

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

MEDICAL STAFF BYLAWS

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**THE CHILDREN'S HOSPITAL OF PHILADELPHIA
MEDICAL STAFF BYLAWS**

PREAMBLE

WHEREAS, THE CHILDREN'S HOSPITAL OF PHILADELPHIA ("CHOP") is the oldest hospital in the United States dedicated exclusively to pediatrics; and

WHEREAS, CHOP operates under the direction of its Board of Trustees; and

WHEREAS, these Medical Staff Bylaws (1) provide for the organization of the Medical Staff of CHOP, as a part of CHOP, (2) provide a framework to permit the Medical Staff to discharge its responsibilities in matters involving the quality of medical care, subject to the ultimate authority of the Boards of Trustees of CHOP and such other hospitals that are part of the joint medical staff with CHOP, and (3) govern the orderly resolution of those purposes, subject to the authority of the Boards of Trustees of CHOP and such other hospitals that are part of the joint medical staff with CHOP.

NOW, THEREFORE, these Medical Staff Bylaws are adopted by the Medical Staff and approved by the Boards of Trustees of CHOP and such other hospitals that are part of the joint medical staff with CHOP to permit the Medical Staff to carry out the functions delegated to it by the Boards and thereby accomplish the aims, goals, and purposes set forth in these Bylaws.

DEFINITIONS

1. **ADMINISTRATION** or **HOSPITAL ADMINISTRATION** means the President and Executive Vice President(s) of CHOP and those senior administrative staff who report to them.
2. **ATTENDING DENTIST** means the dentist Member of the Medical Staff who has overall responsibility for the management of the care of his/her dental patients.
3. **ATTENDING PHYSICIAN** means the physician Member of the Medical Staff who has overall responsibility for the management of the care of his/her patients.
4. **BOARD** means the Board of Trustees of CHOP. Unless prohibited by law or these Bylaws, the Board may act through its President and Chief Executive Officer as its authorized representative.
5. **BYLAWS** means these Medical Staff Bylaws, including the Rules and Regulations and Appendices attached hereto, as they may be amended from time to time.
6. **CHOP** means The Children's Hospital of Philadelphia, The Children's Hospital of Philadelphia Ambulatory Surgical Center at Bucks County, The Children's Hospital of Philadelphia Ambulatory Surgical Center at Exton, and The Children's Hospital of Philadelphia Specialty Care Center in Voorhees.
7. **CLINICAL PRIVILEGES** means the permission granted to a Medical Staff Member to render specific patient services.
8. **CLINICAL RESPONSIBILITIES** means the scope of patient care activities that a Licensed Practitioner may perform.
9. **CMO** means the physician appointed by the President of CHOP to serve as its chief medical officer.
10. **CNO** means the nurse appointed by the President of CHOP to serve as its chief nursing officer.
11. **DENTIST** means an individual who holds a current and valid license to practice dentistry.
12. **DEPARTMENT** means a clinical department of CHOP.
13. **DEPARTMENT CHAIR** means the director of a clinical department of CHOP or, unless otherwise prohibited by these Bylaws, the physician designated to act for the Department Chair if he/she is unavailable.

14. DIO means the Designated Institutional Official, the person appointed to have the authority and responsibility for the oversight and administration of the institution's medical training programs and responsibility for assuring compliance with ACGME common, specialty/subspecialty-specific and institutional requirements.
15. DIVISION means a clinical division of a CHOP Department.
16. DIVISION CHIEF means the director of a CHOP clinical division or, unless otherwise prohibited by these Bylaws, the physician (and/or dentist in the case of the Division of Dentistry) designated to act for the Division Chief if he/she is unavailable.
17. ECMS means the Executive Committee of the Medical Staff.
18. HOSPITAL POLICIES means Hospital Bylaws, policies, procedures, protocols, guidelines, rules and regulations, or other requirements properly adopted by CHOP, as they may be amended from time to time.
19. THE JOINT COMMISSION or JC means that accrediting body for hospitals whose standards are referred to in these Bylaws.
20. LICENSED PRACTITIONER or LP means a licensed health care professional, other than a licensed physician or dentist, who provides professional services at CHOP and who exercises independent judgment within the areas of his/her professional competence and the limits established by the Board, the Staff and applicable law. A Licensed Practitioner may be a Licensed Dependent Practitioner or a Licensed Independent Practitioner.
21. LICENSED DEPENDENT PRACTITIONER or LDP means an LP who may provide services only under the direction of a Medical Staff Member who has Clinical Privileges in the clinical practice area of the LDP, is immediately available through direct communications with the LDP, and who has assumed full responsibility for the LDP's practice.
22. LICENSED INDEPENDENT PRACTITIONER or LIP means an LP who is permitted by law, the Medical Staff and CHOP to practice independently at CHOP. An LIP may provide services within the specific Clinical Responsibilities granted pursuant to these Bylaws and in accordance with these Bylaws and Medical Staff and Hospital Policies.
23. MEDICAL STAFF or STAFF means those physicians and dentists who have been appointed as members of the Medical Staff pursuant to the terms of these Bylaws. Occasionally a health care professional other than a physician or dentist is appointed as a member of the Medical Staff pursuant to Article V of these Bylaws and, in such cases, these Bylaws pertain to such person on a basis similar to a physician or dentist.

24. MEDICAL STAFF MEMBER or STAFF MEMBER means any physician or dentist who has been admitted to membership on the Medical Staff. Occasionally a health care professional other than a physician or dentist is appointed as a member of the Medical Staff pursuant to Article V of these Bylaws and, in such cases, these Bylaws pertain to such person on a basis similar to a physician or dentist.
25. MEDICAL STAFF POLICIES means policies, procedures, protocols, guidelines, rules and regulations, or other requirements properly adopted by the Medical Staff, ECMS, other Medical Staff Committee, a Department or a Division, subject to approval by the President, as they may be amended from time to time.
26. NATIONAL PRACTITIONER DATA BANK means the national clearinghouse established pursuant to the Health Care Quality Improvement Act of 1986, Pub. L. No. 99-499, as amended, for obtaining and reporting information with respect to adverse actions or malpractice claims against physicians and other practitioners.
27. OFFICER means an officer of the Medical Staff.
28. PHYSICIAN means an individual who holds a current and valid license to practice medicine.
29. PRESIDENT means the person appointed by the Board to act on its behalf as chief executive officer in the overall management of CHOP or, in the absence of the President, the person designated to act for the President if he/she is unavailable or, unless otherwise prohibited by law, JC or these Bylaws, the person to whom the President has delegated specific tasks.
30. PRESIDENT OF THE MEDICAL STAFF means the Staff Member elected by the Members of the Medical Staff eligible to vote to serve as President of the Medical Staff or the Officer designated by these Bylaws to act for the President of the Medical Staff if he/she is unavailable.
31. RESIDENTS AND FELLOWS means physicians and researchers who are in training in a CHOP-sponsored graduate medical education programs or who are rotating from other institutions in CHOP-approved rotations.
32. SCHOOL OF DENTAL MEDICINE means the University Of Pennsylvania School Of Dental Medicine.
33. SCHOOL OF MEDICINE means the University Of Pennsylvania School Of Medicine.
34. UNIVERSITY means the University of Pennsylvania.

ARTICLE I
NAME

- 1.1. The name of this medical staff is the Medical Staff of The Children's Hospital of Philadelphia.

ARTICLE II PURPOSES

2.1. Purposes. The purposes of the Medical Staff are:

- (a) to serve as the primary means for accountability to the Boards for the appropriateness of the professional performance and ethical conduct of its Staff Members and to strive toward assuring that patients treated at CHOP, including without limitation inpatients, outpatients, ambulatory surgical patients and home care patients, will receive medical care within appropriate standards of care;
- (b) to promote quality medical care by providing ongoing peer review and evaluation of the overall care provided at CHOP, and the performance of each Staff Member and Licensed Practitioner in the delivery of that care, including, as appropriate, engaging in peer review investigation activities, including those that may involve external reviewers;
- (c) to provide a peer review mechanism for reviewing the qualifications of Staff Members and Licensed Practitioners with respect to their appointment, reappointment, and determination of Clinical Privileges or Clinical Responsibilities, including, as appropriate, engaging in peer review investigation activities, including those that may involve external reviewers;
- (d) to monitor the performance of Staff Members on a peer review basis and to initiate and pursue corrective action on a peer review basis when a Staff Member's performance falls below the standards established by the Medical Staff;
- (e) to make peer review recommendations to the Board regarding Staff membership and Clinical Privileges in connection with initial appointments, reappointments, changes in Staff category, or modification of Clinical Privileges, and in connection with corrective action as appropriate;
- (f) to educate physicians and other health care professionals, conduct educational programs, maintain high educational standards, and promote continuous advancement in professional knowledge and skill;
- (g) to conduct medical research; and
- (h) to provide a means whereby issues concerning the Medical Staff and CHOP may be discussed on a peer review basis by representatives of the Medical Staff, Board, and the President.

ARTICLE III MEMBERSHIP

3.1 NATURE OF MEMBERSHIP

- 3.1.1. Privilege. Membership on the Medical Staff is a privilege that is extended only to licensed, professionally competent physicians and dentists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws.
- 3.1.2. Provision of Medical Services. No physician or dentist, including those in a medical administrative position or those under contract with CHOP, will admit or provide medical or health-related services to patients at CHOP, including via telemedicine link, unless (a) he/she is a member of the Medical Staff and has been granted the Clinical Privileges to provide such services in accordance with the procedures set forth in these Bylaws or (b) he/she has been granted Temporary Privileges to provide such services in accordance with the procedures set forth in these Bylaws.
- 3.1.3. Cessation of Clinical Privileges. A physician or dentist who ceases to be a member of the Medical Staff ceases to have any Clinical Privileges.
- 3.1.4. Cessation of Staff Membership. A physician or dentist on the Hospital Staff, Level I University Associate Staff, Clinical Affiliate Staff or Consulting Staff who ceases to have any Clinical Privileges ceases to be a member of the Medical Staff unless otherwise specifically provided by the ECMS, subject to approval by the Board.

3.2 QUALIFICATIONS FOR MEMBERSHIP

- 3.2.1. No Entitlement. Physicians and dentists applying for appointment to the Staff must meet the requirements set forth in these Bylaws, Medical Staff Policies and Hospital Policies. No physician or dentist is automatically entitled to appointment to the Staff because he/she meets the requirements.
- 3.2.2. General Qualifications. Physicians and dentists applying for appointment to the Staff must comply with the following general qualifications for appointment to the Staff:

- (a) satisfactorily document their (1) licensure, (2) DEA registration (unless exempted), (3) appropriate experience, education, and training, (4) professional competence and good judgment, (5) appropriate personal and professional qualifications, and (6) adequate physical and mental health status, so as to demonstrate that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) agree to (1) adhere to the ethics of their respective professions, (2) work cooperatively with others so as not to adversely affect patient care and the efficient administration of CHOP, and (3) participate in and properly discharge those responsibilities determined by the Medical Staff;
- (c) have skills and training to fulfill patient care needs for which CHOP requires additional Staff members and has adequate facilities and support services for the applicant and his/her patients; and
- (d) maintain in force professional liability insurance in not less than the minimum amounts, if any, as required by law or such higher minimum amounts, if any, that from time to time may be established by the ECMS, the President or the Board applicable to the Clinical Privileges sought or granted. The ECMS or the Board may establish other requirements with respect to such professional liability insurance including, but not limited to, criteria relating to the type of and financial standing of the entity providing the insurance.

3.3 EFFECT OF OTHER AFFILIATIONS

No physician or dentist is entitled to membership on the Medical Staff or to the exercise of certain Clinical Privileges solely because he/she holds a certain degree, is licensed to practice in a state, is a member of a professional organization, is certified by a specialty clinical board, is associated with a university or medical school, holds certain employment, or because such practitioner had, or presently has, staff membership or privileges at another health care facility or in another practice setting.

3.4 NONDISCRIMINATION

No aspect of Medical Staff membership or of particular Clinical Privileges will be granted or denied on the basis of sex, race, age, creed, color, national origin, sexual orientation, gender identification, nature of patient population served or procedures performed or other unlawful basis. The Credentials Committee and the ECMS monitors for and prevents discriminatory practices in accordance with the Institution's Non-Discrimination and Harassment Policy.

3.5 WAIVER OF QUALIFICATIONS

Any qualification for membership required in these Bylaws that is not required by law may be waived in the discretion of the ECMS, subject to the approval of the President or Board, upon determination that such waiver will serve the best interests of the patients and CHOP.

3.6 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

The ongoing responsibilities of each member of the Medical Staff include:

- (a) providing patients with the quality of care that meets the standards of the profession, the Medical Staff and CHOP;
- (b) abiding by the Medical Staff Bylaws, Medical Staff Policies and Hospital Policies;
- (c) discharging in a responsible and cooperative manner such responsibilities and assignments imposed upon the Staff Member by virtue of Medical Staff membership, including committee assignments;
- (d) preparing and completing in timely and appropriate fashion medical records for all the patients for whom the Staff Member provides care at CHOP;
- (e) abiding by legal requirements and applicable payor requirements, including without limitation, the requirements of Medicaid, Medicare, CHAMPUS/TRICARE or any other federal or state health care program;
- (f) abiding by ethical principles of the profession;
- (g) aiding in Medical Staff approved educational programs as reasonably requested;
- (h) working cooperatively with other Medical Staff Members, Licensed Practitioners, Hospital Administration, and others so as not to adversely affect patient care or disrupt CHOP operations;
- (i) making appropriate arrangements for coverage for his/her patients as determined by the ECMS and CHOP;
- (j) refusing to engage in improper inducements for patient referral;

- (k) participating in continuing education programs as required by the ECMS or CHOP;
- (l) attending the Department, Division, and Medical Staff meetings and meetings of their committees as required by the Department, Division, or Medical Staff, as applicable, to which he/she has been appointed or that he/she is otherwise expected to attend except as otherwise provided in these Bylaws;
- (m) fully cooperating with the Medical Staff and Hospital Administration in connection with lawsuits and potential lawsuits, government investigations and queries, quality, safety and utilization reviews, JC, licensure and other surveys, payor inquiries and issues involving the Staff Member's own conduct, performance or competence or of other members of the Medical Staff, Licensed Practitioners or CHOP staff;
- (n) carrying out duties assigned by his/her Department Chair(s) and Division Chief(s) and directors of centers or other multidisciplinary endeavors, as applicable;
- (o) discharging such other Staff obligations as may be lawfully established from time to time by the Medical Staff, the ECMS, the President or the Board; and
- (p) promptly notifying the President of: the termination, revocation, suspension, surrender or voluntary relinquishment of his/her professional license or the imposition of terms of probation or limitation of practice by any state licensing agency; the termination, revocation, suspension, surrender or voluntary relinquishment of staff membership or clinical privileges at any hospital or other health care institution or the imposition of terms of probation or limitation of practice by any hospital or health care institution; the termination, revocation, suspension, surrender or voluntary relinquishment of his/her DEA registration or the imposition of terms of probation or limitation of practice with respect to such DEA registration; the receipt of a notice of exclusion, suspension, proposed exclusion or proposed suspension from participation in Medicare, Medicaid, CHAMPUS/TRICARE, or any other federal or state health care program or of an investigation that could result in such a notice; the entrance into an employment or other contractual relationship with another hospital, health system, or university, or with an organization controlled by, or aligned or affiliated with, another hospital, health system, or university; being arrested or charged with any felony, or of a misdemeanor involving the use or possession of alcoholic beverages or drugs; being convicted of any crime (including a plea of nolo contendere or similar plea); the loss or failure to maintain any status or credential that is required for the Staff Member's Medical Staff membership or category of membership or Clinical Privileges; or any physical or mental impairment or other event or condition that could impact the Staff Member's ability to provide high

quality services in accordance with the Clinical Privileges requested or in effect or to otherwise carry out his/her assigned duties or discharge his/her Staff obligations in an appropriate manner.

3.7 COSTS RELATED TO POSSIBLE IMPAIRMENT OR INAPPROPRIATE CONDUCT

There will be situations in which concerns are raised about the possibility of the applicant or Medical Staff member being impaired, such as alcohol or substance abuse, or engaging in conduct that could affect patient care or CHOP operations. Where costs are associated with these matters, the applicant or Medical Staff member is responsible for such costs, even where required by the Medical Staff, CHOP, Department, Division, CMO, Physician Health Committee or otherwise as permitted by these Bylaws. For example, if the Medical Staff member is required to participate in a rehabilitation program for drug or alcohol abuse or to take an anger management course, the costs associated with those programs and courses, as well as related monitoring, are borne by the Medical Staff member. Similarly, if the Medical Staff member or applicant is required to submit to an independent medical exam by a physician or other practitioner selected by the Physician Health Committee because of concerns about impairment or inappropriate conduct, the costs associated with that exam are borne by the Medical Staff Member.

ARTICLE IV CATEGORIES OF MEMBERSHIP

4.1 CATEGORIES

The categories of Medical Staff membership are: the Hospital Staff, the University of Pennsylvania Associate Staff, the Clinical Affiliate Staff, the Affiliate Staff, the Consulting Staff and the Emeritus Staff.

4.2 HOSPITAL STAFF

- 4.2.1 Defined. The Hospital Staff consists of physicians and dentists who have been granted Clinical Privileges and who perform their professional activities on behalf of CHOP or a CHOP-affiliated practice plan.
- 4.2.2 Level I & Level II. The Hospital Staff is comprised of Level I and Level II Staff. Level I Hospital consists of practitioners who are pediatricians, physicians with significant pediatric subspecialty training and experience, dentists with significant pediatric training and experience, or practitioners possessing skills not generally provided by other members of the Staff. Level II Hospital Staff consists of graduate medical trainees, house physicians and other physicians who are contracted by CHOP or a CHOP-affiliated practice plan to engage in clinical activities with clinical responsibilities and oversight that is the same as a resident or fellow but whose activities are not part of a CHOP-approved clinical residency or fellowship training program or a rotation at CHOP from another institution pursuant to a graduate education affiliation agreement.
- 4.2.3 Qualifications. The qualifications for a Hospital Staff Member include:
- (a) meet the qualifications for membership set forth in this section 4.2 and in section 3.2;
 - (b) be licensed to practice in each state in which CHOP has a facility at which the practitioner may practice (and, if required by law, in each state in which the practitioner may practice under CHOP auspices via telemedicine); and

- (c) a Level I Hospital Staff must be certified by the appropriate specialty board or be board eligible (i.e., meet the requirements that are a prerequisite to taking the examinations and being certified in the specialty board) at the time of initial application and be certified within five years after the date of appointment, and remain certified thereafter.

4.2.4 Prerogatives. Except as otherwise provided, the prerogatives of a Hospital Staff Member include:

- (a) a Level I Hospital Staff Member may admit patients and exercise Clinical Privileges in accordance with his/her Clinical Privileges as are granted pursuant to Article VI with respect to professional activities on behalf of CHOP or a CHOP-affiliated practice plan;
- (b) a Level II Hospital Staff Member may exercise Clinical Privileges in accordance with his/her Clinical Privileges as are granted pursuant to Article VI with respect to contracted professional activities on behalf of CHOP or a CHOP-affiliated practice plan, but may not admit patients or have Clinical Privileges that exceed the clinical responsibilities of a graduate medical trainee, and a Level II Hospital Staff Member is subject to those portions of the Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Trainees to the extent that they relate to medical practice and oversight;
- (c) a Level I Hospital Staff Member may vote on matters presented at general and special meetings of the Medical Staff and of the Department, Division, and committees of which he/she is a member and may hold Staff, Department, and Division office and serve as a voting member of committees to which he/she is duly appointed or elected by the Medical Staff;
- (d) a Level II Hospital Staff Member is not eligible to vote or hold Staff, Department or Division office, may serve as a voting member of committees to the extent permitted by and in accordance with these Bylaws, and may attend open meetings of the Medical Staff and of the Department, Division, and committees of which he/she is a member (a Level II Hospital Staff Member is not required to attend meetings, but it is the practitioner's responsibility to acquire the information discussed at meetings that he/she does not attend); and
- (e) receive such other prerogatives as may be designated by the Board after consultation with the ECMS.

