such termination, or (b) two-thirds of all members of the Executive Committee affirmatively vote to terminate the Clinical Service Chief. If the CEO of the Hospital cannot obtain the support described in either (a) or (b), the CEO of the Hospital can invoke the Dispute Resolution Process described in the Section 9.03 of the Affiliation Agreement between the Hospital, the University and KUPI effective December 31, 2007.

Any Clinical Service Chief so removed may remain a Department Chair at the discretion of the Dean.

- C. For purposes of Article IV, Part B, Section 5(B)(2) above, "Cause" means any of the following:
1. Suspension for more than thirty (30) days or revocation of the Clinical Service Chief's license to practice medicine or voluntary surrender of the Clinical Service Chief's license to practice medicine in connection with any proceeding that could result in disciplinary action against the Clinical Service Chief;
  2. Failure of the Clinical Service Chief to obtain or maintain board certification;
  3. Suspension for more than thirty (30) days or revocation of the Clinical Service Chief's Medical Staff membership or voluntary surrender of the Clinical Service Chief's Medical Staff membership in connection with any proceeding that could result in disciplinary action against the Clinical Service Chief;
  4. Entry of a judgment by a court of competent jurisdiction that the Clinical Service Chief is not legally competent;
  5. The Clinical Service Chief's conviction of, or plea of nolo contendere to, any felony or to a misdemeanor involving moral turpitude;
  6. The Clinical Service Chief's continued willful misconduct, insubordination, or disruptive behavior, or the Clinical Service Chief's theft of Hospital property;
  7. The reasonable determination that the Clinical Service Chief's treatment of patients is grossly negligent or otherwise egregiously below or outside

acceptable standards of care; or

8. **The Clinical Service Chief's inability, due to illness or injury (whether mental or physical) and notwithstanding reasonable accommodation, to perform the essential functions of the Clinical Service Chief's position for a period of one hundred eighty (180) consecutive days or for two hundred (200) days within any three hundred sixty-five (365) day period.**

## 2. **Appointment of a Replacement Clinical Service Chief**

If a Clinical Service Chief is removed pursuant to Article IV, Part B, Section 5(B) above but remains the Department Chair at the Dean's discretion, the CEO of the Hospital (after consultation with the Dean and the President of KUPI) shall select a KUPI physician from the applicable clinical department of the Medical School (unless a suitable candidate is not available) who is a member of the Medical Staff to serve as the replacement Clinical Service Chief; provided, however, that the CEO of the Hospital may select a Hospital-employed cardiologist or a Hospital-employed cardiothoracic surgeon who is a member of the Medical Staff to be the Clinical Service Chief for the Cardiovascular Diseases Clinical Service.

If (1) there is a change of the Department Chair and such person is also serving as Clinical Service Chief, or (2) the Clinical Service Chief is removed pursuant to Article IV, Part B, Section 5(B) above and the Dean also desires to remove them as Department Chair, then the Dean's replacement as Department Chair shall also become the Clinical Service Chief unless otherwise provided in Article IV, Part B, Section 3(B) above, in which case the appointment of the Clinical Service Chief will be pursuant to Article IV, Part B, Section 3(C) above.

If a person is serving as Clinical Service Chief because the Department Chair voluntarily chooses not to serve in that capacity (pursuant to Article IV, Part B, Section 3(B)(1)), and the Department Chair is subsequently replaced, the new Department Chair can either (1) serve as the new Clinical Service Chief, or (2) appoint another person to serve as the Clinical Service Chief if at least two out of the three following persons concur with the appointment decision: the CEO of the Hospital, the Dean, and the President of KUPI; provided, however, that if one of those three persons does not consent to the appointment, that person can appeal the decision of the Department Chair and the other two persons to the Hospital Authority Board. The Hospital Authority Board will either appoint the candidate supported by the appealing person or the candidate supported by the Department Chair and the other two persons. The appointment decision of the Hospital Authority Board shall be final, binding and unappealable.

### I. **STANDING COMMITTEES OF THE MEDICAL STAFF**

#### A. **EXECUTIVE COMMITTEE**

##### 1. **Composition**

- A. The Executive Committee shall consist of the officers of the Medical Staff and the Clinical Service Chiefs of the Clinical Services listed in Article IV, Part A. The CEO of the Hospital shall be an **ex officio**, voting member of the Executive Committee. The Dean shall be an **ex officio**, nonvoting member of the Executive Committee.
- B. The Chief of Staff shall be the chair of the Executive Committee.
- C. Because the Executive Committee consists of the officers of the Medical Staff, the Clinical Service Chiefs, the CEO of the Hospital and the Dean, each such member of the Executive Committee shall be elected/appointed and removed from the Executive Committee in the same manner such member is elected/appointed to his or her respective titled position.

## 1. Meetings

- A. A quorum for any meeting of the Executive Committee shall be defined as those members of the Executive Committee present.
- B. Members of the Executive Committee shall be present at no fewer than fifty percent (50%) of the meetings of the Executive Committee during any Medical Staff Year. If a member of the Executive Committee is present at fewer than fifty percent (50%) of the meetings of the Executive Committee during any Medical Staff Year, said member shall be removed from office, if an officer of the Medical Staff, or removed from the Executive Committee, if a Clinical Service Chief.
- C. Members of the Executive Committee whose membership is by virtue of their status as Clinical Service Chief may, by written notice to the Executive Committee, designate any member of the Active staff assigned to said member's Clinical Service to attend any meeting of the Executive Committee and vote in said member's stead, and such designee shall count toward the attendance requirement of Article V, Part A, Section 2(B) above.
- D. All other procedures governing meetings of the Executive Committee shall be those found in the Medical Staff Committee Procedures.

## 1. Duties

The duties of the Executive Committee shall be:

- A. To represent and to act on behalf of the Medical Staff in all matters between meetings of the Medical Staff, subject to any limitations imposed by these Bylaws;
- B. To coordinate the activities and general policies of the Medical Staff;
- C. To receive and act upon committee reports and to make recommendations concerning them to the Medical Staff;
- D. To implement policies of the Medical Staff not otherwise the responsibility of the Clinical Services;
- E. To provide liaison among the Medical Staff, the CEO of the Hospital, and the Board;
- F. To make recommendations to the CEO of the Hospital and to the Board on Medical Staff matters;
- G. To ensure that the Medical Staff is kept abreast of, and facilitates compliance with, the requirements of hospital accreditation as established by The Joint Commission and informed of the accreditation status of the Hospital;
- H. To ensure the Medical Staff's accountability to the Hospital for the medical care of patients in the Hospital;
- I. To make recommendations to the Board for appointment and reappointment to the Medical Staff, departmental assignments, delineation of clinical privileges, and corrective action in accordance with these Bylaws;
- J. To take all reasonable steps to ensure professionally ethical conduct and competent performance by all members of the Medical Staff;
- K. To conduct such other functions as are necessary for the effective operation of the Medical Staff; and

- L. To report its activities and policy decisions at each Annual Meeting or any Special Meeting called for such purpose.
  - 1. The Executive Committee shall report its activities to the Board. The Chief of Staff and such members of the committee as are deemed necessary shall be available to meet with the Board or its applicable committees on all recommendations that the Executive Committee or Chief of Staff may make.
  - 2. Between meetings of the Executive Committee, the Chief of Staff shall be empowered to act in situations of urgent and/or confidential nature where not prohibited by these Bylaws. The Chief of Staff shall report any such actions to the next Executive Committee meeting.
  - 3. In addition to those duties and responsibilities of the Executive Committee set forth herein, the Medical Staff may delegate the Executive Committee to act on the Medical Staff's behalf on certain matters by a two-thirds (2/3) vote of the members of the Active staff. The members of the Active staff may also remove the Executive Committee's delegated authority upon a two-thirds (2/3) vote.

**A. NOMINATIONS AND ELECTIONS COMMITTEE**

**1. Composition**

The Nominations and Elections Committee shall consist of five (5) members of the Active staff, who are not Clinical Service Chiefs, who are not currently elected as officers of the Medical Staff and who are nominated and elected at each Annual Meeting of the Medical Staff. The Nominations and Elections Committee will choose its own chair. Members of the Nominations and Elections Committee will serve one year without eligibility for re-election for the three-year period following the expiration of their term.

**2. Duties**

- A. The duties of the committee will be to nominate a slate of candidates, to supervise the election of officers, and to fill vacancies in offices in accordance with Article III, Part B, Section 4(D).
- B. Nominations and elections of candidates shall be governed by the following provisions:
  - 1. Slates of candidates will be chosen only for those offices vacant after the end of the current Medical Staff year and for those offices to be filled in accordance with Article III, Part B, Section 4(E).
  - 2. At least one nominee for each Medical Staff office position to be elected will be presented to the Annual Meeting. Nominees shall meet all of the qualifications of officers of the Medical Staff and shall have previously indicated to the committee that they are willing to serve in the office for which they are nominated.
  - 3. The committee will conduct the balloting for election of officers in accordance with Article III, Part B, Section 3.

**A. OTHER COMMITTEES**

Other committees, whether standing or **ad hoc**, shall be those established pursuant to the Medical Staff Committee Procedures, as adopted and amended by the Executive Committee

with the approval of the Board, and shall have those responsibilities, limitations and procedures as established pursuant to the Medical Staff Committee Procedures.

## **I. APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF**

### **A. QUALIFICATIONS AND CONDITIONS**

1. Appointment and reappointment to the Medical Staff is a privilege which shall be extended only to professionally competent physicians and dentists who continuously meet the qualifications, standards and requirements set forth in these Bylaws. All persons practicing medicine and dentistry in the Hospital, unless excepted by specific provisions of these Bylaws, must first have been appointed to the faculty of the Medical School and to the Medical Staff.
2. Only physicians and dentists currently licensed to practice in the State of Kansas who can document required continuing medical education, their background, experience, successful completion of residency, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation and character and their ability to work harmoniously with others sufficiently to convince the Executive Committee that all patients treated by them in the Hospital will receive a high quality of medical care and that the Hospital and Medical Staff will be able to operate in an orderly manner shall be qualified for appointment and reappointment to the Medical Staff. The word "character" is intended to include the applicant's mental and emotional stability.
3. No physician or dentist shall be entitled to appointment or reappointment to the Medical Staff or to the exercise of particular clinical privileges in the Hospital merely by virtue of the fact that such physician or dentist is a member of the faculty of the Medical School, is duly licensed to practice medicine or dentistry in Kansas or any other state, is a member of any particular professional organization, or had in the past, or currently has, medical staff appointment or privileges at another hospital.
4. No physician or dentist shall be denied appointment or reappointment on the basis of sex, race, creed, color, or national origin.
5. Acceptance of appointment or reappointment to the Medical Staff shall constitute an agreement of the physician or dentist that such physician or dentist will abide by the particular code or codes of professional ethics of the American Medical Association, the American Osteopathic Association or the American Dental Association, whichever is applicable.
6. In addition to any notification requirements set forth in this Article VI, the applicant/member must promptly notify the Chief of Staff (or, if the member at issue is the Chief of Staff, to the Vice Chief of Staff), in writing, of any change, modification or update to information provided by such applicant/member in the initial application for appointment to the Medical Staff or subsequent applications for reappointment to the Medical Staff. The Chief of Staff (or, as applicable, the Vice Chief of Staff) shall forward the information to the Credentialing Committee or the Medical Staff Health

Advisory Committee, as applicable.