4.3 UNIVERSITY OF PENNSYLVANIA ASSOCIATE STAFF

- 4.3.1 Defined. The University of Pennsylvania Associate Staff or University Associate Staff consists of physicians and dentists who have been granted Clinical Privileges and who perform their professional activities on behalf of the University or a University-affiliated practice plan.
- 4.3.2 Level I & Level II. The University Associate Staff is comprised of Level I and Level II Staff. Level I University Associate Staff consists of practitioners who are pediatricians, physicians with significant pediatric subspecialty training and experience, dentists with significant pediatric training and experience, or practitioners possessing skills not generally provided by other members of the Staff. Level II University Associate Staff consists of family practice physicians.
- 4.3.3 Qualifications. The qualifications for a University Associate Staff Member include:
- (a) meet the qualifications for membership set forth in this section 4.3 and in section 3.2;
 - (b) be licensed to practice in each state in which CHOP has a facility at which the practitioner may practice (and, if required by law, in each state in which the practitioner may practice under CHOP auspices via telemedicine); and
 - (c) be certified by the appropriate specialty board or be board eligible at the time of initial application and be certified within five years after the date of appointment, and remain certified thereafter.
- 4.3.4 Prerogatives. Except as otherwise provided, the prerogatives of a University Associate Staff Member include:
- (a) a Level I University Associate Staff Member may admit patients and exercise Clinical Privileges in accordance with his/her Clinical Privileges as are granted pursuant to Article VI with respect to professional activities on behalf of the University or a University-affiliated practice plan;
 - (b) a Level II University Associate Staff Member may consult in connection with CHOP educational programs for family practice residents enrolled in University training programs;
 - (c) attend open meetings of the Medical Staff and of the Department, Division, and committees of which he/she is a member;

- (d) while University Associate Staff Member is not eligible to vote or hold Staff, Department or Division (other than in the Division of Dentistry) office, he/she may serve as a voting member of committees to the extent permitted by and in accordance with these Bylaws; and
- (e) receive such other prerogatives as may be designated by the Board after consultation with the ECMS.

4.4 CLINICAL AFFILIATE STAFF

4.4.1 Defined. The Clinical Affiliate Staff consists of physicians and dentists who have been granted Clinical Privileges and who do not qualify as Hospital Staff or as University Associate Staff with respect to professional activities to be performed.

4.4.2 Qualifications. The qualifications for a Clinical Affiliate Staff Member include:

- (a) meet the qualifications for membership set forth in this section 4.4 and in section 3.2;
- (b) be licensed to practice in each state in which CHOP has a facility at which the practitioner may practice (and, if required by law, in each state in which the practitioner may practice under CHOP auspices via telemedicine);
- (c) be certified by the appropriate specialty board or be board eligible at the time of initial application and be certified within five years after the date of appointment, and remain certified thereafter; and
- (d) be the admitting or attending Staff Member, or serve as a consultant at CHOP on an average of at least ten patients per year who are admitted to CHOP or possess skills not generally provided by other members of the Staff with Clinical Privileges or make outstanding service contributions to the Medical Staff.

4.4.3 Prerogatives. Except as otherwise provided, the prerogatives of a Clinical Affiliate Staff Member include:

- (a) admit patients and exercise Clinical Privileges in accordance with his/her Clinical Privileges as are granted pursuant to Article VI;
- (b) attend open meetings of the Medical Staff and of the Department, Division, and committees of which he/she is a member;

- (c) while a Clinical Affiliate Staff Member is not eligible to vote or hold Staff, Department or Division office, he/she may serve as a voting member of committees to the extent permitted by and in accordance with these Bylaws; and
- (d) receive such other prerogatives as may be designated by the Board after consultation with the ECMS.

4.5 AFFILIATE STAFF

4.5.1 Defined. The Affiliate Staff consists of physicians and dentists who do not have Clinical Privileges, but who meet the qualifications for Affiliate Staff.

4.5.2 Qualifications. The qualifications for an Affiliate Staff Member include:

- (a) meet the qualifications for membership set forth in this section 4.5 and in section 3.2;
- (b) be licensed to practice in a state in which CHOP has facilities;
- (c) be certified by the appropriate specialty board or be board eligible at the time of initial application and be certified within five years after the date of appointment, and remain certified thereafter; and
- (d) visit at CHOP and/or review care provided at CHOP for an average of at least ten patients per year followed by the practitioner or make outstanding service contributions to the Medical Staff.

4.5.3 Prerogatives. Except as otherwise provided, the prerogatives of an Affiliate Staff Member include:

- (a) with patient consent, visit and review the care of patients followed by the practitioner who are admitted to CHOP;
- (b) attend open meetings of the Medical Staff and of the Department, Division, and committees of which he/she is a member (Affiliate Staff are not required to attend meetings, but it is the practitioner's responsibility to acquire the information discussed at meetings that he/she does not attend);
- (c) while an Affiliate Staff Member is not eligible to vote or hold Staff, Department or Division office, he/she may serve as a voting member of committees to the extent permitted by and in accordance with these Bylaws; and

- (d) receive such other prerogatives as may be designated by the Board after consultation with the ECMS.

4.6 CONSULTING STAFF

4.6.1 Defined. The Consulting Staff consists of physicians and dentists who have been granted Clinical Privileges, possess skills not generally provided by other members of the Staff, and are not otherwise members of the Medical Staff.

4.6.2 Qualifications. The qualifications for a Consulting Staff Member include:

- (a) meet the qualifications for membership set forth in this section 4.6 and in section 3.2;
- (b) be licensed to practice in each state in which CHOP has a facility at which the practitioner may practice (provided that this requirement may be waived to the extent permitted by law if the practitioner is otherwise deemed qualified by the ECMS and the Board) and, if required by law, in each state in which the practitioner may practice under CHOP auspices via telemedicine;
- (c) be certified by the appropriate specialty board or be board eligible at the time of initial application and be certified within five years after the date of appointment, and remain certified thereafter; and
- (d) be willing to serve in the areas of his/her qualifications.

4.6.3 Prerogatives. Except as otherwise provided, the prerogatives of a Consultant Staff Member include:

- (a) upon request of a Hospital Staff Member who serves as the Attending Physician for a patient (or in the case of a patient of the Division of Dentistry, upon request of the Chief of the Division of Dentistry), exercise Clinical Privileges as are granted pursuant to Article VI with respect to such patient;
- (b) attend open meetings of the Medical Staff and of the Department, Division, and committees of which he/she is a member;

- (c) while a Consultant Staff Member is not eligible to vote or hold Staff, Department or Division office, he/she may serve as a voting member of committees to the extent permitted by and in accordance with these Bylaws; and
- (d) receive such other prerogatives as may be designated by the Board after consultation with the ECMS.

4.7 EMERITUS STAFF

- 4.7.1 Defined. The Emeritus Staff consists of physicians and dentists who have retired from active practice and are deemed deserving of life membership by virtue of their outstanding reputation, noteworthy contributions to the health and medical sciences, and their previous long-standing service to CHOP, and who continue to exemplify high standards of professional and ethical conduct.
- 4.7.2 Prerogatives. An Emeritus Staff Member may, but is not obligated to, attend meetings of the Medical Staff and of the Department, Division, and committees of which he/she is a member. An Emeritus Staff Member may not exercise Clinical Privileges and is not eligible to vote or hold Staff, Department or Division office.

**ARTICLE V
APPOINTMENT AND REAPPOINTMENT**

5.1 GENERAL

Except as otherwise specified herein, no person may exercise Clinical Privileges at CHOP unless and until he/she applies for and receives an appointment to the Medical Staff and is granted Clinical Privileges as set forth in these Bylaws. By applying to the Medical Staff for appointment, or by accepting an appointment to the Emeritus Staff, the applicant or Medical Staff Member acknowledges responsibility to first review these Bylaws and agrees that throughout any period of Medical Staff membership he/she will comply with the responsibilities of Medical Staff membership and with the Bylaws of the Medical Staff as they may be modified from time to time. All Medical Staff Members will be assigned to one or more specific Departments and, if applicable, at least one Division within each such Department. Appointment to the Medical Staff will confer on the appointee only such Clinical Privileges and prerogatives as have been granted in accordance with these Bylaws.

5.2 BURDEN OF PRODUCING INFORMATION

In connection with all applications for appointment, reappointment, additional Clinical Privileges, advancement, or transfer, the applicant will have the burden of producing information for an evaluation of the applicant's qualifications and suitability for the Clinical Privileges and Staff category requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. This burden may include submission to a medical or psychological examination, which will not be paid by the ECMS or Medical Staff, if deemed appropriate by the applicable Department Chair(s), CMO, Chair or Vice Chair of the Physician Health Committee, ECMS, President or Board, which may select the examining physician, psychologist or other appropriate medical professional. The applicant or Medical Staff Member has a duty to advise the Credentials Committee, within 15 calendar days, of any change with respect to information previously submitted by him/her related to his/her credentials. The failure of an applicant or Medical Staff Member to comply with these duties will cause the application to be deemed incomplete and not eligible for further processing and/or can result in termination of the practitioner's Staff membership and Clinical Privileges.

5.3 DURATION OF APPOINTMENT AND REAPPOINTMENT

Initial appointments to the Medical Staff will be for a period of up to two years, but not beyond the period that the appointment group of which the Staff Member is part is up for recredentialing. Reappointments will be for a period of up to two years.

5.4 APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT

5.4.1 Forms. An application form for initial appointment and an application form for reappointment will be developed by the ECMS, and approved by the President. The entire appointment and reappointment process, including the application process, reviews, considerations, actions, and determinations, and all communications in connection therewith, is part of a peer review process. The forms will require detailed information, which will include, but not be limited to, information concerning:

- (a) the applicant's qualifications, including, but not limited to, graduation from an approved medical school, professional training and experience, current licensure, current DEA registration, and continuing medical education information related to the Clinical Privileges to be exercised by the applicant;
- (b) residency, fellowships, and other medical training;
- (c) references of peers familiar with the applicant's professional competence and ethical character and who recently have worked closely with the applicant and observed his/her professional competence, and ability to work with others;
- (d) specific requests for Staff category, Department, Division, and Clinical Privileges;
- (e) past or pending professional disciplinary actions, past or pending licensure limitations (voluntary or involuntary), past or pending DEA limitations (voluntary or involuntary), past or pending professional liability actions, voluntary or involuntary termination of medical staff membership, or voluntary or involuntary limitation, reduction, or loss of clinical privileges at another hospital or health care facility, and any past or pending investigations that affected or could affect the applicant's participation in Medicare, Medicaid, CHAMPUS/TRICARE, or another federal or state health program;
- (f) convictions or pending charges of felonies, offenses related to alcoholic beverages or drugs, or any offense related to or bearing on the ability to practice medicine or dentistry;
- (g) physical and mental health status as it relates to applicant's ability to exercise the Clinical Privileges requested consistent with the CHOP employment policy;

- (h) membership in professional societies;
- (i) evidence of specialty board certification or qualification for such certification;
- (j) previous practice experience, including the names and addresses of all hospitals and other health care facilities where the applicant has practiced;
- (k) research and publications; and
- (l) written proof, in the form specified by the ECMS, of professional liability insurance in amounts required for the applicant's specialty.

Each application for initial appointment and reappointment to the Medical Staff will be in writing, submitted on the prescribed forms with all provisions completed (or accompanied by an explanation of why answers are unavailable), and signed by the applicant or Medical Staff Member. The application is an integral part of the peer review process with respect to credentialing and recredentialing.

5.4.2 Applicant Agreement. In addition to the matters set forth in section 5.1, by applying for appointment or reappointment to the Medical Staff each applicant:

- (a) signifies his/her willingness to appear for interviews in regard to the application;
- (b) authorizes consultation with members of the staff of other hospitals and others who have been associated with him/her and who may have information bearing on his/her competence, qualifications, performance, ability to work cooperatively and professionally with others, and ethical qualifications, and authorizes such individuals and organizations to candidly provide all such information;
- (c) consents to the inspection of all records and documents that may be material to an evaluation of his/her qualifications and ability to carry out the Clinical Privileges requested, as well as his/her moral and ethical qualifications for Staff membership, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;

- (d) agrees to submit to a medical and/or psychological examination, which will not be paid by the ECMS or Medical Staff, as requested by the applicable Department Chair(s), CMO, Chair or Vice Chair of the Physician Health Committee, ECMS, President or Board, which may select the examining physician, psychologist or other appropriate medical professional, either during processing of his/her appointment application or at any time during his/her appointment to the Medical Staff;
- (e) agrees to cooperate with any review of his/her own conduct, performance or competence;
- (f) releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the applicant or Medical Staff Member;
- (g) releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information in good faith regarding the practitioner's competence, ethics, character, and other qualifications, including otherwise confidential information;
- (h) consents to the disclosure to other hospitals, medical societies, licensing boards, the National Practitioner Data Bank, and any entity to which disclosure is required by law, any information regarding his/her professional or ethical standing that the Medical Staff or CHOP may have, and releases the Medical Staff and CHOP from liability for so doing to the fullest extent permitted by law;
- (i) if a requirement then exists for Medical Staff dues, acknowledges responsibility for timely payment;
- (j) pledges to provide for continuous quality care for his/her patients;
- (k) pledges to maintain complete, accurate and up-to-date medical records for his/her patients;
- (l) pledges to maintain an ethical practice, including refraining from fee rebates or other inducements for patient referral, seeking consultation whenever necessary, not deceiving patients as to the identity of the Staff Member or other person providing treatment or services, and not delegating patient care responsibility to unqualified or inadequately supervised persons; and
- (m) agrees to treat patient, Medical Staff and CHOP information confidentially.

- 5.4.3 Qualified to Apply. The President may require any person desiring to apply for appointment or reappointment to the Staff or for specific Clinical Privileges to provide such information as may be necessary to determine whether the person is eligible to apply for such Staff appointment or reappointment or Clinical Privileges before providing an application. Persons not determined to be eligible need not be provided with an application. Persons submitting an application that does not demonstrate eligibility for Staff appointment or reappointment or the Clinical Privileges sought will not be deemed to have submitted a completed application. This section 5.4.3 is not intended to apply to situations in which the issue as to appointment or reappointment or Clinical Privileges involves a person's personal professional conduct, professional competence, or character, as opposed to whether the person meets threshold quality or other criteria required for appointment or reappointment or Clinical Privileges. Persons who are not granted Staff appointment or reappointment or Clinical Privileges on a basis other than their personal professional conduct, professional competence, or character are not entitled to invoke the procedural rights provided in Article VIII.
- 5.4.4 Application. The person desiring to apply for appointment or reappointment to the Staff or specific Clinical Privileges will deliver an application to the President and an advance payment of Medical Staff dues or fees, if any is required. The acceptance of dues or fees does not mean that the person is eligible to apply. The application and all supporting materials then available will be transmitted to the Credentials Committee, with notice of the application transmitted to the Chair of each Department and Chief of each Division in which the applicant seeks Clinical Privileges. The Credentials Committee and the President, or his/her designee, at the request of the Credentials Committee, will collect or verify the references, licensure status, and other evidence submitted in support of the application. The practitioner will be notified of any problems in obtaining the information required, and it will be the practitioner's obligation to obtain the required information. When collection and verification is complete, as determined by the Credentials Committee, the application will be considered a completed application and all such information will be transmitted to the appropriate Department Chair(s). In the sole discretion of the ECMS and the Board, the primary source verification of the information contained in an application and supporting documents may be delegated to a centralized credentialing service. Such entity will function as agent of the Credentials Committee for purposes of performing the primary source verification of information submitted by those seeking Medical Staff membership or Clinical Privileges, and all relevant state and federal peer review privileges will apply to communications between the entity and the Credentials Committee.

- 5.4.5 Review of Application - Division Chief. After receipt of the completed application, the Chief of each Division to which the application is submitted, if any, will review the application and supporting documentation, and may conduct a personal interview with the applicant or Staff Member at the discretion of the Division Chief. The Division Chief will evaluate all matters deemed relevant to a recommendation, including information concerning the practitioner's provision of services within the scope of privileges granted, and, within 30 calendar days of receipt of a completed application, will transmit to the Department Chair a written recommendation as to appointment or reappointment and, if recommended, as to Department and Division, Staff category, Clinical Privileges to be granted, and any special conditions to be attached. The Division Chief also may request that the Department Chair and Credentials Committee defer action on the application pending the receipt of additional information, which may include a review of the person's conduct, performance or competence.
- 5.4.6 Review of Application - Department Chair. After receipt of the completed application and recommendation from the Division Chief, the Chair of each Department to which the application is submitted will review the application and supporting documentation and recommendation from the Division Chief, and may conduct a personal interview with the applicant or Staff Member at the discretion of the Chair. The Chair will evaluate all matters deemed relevant to a recommendation, including information concerning the practitioner's provision of services within the scope of privileges granted, and, within 30 calendar days of receipt of a completed application, will transmit to the Credentials Committee a written recommendation as to appointment or reappointment and, if recommended, as to Department and Division, Staff category, Clinical Privileges to be granted, and any special conditions to be attached. The Chair also may request that the Credentials Committee defer action on the application pending the receipt of additional information, which may include a review of the person's conduct, performance or competence.
- 5.4.7 Review of Application - Credentials Committee. The Credentials Committee will review the application, evaluate and verify the supporting documentation, the Department Chair's recommendations, and other relevant information. The Credentials Committee may elect to interview the practitioner and seek additional information, which may include a review of the person's conduct, performance or competence. In the discretion of the Credentials Committee, after obtaining the approval of the President, the Credentials Committee may request an independent peer review organization to review some or all of the information provided by the practitioner and to make recommendations based on such information. As soon as practicable, but no more than 60 calendar days after the application is complete, the Credentials Committee will transmit to the ECMS its written recommendation as to appointment or reappointment and, if recommended, as to

Staff category, Department and Division, Clinical Privileges to be granted, and any special conditions to be attached. The Committee also may recommend that the ECMS defer action on the application.

- 5.4.8 ECMS Consideration. At its next regular meeting after, or within 60 calendar days of, receipt of the Credentials Committee recommendations, whichever comes first, the ECMS will consider the recommendations and any other relevant information. The ECMS may request additional information, which may include a review of the person's conduct, performance or competence, return the matter to the Credentials Committee or the Department for further investigation, and/or elect to interview the practitioner. Within 60 calendar days after its receipt of the completed application, the ECMS will forward to the President for prompt transmittal to the Board, a written recommendation as to appointment or reappointment and, if recommended, as to Department and Division, Staff category, Clinical Privileges to be granted, and any special conditions to be attached. The ECMS also may defer action on the application pending the receipt of further information.
- 5.4.9 ECMS Recommendation. When the recommendation of the ECMS is favorable to the applicant or Staff Member, it will be forwarded promptly, together with supporting documentation, to the Board. When the recommendation of the ECMS is adverse to the practitioner, the practitioner, relevant Department Chair(s), any applicable Division Chief(s) and the President will be informed promptly by written notice and the practitioner will be entitled to invoke the procedural rights set forth in Article VIII.
- 5.4.10 Board Action. At its next regularly scheduled meeting after receipt of the ECMS's recommendation, the Board, or a committee thereof to which the Board has delegated credentialing, will take action on the application in accordance with Hospital Policies. The Board, or such committee thereof, may accept, modify, or reject the recommendation of the ECMS, or may refer the matter back to the ECMS for further consideration, stating the purpose for such referral. A positive decision by such a committee results in the status or privileges requested, but the full Board will consider and, if appropriate, ratify all positive committee decisions at its next regularly scheduled meeting. The following procedures will apply with respect to action on the application:

- (a) Favorable Recommendation of the ECMS and Unfavorable Decision by the Board. If the ECMS issues a favorable recommendation and the decision of the Board, or such committee thereof, either with respect to appointment, reappointment, Staff category, or Clinical Privileges, is unfavorable to the practitioner, upon request of the practitioner within the applicable timeframes set forth in Article VIII, a hearing will be held before the Board in accordance with Article VIII, unless the applicant or Staff Member has already received, or had a right to receive, a hearing in accordance with Article VIII. If a hearing before the Board is held, insofar as practicable the procedures and timeframes set forth in Article VIII will apply, except as they may be expressly modified by rules, policies, or procedures established by the Board.
- (1) Waiver of Hearing by Applicant. If no hearing is requested by the practitioner within the timeframes set forth in Article VIII, the decision of the Board will constitute final action.
- (2) Joint Conference. If, following such hearing or following the unfavorable decision by the Board if the practitioner already received, or had a right to receive, a hearing, the proposed recommendation of the Board remains unfavorable to the practitioner, the matter will be referred to the Joint Conference Committee for consideration, in accordance with the procedures and timeframes set forth in Article VIII.
- (3) Final Action by the Board. The decision of the Joint Conference Committee will be forwarded to the Board which, at its next regularly scheduled meeting, will consider the recommendation of the Joint Conference Committee and render a final decision with respect to the application.
- (b) Unfavorable Recommendation of the ECMS. In the event that the recommendation of the ECMS, either with respect to appointment or reappointment, Staff category or Clinical Privileges, is unfavorable to the practitioner, the appellate review procedures set forth in Article VIII will apply.
- (1) Waiver of Appellate Review by Practitioner. If no appellate review is requested by the practitioner within the timeframes set forth in Article VIII, the ECMS recommendation will constitute final action with respect to the failure to appoint or reappoint or failure to grant Clinical Privileges.

- (2) Concurrence of Recommendations of the ECMS and the Board. If an appellate review is requested within the timeframes set forth in Article VIII and, after consideration of the unfavorable decision of the ECMS, the Board concurs in an unfavorable recommendation, the decision of the Board will be final.
- (3) Conflict between Recommendations of the ECMS and the Board. If an appellate review is requested within the timeframes set forth in Article VIII and, after consideration of the unfavorable decision of the ECMS, the action of the Board is favorable to the applicant, the matter will be referred to the Joint Conference Committee for consideration in accordance with the procedures and timeframes set forth in Article VIII. The decision of the Joint Conference Committee will be forwarded to the Board which, at its next regularly scheduled meeting, will consider the recommendation of the Joint Conference Committee and render a final decision with respect to the application.

5.4.11 Notice. Notice of the final decision by the Board will be given by the Board to the President of the Medical Staff, the ECMS, the Credentials Committee, the Chair of each applicable Department, the President, and the applicant or Staff Member within 30 calendar days of the Board's final decision. A decision and notice to appoint or reappoint will include, if applicable: (a) the Staff category to which the practitioner is appointed; (b) the Department to which he/she is assigned; (c) the Clinical Privileges granted; and (d) any special conditions attached to the appointment.

5.4.12 Reapplication-Appointment. An applicant or Staff Member who has received a final unfavorable decision regarding appointment or reappointment will not be eligible to reapply to the Medical Staff for a period of two years. Any such reapplication will be processed as an initial application, except that the practitioner will submit such additional information as may be required to demonstrate that the basis for the earlier unfavorable action no longer exists.

5.4.13 Reapplication-Clinical Privileges. An applicant or Staff Member who has received a final unfavorable decision regarding Clinical Privileges will not be eligible to reapply for such Clinical Privileges for a period of two years unless invited to reapply by the President of the Medical Staff or President. In connection with any such reapplication, the practitioner will submit such additional information as may be required to demonstrate that the basis for the earlier unfavorable action no longer exists.

5.5 REAPPOINTMENTS AND REQUESTS FOR MODIFICATIONS OF STAFF STATUS OR CLINICAL PRIVILEGES

- 5.5.1 Form. At least four months prior to the expiration date of each Medical Staff Member's appointment, a reapplication form will be mailed, e-mailed, or delivered to the Staff Member. If an application for reappointment is not received from the Staff Member at least 90 calendar days prior to such expiration date, written notice will be sent to the practitioner advising him/her that the application has not been received. At least 60 calendar days prior to the expiration date of each Staff Member's appointment, each Staff Member will submit to the Credentials Committee the completed application form for renewal of appointment to the Staff for the next two-year appointment period, and for renewal or modification of Clinical Privileges.
- 5.5.2 Information. The reapplication form will include all information necessary to update and evaluate the qualifications of the Medical Staff Member including, but not limited to, the matters set forth in this Article V, as well as other relevant matters. Upon receipt of the application, the information will be processed as set forth in section 5.4. The Credentials Committee also will review (1) the Staff Member's satisfactory attendance of meetings of the Medical Staff, Department and/or Division, and assigned committees, if applicable, (2) the Staff Member's compliance with the Medical Staff Bylaws, Medical Staff Policies and Hospital Policies and (3) the Staff Member's qualifications under the other criteria for Medical Staff Membership as established pursuant to these Bylaws.
- 5.5.3 Changes. A Medical Staff Member who seeks a change in Staff category or modification of Clinical Privileges may submit such a request at any time utilizing the applicable form developed by the ECMS, and approved by the President, except that such application may not be filed within two years of the time a similar request has been denied unless invited to reapply by the President of the Medical Staff or President. An application for a change is subject to the provisions of this Article V, including, but not limited to, section 5.4.2.
- 5.5.4 Deemed Resignation. Failure to file a completed application for reappointment in a timely manner will be deemed a resignation by the Staff Member and will result in the automatic termination of the Staff Member's membership in the Medical Staff and Clinical Privileges at the end of the current Staff appointment. The ECMS may, subject to the approval of the Board, grant exceptions to the automatic termination for a brief period not to exceed 90 calendar days; however, the Staff Member's Medical Staff membership and Clinical Privileges will be suspended as of the end of the current Staff appointment until a decision is made on the reappointment and they will be terminated at the end of the exception period if no decision is made on the reappointment before the end of the exception

period. In the event Medical Staff membership and Clinical Privileges terminate for the reasons set forth herein, the procedures set forth in Article VIII will not apply. A request for Medical Staff membership received from a Staff Member so terminated will be submitted and processed in the manner specified for applications for initial appointments.

5.6 LEAVE OF ABSENCE

- 5.6.1 Request. At the discretion of the ECMS, with the approval of the President, a Medical Staff Member may obtain a voluntary leave of absence from the Staff upon submitting a written request to the ECMS, with a copy to each applicable Department Chair, stating the reason for the leave and the approximate period of leave desired, which may not exceed one year. During the period of leave, the Staff Member may not exercise Clinical Privileges at CHOP, and membership rights and responsibilities will be inactive, but the obligation to pay dues, if any, will continue, unless waived by the ECMS.
- 5.6.2 Reinstatement. At least 30 calendar days prior to the termination of the leave of absence, or at any earlier time, the Medical Staff Member may request reinstatement of Clinical Privileges by submitting a written notice to that effect to the ECMS. The Staff Member will submit a summary of relevant activities during the leave, if the ECMS so requests. The ECMS will make a recommendation concerning the reinstatement of the Staff Member's privileges and prerogatives, and the procedure provided in this Article V will be followed.
- 5.6.3 Deemed Resignation. Failure, without good cause, to request reinstatement at least 30 calendar days prior to termination of the leave of absence will be deemed a resignation from the Medical Staff and will result in automatic termination of Medical Staff membership and Clinical Privileges. In the event Medical Staff membership and Clinical Privileges terminate for the reasons set forth herein, the procedures set forth in Article VIII will not apply. A request for Medical Staff membership received from a Staff Member so terminated will be submitted and processed in the manner specified for applications for initial appointments.

ARTICLE VI CLINICAL PRIVILEGES

6.1 EXERCISE OF PRIVILEGES

Except as otherwise provided in these Bylaws, a Staff Member will be entitled to exercise only those Clinical Privileges specifically granted to such Member pursuant to this Article VI. Such Clinical Privileges may be site specific or otherwise limited, must be within the scope of any license or other required legal credential, and will be subject to the Medical Staff Bylaws, Medical Staff Policies and Hospital Policies and the authority of the President of the Medical Staff, the Medical Staff, the President, and applicable Department Chair(s) and Division Chief(s).

6.2 DELINEATION OF CLINICAL PRIVILEGES IN GENERAL

- 6.2.1 Application. Each application for appointment and reappointment to the Medical Staff must contain a request for the specific Clinical Privileges desired by the applicant or Medical Staff Member. A request by a Staff Member for a modification of Clinical Privileges may be made at any time, subject to any limitations in these Bylaws, and must be supported by documentation of training and/or experience and any other criteria supportive of the request. The entire delineation process, including the application process, evaluations, and determinations, and communications in connection therewith, is part of a peer review process.
- 6.2.2 Evaluation. Requests for Clinical Privileges will be evaluated on the basis of the Staff Member's education, training, experience, demonstrated professional competence and judgment, clinical performance, documented results of patient care, review of the records of the Medical Staff that document the evaluation of the Staff Member's delivery of medical care, and other quality review and monitoring as the ECMS deems appropriate. Privilege determinations also may be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a member exercises clinical privileges.

6.3 PROFESSIONAL PRACTICE EVALUATION

Except as otherwise determined by the ECMS or the President of the Medical Staff, initial appointees to the Medical Staff who are granted clinical privileges and all Staff Members granted new Clinical Privileges will be subject to a period of focused professional practice evaluation. All members of the Medical Staff with clinical privileges will be subject to ongoing professional practice evaluation. Observation of Staff Members subject to professional practice evaluation will follow the frequency and format the Department Chair deems appropriate in order to adequately evaluate the Staff Member, including but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation by a member of the Hospital Staff. Appropriate records will be maintained. Professional practice evaluation, determinations regarding professional practice evaluation and communications in connection therewith are peer review activities.

6.4 CONDITIONS FOR CLINICAL PRIVILEGES OF DENTISTS

- 6.4.1 History & Physical. A dentist may only admit a patient as an inpatient if a physician member of the Hospital Staff conducts or directly supervises the admitting history and physical examination (except the portion related to dentistry), and assumes responsibility for the care of the patient's medical problems present at the time of admission or that may arise during hospitalization and are outside of the dentist's lawful scope of practice. A dentist is responsible for the portion of a patient's history and physical that relates to dentistry.
- 6.4.2 Surgery. Surgical procedures performed by a dentist will be under the overall supervision of the Chair of the Department of Surgery or his/her designee.
- 6.4.3 Appraisal. All patients admitted for care as inpatients at CHOP by a dentist will receive the same basic medical appraisal as patients admitted to other services, and a physician member of the Hospital Staff will determine the risk and effect of any proposed treatment or surgical procedure on the general health status of the patient. If a dispute exists regarding proposed treatment between a physician member of the Hospital Staff and a dentist Staff Member based upon medical or surgical factors outside of the scope of licensure of the dentist, the proposed treatment will be suspended in the sole discretion of the physician member of the Hospital Staff.

6.5 TEMPORARY CLINICAL PRIVILEGES

- 6.5.1 Grant or Renewal. The President or CMO, upon the written concurrence of the President of the Medical Staff or the Chair of the Department concerned, may grant or renew the grant of Temporary Privileges to an appropriately licensed practitioner where (a) good cause exists or (b) where a new applicant with a completed application is waiting for review and recommendation by the Credentials Committee, ECMS or Board. Good cause may exist, for example, where the services of the practitioner are needed for an important patient care, treatment or service need or to teach or learn a clinical service or where a practitioner is needed to cover temporarily for a staff member who becomes ill or is on leave. Such Temporary Privileges may be restricted to the care of a specific patient, limited to teaching or learning specific clinical procedures, subject to specific proctoring requirements such as those set forth in section 6.3, or restricted as otherwise deemed appropriate, and will be limited to a period not to exceed 120 calendar days. Where Temporary Privileges are granted pursuant to (b), the results of the National Practitioner Data Bank query must have been obtained and evaluated, there must be no current or previously successful challenge to the applicant's licensure or registration, the applicant must not have been subject to involuntary termination of medical staff membership at another organization and the applicant must not have been subject to involuntary limitation, reduction, denial, or loss of clinical privileges.
- 6.5.2 Criteria. Prior to the granting of Temporary Privileges, the President or CMO, as applicable, will assure that the practitioner is appropriately licensed and insured, and, if required, the National Practitioner Data Bank and any other applicable data base have been properly queried, appears to have the qualifications, ability and judgment for such Temporary Privileges, and meets any other required criteria for Temporary Privileges.
- 6.5.3 Supervision. In exercising such Temporary Privileges, the practitioner will act under the supervision of the Chair of each applicable Department, the President of the Medical Staff, or such other practitioner(s) to whom he/she is assigned. It is the obligation of the practitioner to ensure that the Chair, President of the Medical Staff, or such other practitioner(s) to whom the practitioner is assigned is kept closely informed as to his/her activities at CHOP.

- 6.5.4 Termination. Temporary Privileges will automatically terminate at the end of the designated period, unless earlier terminated by the President or unless affirmatively renewed as set forth in section 6.5.1. If Temporary Privileges are terminated by the President, as they may be at any time, the President will advise the applicable Department Chair(s), who will assign or have the applicable Division Chief(s) assign one or more members of the Medical Staff to assume responsibility for the care of such practitioner's patient(s).
- 6.5.5 No Rights. A practitioner will not be entitled to the procedural rights afforded by Article VIII because a request for the grant or renewal of Temporary Privileges is refused or because all or any portion of the Temporary Privileges are terminated or suspended.
- 6.5.6 Bound. All practitioners requesting or receiving Temporary Privileges will be bound by the Medical Staff Bylaws, and applicable Medical Staff and Hospital Policies.

6.6 EMERGENCY PRIVILEGES

In an emergency, existing Medical Staff Members with Clinical Privileges will be deemed to have Temporary Clinical Privileges to provide any patient care, treatment, or services necessary as a life-saving measure or to prevent serious harm, regardless of his/her Clinical Privileges, if the care, treatment or services provided is within the scope of the practitioner's license.

6.7 DISASTER PRIVILEGES

Disaster Privileges may be granted by the President of the Medical Staff, President or CMO in accordance with CHOP's disaster credentialing policy when CHOP's emergency management plan has been activated and CHOP is unable to handle the immediate patient needs.

6.8 ORGAN RETRIEVAL

Physicians and support personnel who come to CHOP for the sole purpose of retrieving organs pursuant to an agreement between CHOP and an organ procurement organization do not require Clinical Privileges. Prior to the actual retrieval, the President will be notified of the anticipated retrieval and assure that legal and contractual requirements are met.

6.9 MODIFICATION OF CLINICAL PRIVILEGES OR DEPARTMENT OR DIVISION ASSIGNMENT

- (a) Change. On its own, or upon recommendation of the Credentials Committee, the ECMS may recommend a change in the Clinical Privileges, Department or Division assignment, or Staff category of a Staff Member. The ECMS also may recommend that the granting of additional Clinical Privileges to a current Medical Staff Member be made subject to proctoring in accordance with procedures outlined in section 6.3. Such modifications, recommendations and communications in connection therewith are part of a peer review process.

- (b) Information. If a Medical Staff Member requesting a modification of Clinical Privileges, Department or Division assignment or Staff category fails to furnish the information necessary to evaluate the request within 45 calendar days of submission of the request, the application will automatically lapse, and the applicant will not be entitled to a hearing as set forth in Article VIII.

ARTICLE VII
INTERVENTIONAL ACTIONS AND AUTOMATIC TERMINATIONS/SUSPENSIONS

7.1 INTERVENTIONAL ACTIONS

- 7.1.1 Collegial Intervention. These Bylaws encourage informal, collegial, and educational efforts by Medical Staff leaders and Hospital Administration to address questions relating to clinical practice and professional conduct.
- (a) The goal of collegial interventional efforts is to arrive at voluntary, responsive actions by the Staff Member to resolve questions that have been raised.
 - (b) Collegial interventional efforts may involve counseling, sharing of comparative data (including variations from clinical protocols or pathways), monitoring and/or additional training or education.
 - (c) All collegial interventional efforts by Medical Staff leaders and Hospital Administration, including any fact gathering activities whether conducted internally or by external reviewers, constitute peer review activities.
 - (d) The relevant Medical Staff leader or Hospital Administrator may determine it is appropriate to include documentation of collegial interventional efforts in a Staff Member's credentials and/or employment file. If such documentation includes an admonition, reprimand, or warning, the Staff Member may make a written response that will be placed in the same file(s) for the same period as the documentation.
 - (e) Collegial interventional efforts are encouraged, but are not mandatory, and are within the discretion of Medical Staff leaders and Hospital Administration.
 - (f) Where collegial intervention efforts are undertaken, they should be instituted promptly and concluded within a prudent time frame.
- 7.1.2 Initial Review. Whenever a serious question has been raised, or where collegial interventional efforts have not resolved a question, regarding a Staff Member's clinical competence or clinical practice, known or suspected violation of applicable ethical standards, these Bylaws, or Medical Staff or Hospital Policies, possible impairment, or conduct of a Staff Member that is considered below Medical Staff or CHOP standards or disruptive to the orderly operations of CHOP, including the failure to work harmoniously with others, the matter may be

referred to the President of the Medical Staff, an applicable Department Chair or Division Chief, the chair of an applicable Medical Staff Committee, CMO, or the President. The person to whom the matter is referred must make sufficient inquiry to satisfy himself/herself that the question raised is credible and, if so, forward it in writing to the ECMS or as otherwise provided by these Bylaws or Medical Staff or Hospital Policies. An initial review by Medical Staff leaders and Hospital Administration, including any fact gathering activities whether conducted internally or by external reviewers, constitute peer review activities. No action taken pursuant to this initial review constitutes an investigation.

- 7.1.3 Initiation of Investigation. Where a question is referred to, or raised by, the ECMS, or as otherwise provided by these Bylaws or Medical Staff or Hospital Policies, the ECMS or other body will review the matter and determine whether an investigation should be conducted. In making this determination, the ECMS or other body may discuss the matter with the Staff Member. If the other body believes that an investigation is appropriate, it will so advise the ECMS. An investigation begins only upon a determination by the ECMS. If, after evaluation, the ECMS determines there is no basis for an investigation, the ECMS may make a recommendation that no action is justified. If the ECMS determines that an investigation is appropriate, it will advise the Staff Member unless it determines that informing the person might compromise the investigation or disrupt the operations of CHOP or the Medical Staff. The President of the Medical Staff will keep the President fully informed of the question raised and of any actions taken in connection therewith. The review and determination as to whether to initiate an investigation constitute peer review activities.
- 7.1.4 Investigation. The ECMS may conduct the investigation itself, or may assign the task to the CMO, a Medical Staff Officer, standing or ad hoc committee of the Medical Staff, the Chair of the Department in which the questioned activities or conduct occurred, or another appropriate internal or external reviewer. If requested, the Staff Member under investigation will provide information to the investigating individual or body in a manner and upon such terms as the investigating individual or body deems appropriate. The individual or body investigating the matter may, but is not obligated to, review medical files or other documents and conduct interviews with witnesses; however, such investigation will not constitute a "hearing" as that term is used in Article VIII, nor will the procedural rules with respect to hearings or appeals apply. The investigating individual or body may, in its sole discretion, grant the Staff Member under investigation an interview at which the Staff Member being investigated may discuss the matters under investigation or may require the Staff Member to appear and to discuss the matters. A record of such interview will be made by the investigating individual or body and forwarded to the ECMS with its report. The investigating individual or body should seek to complete the investigation within

60 calendar days of its receipt of a request to investigate and, within 14 calendar days thereafter, forward a written report of the investigation to the ECMS. The report may include recommendations for appropriate corrective action. Despite the status of any investigation, at all times the ECMS and/or President will retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action, as otherwise set forth in these Bylaws. The investigation and report, including any recommendations, as well as actions by the ECMS and President, constitute peer review activities.

7.1.5 Action. The ECMS will take action upon the request at its meeting following receipt of the report of the investigating individual or body. Such action may include, without limitation:

- (a) rejecting the possibility of corrective action and, if the ECMS determines there was not credible evidence for the complaint in the first instance, removing any adverse information from the Staff Member's file;
- (b) deferring action for a reasonable time where circumstances warrant;
- (c) issuing a letter of admonition, reprimand, or warning. In the event such a letter is issued, the Staff Member may make a written response that will be placed in the Staff Member's credentials file; a letter of admonition, reprimand, or warning will not entitle the Staff Member to the hearing and appellate review procedures of Article VIII of these Bylaws;
- (d) recommending the imposition of terms of probation or special limitation upon continued Medical Staff membership or exercise of Clinical Privileges, including, without limitation, requirements for mandatory consultation or proctoring;
- (e) recommending reduction, modification, suspension, or termination of Clinical Privileges;
- (f) recommending reductions of Medical Staff membership status or limitation of any prerogatives related to the Staff Member's delivery of patient care;
- (g) recommending suspension, termination, or probation of Medical Staff membership; or
- (h) taking other actions deemed appropriate under the circumstances.

The Staff Member will be notified in writing of any action taken by the ECMS, including a decision that no corrective action is necessary. The review and actions of the ECMS constitute peer review activities.

- 7.1.6 Action by President. If the ECMS determines not to take corrective action, or fails to act in the time frames set forth herein, the President may either appoint an ad hoc investigating committee or an appropriate internal or external reviewer to investigate further the activities or conduct alleged and/or take any action as set forth in section 7.1.5. The review, investigation and actions of the President constitute peer review activities.
- 7.1.7 Recommendation. If corrective action that is grounds for a hearing as set forth in section 8.2 of these Bylaws is recommended by the ECMS, or, in the case of section 7.1.6, by the President, that recommendation will be transmitted to the ECMS or President, as the case may be, and the Staff Member under investigation. The Staff Member will be given notice that the recommendation entitles him/her to invoke the hearing and appellate review procedures in Article VIII. The recommendation of the ECMS or President, as the case may be, will become final action unless within 30 calendar days of receiving notice of the ECMS's or President's recommendation to take corrective action, the Staff Member requests a hearing, in which case the final decision will be determined as set forth in Article VIII. The review, investigation and actions of the ECMS and President constitute peer review activities.