7. Acceptance of appointment or reappointment to the Medical Staff shall constitute the agreement of the physician or dentist that they will promptly notify the Clinical Service Chief of the Clinical Service to which such physician or dentist is assigned and the Chief of Staff, in writing, of the revocation or suspension of such physician's or dentist's professional license in any state, or the imposition of terms of probation or limitation of practice by any state or other governmental body or unit, or of such physician's or dentist's loss of staff membership or loss or restriction of privileges at any hospital or other health care institution, or of receipt of notice of any formal charges or the commencement of a formal investigation by any professional regulatory or licensing agency or the filing of charges by the Department of Health and Human Services, peer review organizations, or any law enforcement agency or health regulatory agency of the United States or the State of Kansas, the filing of a claim against such physician or dentist alleging professional liability, or any change in or termination of the physician's or dentist's professional liability insurance required by these Bylaws and/or the Credentialing Procedures.
8. Appointment and reappointment to the Medical Staff shall confer on the member only such clinical privileges as have been granted by the Board and shall require that each member assume such reasonable duties and responsibilities as the Board and the Medical Staff shall require.
9. As part of the appointment and reappointment process, the physician or dentist must provide evidence to the Credentialing Committee of the current existence and extent of professional liability insurance coverage (minimums of \$1,000,000 per occurrence, \$3,000,000 aggregate), including the insurance carrier's name and address, and the inclusive dates of coverage. Acceptance of appointment or reappointment to the Medical Staff shall constitute the agreement of the physician or dentist to maintain professional liability insurance coverage (minimums of \$1,000,000 per occurrence, \$3,000,000 aggregate), and to promptly notify the Clinical Service Chief of the Clinical Service to which such physician or dentist is assigned and the Chief of Staff or Vice Chief of Staff, in writing, of any changes to, and revocation or suspension of, such professional liability insurance coverage.
10. As part of the appointment and reappointment process, the Chief of Staff or his or her designee shall obtain a current National Practitioner Data Bank report on the applicant.

## **B. APPOINTMENT**

1. **Provisional Status.** All initial appointments to the Active, Courtesy, or Volunteer staff categories shall be considered provisional for a period while the member completes the FPPE outlined in these Bylaws. During such period of provisional status, Active and Courtesy members shall be permitted to admit patients to the Hospital and Active, Courtesy, or Volunteer members shall be permitted to attend meetings and serve on

committees, but provisionally appointed members shall not exercise any other prerogative of the member's category of Medical Staff membership. At or near the conclusion of the member's provisional status, the member's performance while on provisional status shall be reviewed, and a final decision on the member's appointment shall be made in accordance with the Credentialing Procedures of the Medical Staff as they may be established and amended by the Executive Committee with approval of the Board.

## 2. Procedure for Appointment

- A. The procedure for appointment to the Medical Staff shall be that described in the Credentialing Procedures of the Medical Staff as they may be established and amended by the Executive Committee with the approval of the Board.
- B. The applicant shall have the burden of producing adequate information for a proper evaluation of such applicant's competence, character, ethics, and other qualifications and of resolving any doubts about such qualifications. The applicant shall have the burden of providing evidence, if challenged, that all of the statements made and the information given on such applicant's application are factual and true. Except as otherwise determined by the Executive Committee, all initial appointments to the Medical Staff shall be subject to a period of FPPE in accordance with the Focused Professional Practice Evaluation for Granting Privileges Medical Staff Policy (the "FPPE Policy"). For applicants for initial appointment to the Medical Staff, FPPE should be used when an applicant has the credentials to suggest competence, but the applicant is an initial appointee to the Medical Staff and a period of evaluation is needed to confirm competence in the Hospital's setting. If an applicant refuses to participate in the FPPE or fails to successfully complete an FPPE in accordance with the FPPE Policy, such applicant's privileges subject to the FPPE shall automatically be revoked and the applicant may request a Fair Hearing in accordance with Article VIII. Such applicant's privileges shall remain revoked until such time as the applicant successfully completes the FPPE process or such revoked privileges are reinstated following a Fair Hearing in accordance with Article VIII.
- C. In addition to any notification requirements set forth in this Article VI, the applicant/member must promptly notify the Chief of Staff (or, if the member at issue is the Chief of Staff, to the Vice Chief of Staff), in writing, of any change, modification or update to information provided by such applicant/member in the initial application for appointment to the Medical Staff. The Chief of Staff (or, as applicable, the Vice Chief of Staff) shall forward the information to the Credentialing Committee or the Medical Staff Health Advisory Committee, as applicable.

### A. **REAPPOINTMENT**

#### 1. **When Required**

Reappointment to the Medical Staff shall be required on at least a biennial basis.

#### 2. **Factors to be Considered for Reappointment**

Each recommendation concerning reappointment of a member to the Medical Staff shall be based upon:

- A. The member's professional ethics, competence, and clinical judgment in the treatment of patients as indicated by quality and risk management information related to such member's treatment of patients within the hospital, information obtained from other hospitals, health care facilities, and health plans, and updated information with respect to such member's

professional liability experience.

- B. The member's physical and mental capacity to treat patients.
- C. The member's compliance with the Bylaws of the Hospital Authority, Hospital standard practices, and Medical Staff Bylaws, Rules, Regulations and policies and procedures.
- D. The member's use of the Hospital's facilities for such member's patients, such member's cooperation and relations with other practitioners and such member's general attitude toward patients, the Hospital and the public.

#### **1. Procedure for Reappointment**

- A. The procedure for reappointment to the Medical Staff shall be that described in the Credentialing Procedures of the Medical Staff as they may be established and amended by the Executive Committee with the approval of the Board. Such procedure for reappointment to the Medical Staff may include a member's continual participation in Ongoing Professional Practice Evaluation ("OPPE") in accordance with the Medical Staff Peer Review Policy (the "OPPE Policy"). The use of OPPE in making recommendations for reappointment shall be appropriate when questions arise regarding a member's ability to provide safe, high quality patient care. An applicant's failure to continually participate in OPPE or to comply with any resulting corrective action plan in accordance with the OPPE Policy shall result in the automatic revocation of such applicant's privileges subject to the OPPE Policy. Upon such revocation, the applicant may request a Fair Hearing in accordance with Article VIII. Such applicant's privileges shall remain revoked until such time as the applicant satisfactorily participates in the OPPE process or, as relevant, such revoked privileges are reinstated following a Fair Hearing in accordance with Article VIII.
- B. The member applying for reappointment shall have the burden of providing adequate information for a proper evaluation of such member's competence, character, ethics, and other qualifications and of resolving any doubts about such qualifications. Such member shall have the burden of providing evidence, if challenged, that all of the statements made and the information given on such member's application are factual and true.
- C. In addition to any notification requirements set forth in this Article VI, the member must promptly notify the Chief of Staff (or, if the member at issue is the Chief of Staff, to the Vice Chief of Staff), in writing, of any change, modification or update to information provided by such member in the application for reappointment to the Medical Staff. The Chief of Staff (or, as applicable, the Vice Chief of Staff) shall forward the information to the Credentialing Committee or the Medical Staff Health Advisory Committee, as applicable.

#### **A. CLINICAL PRIVILEGES**

##### **1. Delineation and Scope**

- A. Medical Staff appointment or reappointment shall not automatically confer any clinical privileges or right to practice in the Hospital. Each physician or dentist who has been given an appointment to the Medical Staff of the Hospital shall be entitled to exercise only those clinical privileges specifically recommended by the Medical Staff and approved by the Board.
- B. The clinical privileges recommended to the Board shall be based upon the applicant's education, training, experience, demonstrated competence and judgment, references and other relevant information.

- C. Surgical procedures performed by dentists shall be under the overall supervision of the Clinical Service Chief of the Clinical Service to which they have been assigned or such Clinical Service Chief's designee. A medical history and physical examination of any patient upon whom a surgical procedure is to be performed by a dentist shall be made and recorded by a physician who is a member of the Medical Staff before the surgery is performed, and a designated physician who is a member of the Medical Staff shall be responsible for the diagnosis and management of the medical problems of any such patient which may be present or arise during the period of hospitalization.

**1. Procedure for Assignment of Clinical Privileges**

- A. The procedure for assignment of clinical privileges shall be that described in the Credentialing Procedures of the Medical Staff as they are established and amended by the Executive Committee with the approval of the Board.
- B. The member applying for reappointment shall have the burden of providing sufficient evidence to support such member's qualifications and competence to exercise any clinical privileges such member's requests.

**A. MODIFICATION OF CLINICAL PRIVILEGES**

**1. Qualifications**

Any member of the Medical Staff who wishes to augment or otherwise modify such member's clinical privileges may be granted such augmentation or modification upon such member's demonstration that such member possesses the requisite training, skill, and experience necessary to competently exercise the clinical privileges sought.

**2. Procedure for Modification of Clinical Privileges**

- A. The procedure for modification of clinical privileges shall be that described in the Credentialing Procedures of the Medical Staff as they are established and amended by the Executive Committee with the approval of the Board. Such procedures for modification of clinical privileges may include the use of FPPE in accordance with the FPPE Policy.
- B. The member shall have the burden of providing sufficient evidence to support such member's qualifications and competence to exercise any additional clinical privileges such member requests.
- C. As part of the procedure for augmentation of clinical privileges, the Chief of Staff or his or her designee shall obtain a current National Practitioner Data Bank report on the member.

**A. EMERGENCY CLINICAL PRIVILEGES**

In an emergency, any physician or dentist who is not a member of the Medical Staff, to the degree permitted by such physician's or dentist's license and regardless of clinical privileges, may be permitted to do, and shall be assisted in doing, everything possible to save the life of a patient in the Hospital, using every facility of the Hospital necessary, including calling for any consultation necessary or desirable. When the emergency situation no longer exists, the patient shall be assigned to an appropriate member of the Medical Staff. For the purpose of this section, an "emergency" is defined as a condition which could result in serious permanent harm to a patient or in which the life of a patient is in immediate danger and in which any delay in administering treatment would add to that danger.

**B. LIMITED PRIVILEGE PRACTITIONER**

At the invitation of a member, limited clinical privileges 1) to care for a specific patient, with the duration of the temporary privileges limited to the period of that patient's stay in the Hospital; or 2) for specific clinical services, with the duration of the limited privileges to be specified in advance and limited only to the period necessary to render such clinical services, may be requested by a practitioner who is not a member of the Medical Staff. In no event shall limited clinical privileges granted a limited privilege practitioner exceed sixty (60) days per each request. Notwithstanding the foregoing, a practitioner's limited clinical privileges may be renewed for one additional sixty (60) day period at the end of the initial sixty (60) day period, upon the practitioner's written request to the Chief of Staff and the CEO of the Hospital; provided that such practitioner's circumstances have not materially changed since the limited clinical privileges were granted. However, in no event may a practitioner's limited privileges exceed one hundred twenty (120) days per request. The procedure for granting such limited privileges is outlined in the Credentialing Procedures of the Medical Staff.