7.2 SUMMARY SUSPENSION OR RESTRICTION

- 7.2.1 Grounds. Summary suspension or restriction of a Staff Member may be imposed if a Staff Member: (a) disregards and/or violates these Bylaws, Medical Staff Policies or Hospital Policies, (b) engages in conduct, or it is reasonably believed that the Staff Member may engage in conduct, that requires prompt action be taken to protect the health, life or well-being of any patient, prospective patient, or other person at CHOP, (c) engages in conduct that materially disrupts any aspect of CHOP's operations, (d) exhibits signs of impairment, including but not limited to alcohol or drug use, while providing, or available to provide, patient care services at CHOP or (e) fails without good cause to appear at a meeting the Staff Member is requested to attend scheduled for the purpose of discussing the Staff Member's practice or conduct or to cooperate fully at such a meeting.
- 7.2.2 Authority. The President or the ECMS has the authority to impose summary suspension or restriction, which may involve the Staff Member's Medical Staff membership or all or any portion of the Staff Member's Clinical Privileges. If imposed by the ECMS, the ECMS will notify the President promptly. Unless otherwise stated, such summary suspension or restriction will become effective

immediately upon imposition and the President will give notice of the suspension promptly to the Staff Member and applicable Department Chair(s), and to the ECMS if it did not impose the summary suspension or restriction. The summary suspension or restriction may be limited in duration and will remain in effect for the period stated or, if not so limited, will remain in effect until resolved by the procedures specified in this 7.2.

7.2.3 Review. Within five business days of such summary suspension or restriction, the ECMS will convene to review and consider the action; provided, however, that the ECMS may extend the period of review for good cause. Upon request of the ECMS, the Staff Member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the ECMS may impose, although in no event will any meeting of the ECMS, with or without the Staff Member, constitute a "hearing" within the meaning of Article VIII, nor will any procedural rules apply except those adopted by the ECMS. The Staff Member's failure without good cause to attend any ECMS meeting upon request or to cooperate fully at such a meeting will constitute a waiver of his/her rights under Article VIII. The ECMS may recommend modification, continuation, or termination of the summary suspension or restriction, but in any event it will furnish the Staff Member, President and applicable Department Chair(s) with notice of its recommendation. If the President imposed the summary suspension or restriction and the ECMS recommends modification or termination, the initial summary suspension or restriction will remain in effect unless the President acquiesces to the recommendation of the ECMS. If the President acquiesces to the recommendation of the ECMS, then the recommended modification or termination will become effective upon the acquiescence. If the ECMS imposed the summary suspension or restriction, then its recommended modification or termination will become effective immediately.

7.2.4 Rights. If the summary suspension or restriction was imposed by the ECMS, unless the ECMS terminates the summary restriction or suspension within ten business days of such restriction or suspension, the Staff Member will be entitled to the procedural rights afforded by Article VIII of these Bylaws. If the summary suspension or restriction was imposed by the President, unless the ECMS terminates the summary restriction or suspension and the President acquiesces within ten business days of such restriction or suspension, the Staff Member will be entitled to the procedural rights afforded by Article VIII of these Bylaws.

7.3 AUTOMATIC TERMINATION OR SUSPENSION

7.3.1 Grounds. In the instances discussed below, the Staff Member's membership and Clinical Privileges will be terminated, suspended or limited as set forth. It is the obligation of each Staff Member to advise the President immediately upon learning of an event that could lead to the termination, suspension or limitation of his/her Medical Staff membership or Clinical Privileges, as set forth. Promptly upon learning of such an event, the President will advise the President of the Medical Staff, who will in turn promptly advise the ECMS.

- (a) **Termination, Revocation, Suspension, Restriction, Limitation or Lapse of License or Other Legal Credential.** If a Staff Member's license or other legal credential authorizing practice in any state in which CHOP has a facility is terminated, revoked or suspended, or surrendered while under investigation or in return for not conducting an investigation, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be terminated as of the date such action becomes effective. In the event Medical Staff membership and Clinical Privileges terminate on such basis, the procedures set forth in Article VIII will not apply. Notwithstanding the first sentence, where a Staff Member's license or other legal credential authorizing practice terminates solely as a result of the Staff Member's inadvertent failure to renew such license or other legal credential on a timely basis, the Staff Member will have a grace period of up to 30 calendar days to obtain a current, unrestricted license or credential to practice. In such case, the Medical Staff membership and Clinical Privileges will be suspended during the grace period and will be terminated as of the end of the 30 calendar days if the Staff Member does not have by that time a current, unrestricted license or credential to practice. In the event Medical Staff membership and Clinical Privileges are suspended or terminate on such basis, the procedures set forth in Article VIII will not apply. If a Staff Member's license or other legal credential authorizing practice is limited or restricted by a licensing or certifying authority, or subject to a period of probation, or if a Staff Member's license or other legal credential authorizing practice in a state other than one in which CHOP has a facility is terminated, revoked or suspended, or surrendered while under investigation or in return for not conducting an investigation, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be suspended as of the date such action becomes effective. In the event Medical Staff membership and Clinical Privileges are suspended on such basis, the procedures set forth in Article VIII will apply; and while such procedures are underway, the ECMS may lift the suspension in whole or part with the concurrence of the President.

- (b) **Termination, Revocation, Suspension, Restriction or Limitation on DEA Certificate.** If a Staff Member's DEA certificate is terminated, revoked, suspended, or surrendered, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be terminated as of the date such action becomes effective. In the event Medical Staff membership and Clinical Privileges terminate on such basis, the procedures set forth in Article VIII will not apply. Notwithstanding the first sentence, where a Staff Member's DEA certification terminates solely as a result of the Staff Member's inadvertent failure to renew such certificate on a timely basis, the Staff Member will have a grace period of up to ninety calendar days to obtain a current, unrestricted DEA certificate but in such case the Staff Member must assure that the Department Chair, Division Chief and Medical Staff Affairs Office are aware of the lapse, the Clinical Privileges of the Staff Member are restricted during such period to only those activities that do not require a DEA certificate (for example, activities that do not include or require the ordering or prescribing of medications or substances for which a DEA certificate is a prerequisite), the Staff Member automatically will be suspended during the period at the request of the ECMS or the Staff Member's Department Chair or Division Chief, and, in any event, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be terminated as of the end of the ninety-day period if the Staff Member does not have by that time a current, unrestricted DEA certificate. In the event Medical Staff membership and Clinical Privileges terminate or are suspended on such basis, the procedures set forth in Article VIII will not apply. If a Staff Member's DEA certificate is limited or subject to a period of probation, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be suspended as of the date such action becomes effective. In the event Medical Staff membership and Clinical Privileges are suspended on such basis, the procedures set forth in Article VIII will apply; and while such procedures are underway, the ECMS may lift the suspension in whole or part with the concurrence of the President.
- (c) **Professional Liability Insurance.** If a Staff Member fails to maintain professional liability insurance in amounts and of a type required, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be suspended as of the date that the Staff Member first failed to maintain the required professional liability insurance. If, within 30 calendar days thereafter, the Staff Member does not provide evidence of required professional liability insurance, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be terminated. In the event Medical Staff membership and Clinical Privileges are

suspended or terminate on such basis, the procedures set forth in Article VIII will not apply.

- (d) **Conviction of a Felony or any Criminal Offense Involving the Use or Possession of Drugs or Alcohol.** If a Staff Member is convicted of a felony, or of any criminal offense involving the use or possession of drugs or alcoholic beverages, in any court of the United States, whether federal or state, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be terminated upon exhaustion of appeals after conviction. In the event Medical Staff membership and Clinical Privileges terminate on such basis, the procedures set forth in Article VIII will not apply.
- (e) **Exclusion or Suspension from Government Program.** If a Staff Member is excluded or suspended from Medicare, Medicaid, CHAMPUS/TRICARE or participation in another state or federal government health care program, the Staff Member's Medical Staff membership and Clinical Privileges automatically will be terminated as of the date such action becomes effective. In the event Medical Staff membership and Clinical Privileges terminate on such basis, the procedures set forth in Article VIII will not apply.
- (f) **Medical Records.** Members of the Medical Staff are required to complete medical records according to the time periods set forth in these Medical Staff Bylaws, Medical Staff Policies and Hospital Policies. A temporary suspension in the form of withdrawal of Clinical Privileges until medical records are completed or the suspension is lifted will be imposed by the President of the Medical Staff or President, after notice of delinquency for failure to complete medical records within such period. The suspension will be lifted upon completion of the delinquent records, or for good cause shown, by the person who imposed the suspension. In the event that Clinical Privileges are suspended on such basis, the procedures of Article VIII will not apply.

7.3.2 Corrective Action. Suspension does not preclude the imposition of corrective action, nor does it require the prior imposition of corrective action. Corrective action may be implemented if a suspended Staff Member admits, treats, consults, performs or assists in surgery or otherwise exercises any Clinical Privileges during the period of suspension. Corrective action may be taken prior to the time that automatic termination occurs (e.g., prior to the exhaustion of appeals after conviction).

7.3.3 Automatic Termination or Suspension Review. A Staff Member whose Medical

Staff membership and Clinical Privileges automatically are terminated or suspended by reason of the operation of section 7.3, may request a review by a committee appointed by the President for the limited purpose of presenting evidence to establish that the basis for the automatic termination or suspension did not exist and, therefore, the termination or suspension was in error. Such review will not be considered a “hearing” within the meaning of Article VIII. In such case, the President will appoint an ad hoc committee, subject to approval by the President of the Medical Staff, for the sole purpose of determining whether the basis for the automatic termination or suspension existed. The ad hoc committee will review the matter and promptly after its appointment, based on procedures it finds appropriate, then will advise the President of the Medical Staff and the President of its determination. If there is agreement by the President and President of the Medical Staff and review committee that the basis for the automatic termination or suspension did exist, it will be deemed valid; if they agree it did not exist, then it will be lifted; and if they disagree, it will continue but the Staff Member may seek redress pursuant to the procedures set forth in Article VIII.

7.3.4 Limited Inquiry. Where a Staff Member under suspension by reason of the operation of section 7.3 seeks redress pursuant to the procedures set forth in Article VIII, the inquiry may be limited by the ECMS to whether the basis for the automatic suspension existed. If corrective action also is being sought, the ECMS may combine the proceedings.

7.4 **DEEMED RESIGNATION PURSUANT TO CONTRACT; CESSATION OF QUALIFICATION AS HOSPITAL STAFF OR UNIVERSITY OF PENNSYLVANIA ASSOCIATE STAFF; CLOSURE OF AREA**

7.4.1 Contract Controls. Restrictions on the rights and privileges of a Staff Member who has entered into a contract with CHOP or a CHOP affiliate will be governed by that contract. For example, if a contract provides for termination of Medical Staff membership and/or Clinical Privileges upon termination of the contract, the practitioner will be deemed to have resigned from the Staff upon termination of the contract.

7.4.2 Automatic Resignation-Hospital Staff. The Medical Staff membership of a Staff Member in the category of Hospital Staff who ceases to perform his/her professional activities on behalf of CHOP or a CHOP-affiliated practice plan automatically will be deemed to have resigned, effective as of the date of such cessation.

7.4.3 Automatic Resignation-University Associate Staff. The Medical Staff membership of a Staff Member in the category of University of Pennsylvania

Associate Staff who ceases to perform his/her professional activities on behalf of the University or a University-affiliated practice plan automatically will be deemed to have resigned, effective as of the date of such cessation.

7.4.4 Exclusive Arrangements. Where CHOP enters into a new or modified exclusive contract or other relationship with respect to the performance of medical services in an area, the Clinical Privileges in that area possessed by any Staff Member who is not providing services pursuant to the contract or relationship automatically will terminate, effective upon the beginning of the exclusive contract or relationship. CHOP will notify promptly the ECMS of any new exclusive relationship and the ECMS will notify relevant Staff Members and the relevant Department Chair(s) of the termination of the Clinical Privileges of such Staff Members.

7.4.5 Limited Rights. Staff Members whose Medical Staff membership or Clinical Privileges terminate pursuant to this section 7.4 will not be entitled to a hearing as set forth in Article VIII. If, however, the basis underlying the loss of Medical Staff Membership or Clinical Privileges is one that would require the Medical Staff or CHOP or a CHOP affiliate to make a report regarding the practitioner to the National Practitioner Data Bank or state licensing board or other governmental body, such as might be the case where CHOP terminates from employment a member of the Hospital Staff after evidence of professional incompetence, then the President will appoint an ad hoc committee, subject to approval by the President of the Medical Staff, for the sole purpose of determining whether such report is warranted. Any hearing pursuant to this section 7.4.5 will bear solely on the issue of such report and will not have any impact on termination of Medical Staff membership or Clinical Privileges or the basis underlying such loss (such as termination of employment). The procedural safeguards set forth in Article VIII will apply to such hearing.

7.5 APPLICATION FOR MEDICAL STAFF MEMBERSHIP AFTER TERMINATION

A Staff Member whose membership in the Medical Staff and Clinical Privileges have been terminated or who has resigned pending an investigation or action with respect to the Staff Member's Medical Staff membership or Clinical Privileges will not be eligible to reapply to the Medical Staff for a period of two years unless invited to reapply by the President of the Medical Staff or President. Any such reapplication will be processed as an initial application, except that the applicant will submit such additional information as may be required to demonstrate that the basis for the termination no longer exists.

7.6 CONTINUITY OF PATIENT CARE

Upon termination, suspension, restriction or resignation of Medical Staff membership or

Clinical Privileges, the President of the Medical Staff or, at his/her request, the Chair of an appropriate Department or Division Chief, will assign the Staff Member's patients to one or more other members of the Medical Staff except to the extent it is determined that the nature of a restriction will not impede the ability of the Staff Member to continue to care for specific patients. In the case of automatic resignation or termination pursuant to Section 7.4, if it is determined by the President of the Medical Staff, a Department Chair, the CMO or the President that the Staff Member's patients cannot be well served by other members of the Medical Staff, then the Staff Member will be given Temporary Privileges for such period, and subject to such conditions, as to assure continuity of patient care.

7.7 PEER REVIEW

All actions, conduct, review, decisions and communications in connection therewith related to activities set forth in this Article VII constitute peer review activities.

**ARTICLE VIII
HEARING AND APPELLATE REVIEW**

8.1 RIGHT TO HEARING AND APPELLATE REVIEW

- 8.1.1 ECMS Hearing. Except as otherwise specified in these Bylaws, when any Staff Member or applicant receives notice of a decision by the ECMS that will adversely affect his/her appointment to, or status as, a Medical Staff Member, or his/her exercise of Clinical Privileges, he/she will be entitled to a hearing as set forth in this Article VIII. If the recommendation of the ECMS following such hearing is still adverse to the practitioner, he/she will then be entitled to an appellate review by the Board, before the Board makes a final decision on the matter.
- 8.1.2 Board Hearing. Except as otherwise specified in these Bylaws, when any Staff Member or applicant receives notice of a decision by the Board that will adversely affect his/her appointment to, or status as a member of, the Medical Staff, or his/her exercise of Clinical Privileges, and this decision is not based on a prior decision by the ECMS with respect to which the practitioner was entitled to a hearing, the practitioner will be entitled to a hearing before the Board makes a final decision on the matter as set forth in this Article VIII.
- 8.1.3 Procedural Safeguards. All such hearings and appellate reviews will be in accordance with the procedural safeguards set forth in this Article VIII to assure that the Staff Member or applicant is accorded all rights to which he/she is entitled.

8.2 GROUNDS FOR HEARING

Except as otherwise specified in these Bylaws, the following actions or recommended actions will be deemed adverse actions and constitute grounds for a hearing, if such action is based on professional conduct, professional competence, or character:

- (a) denial of Medical Staff membership;
- (b) denial of Medical Staff reappointment;
- (c) suspension of Medical Staff membership;
- (d) termination of Medical Staff membership;
- (e) denial of requested Clinical Privileges (excluding Temporary or Emergency Privileges);

- (f) termination of Clinical Privileges (excluding Temporary or Emergency Privileges); or
- (g) suspension of Clinical Privileges (excluding Temporary or Emergency Privileges).

8.3 REQUESTS FOR HEARING

- 8.3.1 Notice. In all cases in which an action has been taken or a recommendation has been made as set forth in section 8.2, the President will within 30 calendar days transmit to a Staff Member or applicant affected by an adverse action or recommendation written notice of (a) his/her right to a hearing, if requested by him or her (b) clear and concise reasons for the adverse action taken or recommended, including the act(s) or omission(s) with which the practitioner is charged, and a list of the medical charts in question, if applicable, and (c) his/her rights at such hearing, including the hearing procedures described in section 8.4.
- 8.3.2 Request. The Staff Member or applicant will have 30 calendar days following the transmittal of the notice of such adverse action to request a hearing. The request must be in writing addressed to the President and transmitted within the 30-day period. The President will transmit a copy of the request to the ECMS and, if the appeal is to the Board, to the Board. In the event the practitioner does not request a hearing within the time and in the manner described, the practitioner will be deemed to have waived any right to a hearing and accepted the recommendation or action involved.
- 8.3.3 Schedule. Upon receipt of a request for hearing, the ECMS or the Board, as applicable, will schedule a hearing and give notice to the Staff Member or applicant of the time, place, and date of the hearing. Each party will provide the other with a list of witnesses within 15 business days of the hearing date, unless both parties agree otherwise. Witness lists will be finalized no later than five business days before the hearing. Unless extended by the hearing committee, the date of the commencement of the hearing will be not less than 30 calendar days, nor more than 90 calendar days, from the date of its receipt of the request by the President of the Medical Staff or President, as applicable, for a hearing; however, when the request is received from a Staff Member who is under summary suspension, the hearing will be held as soon as the arrangements may reasonably be made and witness lists will be exchanged on the date set forth in the hearing notice.

- 8.3.4 ECMS Hearing Committee. When a hearing is requested based on an adverse recommendation of the ECMS, the ECMS may hold a hearing or, in its sole discretion, direct that the hearing be held: (1) before a hearing referee who is appointed by the President of the Medical Staff or his/her designee, (2) before a panel of at least three Medical Staff Members chosen by the President of the Medical Staff or his/her designee, or (3) by an independent peer review panel from outside CHOP selected by the President of the Medical Staff or his/her designee. The hearing referee, hearing panel or peer review panel may be referred to as “hearing committee.”
- 8.3.5 Board Hearing Committee. When a hearing is requested based on an adverse decision of the Board, the Board may, in its sole discretion, direct that the hearing be held (1) before a hearing referee who is appointed by the Chairman of the Board or his/her designee, (2) before a panel of at least three Trustee members of the Board chosen by the Chairman of the Board or his/her designee, or (3) by an independent peer review panel from outside CHOP selected by the Chairman of the Board or his/her designee. The hearing referee, hearing committee or peer review panel may be referred to as “hearing committee.”
- 8.3.6 Composition. No member of a hearing committee may be in direct economic competition with the Staff Member or applicant involved. Knowledge of the matter will not preclude a person from serving as a member of a hearing committee. Appointment of the member(s) of the hearing committee will include designation of the chair. There will be at least a majority of the members of the hearing committee present when the hearing takes place, and no member may vote by proxy.
- 8.3.7 Attendance. Failure without good cause of the Staff Member or applicant to personally attend and fully cooperate at such a hearing will be deemed to constitute voluntary acceptance of the recommendations or actions involved.
- 8.3.8 Extensions. Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the hearing committee, or its chair acting upon its behalf, within the discretion of the committee or its chair, on a showing of good cause or by mutual agreement of the parties.

8.4 HEARING PROCEDURE

- 8.4.1 Representation. The Staff Member or applicant will be entitled to be accompanied and represented by an attorney or another person of the practitioner's choice at a hearing held pursuant to this Article VIII. The ECMS or Board, as applicable, will designate one of its members or an attorney to represent it. In the sole discretion of the ECMS or Board, as applicable, the role of attorneys may be restricted to providing counsel to the attorney's client, without active participation at the hearing (e.g., the attorneys may be prohibited from making open or closing arguments, presenting or cross-examining witnesses, and/or making objections). If attorneys are not present at the hearing, nothing herein is intended to prevent the Staff Member or applicant, ECMS, Board or hearing officer from consulting with legal counsel in preparation for the hearing or appeal if it does not delay the hearing or appeal.
- 8.4.2 Hearing Officer. The ECMS or Board, as applicable, may, but need not, appoint a hearing officer to preside at the hearing. In the sole discretion of the ECMS or the Board, as applicable, the hearing officer may be an attorney qualified to preside over a quasi-judicial hearing. The hearing officer or, in the absence of the hearing officer, the chair of the body or committee hearing the matter, will endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The hearing officer or chair of the body or committee hearing the matter, as applicable, will be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and will have the authority and discretion to make all rulings on questions that pertain to matters of law, procedure, or the admissibility of evidence. If the hearing officer or chair of the body or committee hearing the matter, as applicable, determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the hearing officer may take such discretionary action as seems warranted by the circumstances. If requested by the hearing committee, the hearing officer may participate in the deliberations of the hearing committee and be a legal advisor to it, but the hearing officer will not be entitled to vote.
- 8.4.3 Record. A reporter will be present to make a record of the hearing proceedings. The cost of attendance of the reporter will be borne by CHOP, but the cost of the transcript, if any, will be borne by the party requesting it.

- 8.4.4 Witnesses & Evidence. Within reasonable limitations, the ECMS or Board, as applicable, the hearing committee, and the Staff Member or applicant may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who have testified orally on any matter relevant to the issues, and otherwise rebut evidence. The practitioner may be called by the ECMS, the Board, or the hearing committee, as appropriate, and be examined as if under cross-examination.
- 8.4.5 Burden. The ECMS, when its action has prompted the hearing, will appoint one of its members, some other Medical Staff Member or, if represented by an attorney, its attorney to represent it at the hearing, to present the facts in support of its adverse recommendation, and to examine witnesses. The Board, when its action has prompted the hearing, will appoint one of its members or, if represented by an attorney, its attorney to represent it at the hearing, to present the facts in support of its adverse decision, and to examine the witnesses. It will be the obligation of such representative to present appropriate evidence in support of the adverse recommendation or decision, but the practitioner then will have the burden of supporting his/her challenge to the adverse recommendation or decision by providing appropriate evidence showing that the charges or grounds involved lack any factual basis or that such basis or any action based upon them is either arbitrary, unreasonable, or capricious.
- 8.4.6 Rules of Evidence & Procedures. Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence will not apply to a hearing conducted under this Article VIII. Any relevant evidence, including hearsay, will be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The hearing committee may interrogate the witnesses or call additional witnesses if it deems such action appropriate. Each party may submit a statement at the close of the hearing.
- 8.4.7 Conclusion of Hearing. The hearing officer, after consultation with the chair of the body or committee hearing the matter, or the chair of the body or committee hearing the matter, as appropriate, may recess the hearing and reconvene the same without special notice at such times and intervals as may be reasonable, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and written evidence, or the receipt of closing written arguments, if requested, the hearing will be closed.

- 8.4.8 Hearing Committee Decision. Within 60 calendar days after final adjournment of the hearing, the hearing committee will render a decision, which will be accompanied by a report in writing and will be delivered to the ECMS, or to the Board, whichever appointed it. If the practitioner currently is under suspension, the hearing committee will render a decision and report to the ECMS, or to the Board, whichever appointed it, as expeditiously as possible after final adjournment. A copy of the decision and report of the hearing committee also will be forwarded to the President of the Medical Staff, the President, and the Staff Member or applicant. The report will contain a concise statement of the reasons in support of the decision.
- 8.4.9 ECMS or Board Decision. The ECMS, or the Board, as applicable, will review the report and decision of the hearing committee at its next regularly scheduled meeting and will, generally within 30 calendar days of such meeting, give notice of its decision to the President of the Medical Staff or the President, as applicable, and the Staff Member or applicant. The ECMS or the Board, as applicable, may affirm, modify, or reverse the decision of the hearing committee. If a member is under summary suspension, the ECMS or the Board, as applicable, will review the report and decision of the hearing committee as expeditiously as possible, and will give notice of its decision to the ECMS, or the Board, as appropriate, the President, as applicable, and the practitioner. If the decision is made by the Board, the decision will be final and there is no further right to review. If the decision is made by the ECMS and it is adverse, the practitioner may appeal as provided in section 8.5. The Staff Member or applicant will have access to the report and record (and transcript, if any) of the hearing committee.

8.5 APPELLATE REVIEW BY THE BOARD

- 8.5.1 Timeframe for Request. Within 21 business days after the transmittal of an adverse decision of the ECMS after a hearing as set forth in section 8.4, the Staff Member or applicant may request an appellate review by the Board. The request must be transmitted in writing addressed to the President. Legal counsel may assist in the preparation of the appeal. If a request for appellate review is not made within such period, the action or recommendation of the ECMS will thereupon become final.

- 8.5.2 Contents of Request. The request for an appeal will include an identification of the grounds for appeal, and a clear and concise statement of the facts in support of the appeal. The only permitted grounds for appeal from the hearing will be: (a) substantial noncompliance with the procedures required by these Bylaws or applicable law resulting in demonstrable prejudice; or (b) the decision was not supported by substantial evidence based upon the hearing record or such additional information as may be permitted pursuant to section 8.5.6. For reasonable cause (such as unavoidable delay in obtaining the transcript of the hearing committee), the practitioner may ask the Board for additional time to supplement his/her statement.
- 8.5.3 Response to Request. The ECMS or the chair of the body or committee hearing the matter may, within 14 business days after transmittal of the written statement of the Staff Member or applicant, submit a statement to the President in response to the appeal. The President will transmit a copy thereof to the practitioner within three business days of receipt.
- 8.5.4 Appellate Review. At the next meeting of the Board that is at least seven business days after transmittal of the written statement(s), the Board will determine whether the appeal raises sufficient evidence to warrant further review. If an appellate review is to be conducted, an appeal board will be appointed in accordance with section 8.5.5. The appeal board will, within ten business days of its appointment, set a review date and cause each side to be given notice of the time, place, and date of the appellate review, including a time and place for oral argument, if such has been requested and permitted pursuant to section 8.5.6. The date of appellate review will not be less than 30 nor more than 45 calendar days from the date of such appointment; provided, however, that when a request for appellate review concerns a member who is under suspension then in effect, the appellate review will be held as soon as the arrangements may reasonably be made. The time for appellate review may be extended by the appeal board for good cause.
- 8.5.5 Composition. The Board may sit as the appeal board, or it may appoint an appeal board, which will be composed of not less than three members of the Board. Knowledge of the matter involved will not preclude any person from serving as a member of the appeal board, so long as that person did not take part in a prior hearing on the same matter. The appeal board may select an attorney to assist it in the proceeding, but that attorney will not be entitled to vote with respect to the appeal.

- 8.5.6 Review. The proceeding by the appeal board will be in the nature of an appellate hearing based upon the record of the hearing before the hearing committee, provided, however, that the appeal board may, in its sole discretion, accept additional oral or written evidence, subject to a foundation showing that such evidence could not have been made available to the hearing committee in the exercise of reasonable diligence and subject to the same rights of cross-examination confrontation provided at the previous hearing; or the appeal board may remand the matter to the hearing committee for the taking of further evidence and for decision. If a hearing to consider initial evidence is provided by the appeal board, the procedures set forth herein for hearings before the hearing committee generally will apply to hearings before the Board, except as reasonably modified by the Board. Each party will have the right to be represented by legal counsel in connection with the appeal, to present a written statement in support of his/her position on appeal and, in its sole discretion, the appeal board may allow each party or representative to appear personally and make oral argument. The appeal board may thereupon conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives. The appeal board will present to the Board its written recommendations as to whether the Board should affirm, modify, or reverse the decision of the ECMS or the Board, or remand the matter to the hearing committee for further review and decision.
- 8.5.7 Board Decision. Except as otherwise provided herein, at its next meeting after the conclusion of the appellate review proceeding, the Board will render a decision in writing and will forward copies thereof to each party involved in the hearing. The Board may affirm, modify, or reverse the decision of the ECMS or the Board's prior decision, or remand the matter to the hearing committee or the ECMS for reconsideration. If the matter is remanded to the hearing committee for further review and recommendation, such hearing committee will conduct its review as expeditiously as possible and make its recommendations to the Board. This further review and the time required to report back will not exceed 30 calendar days in duration except as the parties may otherwise agree, or for good cause, as jointly determined by the chair of the Board and the hearing committee or ECMS. If the Board's decision differs substantially from the ECMS's recommendation, the Board will refer the matter to a Joint Conference Committee as provided in section 8.6.
- 8.5.8 Final Decision. At its next regularly scheduled meeting after receipt of the decision of the Joint Conference Committee, the Board will consider the recommendation of the Joint Conference Committee and render a final decision. Such action of the Board will constitute final action. There will be no appeal from the decision of the Board.

8.6. JOINT CONFERENCE COMMITTEE

8.6.1 Composition. The Joint Conference Committee will be composed of three Medical Staff Members selected by the President of the Medical Staff or his/her designee and three Board Members selected by the Chairman of the Board or his/her designee or such greater but equal number of each as jointly agreed to by them. Members will be selected within 14 business days of a decision of the Board requiring referral to a Joint Conference Committee.

8.6.2 Review and Recommendations. The Joint Conference Committee will have access to the records from any preceding hearing and appeal. The Joint Conference Committee will meet and consider the matter and give its decision in writing to the Board, through the President, within 14 business days of the selection of all Committee members, unless extended for good cause. The decision of the Joint Conference Committee will specify the reasons for its recommendation.

8.7 NOTICES

Unless otherwise specified in these Bylaws, all notices of adverse action, requests for hearings and appeals and the decisions relating to request for hearings and appeals must be sent to or by the Medical Staff Member or applicant by certified mail, return receipt requested, nationally recognized delivery service, hand delivery, delivery by fax or delivery by e-mail to the office or home address of the Medical Staff Member as shown in the records of the Medical Staff. A decision will be deemed to have been transmitted on the earliest of the following dates: (a) the third day after a certified letter, return receipt requested, was sent, (b) the date delivered by a nationally recognized delivery service, and (c) the date of hand delivery if the notice was hand delivered or (d) on the day of successful transmission if by fax or Email.

8.8 LIMITATIONS ON HEARING RIGHTS

8.8.1 Strictly Construed. A Medical Staff Member or applicant is entitled to the procedural rights set forth in this Article VIII only in those situations enumerated in these Medical Staff Bylaws.

8.8.2 Only One Hearing and Review. No Staff Member or applicant will be entitled to more than one evidentiary hearing and one appellate review on any matter that is the subject of adverse action or recommendation.

8.8.3 No Other Rights; Waiver. The right of a Staff Member or applicant to challenge an adverse action is limited to the hearing and appellate review set forth in the Bylaws. The failure of a Staff Member or applicant to timely seek and/or fully cooperate with any hearing or appellate review will result in the forfeiture of the

practitioner's right to challenge an adverse action. A Staff Member or applicant has no right to be accompanied and represented by an attorney or another person of the practitioner's choice at any interventional action, investigation or in any interview conducted by or on behalf of the Medical Staff except as set forth in this Article VIII; provided, however, that nothing herein is intended to prevent the Staff Member or applicant from consulting with legal counsel in preparation for such an interventional action, investigation or interview if it does not delay such interventional action, investigation or interview.

8.9 PEER REVIEW

All actions, conduct, hearings, review, decisions, and communications in connection therewith related to activities set forth in this Article VIII constitute peer review activities.

**ARTICLE IX
DEPARTMENTS AND DIVISIONS**

9.1 ORGANIZATION OF DEPARTMENTS AND DIVISIONS

The Medical Staff is divided into clinical Departments. Each Department is organized as a separate component of the Medical Staff and has a Chair selected and entrusted with the authority, duties, and responsibilities specified in section 9.6. A Department may be further divided, as appropriate, into clinical Divisions that are directly responsible to the Department within which they function, and each of which will have a Division Chief selected and entrusted with the authority, duties, and responsibilities specified in section 9.9.

9.2 CURRENT DEPARTMENTS AND DIVISIONS

9.2.1 The current clinical Departments are: Anesthesiology & Critical Care Medicine; Child & Adolescent Psychiatry & Behavioral Sciences; Pathology & Laboratory Medicine; Pediatrics; Radiology; and Surgery. The current clinical Divisions within each Department are set forth herein.

9.2.2 Divisions in the Department of Anesthesiology & Critical Care Medicine:

- (a) Cardiac Anesthesiology;
- (b) Critical Care Medicine; and
- (c) General Anesthesiology.

9.2.3 Divisions in the Department of Child & Adolescent Psychiatry & Behavioral Sciences: None

9.2.4 Divisions in the Department of Pathology & Laboratory Medicine:

- (a) Laboratory Medicine;
- (b) Anatomic Pathology; and
- (c) Neuropathology

9.2.5 Divisions in the Department of Pediatrics:

- (a) Adolescent Medicine;
- (b) Allergy & Immunology;
- (c) Cardiology;
- (d) Child Development, Rehabilitation & Metabolic Disease;
- (e) Clinical Pharmacology & Therapeutics;
- (f) Emergency Medicine;
- (g) Endocrinology;

- (h) Gastroenterology, Hepatology & Nutrition;
- (i) General Pediatrics;
- (j) Hematology;
- (k) Human Genetics;
- (l) Infectious Diseases;
- (m) Neonatology;
- (n) Nephrology;
- (o) Neurology;
- (p) Oncology
- (q) Pulmonology; and
- (r) Rheumatology.

9.2.6 Divisions in the Department of Radiology:

- (a) Body Imaging;
- (b) Interventional Radiology;
- (c) Neuroradiology; and
- (d) Nuclear Medicine.

9.2.7 Divisions in the Department of Surgery:

- (a) Cardiothoracic Surgery;
- (b) Dentistry;
- (c) General, Thoracic & Fetal Surgery;
- (d) Neurosurgery;
- (e) Obstetrics and Gynecology;
- (f) Ophthalmology;
- (g) Orthopaedics;
- (h) Otolaryngology;
- (i) Plastic & Reconstructive Surgery; and
- (j) Urology.

9.3 ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

Each Staff Member will be assigned membership in at least one Department and to a Division, if any, within such Department.

9.4 FUNCTIONS OF DEPARTMENTS

Departments engage in a variety of peer review activities in order to evaluate and improve quality of care rendered and to assure its cost effectiveness. The general functions of each Department will include:

- (a) conducting patient care reviews for the purpose of analyzing, evaluating and improving the quality and appropriateness of care and treatment provided to patients within the Department; (The minimum number of such reviews to be conducted during the year will be as determined by the ECMS in consultation with other appropriate committees. The Department will routinely collect information about important aspects of patient care provided in the Department, periodically assess this information, and develop objective criteria for use in evaluating patient care.)
- (b) recommending to the ECMS guidelines for the granting of Clinical Privileges within the Department;
- (c) evaluating and making appropriate recommendations regarding the qualification of applicants seeking appointment or reappointment and Clinical Privileges within the Department;
- (d) reviewing and evaluating departmental adherence to these Medical Staff Bylaws, Medical Staff and Hospital Policies and sound principles of clinical practice;
- (e) coordinating patient care provided by the Department's members with nursing and ancillary patient care services;
- (f) submitting written reports as appropriate or as requested to the ECMS concerning:
 - (i) the Department's review and evaluation activities, actions taken thereon, and the results of such actions; and
 - (ii) recommendations for maintaining and improving the quality of care provided in the Department and at CHOP;
- (g) having at least quarterly meetings for the purpose of considering patient care review findings and the results of the Department's other review and evaluation activities, as well as reports on other Department and Staff functions;
- (h) taking appropriate action when significant problems in patient care and clinical performance or opportunities to improve care are identified;
- (i) accounting to the ECMS and the President for all professional and Medical Staff administrative activities within the Department;

- (j) appointing such committees as may be necessary or appropriate to conduct Department functions; and
- (k) formulating recommendations for departmental policies, procedures, guidelines, rules and regulations reasonably necessary for the proper discharge of its responsibilities, subject to approval by the ECMS and the President, and monitoring departmental compliance with the foregoing.

9.5 FUNCTIONS OF DIVISIONS

Divisions engage in a variety of peer review activities in order to evaluate and improve the quality of care rendered and to assure its cost effectiveness. Subject to approval of the ECMS and the President, each Division will perform the functions assigned to it by the Department Chair. Such functions may include, without limitation, retrospective patient care reviews, evaluation of patient care practices, credentials review and privileges delineation, recommending to the Department policies, procedures, protocols, guidelines, rules and regulations applicable to the Division, and conducting continuing education programs. The Division will transmit regular reports to the Department Chair on the conduct of its assigned functions.

9.6 DEPARTMENT CHAIRS

- 9.6.1 Qualifications & Title. Each Department will have a Chair who is a member of the Hospital Staff and qualified by training, experience, and demonstrated ability for that position. Department Chairs also will hold the title “_____ -in-Chief,” with the current Department Chairs holding the titles Anesthesiologist-in-Chief, Pathologist-in-Chief, Physician-in-Chief, Psychiatrist-in-Chief, Radiologist-in-Chief, and Surgeon-in-Chief.
- 9.6.2 Designation & Term. Each Department Chair will be appointed by the President for a term set by the President not to exceed six years. A Chair may be reappointed for successive terms by the President, with each term not to exceed six years.
- 9.6.3 Vacancy. If a Chair becomes vacant, the President may select an Acting Chair, who will assume the duties of the Chair until his/her successor is appointed.
- 9.6.4 Removal. A Chair or Acting Chair serves at the discretion of the President and may be removed at any time by the President.

9.6.5 Duties. Each Chair will engage in a variety of peer review activities in order to evaluate and improve the quality of care and assure its cost effectiveness in the Department and at CHOP. Each Chair will have the following authority, duties, and responsibilities:

- (a) act as presiding officer at Department meetings;
- (b) be an ex officio voting member of the ECMS, make recommendations to the ECMS, the President of the Medical Staff and the President regarding the overall medical policies of the Medical Staff and CHOP, and make specific recommendations and suggestions regarding his/her Department;
- (c) be responsible for all clinically-related activities of the Department;
- (d) report to the ECMS, the President of the Medical Staff, and the President regarding professional and administrative activities within the Department;
- (e) transmit to the Credentials Committee the Department's recommendations concerning appointment, reappointment, Clinical Privileges, Staff category criteria for Clinical Privileges, and monitoring of specified services for each member of the Department;
- (f) implement within his/her Department appropriate actions taken by the ECMS and CHOP;
- (g) assess and approve on a continuous basis the quality of patient care and professional performance rendered by Staff Members with Clinical Privileges in the Department through a planned and systematic peer review process, and oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the Department by the ECMS and CHOP;
- (h) develop and implement Department peer review programs for retrospective patient care review, ongoing monitoring of practice, credentials review and privileges delineation, medical education, utilization review, and quality assurance;
- (i) assure that mechanisms are in place for the orientation and continuing education of all persons in the Department;
- (j) endeavor to enforce the Medical Staff Bylaws, Medical Staff Policies and Hospital Policies within his/her Department;

- (k) develop and implement policies and procedures that guide and support the provisions of services in the Department;
- (l) assess and recommend personnel, equipment, space and other resources needed and off-site sources for needed patient care services not provided by the Department or CHOP.
- (m) determine the competence and assure the qualifications of Licensed Practitioners who perform services in the Department and assume responsibility for the credentialing of Licensed Practitioners as set forth in Appendix III.
- (n) participate in every phase of administration of his/her Department, including cooperation with Hospital Administration in matters such as determining the type and scope of services required to meet the needs of the patients and CHOP personnel, supplies, special regulations, standing orders, and techniques, and otherwise integrate the Department into the primary functions of CHOP;
- (o) assist in the preparation of such annual reports, including budgetary planning, pertaining to his/her Department as may be required by the President; and
- (p) perform such other duties commensurate with the office as may from time to time reasonably be requested by the President of the Medical Staff, the ECMS or the President.

9.7 ADDITIONAL DEPARTMENTS AND DIVISIONS

New Departments may be formed, and existing Departments may be renamed, reformulated or abolished, upon approval of the ECMS and the President. New Divisions may be formed, and existing Divisions may be reformulated or abolished, upon recommendation of the Department Chair with the approval of the ECMS and the President.