**C. TEMPORARY CLINICAL PRIVILEGES**

1. Temporary clinical privileges may be granted to certain applicants who strictly meet the following criteria:
  - A. The applicant's application for clinical privileges is complete, has been completely processed in accordance with the Credentialing Procedures of the Medical Staff, and is awaiting action by the Executive Committee or any Credentialing Committee;
  - B. Neither the applicant's application, the materials submitted in support thereof, nor the information generated by the processing of the application and supporting materials pursuant to the Credentialing Procedures of the Medical Staff contains any discrepancy or any information that would require further investigation before the application is approved; and
  - C. The Hospital has an immediate need for the applicant's services in order to render care to patients who cannot reasonably be cared for at the Hospital by any other physician.
1. All applicants granted temporary clinical privileges shall be subject to the supervision of the Chief of Staff or the Chief of Staff's designee and shall submit to any personal supervision and/or proctoring deemed necessary by the Chief of Staff, the CEO of the Hospital, or the Board.
2. Temporary clinical privileges shall be granted for a maximum period of sixty (60) days or until the applicant's application is approved by the Executive Committee, whichever period is shorter, and shall expire automatically at the end of said period. During such period, the applicant shall have the same prerogatives as members who are provisionally appointed to the Medical Staff.
3. The procedure for granting, modifying, suspending, or revoking temporary clinical privileges shall be that stated in the Credentialing Procedures of the Medical Staff.

**A. DISASTER PRIVILEGES**

In the event of a disaster causing the activation of the Hospital's Emergency Management Plan and rendering the Hospital unable to handle immediate patient needs, clinical privileges may be granted to a practitioner who is not a member of the Medical Staff the necessary to render clinical services to handle immediate patient needs. The procedure for granting such disaster privileges is outlined in the Credentialing Procedures of the Medical Staff.

## **B. HISTORY AND PHYSICAL EXAMINATION**

1. A history and physical examination must be dictated or documented in the electronic medical record by the patient's attending physician, a Member of the House Staff, a credentialed Advanced Registered Nurse Practitioner (ARNP) or a Physician Assistant (PA), all under the attending physician's supervision. The history and physical must be available in the patient medical record on all inpatients within twenty-four (24) hours of admission and on all patients prior to surgery or procedure. The history and physical examination shall be countersigned by the attending physician.
2. The history and physical examination completed before admission is valid for thirty (30) days only, and must be updated with any changes (or state that no changes have occurred) within twenty-four (24) hours after admission, and prior to a surgery or procedure. The update must be documented in the electronic medical record. A history or physical examination greater than thirty (30) days old cannot be updated, or referred to, in a current history and physical examination.

### **I. ACTIONS AFFECTING MEDICAL STAFF MEMBERS**

#### **A. MEDICAL STAFF HEALTH ADVISORY PROGRAM**

##### **1. Medical Staff Health Advisory Program**

The Hospital shall have in place a policy that describes the process for the recognition and reporting of health concerns of a member of the Medical Staff. The health concern may be either emotional or physical or both, and includes but is not limited to, members of the Medical Staff under emotional distress, and those under the influence of alcohol or other mood altering medications as well as deterioration through the aging process, disease process, or loss of motor skill, chemical or alcohol dependency, psychiatric dysfunction, any detrimental effects of aging, injury or condition, or any other medical condition which presents or may present a potential risk to patients or Hospital staff who work with or see patients or has the potential of reducing the ability of the member to care for patients or effectively interact with Hospital staff.

##### **2. Goals**

The goals of the policy are rehabilitation, rather than discipline, and assistance to the member of the Medical Staff in retaining or regaining optimal professional functioning, consistent with protection of patients. If, however, at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that the member of the Medical Staff is unable to safely perform the privileges he or she had been granted or that care provided by the member might subject the member to corrective action under these Bylaws, the matter shall be reported to the Executive Committee in accordance with Article VII, Part C below, for appropriate corrective action that may result in a mandated report to the applicable state or federal agency, association and/or to the Medical Advocacy Program of the Kansas Medical Society.

##### **3. Self-Reporting**

All members of the Medical Staff are encouraged to self-report any health concern to the Medical Staff Health Advisory Committee or to the Chief of Staff for confidential referral of the member to the Medical Staff Health Advisory Committee.

##### **4. Third Party Reporting**

- A. All members of the Medical Staff and all employees of the Hospital and any other

third party may report to the Medical Staff Health Advisory Committee any first-hand knowledge of any health concerns involving a member of a Medical Staff that does not impact or involve patient safety or the orderly operation of the Hospital. The identity of any individual making the report shall be kept confidential.

- B. All members of the Medical Staff and all employees of the Hospital shall report, and any other third party may report, any first-hand knowledge of any health concerns involving a member of the Medical Staff that might constitute grounds for corrective action as specified in Article VII, Part C, Section 2 below or which impacts or involves patient safety or the orderly operation of the Hospital. Reports may be made to the Medical Staff Health Advisory Committee, the Clinical Service Chief of the affected member's Clinical Service, the CEO of the Hospital, the Chief of Staff (or the Vice Chief of Staff) or the employee's supervisor, who shall notify one of the aforementioned parties. Such reports shall be handled as a "Report" in accordance with Article VII, Part C, Section 3 below.

## **5. Medical Staff Health Advisory Committee**

The Committee Procedures of the Medical Staff sets forth the duties, composition and confidentiality requirements of the Medical Staff Health Advisory Committee.

### **A. COLLEGIAL INTERVENTION**

1. These Bylaws require each member to cooperate with the Hospital, the Board, Medical Staff officers, Clinical Service Chiefs, Executive Committee and other Medical Staff committees in order to continuously improve individual and collective performance. From time to time, these entities or persons may choose to hold routine discussions with a member or multiple members in order to provide education, assistance in providing quality medical care, and encouragement to participate in performance improvement, resource management, or other activities with the Hospital. The routine function of performance improvement, resource management or other programs, and the discussion among members in that context, does not constitute an investigation, corrective action, nor entitle members to Fair Hearing Rights or right to counsel pursuant to Article VIII.
2. Members are expected to conform their conduct with the expectations set forth in these Bylaws, the Rules, and the Policies. Conduct which falls below such expectations may be addressed in accordance with the appropriate Rule or Policy and may be referred for corrective action in accordance with Article VII, Part C.
3. These Bylaws encourage the use of progressive steps by Medical Staff leaders and Hospital management, beginning with collegial and educational efforts, to address issues pertaining to clinical competence or professional conduct. The goal of these efforts is to arrive at voluntary actions by a Member to resolve an issue that has been raised.
4. Collegial intervention is a part of the Hospital's professional review and/or peer review activities and may include, but is not limited to, the following:
  - A. Advising colleagues of applicable policies, such as policies regarding appropriate behavior, emergency call obligations, and the timely and adequate completion of medical records;

- B. Proctoring, monitoring, consultation, and letters of guidance; and
  - C. Sharing comparative quality, utilization, and other relevant information, including any variations from clinical protocols or guidelines, in order to assist individuals to conform their practices to appropriate norms.
5. The relevant Medical Staff leader(s), in conjunction with the Chief of Staff, may determine whether a matter should be handled in accordance with another Policy (e.g., code of conduct policy, disruptive physician policy, peer review policy) or should be referred to the Executive Committee for further action pursuant to Article VII, Part C.
6. The relevant Medical Staff leader(s) will determine whether to document a collegial intervention effort. Any documentation that is prepared will be placed in the member's confidential file. The member will have an opportunity to review the documentation and respond to it. The response will be maintained in the member's file along with the original documentation.

**B. CORRECTIVE ACTIONS INVOLVING CLINICAL COMPETENCE, PROFESSIONAL CONDUCT, AND OTHER INFRACTIONS**

**1. Corrective Action Defined**

Corrective action, as recommended by the Executive Committee and imposed by the Board may take any of the following forms:

- A. Revocation of Medical Staff membership.
- B. Suspension of Medical Staff membership for a definite term.
- C. Revocation of all or a portion of the member's existing clinical privileges.
- D. Suspension or limitation of the member's existing clinical privileges, including requiring proctoring or consultation, for a specified period of time.
- E. A letter of reprimand to the member, a copy of which is placed in the member's permanent credentials file as maintained in accordance with these Bylaws.

**2. Grounds for Corrective Action**

The following shall constitute grounds for corrective action against a member of the Medical Staff:

- A. The member's clinical incompetence;
- B. The member's care or treatment of a patient, or patients, or the member's management of the care of a patient or patients which falls below the applicable standard of care;
- C. The member's violation of these Bylaws and/or Rules and Regulations, the Credentialing Procedures, the Committee Procedures or any other policies and procedures of the Medical Staff and/or the Bylaws or policies and procedures of the Hospital Authority;
- D. The member's failure to comply with the ethics of such member's profession;
- E. The member's behavior or conduct considered to be disruptive to the operation of the Hospital, the functioning of the Medical Staff, or the delivery of high quality medical care at the Hospital.

## **1. Initiation of Corrective Action Proceedings**

### **A. Reporting**

- 1. All members of the Medical Staff, the CEO of the Hospital, any member of the Board, and all employees of the Hospital shall report, and any other person may report, any first-hand knowledge that any member of the Medical Staff has engaged in any activity which may constitute grounds for corrective action as specified in Article VII, Part C, Section 2 above or which may otherwise raise concerns about the member's competence or professional conduct (the "Report").**
  - 2. All Reports shall be immediately forwarded to the Chief of Staff (or, if the Report involves the Chief of Staff, to the Vice Chief of Staff) and the Risk Manager of the Hospital.**
  - 3. The Chief of Staff or Vice Chief of Staff, as the case may be, shall review any Report forwarded to him or her and initiate an inquiry into the need for an investigation based on whether the Report suggests the reasonable possibility that the member has a physical or mental illness, injury, disorder, or condition that affects his or her ability to properly provide medical care to patients.**
- a. If the Chief of Staff or Vice Chief of Staff, as the case may be, determines in the affirmative, he or she shall immediately refer the Report to the Medical Staff Health Advisory Committee for further action in accordance with Article VII, Part C, Section 7 below.**
  - b. If the Chief of Staff or Vice Chief of Staff, as the case may be, determines in the negative, he or she shall, within fifteen (15) days of receiving the Report, initiate collegial intervention as described in Article VII, Part B, or forward such Report to the Executive Committee for further action in accordance with Article VII, Part C, Section 8 below.**

## **1. Executive Committee Initiation**

The Executive Committee may, on its own motion:

- A. Determine that a member of the Medical Staff may have a physical or mental illness, injury, disorder, or condition that affects the member's ability to properly render medical care to patients. Upon making such determination, the Executive Committee shall immediately refer the matter to the Medical Staff Health Advisory Committee, which shall proceed in accordance with Article VII, Part C, Section 7 below.**
- B. Determine that corrective action against a member of the Medical Staff may be warranted and that an investigation into the matter which prompted such determination should proceed. An investigation does not begin until the Executive Committee formally declares, by action documented in the minutes, that an investigation is warranted.**

## **2. Notification To Member**

- A. The Chief of Staff shall, upon forwarding a Report to the Medical Staff Health Advisory Committee in accordance with Article VII, Part C Section 3(A)(3)(a) above, or the Executive Committee in accordance with Article VII, Part C, Section 3 (A)(3)(b) above, send or deliver written notice to the member of the Medical Staff who is the subject of the Report (the "Reviewed Member") stating the general nature of the**

complaints or concerns expressed in the Report and that the matter is under review by the Medical Staff Health Advisory Committee or the Executive Committee, as applicable, for the purpose of determining whether further action is warranted.