9.8 DEPARTMENT VICE, DEPUTY OR ASSOCIATE CHAIRS AND COMMITTEES

- 9.8.1 Vice, Deputy or Associate Chairs. The Department Chair may designate one or more Vice Chairs, Deputy Chairs or Associate Chairs to act in his/her stead to perform peer review and other activities, such Vice Chairs, Deputy Chairs or Associate Chairs to be approved by the President. The Vice Chairs, Deputy Chairs and Associate Chairs serve at the discretion of their respective Department Chair and the President and may be removed at any time by the Department Chair or President, after they consult with each other.
- 9.8.2 Committees. The Department Chair may establish committees to carry out designated peer review work of the Department. The Department Chair may designate the chair of a committee or allow the committee to designate its own chair. The existence, role, composition and chair of each such committee may be changed at any time by the Department Chair.

9.9 DIVISION CHIEFS

- 9.9.1 Qualifications & Title. Each Division will have a Chief who is a member of the Hospital Staff (except that in the Division of Dentistry the Division Chief may be a member of the University Associate Staff) and a member of the Division that he/she is to head, and qualified by training, experience, and demonstrated ability for that position.
- 9.9.2 Designation & Term. Each Division Chief will be appointed by the applicable Department Chair for a term set by the Department Chair not to exceed three years, each such appointment to be approved by the President. A Division Chief may be reappointed for successive terms set by the Department Chair not to exceed three years each, each such reappointment to be approved by the President.
- 9.9.3 Vacancy. If a Division Chief position becomes vacant, the Department Chair may select an Acting Division Chief, upon approval of the President, who will assume the duties of the Division Chief until his/her successor is appointed.
- 9.9.4 Removal. A Division Chief or Acting Division Chief serves at the discretion of his/her Department Chair and the President and may be removed at any time by the Department Chair or President, after they consult with each other.

- 9.9.5 Duties. Each Division Chief will engage in a variety of peer review activities in order to improve the quality of care and assure its cost effectiveness in the Division, Department and at CHOP. Each Division Chief will have the following authority, duties, and responsibilities:
- (a) act as presiding officer at Division meetings;
 - (b) report to the Department Chair, the ECMS, the President of the Medical Staff, and the President regarding professional and administrative activities within the Division;
 - (c) conduct investigations and make recommendations to the Department Chair concerning Staff Member appointment, reappointment, Clinical Privileges, Staff category, criteria for Clinical Privileges, and monitoring of specified services for each member of the Division;
 - (d) evaluate and monitor the clinical work performed in the Division through a planned and systematic peer review process;
 - (e) assist in the development and implementation, in cooperation with the Department Chair, of peer review programs to carry out the quality review, evaluation and monitoring functions of the Division;
 - (f) submit periodic reports of the activities of his/her Division to the Department Chair as appropriate or requested by the Chair; and
 - (g) perform such other duties commensurate with the office as may from time to time reasonably be requested by the Department Chair, the President of the Medical Staff, or the ECMS.

9.10 CENTERS AND OTHER MULTI-DISCIPLINARY PROGRAMS

- 9.10.1 Duties of Department Chairs and Division Chiefs. In order to improve the quality and delivery of care to patients, Departments and Divisions often work collaboratively in centers and other multi-disciplinary programs. The Chair of each Department and Chief of each Division partnering in such a multidisciplinary endeavor remains responsible for the clinically-related and administratively-related activities of his/her Department and Division with the multidisciplinary endeavor and for the coordination and integration of such interdepartmental and intradepartmental services.
- 9.10.2 Peer Review Activities. Each Department and Division partnering in a center or other multi-disciplinary program will engage in peer review activities in order to evaluate and improve the quality of care rendered and to assure its cost effectiveness.
- 9.10.3 Committees. The Department Chairs and Division Chiefs partnering in a center or other multidisciplinary endeavors may establish committees to carry out designated peer review work of the multidisciplinary endeavor.

**ARTICLE X
OFFICERS**

10.1 OFFICERS OF THE MEDICAL STAFF

- 10.1.1 Officers. The Officers of the Medical Staff are the President of the Medical Staff, Vice President-Treasurer of the Staff, Secretary of the Staff and Immediate Past President of the Medical Staff.
- 10.1.2 Qualifications. Officers must be members of the Hospital Staff at the time of their nominations and election, and must remain members of the Hospital Staff in good standing during their terms of office. Failure to maintain such status will automatically create a vacancy in the office involved.
- 10.1.3 Nominating Committee. A Nominating Committee will be appointed by the President of the Medical Staff, whenever possible not later than April 15 of years when there is expected to be a vacant office effective the immediately following July 1. The Nominating Committee will nominate one or more nominees for each relevant office. The Nominating Committee will report its nomination(s) to the ECMS at its May meeting in the case of July 1 vacancies. Nominations will be delivered, mailed, e-mailed, or otherwise transmitted to the voting members of the Medical Staff at least 20 calendar days prior to the election.
- 10.1.4 Election. The Medical Staff elections will be held at the annual meeting of the Medical Staff in June in years when there is a vacant office or there is expected to be a vacant office effective the immediately following July 1. The candidate receiving the most votes for an office at a meeting at which a quorum is present will be elected to the office, subject to the approval of the President, effective July 1.
- 10.1.5 Term. Each Officer will serve a two-year term, commencing July 1 following the June annual meeting, except as set forth in Section 10.1.8 in the case of a vacancy. Each Officer will serve in such office until the end of his/her term, unless he/she sooner dies, becomes disabled, resigns, is removed from office or loses his/her membership on the Medical Staff in the category of Hospital Staff. No Officer other than the Immediate Past President may serve more than one consecutive term in any office.

10.1.6. Automatic Succession. The Vice President-Treasurer of the Staff becomes the President of the Medical Staff upon the immediately preceding President of the Medical Staff completing his/her service in that office. The Secretary of the Staff becomes the Vice President-Treasurer of the Staff upon the immediately preceding Vice President-Treasurer of the Staff completing his/her service in that office. The President of the Medical Staff becomes the Immediate Past President of the Medical Staff upon completing his/her service.

10.1.7 Removal.

- (a) A request for removal of a Medical Staff Officer may be made by the ECMS, the President, the Board, or by a petition signed by at least ten percent of the members of the Medical Staff eligible to vote for Officers.
- (b) Any request for removal of an Officer must be submitted in writing to the ECMS and supported by reference to the specific actions, statements, demeanor or conduct that constitutes the grounds for the request. The ECMS will promptly advise the President in writing of the request and the President will promptly notify the Officer.
- (c) Grounds for removal may include, but not be limited to, failure to carry out the usual and expected duties of the office, failure to comply with applicable laws and Joint Commission Standards or Medicare Conditions of Participation, failure to comply with professional ethics, or failure to observe Medical Staff or CHOP Bylaws, Medical Staff Policies or Hospital Policies, or actions, statements, demeanor or conduct, either within or outside CHOP, that are or could reasonably be disruptive to operations of CHOP, demeaning to the Staff, an impairment to the community's confidence in CHOP, or a conflict of interest, or make the Officer ineffective in carrying out his/her duties.
- (d) The ECMS will meet within 30 calendar days of receipt of the request for removal to consider the request. After deliberation, without the participation of the Officer at issue, the ECMS may either reject the request or direct that an investigation be undertaken.
- (e) The ECMS, without the participation of the Officer at issue, may itself investigate the allegations or may appoint an ad hoc committee, at least a majority of whose members must be members of the ECMS, to conduct the investigation. Any investigation should be conducted so as to maximize confidentiality and should be completed within 60 calendar days of the ECMS's receipt of the request for removal, unless the ECMS extends the deadline for good cause. An investigation is not a hearing, but

must provide the Officer an opportunity to be heard and may include consultation with any person who the investigators believe may have information useful to the investigation. The ad hoc committee, if any, or otherwise the ECMS will prepare a written report of the investigation within 30 calendar days after the investigation has been declared complete (and if the report is prepared by an ad hoc committee it will be submitted promptly to the ECMS). Within ten business days of receipt of the report from the ad hoc committee, if any, or otherwise within ten business days of preparation of the report, the ECMS, without the participation of the Officer at issue, will consider the request for removal. It may reject the request, issue a letter of warning, admonition or reprimand to the Officer, dictate terms for probation for the Officer, or remove the Officer from office.

- (f) The decision of the ECMS is final except that the President may appeal the decision to the Board. The Board will determine whether to stay the action of the ECMS pending its determination and may, in whole or part, adopt, reject or modify the recommendation of the ECMS or refer the matter back to the ECMS for further consideration.
- (g) Removal proceedings will constitute a peer activity and will be conducted in accordance with the requirements of the Health Care Quality Improvement Act of 1986, as amended.

10.1.8 Vacancies. Vacancies in office may arise due to the death, disability, resignation, or removal of an Officer, or such officer's loss of membership on the Medical Staff in the category of Hospital Staff.

- (a) If there is a vacancy in the office of President of the Medical Staff: the Vice President-Treasurer of the Staff will become President of the Medical Staff and serve a term comprised of the completion of the remaining term of the President of the Medical Staff and (i) if such remaining term is at least ten months but less than one year and ten months, then one additional year and (ii) if such remaining term is less than ten months, then two additional years; the Secretary of the Staff will become Vice President-Treasurer of the Staff and serve a term of the same period; the Immediate Past President of the Medical Staff's term will continue for the same period; and a new Secretary of the Staff will be elected at the next meeting of the Staff.
- (b) If there is a vacancy in the office of Vice President-Treasurer of the Staff: the Secretary of the Staff will become the Vice President-Treasurer of the Staff and serve a term comprised of the completion of the remaining term

of the Vice President-Treasurer of the Staff; and a new Secretary of the Staff will be elected at the next meeting of the Staff.

- (c) If there is a vacancy in the office of Secretary of the Staff, a new Secretary of the Staff will be elected at the next meeting of the Staff.
- (d) Where a new Secretary of the Staff is elected by the Staff pursuant to (a), (b) or (c), the term will run for the remaining term of the Vice President-Treasurer of the Staff.
- (e) If there is a vacancy in the office of Immediate Past President of the Medical Staff, the ECMS will appoint another experienced member of the Medical Staff who previously served on the ECMS, preferably as an Officer of the Staff, to serve as an interim Officer to fulfill the duties of Immediate Past President of the Medical Staff until the President of the Medical Staff becomes the Immediate Past President of the Medical Staff upon completing his/her service.

10.2 DUTIES OF OFFICERS

10.2.1 President. The President of the Medical Staff will engage in a variety of peer review activities in order to improve the quality of care and assure its cost effectiveness. The duties of the President of the Medical Staff include, but are not limited to:

- (a) serve as the chief officer of the Medical Staff;
- (b) serve as an ex officio voting member of the ECMS;
- (c) call, preside at as chair, and be responsible for the agenda of all meetings of the Medical Staff;
- (d) be accountable to the Board, in conjunction with the ECMS, for the quality and efficiency of clinical services performed at CHOP and for the effective assessment and measurement of quality of patient care and professional performance conducted by the Staff;
- (e) enforce the Medical Staff Bylaws, Medical Staff Policies, and Hospital Policies, implement sanctions where indicated, and promote compliance with procedural safeguards when corrective action has been requested or initiated;
- (f) serve as an ex-officio non-voting member of all other Staff committees,

using his/her judgment as to whether to actively participate on any committee unless his/her membership on a particular committee is required by these Bylaws;

- (g) interact with the President and Board on all matters of mutual concern within CHOP;
- (h) appoint committee members for all standing ad hoc and special Medical Staff committees, liaison committees, or multi-disciplinary committees, except where otherwise provided by these Bylaws or the governing documents for such committees and, except where otherwise indicated, designate the chair of these committees;
- (i) represent the views and policies of the Medical Staff to the Board and to the President;
- (k) serve as spokesperson for the Medical Staff in external professional and public relations; and
- (l) perform such other functions as may be assigned to him/her by these Bylaws, the Medical Staff, the ECMS, the President or the Board.

10.2.2 Vice President-Treasurer. The Vice President-Treasurer of the Staff will engage in a variety of peer review activities in order to improve the quality of care and assure its cost effectiveness. The duties of the Vice President-Treasurer of the Staff include, but are not limited to:

- (a) assume all duties and authority of the President of the Medical Staff in the absence of the President of the Medical Staff;
- (b) serve as an ex officio voting member of the ECMS;
- (c) supervise the collection, accounting, and expenditure of all Medical Staff funds, and render a financial report to the ECMS at least annually, and more frequently if requested by the President of the Medical Staff, the ECMS, the Board or the President;
- (d) serve as chair or co-chair of the Ethics Committee; and
- (e) perform such other duties as ordinarily pertain to the office or as may be assigned from time to time by the President of the Medical Staff or the ECMS.

10.2.3 Secretary. The Secretary of the Staff will engage in a variety of peer review activities in order to improve the quality of care and assure its cost effectiveness. The duties of the Secretary of the Staff include, but are not limited to:

- (a) serve as an ex officio voting member of the ECMS;
- (b) maintain a roster of members of the ECMS, the Medical Staff and committees of the Medical Staff;
- (c) keep accurate and complete minutes of all ECMS and Medical Staff meetings;
- (d) call meetings of the ECMS and Medical Staff on the order of the President of the Medical Staff, the ECMS or the President;
- (e) attend to all appropriate correspondence and notices on behalf of the Medical Staff;
- (f) excuse absences from meetings on behalf of the ECMS;
- (g) serve as a member of the Ethics Committee; and
- (h) perform such other duties as ordinarily pertain to the office or as may be assigned from time to time by the President of the Medical Staff or the ECMS.

10.2.4 Immediate Past President. The Immediate Past President of the Medical Staff will engage in a variety of peer review activities in order to improve the quality of care and assure its cost effectiveness. The duties of the Immediate Past President of the Medical Staff include, but are not limited to:

- (a) serve as an ex officio voting member of the ECMS;
- (b) serve as chair of the Bylaws Committee; and
- (c) perform such other duties as may be assigned by the President of the Medical Staff or the ECMS.

ARTICLE XI MEETINGS

11.1 MEETINGS

- 11.1.1 Annual Staff Meeting. There will be an Annual Meeting of the Medical Staff each June that will include the election of Officers, when required. The President of the Medical Staff, or such other Officers, Department Chairs, Division Chiefs, or committee chairs as the President of the Medical Staff or the ECMS may designate, will present reports on actions taken during the preceding year and on other matters of interest and importance to the Staff Members. Notice of this meeting will be given to Staff Members eligible to attend not less than ten calendar days prior to the meeting.
- 11.1.2 Regular Staff Meetings. Regular meetings of the Staff Members may be held at the request of the President of the Medical Staff or the ECMS. Notice of regular meetings will be given to the Staff Members eligible to attend not less than three calendar days prior to the meeting.
- 11.1.3 Agenda. The order of business at the Annual Meeting or a regular meeting of the Medical Staff will be determined by the President of the Medical Staff and ECMS. The agenda will include, insofar as feasible:
- (a) acceptance of the minutes of the last regular and all special meetings held since the last regular meeting;
 - (b) administrative reports from the President of the Medical Staff and the President;
 - (c) election of Officers when required;
 - (d) old business; and
 - (e) new business.

11.1.4 Special Staff Meetings. Special meetings of the Medical Staff may be called at any time by the President of the Medical Staff, the ECMS, the Board or the President, or upon the written request of at least 25 members of the Staff entitled to vote. The person calling or requesting the special meeting will state the purpose of such meeting in writing. The meeting will be scheduled by the President of the Medical Staff within 30 calendar days after receipt of a valid request. Notice of special meetings, which includes the stated purpose(s) of the meeting, will be sent to Staff Members eligible to vote not less than three calendar days prior to the meeting. No business will be transacted at any special meeting except that stated in the notice calling the meeting.

11.1.5 Special Meetings of the ECMS. Special meetings of the ECMS may be called at any time by the President of the Medical Staff or his designee. No business will be transacted at any special meeting except that stated in the notice calling the meeting.

11.2 COMMITTEE, SUBCOMMITTEE, TASK FORCE, DEPARTMENT AND DIVISION MEETINGS

11.2.1 Date, Time and Location. Except as otherwise specified in these Bylaws or by the President of the Medical Staff, the chairs of committees, subcommittees and task forces, Departments Chairs, and Divisions Chiefs will establish the dates, times and locations for the holding of meetings, and will make reasonable efforts to ensure the information is disseminated to the members with adequate notice.

11.2.2 Number of Meetings. All Medical Staff committees, subcommittees and task forces, Departments and Divisions will meet as determined by the chair thereof or by the ECMS, the President of the Medical Staff, or the President, and in any event in accordance with applicable law, Medical Staff or Hospital Policies or as necessary to fulfill its purposes.

11.2.3 Special Meetings. A special meeting of any Medical Staff committee, subcommittee or task force, Department, or Division may be called by the chair thereof, the ECMS, the President of the Medical Staff, or the President, and will be called by written request of one-third of the current members eligible to vote.

11.3 QUORUM

11.3.1 Staff Meetings. The presence of the lesser of one-third of the total members of the Staff eligible to vote or 25 voting members of the Staff at the annual or any regular or special Staff meeting in person or by proxy or written or electronic ballot will constitute a quorum for the transaction of business.

11.3.2 Committee, Subcommittee and Task Force Meetings. Unless a higher quorum is specified, the presence of one-third of the voting members of any Medical Staff committee, subcommittee or task force in person or by proxy will constitute a quorum for the transaction of business if the committee, subcommittee or task force has five or more voting members; and the presence of one-half of the voting members of any Medical Staff committee, subcommittee, task force or task force in person or by proxy will constitute a quorum for the transaction of business if the committee, subcommittee or task force has less than five voting members.

11.4 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present will be the action of the group. A meeting at which a quorum is present initially may continue to transact business notwithstanding the withdrawal of members, if any action taken is approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these Bylaws. With the permission of the President of the Medical Staff, in the case of Medical Staff meetings, and the committee, subcommittee or task force chair, in the case of a Medical Staff committee, a member may participate in a meeting by conference call, computer boards, or similar communications equipment by means of which all persons participating in the meeting can communicate with each other; any member so participating will be deemed present and may vote at such meeting. Valid action may be taken without a meeting by a committee, subcommittee or task force if it is acknowledged by a writing setting forth the action so taken, which is signed by at least two-thirds of the members entitled to vote. If permitted by the ECMS, a voting member of a Medical Staff committee, subcommittee or task force may be present for quorum and voting purposes and act through another voting member of such committee, subcommittee or task force to whom he/she has given his/her proxy.

11.5 MINUTES

Except as otherwise specified herein, minutes of meetings will be prepared and retained for the time period required by law or Hospital Policies. They will include, at a minimum, a record of the attendance of members and the vote taken on significant matters. A copy of the minutes will be signed by the secretary, if any, or otherwise by the presiding officer of the meeting and forwarded to the ECMS.

11.6 ATTENDANCE REQUIREMENTS

11.6.1 Members. The President of the Medical Staff, Department Chairs, Division Chiefs, and the chairs of committees, subcommittees, and task forces, as applicable, will establish the requirements with respect to meeting attendance for all applicable Staff, Department, Division, committee, subcommittee and task force meetings. Failure to meet the attendance requirements for meetings may be grounds for removal from such committee, subcommittee, and task force or for corrective action pursuant to Article VII and may result in the Staff Member not being reappointed to the Staff.

11.6.2 Special Request. At the discretion of the President of the Medical Staff or other presiding officer, when a member's practice or conduct is scheduled for discussion at a Department, Division, committee, subcommittee or task force meeting, the member may be requested to attend or to not attend. If the practitioner is requested to attend, he/she will be given at least three business days notice prior to the meeting (unless such time period is waived by the practitioner) and the request will include the time and place of the meeting and a general indication of the issue involved. Failure of a Staff Member to appear at any meeting with respect to which he/she was given such notice, unless excused by the ECMS upon a showing of good cause, will be a basis for corrective action and may result in the Staff Member not being reappointed to the Staff.

11.7 CONDUCT OF MEETINGS

Unless otherwise specified, meetings will be conducted according to Robert's Rules of Order. Actions taken will not be subject to later challenge on the basis of parliamentary or other decisions from the chair, except where the actions were in direct conflict with these Bylaws or related points of order were raised at the meeting in which the action was taken.

11.8 PEER REVIEW

Those portions of meetings related in any manner to quality of care and its cost effectiveness constitute peer review activities.