- B. If an investigation which may lead to corrective action proceeds pursuant to the Executive Committee's own determination in accordance with Article VII, Part C, Section 4 above, the Executive Committee shall send or deliver written notice to the member of the Medical Staff who is the subject of the investigation (also the "Reviewed Member") stating that the matter is under review by the Executive Committee for the purpose of determining whether corrective action is warranted.

### **3. Automatic Recusal Of Reviewed Member**

If the Reviewed Member is a member of the Medical Staff Health Advisory Committee or the Executive Committee, said Reviewed Member shall be automatically recused from any proceedings of the Executive Committee in connection with the Executive Committee's review of said Reviewed Member.

### **4. Medical Staff Health Advisory Committee Investigation**

- A. If the Medical Staff Health Advisory Committee receives a Report with respect to any member of the Medical Staff, in accordance with Article VII, Part C, Section 3(A) above, or a referral from the Executive Committee in accordance with Article VII, Part C, Section 4 above, it shall conduct a confidential investigation of the matter, including interviewing the member who is the subject of the Report or referral and any other witnesses and documents it deems appropriate. Following such investigation, it shall make a determination of whether there is legitimate reason to believe that the member may be afflicted with any physical or mental illness, injury, disorder, or condition that is causing or may affect the member's ability to properly render care to patients.
- B. If the Medical Staff Health Advisory Committee determines that such a legitimate reason exists, it shall:
  - 1. Promptly advise the member in writing that it has made such a determination and that it intends to immediately refer the member to the Medical Advocacy Program of the Kansas Medical Society ("Medical Advocacy Program");
  - 2. Promptly contact the Medical Advocacy Program and make a formal referral of the member to that program;
  - 3. Promptly advise the Credentialing Committee that it has referred the member to the Medical Advocacy Program; and
  - 4. Work in active cooperation with the Medical Advocacy Program to (i) provide any information necessary, (ii) facilitate any assistance to be provided by the Medical Staff or the Hospital with respect to the Medical Advocacy Program's handling of the referral; and (iii) coordinate with the Medical Advocacy Program monitoring of the member in regard to safety patient issues during any diagnosis, treatment, or rehabilitation of the member.
- C. If the Medical Staff Health Advisory Committee finds that no such legitimate reason

exists, or if the member refuses to cooperate with the Committee or the Medical Advocacy Program, the Medical Staff Health Advisory Committee shall so notify the Executive Committee in writing. The Executive Committee shall then proceed in accordance with this Article VII if it deems such is warranted.

- D. If the Medical Staff Health Advisory Committee deems a potential health problem to be severe enough as to cause the member to pose an imminent danger of harm to patients, other members of the Medical Staff, or members of the Hospital staff, the Medical Staff Health Advisory Committee shall recommend to the member that the he or she request a Leave of Absence pursuant to Article VII, Part F below.
- E. If the member refuses to follow such a recommendation, the Medical Staff Health Advisory Committee shall notify the Chief of Staff and the CEO of the Hospital, who shall then determine whether to impose a summary suspension of the member's clinical privileges pursuant to Article VII, Part D below.
- F. Notwithstanding the provisions of Article VII, Part D below, any such summary suspension shall be lifted if, prior to the Executive Committee's making a determination pursuant to Article VII, Part C, Section 8(A)(4) below, the member requests a Leave of Absence in accordance with Part F below.
- G. All requests for reinstatement from a Leave of Absence taken pursuant to this section shall proceed in accordance with the Credentialing Procedures of the Medical Staff.

#### **5. Executive Committee Investigation.**

- A. If the Executive Committee receives a Report in accordance with Article VII, Part C, Section 3(A) above, determines, in accordance with Article VII, Part C, Section 4 above, that a matter may warrant corrective action, or receives notification from the Medical Staff Health Advisory Committee in accordance with Article VII, Part C, Section 7(C) above and determines that the matter may warrant corrective action, the Executive Committee, or a subcommittee appointed by the Executive Committee and comprised of members of the Executive Committee shall:
  - 1. Acting on its own or through the Risk Manager of the Hospital, gather any additional relevant information it deems necessary to thoroughly investigate the complaints or concerns expressed in the Report.
  - 2. Interview the Reviewed Member, the person or persons who submitted the Report, if applicable, and any other person determined to have or that may have knowledge of the matters which prompted to the investigation.
  - 3. Determine whether a physical and/or mental examination of the Reviewed Member is necessary and, upon such determination, request that the Reviewed Member submit to such an examination, at the Reviewed Member's expense, by a licensed third party physician who is approved by the Medical Advocacy Program of the Kansas Medical Society, is acceptable to both the Executive Committee and the Reviewed Member, and is not a member of the Medical Staff. The Reviewed Member shall authorize the physician performing the examination to submit a report of said physician's findings to the Executive Committee.

4. Within sixty (60) days of receiving the Report, determine, by majority vote of the Executive Committee, whether the actions, failure to take action, demeanor or conduct of the Reviewed Member constitute one or more of the grounds for corrective action, as stated in the Medical Staff Bylaws and, if so, what corrective action should be imposed. If it is the Executive Committee making such determination, the "Executive Committee," for purposes of this subsection, shall not be deemed to include any member of the Executive Committee recused in accordance with Article VII, Part C, Section 6 above.
5. Within fifteen (15) days of making a corrective action determination in relation to a Reviewed Member, prepare a written report summarizing the nature of the complaints or concerns which were investigated, its determinations (both as to the relevant facts and as to whether those facts constitute one or more grounds for corrective action), and its recommendations as to the corrective action, if any, which should be imposed upon the Reviewed Member.
6. Within fifteen (15) days of completing its report in accordance with Article VII, Part C, Section 8(A)(5) above, forward the report to the Reviewed Member and notify the Reviewed Member, in writing, in accordance with the notice requirements of Article VIII of these Bylaws. If the Executive Committee's recommendation does not involve imposing corrective action that is an "Adverse Action" pursuant to Article VIII, Part A, Section 1, the Executive Committee shall also forward its report to the Board within fifteen (15) days of completing its report.
7. If the Executive Committee recommends imposing corrective action that is an "Adverse Action" pursuant to Article VIII, Part A, Section 1, the Executive Committee shall withhold the recommendation and not forward it to the Board until after notifying the Reviewed Member of the recommendation of the Adverse Action as set forth in Article VII, Part C, Section 8(A)(6) above and the Reviewed Member either fully exercises or waives his or her rights to a hearing and any appellate review under Article VIII.
8. When applicable, in lieu of an Executive Committee investigation as set forth in this Article VII, Part C, Section 8 above, the Executive Committee may rely upon the investigation, documentation and findings of a committee appointed by the Chief of Staff pursuant to the Medical Staff Unacceptable Conduct and Disruptive Behavior Policy.

#### **6. Board Action.**

- A. Subject to Article VII, Part C, Section 9(B) below, the Board shall, within forty five (45) days of receipt of the report from the Executive Committee in accordance with Article VII, Part C, Section 8(A)(6) or Section 8(A)(7) above:
  1. Accept the determinations and impose the corrective action, if any, recommended by the Executive Committee;
  2. Accept the determinations and impose whatever corrective action it deems appropriate, regardless of the recommendations of the Executive Committee;
  3. Reject the determinations and recommendations of the Executive Committee and

send the matter back to the Executive Committee with specific instructions as to further gathering of information and investigation; or

4. Reject the determinations and recommendations of the Executive Committee, substitute its own determinations, and impose or refrain from imposing any corrective action as it deems appropriate under the circumstances.

- B. The Board may, at any time within the forty-five (45) day time frame for taking action pursuant to Article VII, Part C, Section 9(A) above, request further information from the Executive Committee, instruct the Executive Committee to conduct further investigation and furnish the Board information gathered from such investigation, and/or conduct its own investigation. If the Board exercises any of its rights set forth in the foregoing sentence, the Board shall make a determination under Article VII, Part C, Section 9(A) at or before its next scheduled meeting following, as applicable: (i) the receipt of such additional information; or (ii) the conclusion of its own investigation.

C. Upon reaching its determinations in accordance with Article VII, Part C, Section 9(A) above, the Board shall send written notice of its decision to the Reviewed Member, which notice shall, in the event the decision results in the imposition of corrective action, comply with the notice requirements of Article VIII of these Bylaws.

## 7. Risk Management Requirements

### A. Kansas Risk Management Law -- Peer Review

1. The peer review and/or risk management activities shall be governed by the Hospital's internal policies and procedures and in accordance with the applicable Kansas peer review and/or risk management statutes, K.S.A. 65-4921, **et seq.**
2. The Executive Committee is duly constituted and charged as the committee responsible for investigating and determining applicable standards of care involving the members of the Medical Staff as required by K.S.A. § 65-4921, **et seq.**, and more particularly K.S.A. § 65-4923. The Hospital Nursing and Allied Health Risk Management Committee is likewise duly constituted and charged as the committee responsible for investigating and determining applicable standards of care involving all non-physician employees of the Hospital Authority. All committees of the Medical Staff are charged and duly constituted to function as peer review committees, to undertake investigations, and make standards of care recommendations to the Executive Committee in compliance with Kansas law; and to evaluate and improve the quality of health care services provided in the Hospital.
3. The Executive Committee will also determine the additional factors defined in K.S.A. § 65-4915 (a) (3). The reports, statement, memoranda, proceedings, findings, and other records of the Executive Committee, and all other individuals and committees whose purposes are to assist the Executive Committee and the Hospital Authority in evaluating and improving the quality of health care services provided in the Hospital, are peer review records which are privileged and shall not be subject to discovery, subpoena, or use as evidence in any judicial or administrative proceeding, except as otherwise provided by the Executive Committee. In addition, all reports and records made by this and any other committee or individual pursuant to K.S.A. § 65-4923 or K.S.A. § 65-4924 are confidential and privileged as provided in K.S.A. § 65-4925.
4. All potentially reportable incidents committed by a Medical Staff member which may be below

the applicable standard of care and have a reasonable probability of causing patient injury; or may be grounds for disciplinary action, by the appropriate state licensing agency, will be reported to the Chief of Staff or Risk Manager for investigation and evaluation. The Chief of Staff will be responsible for reporting all confirmed potentially reportable incidents to the Executive Committee of the Medical Staff. The Risk Manager is charged with making the appropriate reports to the Kansas Board of Healing Arts and the Kansas Department of Health & Environment.

A. Safe Medical Devices

To comply with the Safe Medical Devices Act, 21 U.S.C. § 3601 (the "SMDA"), incident reports of patient equipment related events shall be made to the Chief of Staff, CEO of the Hospital, or Risk Manager. The Executive Committee is duly constituted and charged as the committee responsible to investigate potentially reportable incidents related to the SMDA. The Executive Committee shall determine whether information reasonably suggests that there is a reasonable probability that a device has caused or contributed to the death, serious illness of, or serious injury to a patient. All reports and records by the Executive Committee, any other committee of the Medical Staff, or an individual pursuant to a medical device investigation are confidential and privileged in accordance with K.S.A. § 65-4921, and K.S.A. § 65-4915. The Risk Manager is charged with making the appropriate reports to the United States Food and Drug Administration and, in the case of device-related deaths, to the manufacturer, if known.