**ARTICLE XII
COMMITTEES AND TASK FORCES**

12.1 DESIGNATION

12.1.1 Committees and Task Forces. The Medical Staff will have the following peer review standing committees: the ECMS; Bylaws Committee; Credentials Committee; Ethics Committee; Health Information Management Committee; Operative & Invasive Procedures Committee; Quality Improvement Committee; Radiation Safety Committee (which may be through participation on the University Radiation Safety Committee); Therapeutics Standard Committee; and one or more Committees for the Protection of Human Subjects; and may have the following peer review standing committees: Biological Safety Committee; Continuing Medical Education Committee; Graduate Medical Education Committee; Infection Control Committee; Information Systems Committee; Medical Devices Committee; Operating Room Committee; Resuscitation Committee; Transfusion Committee; Transport Committee; Trauma Committee; Utilization Management Committee; and such other standing committees, special committees, ad hoc committees and task forces as created by the President of the Medical Staff, after consultation with the President. With respect to required committees, committee names may be modified and committee functions may be combined by the President of the Medical Staff, with the approval of the President.

12.1.2 Appointment of Members. Unless otherwise specified,

- (a) the Medical Staff members of all Medical Staff committees and task forces will be appointed by and may be removed by the President of the Medical Staff, after consultation with the President;
- (b) the President will appoint all non-Medical Staff and administrative members of Medical Staff committees and task forces, after consultation with the President of the Medical Staff;
- (c) the majority of voting members of each Medical Staff committee and task force, will be members of the Medical Staff unless the ECMS and the President agree to make an exception;
- (d) Medical Staff committees and task forces may have non-voting members; and

- (e) the number of voting and non-voting members of a Medical Staff committee or task force will be determined by the President of the Medical Staff, after consultation with the President.

12.1.3 Committee and Task Force Chairs. Unless otherwise specified,

- (a) the President of the Medical Staff will appoint the chair of every Medical Staff committee and task force; and
- (b) the chair of every Medical Staff committee and task force will be a physician member of the Hospital Staff unless the ECMS and the President agree to make an exception (although a committee or task force may have one or more co-chairs who is neither a physician nor a member of the Hospital Staff).

12.1.4 Responsibility. Medical Staff committees and task forces will be responsible to the ECMS.

12.2 EXECUTIVE COMMITTEE OF THE MEDICAL STAFF

12.2.1 Members. The voting members of the ECMS will be comprised of the Officers, the Chair of each Department, the CMO, the CNO, two members of the Hospital Staff elected from each of the Departments of Pediatrics and Surgery by its Hospital Staff, and one member of the Hospital Staff elected from each of the remaining Departments by its Hospital Staff, one member of the Hospital Staff appointed by each of the Department Chairs in Pediatrics and Surgery, the Chairs of the Credentialing and Quality Committees, the Chief Residents in Pediatrics (who collectively will have one vote that may be voted by such person or persons participating in the meeting and constitute one member for quorum purposes, who shall be deemed present so long as at least one such person participates in the meeting), the Chief Residents in Surgery (who collectively will have one vote that may be voted by such person or persons participating in the meeting and constitute one member for quorum purposes, who shall be deemed present so long as at least one such person participates in the meeting), the President and the Chief Operating Officer of CHOP. The ECMS may include such non-voting members as are appropriate. No member elected by a Department may serve more than four consecutive years. The President of the Medical Staff will serve as Chair.

12.2.2 Duties. The duties of the ECMS include:

- (a) Fulfilling the Medical Staff's accountability to the Board for the medical care rendered to the patients of CHOP;
- (b) Implementing relevant Medical Staff Bylaws, CHOP Bylaws, Medical Staff Policies and Hospital Policies;
- (c) Receiving and acting upon the reports and recommendations of other Medical Staff committees, Departments and Divisions;
- (d) Taking reasonable steps to ensure ethical professional conduct on the part of all Medical Staff Members and pursuing corrective action when indicated, in accordance with the Medical Staff Bylaws;
- (e) Making recommendations to the Board on matters relating to appointments, reappointments, Staff categorizations, Department and Division assignments, and Clinical Privileges;
- (f) Coordinating with Hospital Administration, including the CMO, and making recommendations to the President and CMO on matters relating to clinical practice and administration;
- (g) Promoting the education of the Medical Staff regarding the accreditation requirements applicable to CHOP and the accreditation status of CHOP;
- (h) Making recommendations to the Board and President and CMO regarding CHOP operations, procedures, and problems;
- (i) Providing the Board with a report, at least annually, of the activities of the Medical Staff;
- (j) Assuring that the Healthcare & Health Status Committee of the Board is apprised on a regular basis of the activities of the ECMS related to patient safety and quality of care;
- (k) Taking action on behalf of the Medical Staff, including approving policies and procedures, except where the Medical Staff Bylaws require that the action be taken by the full Medical Staff; and
- (l) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.3. BYLAWS COMMITTEE

12.3.1 Members. The voting members of the Committee will include one Medical Staff Member from each Department, the CMO, the Chief Operating Officer of CHOP or his/her designee, and the Immediate Past President of the Medical Staff, who will serve as the Chair. The Committee may include such other voting and such non-voting members as are appropriate.

12.3.2 Duties. The duties of the Committee include:

- (a) Reviewing annually all relevant standards issued by the Joint Commission on Accreditation of Health Care Organizations and other pertinent credentialing and regulatory agencies to assure that the Bylaws comply with such standards;
- (b) Making recommendations to the ECMS regarding changes to the Bylaws, as needed; and
- (c) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.4 CREDENTIALS COMMITTEE

12.4.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff, and the CMO. The Committee may include such other voting and such non-voting members as are appropriate.

12.4.2 Duties. The duties of the Committee include:

- (a) Investigating the professional, moral and ethical qualifications and competence of applicants to the Medical Staff;
- (b) Making recommendations to the ECMS for the appointment, reappointment, or modification of Clinical Privileges, including Staff category and department affiliation, of all Medical Staff Members and applicants;
- (c) Making recommendations to the ECMS regarding privileging criteria for Medical Staff Members;

- (d) Recommending to the ECMS and CHOP policies and procedures in each relevant area of practice relating to the scope and circumstances of practice by Licensed Practitioners in the management of patients;
- (e) Reviewing Medical Staff and Hospital Policies relating to Licensed Practitioners and reviewing, at least annually, Appendix III of these Bylaws, and making recommendations to the ECMS and CHOP if changes are deemed appropriate;
- (f) Determining the Clinical Responsibilities of individual Licensed Independent Practitioners;
- (g) Determining the Clinical Responsibilities of individual Licensed Dependent Practitioners who are not credentialed by CHOP's Human Resources Department and/or Nursing Department, as provided in Appendix III, and if credentialing is performed by CHOP's Human Resources Department and/or Nursing Department, then meet at least annually with such Department regarding its credentialing activities;
- (h) Facilitating the education of Medical Staff Members, Licensed Practitioners and others at CHOP with respect to physician and Licensed Practitioner impairment issues that could affect patient care, such as alcohol or substance abuse, and mental or physical impairment;
- (i) Assuring that mechanisms are in place for identifying and managing matters of individual physician and Licensed Practitioner health;
- (j) Serving as a referral source, or designating one or more subcommittees to serve as a referral source) for issues of physician and Licensed Practitioner impairment, including information about and referral to external resources available in cases of physician and Licensed Practitioner impairment; and
- (k) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.5 ETHICS COMMITTEE

12.5.1 Members. The voting members of the Committee will include at least six members of the Medical Staff, representing a cross-section of the Medical Staff, including the Vice President of the Medical Staff who will serve as Chair or Co-Chair and the Secretary of the Medical Staff, and also will include a designee of the Board of Trustees, a member of the clergy, and a family representative. The Committee may include such other voting and such non-voting members as are appropriate.

12.5.2 Duties. The duties of the Committee include:

- (a) Evaluating ethical patient care issues within CHOP;
- (b) Reviewing the ethical implications of pertinent patient care policies;
- (c) Consulting on the ethical implications of specific patient care issues upon request; and
- (d) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.6 HEALTH INFORMATION MANAGEMENT COMMITTEE

12.6.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff. The Committee may include such other voting and such non-voting members as are appropriate.

12.6.2 Duties. The duties of the Committee include:

- (a) Making recommendations to the ECMS on policies relating to record preparation and maintenance;
- (b) Establishing requirements regarding completion of medical records, including a system for disciplinary action for those who do not complete medical records in a timely manner, and making recommendations to the ECMS regarding discipline for Medical Staff Members whose medical record practices fail to conform with necessary record keeping requirements;

- (c) Supervising the maintenance of medical records, including monitoring patient records for completeness to ascertain whether appropriate details are recorded and whether sufficient data are present to evaluate the care of the patient;
- (d) Reviewing and developing policies relating to the security of, the access to, and the release of information;
- (e) Making recommendations to the ECMS on any changes to the format of the medical records; and
- (f) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.7 OPERATIVE & INVASIVE PROCEDURES COMMITTEE

12.7.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of appropriate clinical services. The Committee may include such other voting and such non-voting members as are appropriate.

12.7.2 Duties. The duties of the Committee include:

- (a) Reviewing and evaluating surgery performed at CHOP relating to the preoperative, postoperative and pathological diagnoses, including evaluating whether the surgical procedures undertaken were applicable and justifiable;
- (b) Improving surgical care of patients by reviewing documented work; and
- (c) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.8 QUALITY IMPROVEMENT COMMITTEE

12.8.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff, and the CMO. The Committee may include such other voting and such non-voting members as are appropriate. The Department Chairs, Division Chiefs, Vice President of Nursing and Nursing Directors, unless otherwise serving as members of the Committee, will be non-voting members of the Committee who are not required to attend Committee meetings unless specifically requested by the Committee or its Chair to do so.

12.8.2 Duties. The duties of the Committee include:

- (a) Providing oversight, guidance and leadership for initiatives designed to improve the quality of patient care;
- (b) Establishing the strategic direction for quality improvement initiatives;
- (c) Striving to ensure the integration of quality standards into policy and practice;
- (d) Identifying and prioritizing improvements and establishing indicators of success for specific projects; and
- (e) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.9 RADIATION SAFETY COMMITTEE

12.9.1 University Radiation Safety Committee. In lieu of having a separate standing Radiation Safety Committee of the Medical Staff, the Medical Staff participates in the Radiation Safety Committee of the University. The Hospital's nuclear medicine activities are conducted under the University's radioactive materials license issued by the Pennsylvania Bureau of Radiation Protection. The University Radiation Safety Committee oversees the Hospital's use of licensed radioactive materials in accordance with the University's license and performs all duties required for Hospital compliance with all applicable state and Nuclear Regulatory Commission governmental requirements under law.

12.10 THERAPEUTIC STANDARDS COMMITTEE

12.10.1 Members. The voting members of the Committee will include three Medical Staff Members representing a cross-section of the Medical Staff. The Committee may include such other voting and such non-voting

members as are appropriate.

12.10.2 Duties. The duties of the Committee include:

- (a) Serving as an advisory group to the Medical Staff and CHOP Pharmacy on matters pertaining to choice of drugs;
- (b) Developing written policies and procedures and recommending such policies and procedures to the ECMS and CHOP governing the safe administration of drugs, including policies regarding the appropriate dosages and durations of orders of dangerous drugs, and automatic stop procedures for dangerous drugs not specifically prescribed as to the time or number of doses;
- (c) Conducting an ongoing review of the Pharmacies and the therapeutic policies and practices at CHOP;
- (d) Developing and reviewing periodically the formulary for use at CHOP;
- (e) Recommending standards regarding the use and control of investigational drugs and concerning research in the use of recognized drugs;
- (f) Monitoring and evaluating the use of drugs at CHOP, including evaluating clinical data concerning new drugs or preparations requested for use at CHOP;
- (g) Making recommendations concerning drugs to be stocked on the nursing units and by other services;
- (h) Establishing procedures that will prevent unnecessary duplication in stocking drugs and drugs in combination having identical amounts of the same therapeutic ingredients;
- (i) Formulating and reviewing the nutrition related policies, practices and standards of care in CHOP's inpatient and outpatient settings; and
- (j) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.11 COMMITTEE(S) FOR THE PROTECTION OF HUMAN SUBJECTS

12.11.1 Members. Each Committee will include at least five voting members, including at least three Medical Staff members with varying backgrounds representing a cross-section of the Medical Staff, and also will include at least one member whose primary concerns are in scientific areas, at least one member whose primary concerns are in nonscientific areas, and a person not otherwise affiliated with CHOP and who is not part of the immediate family of a person who is affiliated with CHOP (for purposes of these mandatory members, a single member may meet more than one classification so long as there are at least five voting members). Each Committee must have members of more than one profession. Each Committee may include such other voting and such non-voting members as are appropriate.

12.11.2 Duties. The duties of each Committee include:

- (a) Serving as an institutional review board for research involving human subjects, including conducting initial and continuing review of such research in accordance with applicable federal laws governing human subjects research and institutional review boards and in accordance with applicable Hospital and Medical Staff Policies;
- (b) Developing and following written procedures for prompt reporting and review of any unanticipated problems involving risks to human subjects or others;
- (c) Reviewing and approving the form, process for obtaining and process for documenting informed consent as appropriate for research involving human subjects; and
- (d) Fulfilling other duties of institutional review boards under applicable federal laws and such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.12 CONTINUING MEDICAL EDUCATION COMMITTEE

12.12.1 Members. The voting members of the Committee will include one Medical Staff Member from the educational committee of each Department. The Committee may include such other voting and such non-voting members as are appropriate.

12.12.2 Duties. The duties of the Committee include:

- (a) Reviewing and approving the formal continuing education programs offered by CHOP;
- (b) Assisting in the implementation of innovations in teaching and evaluation methods and materials;
- (c) Facilitating compliance with CHOP and Accreditation Council for Continuing Medical Education (ACCME) standards;
- (d) Recommending policies to the ECMS with respect to continuing medical education activities; and
- (e) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.13 GRADUATE MEDICAL EDUCATION COMMITTEE

12.13.1 Members. The voting members of the Committee will include at least three Medical Staff Members involved in the residency and fellowship programs, the CMO, and the DIO, who will serve as Chair. The Committee may include such other voting and such non-voting members as are appropriate.

12.13.2 Duties. The duties of the Committee include:

- (a) Establishing and implementing policies to enhance quality and consistency across all residency programs at CHOP;
- (b) Regularly reviewing all residency programs to promote compliance with CHOP and Accreditation Council for Graduate Medical Education (ACGME) standards;
- (c) Recommending policies to the ECMS with respect to graduate medical education;

- (d) Formulating, evaluating and supporting policies for library services and acting as a liaison between the Medical Staff and Hospital Administration regarding medical library needs; and
- (e) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.14 INFECTION CONTROL & BIOLOGICAL SAFETY COMMITTEE

12.14.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff, and including at least one member of the Medical Staff involved in basic research. The Committee may include such other voting and such non-voting members as are appropriate.

12.14.2 Duties. The duties of the Committee include:

- (a) Investigating and attempting to control and prevent infection within CHOP;
- (b) Studying CHOP infections, recommending precautions against infections that are acquired by patients or personnel, establishing uniform procedures for reporting infections, monitoring resistant organisms, monitoring antibiotic usage, and recommending remedial measures to be taken;
- (c) Monitoring and promoting compliance with Medical Staff and Hospital Policies and procedures regarding potentially infectious and biohazardous materials;
- (d) Reviewing and approving the use of all potentially biohazardous materials used at CHOP or used in connection with CHOP-sponsored research;
- (e) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.15 INFORMATION SYSTEMS COMMITTEE

12.15.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff. The Committee may include such other voting and such non-voting members as are appropriate.

12.15.2 Duties. The duties of the Committee include:

- (a) Reviewing CHOP's information systems as they impact quality care issues;
- (b) Making recommendations to the ECMS with respect to how information systems might better serve patient care;
- (c) Providing consultation to CHOP with respect to how the Information Systems Department can better advance patient quality; and
- (d) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.16 MEDICAL DEVICES COMMITTEE

12.16.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff. The Committee may include such other voting and such non-voting members as are appropriate.

12.16.2 Duties. The duties of the Committee include:

- (a) Approving devices for CHOP use that are safe and efficacious;
- (b) Maintaining a device management program so that devices are inspected on a regular basis and staff are knowledgeable about the devices;
- (c) Promoting compliance with Medical Staff and Hospital Policies and FDA and other legal requirements relating to devices; and

- (b) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.17 OPERATING ROOM STEERING COMMITTEE

12.17.1 Members. The voting members of the Committee will include at least four Medical Staff Members, representing a cross-section of the appropriate clinical practices, including the Surgeon-in-Chief who will serve as Chair, the Anesthesiologist-in-Chief and the Director of Perioperative Services, and a representative of Hospital Administration and of Nursing. The Committee may include such other voting and such non-voting members as are appropriate.

12.17.2 Duties. The duties of the Committee include:

- (a) Enhancing patient safety and the quality of care of the operating room complex;
- (b) Reviewing operating room policies and making recommendations to the ECMS and CHOP with respect to those policies;
- (b) Serving as a resource for CHOP with respect to operating room management in the interests of improved patient care and efficiency; and
- (c) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.18 RESUSCITATION COMMITTEE

12.18.1 Members. The voting members of the Committee will include at least three Medical Staff Member, representing a cross-section of the appropriate clinical practices. The Committee may include such other voting and such non-voting members as are appropriate.

12.18.2 Duties. The duties of the Committee include:

- (a) Monitoring and evaluating CHOP's resuscitation program with particular emphasis in areas of acute patient care and rehabilitation;

- (b) Facilitating the education of medical personnel and the community at large about resuscitation;
- (c) Encouraging research in resuscitation; and
- (d) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.19 TRANSFUSION COMMITTEE

12.19.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff, including the Medical Director of the Blood Bank. The Committee may include such other voting and such non-voting members as are appropriate.

12.19.2 Duties. The duties of the Committee include:

- (a) Making recommendations with respect to the testing, administration and utilization of blood and blood products;
- (b) Reviewing CHOP's transfusion practices and blood product usage, with a view toward ensuring that blood and blood products are procured, stored, and administered appropriately;
- (c) Reviewing adverse reactions to blood products; and
- (d) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.20 TRANSPORT COMMITTEE

12.20.1 Members. The voting members of the Committee will include at least three Medical Staff members, representing a cross-section of the Medical Staff. The Committee may include such other voting and such non-voting members as are appropriate.

12.20.2 Duties. The duties of the Committee include:

- (a) Monitoring and evaluating the emergency transport system for transporting patients to and from CHOP; and

- (b) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.21 TRAUMA COMMITTEE

12.21.1 Members. The voting members of the Committee will include at least three Medical Staff Members representing a cross-section of appropriate clinical practices. The Committee may include such other voting and such non-voting members as are appropriate.

12.21.2 Duties. The duties of the Committee include:

- (a) Providing oversight to the trauma program;
- (b) Reviewing and evaluating the care of trauma patients to ensure continuing quality improvement;
- (c) Providing continuing education related to pediatric trauma;
- (d) Promoting compliance with the standards set by the Trauma Systems Foundation for pediatric trauma centers; and
- (e) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.22 UTILIZATION MANAGEMENT COMMITTEE

12.22.1 Members. The voting members of the Committee will include at least three Medical Staff Members, representing a cross-section of the Medical Staff. The Committee may have such other voting and such non-voting members as are appropriate.

12.22.2 Duties. The duties of the Committee include:

- (a) Encouraging effective and appropriate use of patient care resources;
- (b) Reviewing the reports of the Case Management Department related to appropriateness of admissions and lengths of stay;

- (c) Tracking and trending insurance denials and making recommendations for follow up actions; and
- (d) Fulfilling such other duties as may be assigned pursuant to these Bylaws or by the President of the Medical Staff, the ECMS, the Board or the President.

12.23 GENERAL PROVISIONS

- 12.23.1 Term. Unless otherwise specified, committee and task force members and chairs will be appointed for a term of one year, and will serve until the earlier to occur of (a) the end of such period and until the member's or chair's successor is appointed, or (b) the resignation or removal of such committee or task force member or chair.
- 12.23.2 Removal. Committee and task force members and chairs may be removed at any time with or without cause by the Officer, person(s) or body that appointed or elected them and will automatically cease to be committee or task force members or chairs if they cease to qualify for the committee slot to which they were appointed (such as a practitioner ceases to be a member of the Medical Staff and held a slot designated for a Staff Member) or as otherwise provided in these Bylaws or by contract and may be removed if good cause exists by the ECMS, President or Board.
- 12.23.3 Vacancies. Unless otherwise specifically provided, vacancies on any committee or task force, including the position of chair, will be filled in the same manner in which an original appointment to such committee was made.
- 12.23.4 Subcommittees and Committee Task Forces.
 - (a) Each committee and committee chair may establish one or more subcommittees or committee task forces to review such matters and make such recommendations to the committee as set forth in the mandate establishing the subcommittee or committee task force. Where required by these Bylaws or the ECMS, the committee and committee chair will establish the subcommittee or committee task force.