B. National Practitioner Data Bank

Professional review actions taken by the Executive Committee that are adverse to a Medical Staff member or applicant will be reported to the National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners ("Data Bank"), as required in the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 1101, **et seq.** (the "HCQIA"). To be reportable, these actions must have been taken in the course of a professional review activity as defined in the HCQIA and its accompanying regulations pertaining to the Data Bank and adversely affect the clinical privileges of a physician or dentist of a period longer than thirty days. The actions must also be based on the professional competence or professional conduct of an individual practitioner which affects or could affect adversely, the health or welfare of a patient. Actions considered reportable are those that reduce, restrict, suspend, revoke, deny or fail to renew clinical privileges or membership in the Medical Staff. The voluntary surrender or restriction of clinical privileges by a member is reportable if rendered in the course of an investigation relating to possible incompetent or improper professional conduct of the member or in exchange for not conducting such an investigation. An investigation shall be deemed to be ongoing until such time as "final" action is taken, as set forth below. Final actions must be reported to the Kansas State Board of Healing Arts within fifteen days. An action is not considered "final" until approved by the Board after exhaustion of appeals, if any, as specified in these Bylaws or the Credentialing Procedures of the Medical Staff. The Risk Manager is charged with making the appropriate reports to the Kansas Board of Healing Arts.

A. **SUMMARY SUSPENSION OR LIMITATION OF CLINICAL PRIVILEGES**

Section 1. **Grounds and Procedure for Summary Suspension**

- A. The Chief of Staff, a Clinical Service Chief, or the CEO of the Hospital or the CEO's designee shall have the authority to summarily suspend all or any portion of the clinical privileges of a

Medical Staff member whenever such action must be taken immediately in the best interest of patient care or safety in the Hospital or for the continued effective operation of the Hospital. Such suspension shall be for the purpose of investigation only and shall not imply any final finding of responsibility for the situation that caused the suspension.

- B. Such summary suspension shall become effective immediately upon imposition, shall immediately be reported in writing to the Chief of Staff and shall remain in effect until or unless modified by the Executive Committee or the Board.
- C. Prior to the imposition of a summary suspension, the member shall be afforded an opportunity to meet with the Chief of Staff and either the Clinical Service Chief, a member of the Executive Committee, the CEO of the Hospital, or the CEO's designee, in order to explain such member's position on the matter. Details discussed during such meeting shall be documented and forwarded to the Executive Committee for consideration in the investigation described in Section 1.D below. In connection with this meeting, the member shall also be given the option to voluntarily refrain from exercising the clinical privileges in question in lieu of a summary suspension, in which case the member shall still be subject to an investigation pursuant to Article VII, Part C of these Bylaws. Following this meeting, if a summary suspension is imposed, the person imposing the suspension shall provide a written notice to the suspended member stating the reason for the suspension.
- D. Upon imposition of summary suspension, the person imposing the suspension shall immediately notify the Executive Committee of the suspension and the facts upon which the suspension was based. The Executive Committee, acting on its own, or through a subcommittee appointed by the Executive Committee and comprised of members of the Executive Committee, shall, within five (5) days of the imposition of a summary suspension, initiate an investigation to determine whether or not to accept, reject, or modify the summary suspension. The Executive Committee shall make such determination, based on the results of such investigation, no later than fourteen (14) days following the imposition of the summary suspension. A summary suspension shall constitute a professional review action that shall be reported to the Data Bank if in effect for longer than thirty (30) days from the day immediately following the date of such action.
- E. If fourteen (14) days following the imposition of the summary suspension, the Executive Committee does not recommend immediate termination of the summary suspension, but rather recommends modification and continuance of the summary suspension, the Medical Staff member shall be entitled to Fair Hearing Rights in accordance with Article VIII. The terms of the summary suspension, as continued or modified, by the Executive Committee shall remain in effect pending a final decision thereon by the Board. If the Executive Committee recommends termination of the summary suspension, termination shall be effective immediately upon the provision of written notice to the Medical Staff member.

## **Section 2. Grounds and Procedure for Voluntary Precautionary Suspension**

- A. As an alternative to the imposition of a summary suspension, upon a member's receipt of a notice from the Chief of Staff, a Clinical Service Chief, or the CEO of the Hospital, or the CEO's designee, that such member's actions related to the safety of patient care have been brought into question, such member may voluntarily refrain from performing the procedures in question for a period of time, not to exceed fourteen (14) days, for purposes of allowing for a proper investigation of the suspected risk.

- B. A precautionary suspension shall take effect upon the member in question and the Chief of Staff, a Clinical Service Chief, or the CEO of the Hospital, or the CEO's designee, signing an agreement under which the member agrees to refrain from performing the procedures or exercising the privileges in question for a period of no more than fourteen (14) days.
- C. Such precautionary suspension shall be for the purpose of investigation only and shall not imply any final finding of responsibility for the situation that caused the suspension.
- D. Within the fourteen (14) day period, a precautionary suspension may lead to: a summary suspension; the initiation of formal corrective action; or termination of the suspension after a finding that the concern raised was misplaced.

### Section 3. **Effect of Summary and Precautionary Suspensions**

Immediately upon the imposition of a summary suspension or a member's voluntary precautionary suspension, the Clinical Service Chief of the appropriate Clinical Service or, in such Clinical Service Chief's absence, the Chief of Staff shall assign responsibility for care of the suspended individual's patients still in the Hospital at the time of such suspension to another appropriate member of the Medical Staff until such time as such patients are discharged from the Hospital. If a member's summary suspension is in effect for a period greater than fourteen (14) days from the date upon which the summary suspension was initially imposed, such summary suspension shall entitle such member to a Fair Hearing pursuant to the provisions of Article VIII of these Bylaws. A member's precautionary suspension shall never constitute an "Adverse Action" pursuant to Article VIII, Part A, Section 1(G) below. It shall be the duty of the Chief of Staff and the Clinical Service Chief of the appropriate Clinical Service to cooperate with the Chief Executive Officer in enforcing all suspensions.

#### A. **AUTOMATIC SUSPENSION OR LIMITATION OF CLINICAL PRIVILEGES**

##### 1. **Grounds for Automatic Suspension**

- A. The clinical privileges of a member of the Medical Staff shall automatically be suspended for failure to complete medical records within a specified time period as defined in the Rules and Regulations of the Medical Staff. Any member failing to meet this obligation within the appropriate time period shall receive written notice at least ten (10) days prior to such member's suspension. Such member shall be eligible for reinstatement upon completion of all delinquent records.
- B. Action by the applicable licensing agency of the State of Kansas revoking or suspending a member's professional license shall result in automatic suspension of the member's clinical privileges and membership in the Medical Staff as of the date of the revocation or suspension and until the matter is resolved and the license restored.
- C. If a Medical Staff member's federal Drug Enforcement Administration controlled substances certificate is revoked, limited or suspended, is subject to a memorandum of understanding, is surrendered, or has expired, such Medical Staff member's privileges related to the prescription of medications covered by the certificate or license shall automatically be suspended as of the time such action becomes effective and through its term.

- D. Failure to maintain the minimum required type and amount of professional liability insurance with an approved insurance carrier, shall result in immediate and automatic suspension of a Medical Staff member's appointment and privileges until such time as a certificate of appropriate insurance coverage is furnished.
- E. Involuntary termination, exclusion or other prohibition from participation in the Medicare or Medicaid or any state or federal health care program such that a Medical Staff member's name appears on the General Service Administration's List of Parties Excluded from Federal health care programs (the "Excluded Parties List"), shall result in automatic relinquishment of all clinical privileges until such time as the exclusion or prohibition is lifted and the Medical Staff member's name no longer appears on the Excluded Parties List.
- F. If a Medical Staff member pleads guilty to or is found guilty of a felony or misdemeanor related to controlled substances, illegal drugs, Medicare, Medicaid or insurance fraud or abuse the Medical Staff member's appointment and privileges shall be immediately and automatically suspended. The Credentialing Committee shall investigate such matters and make a recommendation to the Executive Committee.
- G. Failure by a Medical Staff member to successfully complete the FPPE or OPPE process as set forth in the FPPE Policy and OPPE Policy, respectively, or the failure by a Medical Staff member to comply with any corrective action plan that results from the OPPE process, shall result in the automatic relinquishment of all such privileges that are subject to the FPPE or OPPE process, until such time as the member successfully completes the FPPE or OPPE process, or the member's privileges are reinstated following a Fair Hearing in accordance with Article VIII.

## 2. **Procedure for Automatic Suspension**

Upon the occurrence of any of the grounds for automatic suspension of a Medical Staff member's clinical privileges, the Chief of Staff shall immediately and automatically revoke the member's clinical privileges. If a member of the Medical Staff fails to eliminate the deficiency giving rise to the grounds for an automatic suspension (or to provide documentation of reasonable satisfaction of such to the Chief of Staff), within sixty (60) days of receipt of the notice of suspension, the imposed action shall be deemed permanent and the Medical Staff member must seek appointment in accordance with Article VI. If a Medical Staff member submits documentation to the reasonable satisfaction of the Chief of Staff of the elimination of the deficiencies, the suspension imposed upon such Medical Staff member shall be revoked and the Medical Staff member reinstated, effective upon the date of such determination by the Chief of Staff.

## **B. LEAVE OF ABSENCE**

### 1. **Grounds**

A leave of absence may be granted to any member by the Board in accordance with the Credentialing Procedures of the Medical Staff. All Active members who, for any reason, will not exercise their clinical privileges for a period of more than six (6)

months must request a leave of absence in accordance with the Credentialing Procedures of the Medical Staff.

2. **Period**

Any such leave of absence shall be granted for a specified period not to exceed one year except for military service. During the period of time of the leave, the member's clinical privileges, prerogatives and responsibilities shall be suspended.

3. **Effect on Membership**

A Member's leave of absence shall not suspend or defer his or her current appointment to the Medical Staff, and shall not relieve a Member of his or her obligation to reapply for appointment pursuant to the Credentialing Procedures of the Medical Staff.

4. **Reinstatement**

Members wishing to be reinstated following a leave of absence granted in accordance with Article VII, Part F, Section 1 above must apply for reinstatement in accordance with the Credentialing Procedures of the Medical Staff.

C. **VOLUNTARY RESIGNATION**

**Resignations from the Medical Staff and/or relinquishment of clinical privileges shall be submitted in writing to the relevant Clinical Service Chief for transmittal to the Executive Committee and will be effective on the date stated in the writing with no formal action required. The Chief of Staff will acknowledge receipt of the resignation, in writing, and the member will be promptly notified of any medical records containing documentation deficiencies.**

When a member's resignation is accepted or clinical privileges are relinquished during the course of an investigation related to potential corrective action in accordance with Article VII, Part C related to issues of clinical competency or professional conduct, a report will be submitted to the National Practitioner Data Bank, as required by law.

I. **FAIR HEARING**

A. **FAIR HEARING ENTITLEMENT**

1. All members of the Medical Staff and applicants for membership in the Medical Staff, except Allied Health Professionals, and persons who have applied for clinical privileges as Allied Health Professionals, shall be entitled to a hearing ("Fair Hearing") in the manner described in, and subject to the conditions of, this Article VIII ("Fair Hearing Rights"), if the Executive Committee or the Board (either are sometimes referred to as the "Acting Body") recommends or undertakes an Adverse Action, as defined below, against them. All such members or applicants entitled to exercise Fair Hearing Rights and against whom an Adverse Action is taken shall hereinafter be referred to as "Affected Persons". For purposes of this Article VIII, the term "Adverse Action" shall mean:

- A. Denial of an Affected Person's application for initial appointment to the Medical Staff or limitation of the Affected Person's clinical privileges as requested in said application;
- B. Denial of an Affected Person's application for reappointment to the Medical Staff or limitation of the Affected Person's clinical privileges as requested in said application;
- C. Denial of an Affected Person's application for modification of clinical privileges or

- limitation of the Affected Person's clinical privileges as requested in said application;
- D. Revocation of an Affected Person's membership in the Medical Staff or any prerogative of said Affected Person's membership in the Medical Staff;
  - E. Revocation of any portion of a Affected Person's clinical privileges;
  - F. Suspension of an Affected Person's membership in the Medical Staff, or any prerogative of said Affected Person's membership in the Medical Staff, if said suspension or limitation lasts or is scheduled to last for a period of greater than thirty (30) days; or
  - G. Suspension or limitation of any portion of an Affected Person's existing clinical privileges, if said suspension or limitation lasts or is scheduled to last for a period of greater than thirty (30) days.
  - H. Summary suspension of Affected Person's membership on the Medical Staff if the summary suspension lasts for longer than fourteen (14) days.
2. Notwithstanding the language of Article VIII, Part A, Section 1 above, the following actions shall not entitle a member of the Medical Staff or applicant for membership in the Medical Staff to exercise Fair Hearing Rights:
- A. Automatic suspension of a member's admitting prerogatives due to the member's failure to complete medical records in a timely fashion if said suspension is limited only to the time period during which the records upon which the suspension is based remain incomplete;
  - B. Denial of a member's request to change categories of medical staff membership;
  - C. Denial of a request that an applicant be granted temporary clinical privileges, denial of an applicant's request to be appointed as a Limited Privilege Practitioner, denial of an applicant's request to be granted disaster clinical privileges, or the limitation, suspension or revocation of an applicant's temporary clinical privileges, an applicant's disaster clinical privileges or a person's status as a Limited Privilege Practitioner; or
  - D. Issuance of a letter of reprimand, letter of admonition or any other action which does not adversely affect the clinical privileges of the member.

### 3. **Single Hearing.**

An Affected Person shall be entitled to only one Fair Hearing with respect to any and all Adverse Action(s) resulting from or arising out of the same occurrence or related occurrences, or common set of circumstances or operative facts. Notwithstanding the foregoing, the Board may consolidate more than one Fair Hearing in relation to an Affected Person, if more than one Fair Hearing is required by these Bylaws, and circumstances warrant the consolidation of multiple Fair Hearings. If the Affected Person has either requested, had, or forfeited a Fair Hearing or waived said Affected Person's Fair Hearing Rights following an Adverse Action or related series of Adverse Actions taken by the Executive Committee, said Affected Person shall not for any reason become entitled to another Fair Hearing with respect to any Adverse Action or related series of Adverse Actions or any modification thereof.

#### A. **INITIATION OF HEARING**

**1. Notice of Hearing Rights**

If the Acting Body recommends or undertakes an Adverse Action against an Affected Person, the notice to the Affected Person accompanying such action as required by the Medical Staff Bylaws and/or these Procedures, shall be personally delivered or sent certified mail, return receipt requested. Said notice shall state the action taken, the reason(s) for the action, and the requirements for requesting a Fair Hearing as expressed in Article VIII, Part B, Section 2 below. Said notice shall also include a copy of these Bylaws.

**2. Exercise of Hearing Rights**

Within thirty (30) days of the Affected Person's receipt of a written notice in accordance with Article VIII, Part B, Section 1 above, the Affected Person shall, if he or she desires a Fair Hearing in accordance with this Article VIII, deliver a written request for a Fair Hearing to the Chief of Staff (if the action was taken by the Executive Committee and the Chief of Staff is not the Affected Person), the Vice Chief of Staff (if the action was taken by the Executive Committee and the Chief of Staff is the Affected Person), or the Chair of the Board (if the action was taken by the Board) (the Chief of Staff, Vice Chief of Staff, and Chair of the Board are, in this capacity, referred to herein as the "Appropriate Officer"). The Affected Person's failure to request a Fair Hearing in accordance with the requirements of this Article VIII, Part B, Section 2 shall result in a waiver of the Affected Person's rights to a hearing and any appellate review under this Article VIII.

**3. Consent Agreement**

At any time following the Affected Person's receipt of a notice of an Adverse Action, the Affected Person may elect to enter into a consent agreement upon terms and conditions acceptable to the Executive Committee and the Board. Such consent agreement may provide for the waiver or termination of the Fair Hearing or corrective action and procedural rights, and shall specify the rights and obligations of the Affected Person under the consent agreement and upon any termination thereof.

**A. HEARING REQUIREMENTS**

**1. Notice of Time and Place of Hearing**

Within ten (10) days after receipt of a request which complies with the requirements of Article VIII, Part B, Section 2 above, the Appropriate Officer shall commence scheduling and arranging for a Fair Hearing in accordance with this Article VIII. At least thirty (30) days prior to the hearing, the Appropriate Officer shall send notice to the Affected Person of the time, place, and date of hearing. The notice of the hearing provided to the Affected Person shall include a list of witnesses expected to testify and documents expected to be used at the hearing in support of the Adverse Action. Within ten (10) days of receiving such notice, the Affected Person shall provide a list, in writing, of witnesses expected to testify on the Affected Person's behalf at the Fair Hearing and documents expected to be used by or on behalf of the Affected Person at the Fair Hearing.

**2. Hearing Body**

The hearing may be conducted before either a Hearing Officer or a Hearing Committee as determined by the Appropriate Officer in his or her sole and absolute discretion.

**A. Appointment of Hearing Officer and Presiding Officer**

1. If the Appropriate Officer decides to appoint a Hearing Officer to conduct the hearing, the Appropriate Officer may select a physician, dentist,

attorney, or other individual qualified to serve as the Hearing Officer. The Hearing Officer is not required to be a member of the Medical Staff. The Hearing Officer shall not be in direct economic competition with the Affected Person or otherwise have a conflict of interest with the Affected Person.

2. The Appropriate Officer may designate an individual qualified to conduct hearings as the presiding officer ("Presiding Officer") for any matter to be heard by the Hearing Officer. The Presiding Officer shall not deliberate or vote on matters to be decided by the Hearing Officer and shall not be in direct economic competition with the Affected Person or otherwise have a conflict of interest with the Affected Person. If appointed, the Presiding Officer shall preside over the hearing as described in Article VIII, Part D, Section 2 below.

#### **B. Appointment of Hearing Committee**

1. If the Appropriate Officer decides to appoint a Hearing Committee before which to conduct the hearing, said Hearing Committee shall consist of at least three (3) individuals, one of whom shall be designated as the chair by the Appropriate Officer. All persons appointed to the Hearing Committee shall be members of the Medical Staff unless, because of the requirements of Article VIII, Part C, Section 2(B)(2) below, a sufficient number of qualified members cannot be appointed, in which case the Appropriate Officer may appoint other licensed physicians to the Hearing Committee.
2. A member of the Medical Staff or other licensed physician shall not be disqualified from serving on a Hearing Committee merely because he or she participated in initiating or investigating the underlying matter at issue or because he or she has heard of the matter. However, no member of the Hearing Committee may be in direct economic competition with the Affected Person.
3. The Appropriate Officer may designate an individual qualified to conduct hearings as the Presiding Officer for any matter to be heard by the Hearing Committee. The Presiding Officer need not be a member of the Hearing Committee, and shall not deliberate or vote on matters to be decided by the Hearing Committee.

#### **3. Pre-Hearing Conference**

Prior to the hearing, the chair of the Hearing Committee or the Hearing Officer may conduct a pre-hearing conference. At such conference the Affected Person, his or her counsel or representative, if any, and a representative of the Acting Body shall attend to discuss stipulations of fact, amendment to the grounds for action or the issues at dispute, and changes in the witness lists. Additionally, those in attendance may discuss the procedure for the conduct of the hearing and/or the possibility of resolution by consent. The Hearing Committee or the Hearing Officer may require the Affected Person and the Acting Body to submit an outline setting forth, so far as the parties reasonably know:

- A. The issues to be raised at the hearing;

- B. Witnesses to call at the hearing and the subject matter upon which such witnesses will testify;
- C. A description of written or documentary evidence the parties intend to introduce as evidence at the hearing; and
- D. A short summary of matters the parties will demonstrate at the hearing.

**A. HEARING PROCEDURE.**

**1. Forfeiture of Hearing**

An Affected Person who requests a hearing pursuant to this Article VIII but fails to appear at the hearing without good cause, as determined by the Hearing Committee or Hearing Officer, shall forfeit his or her rights to such hearing.

**2. Presiding Officer**

The Hearing Officer or Presiding Officer, or the chair of the Hearing Committee in the absence of a Presiding Officer, shall preside over the hearing. He or she shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence in an orderly fashion. He or she shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

**3. Representation**

The Affected Person who requested the hearing shall be entitled to be accompanied and represented at the hearing by a member of the Medical Staff in good standing, or by an attorney. The Acting Body may appoint a member of the Medical Staff or an attorney to represent it at the hearing, to present factual and other relevant evidence in support of the Adverse Action, and to examine witnesses.

**4. Rights of Parties**

A. During the hearing, each of the parties shall have the right to:

- 1. Call, examine and cross-examine witnesses;
- 2. Introduce any relevant evidence, including documents and other exhibits;
- 3. Question any witnesses on any matter relevant to the issues;
- 4. Impeach any witness;
- 5. Rebut any evidence;
- 6. Make a record of the hearing by use of a court reporter or an electronic recording unit at the party's expense; and
- 7. Submit a written summary after the close of the hearing.

B. The Affected Person may choose the point during the hearing at which he or she will give testimony and shall be permitted to give his or her direct testimony prior to submitting to cross-examination. However, the Affected Person may not refuse to testify and may be called and cross-examined if he or she otherwise refrains from testifying prior to the conclusion of the presentation of all other oral and written evidence to be presented at the hearing.

**1. Procedure and Evidence**

Prior to a hearing, the Affected Person may obtain redacted copies, at his or her own expense,

of relevant documentary information, including patient charts, relevant portions of committee minutes pertaining to the Adverse Action and other similar documents supporting or related to the Adverse Action; provided however, that the Affected Person shall not have access to confidential Hospital or Medical Staff records not relevant to the subject matter of the hearing. As a condition precedent to disclosure of such redacted copies, the Affected Person, and the Affected Person's representative, if any, shall agree in writing to protect the confidentiality of records so disclosed, and to refrain from further disclosure of such records except as necessary to participate in the hearing. If the Affected Person, and the Affected Person's representative, if any, does not agree in writing to protect the confidentiality of such records, then the Affected Person may not access such documentary information.

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. However, the Affected Person shall not be permitted to introduce any evidence, or have access to any peer review documents, medical records, minutes or other documents related to any other Medical Staff member or Hospital employee, or any action taken or not taken with regard to any other Medical Staff member or Hospital employee.

Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issues of law or fact, and such memoranda shall become a part of the hearing record. The Hearing Officer or Presiding Officer may, but shall not be required to, order that oral evidence be taken only on oath or affirmation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed.

## **2. Written Summaries**

Any party to the hearing who wishes to submit a written summary discussing the evidence presented at the hearing and arguing the merits of the case must do so within five (5) days after the close of the hearing, although the Hearing Officer or chair of the Hearing Committee, in his or her discretion, may grant an extension of time upon a showing of good cause. Such written summaries shall refer to and rely upon only the testimony and other evidence admitted into evidence by the person who presided over the hearing. Any written summary containing references to evidence, witnesses or matters excluded or not offered as evidence by either party shall be refused. All written summaries shall be delivered to the Hearing Officer or chair of the Hearing Committee, with copies contemporaneously delivered to the opposing party. Neither oral nor written rebuttals to matters contained in any written summary shall be permitted.

## **3. Information Pertinent To Hearing**

In reaching a decision, the Hearing Committee or Hearing Officer shall be entitled to consider all information relevant to the Adverse Action.

## **4. Burden of Proof**

The Acting Body shall first present evidence in support of its recommendation. Thereafter, the burden shall shift to the Affected Person who requested the hearing to present evidence. After all the evidence has been presented by both sides, the Hearing Committee or Hearing Officer shall recommend in favor of the body whose action prompted the hearing unless it finds that the Affected Person who requested the hearing has proved, by clear and convincing evidence, that the recommendation or action that prompted the hearing was arbitrary, unreasonable, capricious, or not supported by any rational basis.

**5. Record of Hearing**

A record of the hearing shall be kept with sufficient accuracy such that an informed and valid judgment can be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The Hearing Committee or Hearing Officer may select the method to be used for making the record, such as court reporter, electronic recording unit, detailed transcription, or minutes of the proceedings. An Affected Person electing a method not selected by the Hearing Committee or Hearing Officer shall bear the cost of such. Otherwise, the cost of such recording shall be borne by the Hospital.

**6. Postponement**

Requests for postponement of a hearing may be granted by the chairman of the Hearing Committee or the Hearing Officer upon a showing of a good cause.

**7. Recesses and Adjournment**

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

**A. REPORT AND FURTHER ACTION.**

**1. Hearing Officer/Hearing Committee Determinations.**

Within twenty (20) days after the deadline for submitting written summaries pursuant to Article VIII, Part D, Section 6 above, as such deadline may be extended in accordance with said subsection, the Hearing Officer or Hearing Committee (by majority vote) shall make its findings and recommendations regarding the Adverse Action and shall prepare a written report of such and forward such written report, together with the hearing record and all other documentation considered by it, to the Acting Body. The report shall include a statement of the basis for the Hearing Officer's or Hearing Committee's recommendations. A copy of the report shall be provided contemporaneously to the Affected Person.

**2. Action on Report.**

Within twenty (20) days after receipt of the report, the Acting Body shall reconsider the adverse action in light of the Hearing Officer's or Hearing Committee's report and affirm, modify or reverse the Adverse Action. The decision shall be in writing and shall include a statement as to its basis.

**3. Effect of Result.**

- A. If the Executive Committee is the Acting Body, it shall forward its written recommendations, as they may have been reaffirmed or modified upon reconsideration, to the Board and the Affected Person along with a copy of the Hearing Officer's or Hearing Committee's report within fifteen (15) days of the meeting at which said recommendations were reaffirmed or modified. The Board shall, within thirty (30) days of its receipt of said recommendations, either accept, reject or modify the recommendations in any manner permitted in these Bylaws refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and the time within which further action is to be taken by the Executive Committee. The Board shall send written notice of its decision to the Affected Person within fifteen (15) days of the meeting in which said decision was made.

- B. If the Board is the Acting Body, it shall forward its written decision, as it may have been reaffirmed or modified upon reconsideration, to the Executive Committee and the Affected Person along with a copy of the Hearing Officer's or Hearing Committee's report.

## **PART F: APPELLATE REVIEW BY THE BOARD**

### **Section 1. Appellate Review Timeline.**

Within ten (10) calendar days after receipt of a notice of an adverse decision by the Board following a hearing, as provided above, an Affected Person may, by written notice to the CEO of the Hospital ("CEO"), request an appellate review of the adverse decision by a committee of Board members ("Appellate Review Request"). If the Affected Person wishes an attorney to represent him or her at any such appellate review appearance, the Appellate Review Request shall so state. The CEO will provide a copy of the Appellate Review Request to the Chair of the Board.

### **Section 2. Waiver of Appeal.**

If the Appellate Review Request is not received by the CEO within the ten (10) calendar days described in Section 1, the Affected Person shall be deemed to have waived any and all rights to appeal and to have accepted the adverse decision, and the adverse decision shall become effective immediately and become final and non-appealable.

### **Section 3. Time and Place for Appellate Review.**

In the event the Appellate Review Request is received by the CEO within the ten (10) day period in Section 1 above, then within thirty (30) calendar days after receipt by the CEO of the Appellate Review Request, the Chair of the Board will schedule a date, time and place for such review and will, through the CEO by written notice sent by certified mail, notify the Affected Person of the same. The date of the appellate review shall not be less than fourteen (14) calendar days from the date of receipt by the CEO of the Appellate Review Request, and not more than forty five (45) calendar days from the date of receipt by the CEO.

### **Section 4. Appellate Review Body.**

The Chair of the Board will appoint an appellate review body composed of three (3) or more members of the Board ("Appellate Review Body"). One (1) of its members will be designated by the Chair of the Board as chair of the Appellate Review Body.

### **Section 5. Board Appellate Review Procedure.**

- A. The Appellate Review Body will review the record of the hearing before the Hearing Committee or Hearing Officer, the Hearing Committee or Hearing Officer's report, and all subsequent results and actions thereof (collectively, the "Hearing Record"). The Appellate Review Body may also consider any written statements submitted pursuant to Subsection B. of this Section 5 and such other oral information as may be presented during the hearing consistent with Section 6.
- B. The Affected Person shall submit a written statement of the Affected Person's position to the Appellate Review Body at least ten (10) calendar days prior to the date scheduled for the

appellate review. The Affected Person's statement should describe the reasons he or she believes the adverse decision of the Acting Body should be modified or reversed, consistent with the Scope of Review as defined in Section 8. The Chair of the Appellate Review Body may provide a copy of the Affected Person's statement to the Acting Body. The Acting Body may submit a written statement any time prior to the date of the appellate review as to why its adverse decision should be upheld. The failure of the Acting Body to submit such a written response will not, in and of itself, constitute a basis for the Appellate Review Body to recommend modifying or reversing the decision of the Acting Body (pursuant to Section 8), nor as a basis for the Board to decide to modify or reverse the decision of the Acting Body (pursuant to Section 9).

#### **Section 6. Conduct of the Appellate Review.**

- A. The chair of the Appellate Review Body will preside over the appellate review, including determining the order of procedure, making all required rulings, and maintaining decorum during all proceedings.
- B. The Appellate Review Body will allow the Affected Person and the Acting Body ("Party" or "Parties") or their representatives (including attorneys) to appear and make oral statements. The oral statement of each Party, its representatives and attorneys will not, in the aggregate, exceed 30 minutes. Parties or their representatives and attorneys appearing before the Appellate Review Body must answer questions posed to them by the Appellate Review Body. The failure of the Acting Body to appear and make an oral statement will not, in and of itself, constitute a basis for the Appellate Review Body to recommend modifying or reversing the decision of the Acting Body (pursuant to Section 8), nor as a basis for the Board to decide to modify or reverse the decision of the Acting Body (pursuant to Section 9).
- C. Neither the written statements described in Section 5.B., nor the oral statements described in Section 6.B., can include evidence or information not otherwise in the Hearing Record. The appellate review is limited to the Hearing Record and the Appellate Review Body cannot consider evidence not part of the Hearing Record.

#### **Section 7. Recess of Appellate Review Proceedings.**

The Appellate Review Body may recess the appellate review proceedings and reconvene the same without additional notice for the convenience of the Appellate Review Body or the Parties or consultation required for resolution of the matter. Upon the conclusion of oral statements the appellate review shall be closed to further participation or written or oral comments of the Parties. The Appellate Review Body shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the Parties. Upon the conclusion of such deliberations, the appellate review shall be declared finally adjourned. The Appellate Review Body shall endeavor to render its written recommendation to the Board within ten (10) calendar days following the conclusion of deliberations, unless the matter is referred back to the Hearing Committee or Hearing Officer as described in Section 8, in which case the timeline in Section 8 will apply.

#### **Section 8. Scope of Review and Recommendation to the Board.**

The Appellate Review Body may recommend that the Board affirm, modify or reverse the adverse decision, or, in its discretion, may refer the matter back to the Hearing Committee or Hearing Officer for further review and recommendation. In such event, the Hearing Officer or Hearing Committee must

conclude their further review and send their conclusions to the Appellate Review Body within ten (10) calendar days and in accordance with the Appellate Review Body's instructions. Within ten (10) calendar days after receipt of the Hearing Committee's or Hearing Officer's response, the Appellate Review Body shall make its written recommendation to the Board. Notwithstanding anything herein to the contrary, the Appellate Review Body can only recommend modifying or reversing the adverse decision if the Appellate Review Body concludes that the Affected Person who has requested the appellate review has proved, by clear and convincing evidence, that the adverse decision was arbitrary, unreasonable, capricious, or not supported by any rational basis ("Scope of Review").

#### **Section 9. Decision by the Board.**

Within sixty (60) calendar days after receipt of the Appellate Review Body's written recommendation, the Board shall make its final decision in the matter. During this period, the Board may consult legal counsel, members of the Executive Committee, the Chief of Staff, members of the Hearing Committee, the Hearing Officer, witnesses, or others the Board deems appropriate. Notwithstanding anything herein to the contrary, the Board can only modify or reverse the adverse decision if the Board concludes that the Affected Person who has requested the appellate review has proved, by clear and convincing evidence, that the adverse decision was arbitrary, unreasonable, capricious, or not supported by any rational basis. When the Board has made its final decision in the matter, it shall send written notice of its decision to the CEO of the Hospital, who shall deliver copies of the decision to the Chief of Staff, the Executive Committee, and the Affected Person. Upon such delivery by the CEO to the Affected Person, the Board's decision shall be immediately effective and final, and the matter shall not be subject to any further referral or review.

#### **Section 10. Review Limited to One Hearing and One Appellate Review.**

Notwithstanding any other provision of these Bylaws, no Affected Person shall be entitled as a right to more than one (1) hearing and one (1) appellate review on any matter which shall have been the subject of an Adverse Action by the Executive Committee, the Board or both.

### **I. RELEASE AND IMMUNITY FROM LIABILITY**

- A. Any member or representative of the Medical Staff, Board, Hospital, Hospital Authority, and any department or committee thereof (the "Immunized Parties"), shall be exempt, and shall have absolute immunity, from liability to a person applying for initial appointment to the Medical Staff, or to any member of the Medical Staff, for damages or other relief for any action taken or statements or recommendations made within the scope of said person's duties hereunder as a representative of the Immunized Parties, or any department or committee thereof, or as a member, agent, employee, advisor, counselor, consultant, or attorney providing services to or through the Immunized Parties, their departments, clinical services or committees in conjunction with all actions hereunder, including, but not limited to, the evaluation of an applicant for initial appointment to the Medical Staff, the ongoing evaluation of a member of the Medical Staff, or any corrective action procedures.
- B. Each representative of the Immunized Parties, and all third parties, shall be exempt from liability to an applicant for initial appointment to the Medical Staff, or to a member of the Medical Staff, for damages or other relief by reason of providing

information to a representative of the Immunized Parties concerning such applicant or member.

- C. The immunity provided by this Article IX shall apply to all acts, communications, reports, recommendations, or disclosures permitted or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to: (i) applications for initial appointment to the Medical Staff, reappointment to the Medical Staff, or modifications in clinical privileges; (ii) corrective action; (iii) hearings and appellate reviews, including Fair Hearings; (iv) peer review, quality improvement, and utilization review activities; and (v) other departmental, committee, or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

## II. RELATIONSHIP OF THE HOUSE STAFF TO THE MEDICAL STAFF

- A. The House Staff of the Hospital consists of physicians or dentists who are in specialty, subspecialty or fellowship training in a Clinical Service. Such trainees must be appropriately licensed in the State of Kansas. The appropriate size of the House Staff in a given Clinical Service shall be determined by the Dean in consultation with the Clinical Service Chief of the particular Clinical Service and the CEO of the Hospital. Position descriptions for each postgraduate year in each specialty, subspecialty or fellowship training program shall be developed by the Clinical Service sponsoring the program and filed in the office of the Chief of Staff.
- B. Any medical activities or professional services performed by a member of the House Staff shall be supervised by a member of the medical staff who has appropriate privileges. All medical activities and services performed by a member of the House Staff will be appropriate to the trainee's level of seniority in the particular program as outlined in the applicable position description.
- C. The relationship of the House Staff to the Medical Staff shall be overseen jointly by the Executive Committee and the University of Kansas Medical Center's Graduate Medical Education Committee. The Executive Committee shall regularly receive reports from the University of Kansas School of Medicine's Office of Graduate Medical Education and shall interact directly with the Office of Graduate Medical Education in connection with its oversight responsibilities. The Hospital, each Clinical Service, and the Medical Staff shall cooperate in the supervision and evaluation of the performance of the House Staff.
- D. The rights and responsibilities of the House Staff are defined in the University of Kansas's "Policies and Procedures Governing Graduate Medical Education." Any administrative actions relating to a member of the House Staff must be conducted in accordance with the "Policies and Procedures Governing Graduate Medical Education." Members of the House Staff are not entitled to any of the rights, responsibilities or privileges granted to members of the Medical Staff.

### I. OTHER RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE MEDICAL STAFF

- A. **Adoption of Rules and Regulations, Policies and Procedures of the Medical Staff**  
**The Executive Committee shall adopt Rules and Regulations, Credentialing Procedures, Committee Procedures, and any other policies and procedures which may be necessary, to implement more specifically the general principles of conduct**

found in these Bylaws. The Rules and Regulations, Credentialing Procedures, Committee Procedures, and any other policies and procedures adopted by the Executive Committee, shall set forth standards of practice that are to be required of each physician and dentist in the Hospital and shall act as an aid to evaluating performance and compliance with such standards. They shall have the same force and effect as the Bylaws.

**B. AMENDMENT TO RULES AND REGULATIONS, CREDENTIALING PROCEDURES, AND COMMITTEE PROCEDURES**

**1. Process and Notice and Comment Period for Executive Committee Amendment to the Rules.**

The Rules and Regulations, Credentialing Procedures, and Committee Procedures (collectively, the "Rules") adopted by the Executive Committee, may be amended by the Executive Committee. Prior to amending the Rules, the Executive Committee must first communicate the proposed amendment to the Medical Staff for review and comment. This review and comment opportunity shall be accomplished by circulating the proposed amendment to all medical staff members at least thirty (30) days prior to the scheduled Executive Committee meeting, together with instructions on how interested members may communicate their comments to the Executive Committee. A comment period of at least fifteen (15) days shall be afforded, and all comments shall be summarized and provided to the Executive Committee prior to the Executive Committee's action on the proposed changes or additions.

**2. Process for Medical Staff Amendment to the Rules.**

As an alternative to the Executive Committee proposing an amendment to the Rules, the members of the Active staff may propose an amendment to the Rules by a petition signed by at least forty percent (40%) of the members of the Active staff. Such petition shall first be submitted to the Executive Committee for its consideration and approval. The Executive Committee shall act on such petition at its next scheduled meeting.

**3. Executive Committee Approval of Amendments Proposed By Medical Staff.**

The Executive Committee's approval is required on all amendments to the Rules, unless the petition described in Section 2 above was generated by at least two-thirds (2/3) of the members of the Active staff, in which case, if the Executive Committee does not approve the proposed amendment, the Executive Committee shall give the medical staff notice within ten (10) days of its decision, and the Active staff members may choose to present the proposed amendment to the Rules directly to the Board for approval. If the proposed amendment was not generated by a petition of at least two-thirds (2/3) of the members of the Active staff and the Executive Committee fails to approve the proposed amendment, the proposed amendment shall be submitted to the Active members of the medical staff for a formal vote, and if approved by two-thirds (2/3) of the members of the Active staff, shall be forwarded to the Board for

approval and implementation.

4. **Board Approval of Amendments to the Rules.**

**Following approval by the Executive Committee, the presentation of an amendment to the Rules by petition of at least two-thirds (2/3) of the Active members of the medical staff, or the approval of an amendment to the Rules proposed through a petition as described in Section 3, the proposed amendments shall be forwarded to the Board for approval. The amendment to the Rules shall become effective immediately following approval by the Board, unless otherwise indicated, or automatically within sixty (60) days if no action is taken by the Board.**

Section 5. **Urgent Amendment to the Rules.**

In cases of a documented need for an urgent amendment to the Rules in order to comply with a law or regulation, the Executive Committee may provisionally adopt such an amendment and forward it to the Board for approval and immediate implementation without prior notification of the medical staff. The medical staff will then be immediately notified by the Executive Committee of the provisionally adopted and approved Rule. The Medical staff shall then have the opportunity for retrospective review of and comment on the provisional amendment. The Medical Staff may, by a petition signed by at least two-thirds (2/3) of the Active staff members require that the Rule be reconsidered; provided, however, the approved Rule shall remain effective until such time as a superseding Rule meeting the requirements of the law or regulation has been approved.

## **PART C: AMENDMENT TO OTHER MEDICAL STAFF POLICIES**

1. **Amendment of the Policies by the Executive Committee.**

The Executive Committee may adopt or amend any other policies or procedures of the Medical Staff as it sees fit (collectively, "Policies").

2. **Process for Medical Staff Amendment to the Policies.**

As an alternative to the Executive Committee amending the Policies through its delegated authority, the members of the Active staff may propose an amendment to the Policies by a petition signed by at least forty percent (40%) of the members of the Active Staff submitted to the Executive Committee for its consideration and approval.

**3. Executive Committee Approval of Amendments Proposed By Medical Staff.**

The Executive Committee's approval is required on all amendments to the Policies, unless the petition described in Section 2 above was generated by at least two-thirds (2/3) of the members of the Active staff, in which case, if the Executive Committee does not approve the amendment, the Executive Committee shall give the medical staff notice within ten (10) days of its decision, and the Active staff members may choose to present the proposed amendments to the Policies directly to the Board for approval. If the proposed amendment was not generated by petition of at least two-thirds (2/3) of the members of the Active staff and the Executive Committee fails to approve the proposed amendment, the proposed amendment shall be submitted to the Active members of the medical staff for a formal vote, and if approved by two-thirds (2/3) of the members of the Active staff, shall be forwarded to the Board for approval and implementation.

**4. Board Approval of Amendments of the Policies.**

Following approval by the Executive Committee, the presentation of an amendment to the Policies by petition of at least two-thirds (2/3) of the Active members of the medical staff, or the approval of an amendment to the Policies proposed through a petition as described in Section 3, the proposed amendments shall be forwarded to the Board for approval. The amendment to the Policies shall become effective immediately following approval by the Board, unless otherwise indicated, or automatically within sixty (60) days if no action is taken by the Board.

**5. Medical Staff Notification of Amendments of the Policies.**

The medical staff shall be notified immediately of all Policies approved by the Executive Committee and the Board.

**I. REVIEW AND AMENDMENT**

**A. REVIEW**

These Bylaws shall be reviewed by the Executive Committee as often as necessary but at least annually.

**B. AMENDMENT**

These Bylaws may be amended as follows:

1. Amendments may be proposed by the Board, the Executive Committee, or by no fewer than ten percent (10%) of the Active staff and shall be submitted in writing or electronically to the Chief of Staff no fewer than ten (10) days prior to any Annual Meeting or a Special Meeting called for the purpose of amending these Bylaws.
2. The Chief of Staff shall place any proposed amendment submitted in accordance with Article XII, Part B, Section 1 above on the agenda for the Annual Meeting or Special Meeting at which the proposed amendment will be discussed and shall permit discussion on said proposed amendment at such Annual Meeting or Special Meeting.
3. Within five (5) business days after the Annual Meeting or Special Meeting at which any amendment is proposed in accordance with Article XII, Part B, Section 2 above, the Nominations and Elections Committee shall prepare and deliver to each Member of the Active staff a written or

electronic ballot clearly stating the language of the proposed amendment, the date by which the ballot must be returned, and the physical or e-mail address to which the ballot must be returned.

4. Within fifteen (15) business days after the Annual Meeting or Special Meeting at which any amendment is proposed in accordance with Article XII, Part B, Section 2 above, members of the Active staff shall return their marked ballots to the Nominations and Elections Committee at the address indicated on the ballot.
5. Within thirty (30) business days after the Annual Meeting or Special Meeting at which any amendment is proposed in accordance with Article XII, Part B, Section 2 above, the Nominations and Elections Committee shall tally and announce the results of the balloting. Any proposed amendment must receive the affirmative vote of at least two-thirds of the members of the Active staff who returned their ballots on a timely basis and must be submitted to and receive the approval of the Board prior to becoming effective.
6. Notwithstanding Article XII, Part B, Sections 1 through 5 above, the Executive Committee shall have the power to adopt such amendments to these Bylaws necessary for reorganization or renumbering of the Bylaws, or amendments made necessary because of punctuation, spelling, or other grammar or expression or inaccurate cross references. Any such amendment or revision will be effective upon Executive Committee approval and adoption by the Board.

## Approved:

Signed Louis Wetzel, MD, Chief of Staff; Date June 13, 2018

University of Kansas Hospital Medical Staff

Signed Tammy Peterman, MS, RN, FAAN Date: July 10, 2018

President , Kansas City Operations

University of Kansas Hospital Authority

**Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.**

## Approval Signatures

Step Description	Approver	Date
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	Jennifer Palmer: Health System Policy Administrator	03/2022
University of Kansas Hospital Board	Michelle Crutcher: EXEC ASST TO SVP OR DIV CHIEF	03/2022
On Behalf of Tammy Peterman	Becky Pilarz: EXEC ASST TO COO	02/2022
Executive Committee Medical Staff	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	02/2022
	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	02/2022

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