- (b) The committee chair will appoint a subcommittee or committee task force chair and other subcommittee or committee task force members. Each subcommittee or committee task force must have at least one member who is a voting member of the committee, unless otherwise approved by the ECMS or the President of the Medical Staff.
- (c) The majority of voting members of each subcommittee and committee task force will be members of the Medical Staff unless the ECMS and the President agree to make an exception.
- (d) The provisions relating to terms, removal, and vacancies of committees and task forces and their chairs will apply to subcommittees and committee task forces and their chairs.

**ARTICLE XIII
CONFIDENTIALITY, IMMUNITY, PEER REVIEW AND RELEASES**

13.1 AUTHORIZATION AND CONDITIONS

By applying for or maintaining Staff membership or applying for, exercising or maintaining Clinical Privileges, a Staff Member or applicant:

- (a) authorizes representatives of CHOP and the Medical Staff to solicit (including through investigations by internal or external reviewers), provide, and act upon information bearing upon, or reasonably believed to bear upon, the Staff Member's or applicant's professional ability and qualifications;
- (b) authorizes persons and organizations to provide information concerning such practitioner to the Medical Staff;
- (c) agrees to be bound by the provisions of this Article and by these Bylaws and to waive all legal claims against any representative of the Medical Staff or CHOP who acts in accordance with the provisions of these Bylaws; and
- (d) acknowledges that the provisions of this Article are express conditions to an application for Medical Staff membership, the continuation of such membership, and the exercise of Clinical Privileges at CHOP.

13.2 CHOP INFORMATION; CONFIDENTIALITY OF INFORMATION

13.2.1 CHOP Information. CHOP Information includes (i) all medical records and information about CHOP patients, in any form, including patient lists, CHOP patient records and physician records of Hospital Staff that are separate from CHOP patient records and (ii) institutional information, in any form, including CHOP records, payroll information, information about CHOP personnel, non-public CHOP business information, non-public CHOP research information, and other confidential business information. CHOP Information is the property of the CHOP. CHOP Information is to be utilized and protected in accordance with these Bylaws and Medical Staff and Hospital Policies, including the Confidentiality of Patient and Institutional Information Policy in CHOP's Administrative Manual.

13.2.2 Confidential Information. Patient information and other CHOP Information must be kept confidential in accordance with all legal requirements and in accordance with these Bylaws and Medical Staff and Hospital Policies, including the Confidentiality of Patient and Institutional Information Policy in CHOP's Administrative Manual. Effective peer review, including consideration of the qualifications of Medical Staff Members and applicants to perform specific

procedures, other initiatives designed to evaluate and improve the quality of care, and efforts to evaluate and improve cost effectiveness of care must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of CHOP, the Medical Staff, or committees, subcommittees or task forces except in conjunction with other CHOP, professional society, or licensing authority, is outside appropriate standards of conduct for this Medical Staff and disruptive to the operations of CHOP. Dissemination of confidential information and records may be made only where required by law, pursuant to Medical Staff or Hospital Policies; or with the express approval of the President.

13.2.3 Misappropriation of CHOP Information or Breach of Confidentiality. If it is determined that there is misappropriation of CHOP Information, as set forth in Section 13.2.1, or improper disclosure of Confidential Information, as set forth in Section 13.2.2, the ECMS may undertake such corrective action as it deems appropriate.

13.3 IMMUNITY FROM LIABILITY

Each representative of the Medical Staff or CHOP will be exempt, to the fullest extent permitted by law, from liability to a Medical Staff Member or applicant for damages or other relief (a) for any action taken or statements or recommendations made within the scope of his/her duties as a representative of the Medical Staff or CHOP and (b) by reason of providing information, including otherwise privileged or confidential information, to a representative of the Medical Staff or CHOP concerning such person who is, or has been, an applicant to or Member of the Staff or who did, or does, exercise Clinical Privileges or provide services at CHOP.

13.4 ACTIVITIES AND INFORMATION COVERED

The confidentiality and immunity provided by this Article will apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:

- (a) applications for appointment or reappointment of Staff membership or application, reapplication, granting or delineation of Clinical Privileges;
- (b) corrective action, including summary or automatic suspension;
- (c) hearings and appellate reviews;
- (d) medical care evaluation;
- (e) utilization reviews;

- (f) other Medical Staff or CHOP activities related to monitoring and maintaining quality patient care, appropriate professional conduct, and cost effectiveness of care, including participation on Medical Staff or CHOP committees; and
- (g) reports to peer review organizations, state licensure boards, the National Practitioner Data Bank and similar reports.

The acts, communications, reports, recommendations, and disclosures and other information referred to in this section 13.4 may relate to a Medical Staff Member's or applicant's professional qualifications, clinical competency, judgment, character, mental and emotional stability, physical condition, ethics, ability to work with others, professional liability claims and suits, or any other matter that might directly or indirectly have an effect on patient care or the practitioner's ability to function effectively in a health care institution or organization.

13.5 PEER REVIEW

The Staff and CHOP intend that all activities by or in response to the Medical Staff or Board, any committee, subcommittee or task force of the Staff or any committee, subcommittee or task force of the Board, or by or in response to any Staff Member, Board member, or CHOP employee or agent, will enjoy all confidentiality protections and immunities from liability and all other protections granted by the Pennsylvania Peer Review Protection Act, as amended, other Pennsylvania laws, peer review statutes in other states and jurisdictions as applicable, and by the Health Care Quality Improvement Act of 1986, as amended, and by any other similar statutes that may be enacted, if such activities are described in any such statute.

13.6 RELEASES

Each Medical Staff Member and applicant will, upon request of the Medical Staff or CHOP, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases will not be deemed a prerequisite to the effectiveness of this Article.

13.7 CUMULATIVE EFFECT

Provisions in these Bylaws, releases, applications, and other forms relating to authorizations, confidentiality of information, and immunities from liability are in addition to, and not in limitation of, other protections provided by law.

ARTICLE XIV GENERAL PROVISIONS

14.1 RULES AND REGULATIONS

Rules and Regulations reflecting medical practice, not inconsistent with these Bylaws, may be adopted and amended by the ECMS, with the approval of the President, or may be adopted and amended in the same manner as set forth in Article XV with respect to these Bylaws. Such Rules and Regulations will be considered a part of these Medical Staff Bylaws. Medical Staff Policies may be adopted and amended as permitted by the ECMS, with the approval of the President.

14.2 CONSTRUCTION OF TERMS AND HEADINGS

The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope of or affect any of the substantive provisions of these Bylaws.

14.3 AUTHORITY TO ACT

Any Staff Member who acts in the name of this Medical Staff without proper authority will be subject to such disciplinary action as the ECMS may deem appropriate.

14.4 NOTICES

Except where specific notice provisions are otherwise provided in these Bylaws, any and all notices, demands, or requests required or permitted to be mailed will be in writing, properly sealed, and will be sent through United States Postal Service, first-class postage prepaid or certified mail, return receipt requested, delivery by a nationally recognized delivery service, hand delivery, delivery by fax or delivery by e-mail to the office or home address of the recipient as shown in the records of the Medical Staff. Notice will be deemed effective on the earliest of the following dates: (a) the third day after a certified letter, return receipt requested, was sent, (b) the date delivered by a nationally recognized delivery service, and (c) the date of hand delivery if the notice was hand delivered, or (d) on the day of successful transmission if by fax or e-mail.

14.5 WAIVER OF NOTICE

Whenever any notice, written notice, or special written notice is required to be given to any Medical Staff Member or applicant under the provisions of these Bylaws, the refusal of the practitioner to accept the notice, the receipt by the practitioner of the information required to be communicated by the notice irrespective of the manner of communication, the appearance of the practitioner at the meeting to which the required notice related, or a waiver of notice in writing signed by the practitioner entitled to notice, whether before or after the time stated therein, will be deemed equivalent to the giving of such notice at the required time and in the required manner.

ARTICLE XV
ADOPTION AND AMENDMENT OF BYLAWS

15.1 ADOPTION AND AMENDMENT. These Bylaws may be amended, and new Bylaws may be adopted, as set forth in this section 15.1.

15.1.1 Amendment. These Bylaws may be amended, and new Bylaws may be adopted:

- (a) by the vote of a majority of the voting members of the Medical Staff at a meeting at which a quorum, as defined in Article 11.3, is present, and with approval of the Board; or
- (b) by presentation of the proposed amendment (s) to the voting members of the Medical Staff via U.S. Mail or electronic mail and vote by U.S. Mail or electronically of a majority of a quorum of the voting members within 15 calendar days of presentation and with approval of the Board.

15.1.2 Amendment by Board. If the Board recommends the amendment of these Bylaws or the adoption of new Bylaws to the ECMS and the Medical Staff and they fail to take affirmative action on the proposal within 60 business days thereafter, the Board will make all reasonable efforts to gain ECMS or Medical Staff approval. In the event of a documented need for an urgent amendment of the Medical Staff Bylaws to comply with local, State or Federal laws and regulations, or to address a documented concern that could adversely affect patient safety or quality of care, the Board shall exercise its authority in such a situation to unilaterally amend the Medical Staff Bylaws or Rules & Regulations as necessary to address an issue of quality, patient safety, liability, regulatory compliance, legal compliance, or other critical obligations of the Hospital. In such a situation, the Board's amendment shall be final, and all voting members of the Medical Staff shall be notified of the amendment within ten business days of the amendment becoming final.

15.2 PROCEDURE

Upon the request of the President of the Medical Staff, the ECMS, the Board, the President, the Bylaws Committee, or upon timely written petition to the ECMS or to the BOT signed by at least ten percent of the members of the Medical Staff in good standing who are entitled to vote, consideration will be given to amendment of these Bylaws. Such action will be taken at the next meeting of the Medical Staff provided at least ten calendar days notice of the proposed change(s) was sent to all Staff Members entitled to vote.

15.3 APPROVAL

Bylaw changes or new Bylaws adopted by the Medical Staff will be subject to and become effective only following approval by the Board. The ECMS will advise all Staff Members of the approval and, distribute to all Staff Members. Distribution may be made by e-mail or by advising Staff Members to access a website that is available to them.

**APPENDIX I
MEDICAL STAFF RULES AND REGULATIONS**

1. GENERAL

Adherence to all rules, regulations, and responsibilities as set forth in these Bylaws and other Medical Staff and Hospital Policies is mandatory for all members of the Medical Staff. Medical Staff Members may participate in and render care to patients only within the scope delineated in each Staff Member's current Clinical Privileges.

2. ATTENDING PHYSICIAN/DENTIST

- 2.1 Defined. All inpatients will be cared for by an Attending Physician or Attending Dentist who must be a member of the Medical Staff. The Attending Physician or Attending Dentist is responsible for management of the care of his/her patients.
- 2.2 Admission to CHOP. Every patient will be admitted to CHOP based upon medical or dental requirements, regardless of race, color, national origin, ancestry, religion, sex, sexual orientation, marital status, actual or perceived disability, or other unlawful basis, to the service of a physician or dentist who is a member of the Medical Staff with admitting privileges. The Attending Physician or Attending Dentist to whose service the patient is admitted will be responsible for the medical or dental decisions, as applicable, regarding his/her patient. The Attending Physician or Attending Dentist is responsible for supervising the residents and fellows, Licensed Dependent Practitioners, and other health care providers working under his/her direction and assisting in the care of the patient other than residents and fellows, Licensed Dependent Practitioners, and other health care providers supervised by a consulting service.
- 2.3 Provisional diagnosis, initial assessment, history and physical. Within 24 hours of admission, the Attending Physician and/or his/her designee(s) (or, in the case of a patient admitted to the service of a dentist, a physician member of the Hospital Staff or his/her designee(s)) will make an initial examination and assessment of the patient, perform a history and physical of the patient, and render a provisional diagnosis. Evidence of the responsibility of the Attending Physician (or, in the case of a patient admitted to the service of a dentist, evidence of the responsibility of the physician member of the Hospital Staff) in the initial assessment, history and physical, and development of a provisional diagnosis must be evident in the medical record in the form of a written note by the Attending Physician (or in the case of a patient admitted to the service of a dentist, by the physician member of the Hospital Staff).

- 2.4 Development of patient care plan. As soon as possible after admission, based upon the provisional diagnosis, the Attending Physician or Attending Dentist will determine a plan for management of the patient. The Attending Physician or Attending Dentist will ensure that the appropriate treatment is rendered, the appropriate tests are ordered, and the appropriate procedures are performed based on the medical needs of the patient. The Attending Physician or Attending Dentist will review this patient care plan daily, and more frequently if needed, and amend it as appropriate. The Attending Physician or Attending Dentist is responsible for communication of the treatment plan to the other care providers involved in treating the patient. When implementation of the care plan is to be partially delegated to other providers, it is the responsibility of the Attending Physician or Attending Dentist to make sure that such delegation is appropriate to the training, experience and competence of those other providers and to communicate in detail the Attending Physician's or Attending Dentist's expectation of each provider's role. In circumstances in which a patient is admitted to a unit requiring joint care by two different Attending Physicians of record, both physicians must together devise the patient care plan upon admission to the unit, and at least once each day thereafter. The patient care plan, and any changes thereto, must be documented in the medical record. The Attending Physician's/Dentist's responsibility in development of the patient care plan must be evident in the medical record in the form of a written note by the Attending Physician/Dentist.
- 2.5 Involvement of Consulting Services. When an Attending Physician or Attending Dentist requests a consultation from a medical service other than his/her area of expertise, the Attending Physician or Attending Dentist is required to either discuss with the consulting practitioner his/her findings and recommendations, or read the consulting practitioner's progress note summarizing findings and recommendations and incorporate such recommendations as the Attending Physician/Dentist deems necessary for the treatment of the patient into the patient care plan.

- 2.6 Patient Transfer. A patient remains on the service of the Attending Physician/Dentist who admitted him/her unless officially transferred to the service of another physician/dentist with admitting privileges at CHOP in accordance with Hospital Policies relating to patient transfers. Upon transfer of the patient to another Attending Physician's/Dentist's service, the immediately preceding Attending Physician/Dentist or his/her designee and the subsequent Attending Physician/Dentist or his/her designee will comply with Hospital Policies relating to patient transfers, including with respect to (a) entering the transfer order in the patient's record, (b) writing a note in the record describing the transfer, (c) ensuring notification to the Admissions Office of the transfer, and (d) ensuring that the new Attending Physician/Dentist or his/her designee is aware of, and has agreed to accept, the transfer.
- 2.7 Discharge from CHOP. The decision to discharge a patient is a non-delegable duty of the Attending Physician/Dentist. The Attending Physician/Dentist must see the patient prior to discharge or, when medically appropriate, see the patient within 24 hours of discharge and leave specific discharge criteria for the provider who is to see the patient prior to discharge. The Attending Physician/Dentist is responsible for assuring that the patient has appropriate instructions at discharge. The decision to discharge, with any accompanying discharge instructions, must be documented in the medical record by the Attending Physician/Dentist or his/her designee.
- 2.8 Autopsies. Attending Physicians should actively try to obtain consent for autopsies on all patients who expire at CHOP in accordance with CHOP's Autopsy Policy in CHOP's Patient Care Manual.
- 2.9 Outpatients. Each patient seen on an outpatient basis, whether it is for a visit, a surgical/medical procedure, a radiological procedure, or in the Emergency Department, will be assigned to an Attending Physician, Attending Dentist in the case of a dental visit or procedure, or Licensed Independent Practitioner when within such person's Clinical Responsibilities, who is responsible for the care of the patient. Record of the treatment provided the patient during the outpatient encounter, including a history and physical if appropriate pursuant to Policies, will be documented in the medical record by the Attending Physician, Attending Dentist or Licensed Independent Practitioner in the form of a written note. The decision to discharge a patient from the outpatient setting is the responsibility of the Attending Physician, Attending Dentist or Licensed Independent Practitioner, who also is responsible for assuring that the patient has appropriate discharge instructions.

3. CONSULTING PHYSICIANS/DENTISTS

- 3.1 Defined. A consulting physician or dentist is a member of the Medical Staff from whom a patient's Attending Physician requests an evaluation. Typically such evaluations are requested because the medical opinion requested falls outside the area of expertise of the patient's Attending Physician or Attending Dentist.
- 3.2 Communication of Findings. Each consulting physician or dentist must document in writing in the medical record as soon as possible, but in all events within 24 hours of the consult, his/her findings and recommendations relative to the reason the consultant was asked to participate in the care of the patient.

4. MEDICAL RECORD RESPONSIBILITIES

- 4.1 General Responsibilities. All treatment provided to patients, including diagnosis, treatment plans, treatment regimens, procedures performed, and discharge instructions, must be documented in accordance with Medical Staff and Hospital Policies by the appropriate care provider. The Attending Physician, Attending Dentist or Licensed Independent Practitioner is responsible for maintaining complete medical records on his/her patients, in accordance with Hospital Policies.
- 4.2 Timely Completion. Medical records must be completed within 30 calendar days following discharge. Procedures periodically developed by the Health Information Management Committee and approved by the ECMS and CHOP will apply. Such procedures will specify sanctions to be applied to Medical Staff members and Licensed Independent Practitioners who fail to abide by procedures for timely completion of medical records.
- 4.3 Custody. All medical records of patients treated at CHOP are the property of CHOP and may not be removed from CHOP without permission of the Health Information Department Director or his/her designee, pursuant to Hospital Policies.

5. SUPERVISION OF MEDICAL TRAINEES

Residents and Fellows are medical trainees who are at CHOP to further their education and training. The Medical Staff is directly responsible for overseeing all aspects of patient care, including supervision and education of the medical trainees. With respect to each patient, the Attending Physician or Attending Dentist must confer daily with the residents and fellows regarding the medical management plan for each patient and the specific monitoring and other tasks required of the medical trainees, setting forth possible significant complications and events that might be anticipated and the

appropriate response to each, including when the resident/fellow is to call the Attending Physician or Attending Dentist with respect to advice as to each specific patient. When implementation of the patient management plan is to be partially delegated to a resident or fellow, the Attending Physician or Attending Dentist must assure that the delegation is appropriate to the individual's training, experience and competence, and such delegation must be communicated in detail. Documentation in the medical record of oversight of the residents and fellows by the Attending Physician or Attending Dentist must be present in the progress notes.

6. PATIENT CARE ORDERS

- 6.1 General. All orders for tests and treatment of patients must be made in writing by a physician, dentist, Licensed Practitioner or other health care provider who is authorized to do so in accordance with these Bylaws, and Medical Staff and Hospital Policies. Verbal orders may be accepted by qualified staff only under urgent circumstances when it is impractical for such orders to be written in accordance with Hospital Policies.
- 6.2 Giving Verbal Orders. Verbal orders may be given only by a physician, dentist, nurse practitioner, or other health care provider who is authorized to do so in accordance with these Bylaws and Medical Staff and Hospital Policies, including the Patient Care Ordering Processing Policy in CHOP's Patient Care Manual. .
- 6.3 Accepting Verbal Orders. Registered nurses and nurse practitioner who have appropriate knowledge of the patient and the clinical practice area may accept verbal orders. Registered respiratory therapists, pharmacists and physical therapists may accept verbal orders only in their area of specialty. Other health care providers may accept verbal orders only to the extent, if any, permitted to do so pursuant to a specific Medical Staff or Hospital Policy.
- 6.4 Documentation of Verbal Orders. Health care providers will follow Medical Staff and Hospital Policies regarding documentation of verbal orders, both in terms of accepting the order, and giving the order.
- 6.5 Protocols and Standing Orders. Protocols and standing orders may be activated only by a physician, dentist, or Licensed Practitioner, provided that such person has been authorized to do so in accordance with these Bylaws and Medical Staff and Hospital Policies.

7. MEDICATION USE

The Medical Staff and residents and fellows must follow the policies and procedures outlined in the formularies for CHOP in prescribing drugs, as well as other Medical Staff and Hospital Policies relative to drug administration.

8. INFORMED CONSENT

It is the duty of the Attending Physician or Attending Dentist to assure that informed consent is obtained for surgery, procedures and treatment requiring consent. Although the task of obtaining consent may be delegated to other health care workers, the Attending Physician/Dentist ultimately remains responsible for ensuring that informed consent is received and documented. Informed consent includes an explanation of the nature of the proposed surgery/procedure/treatment, the risks of the surgery/procedure/treatment, the benefits of the surgery/procedure/treatment, and the alternatives to the surgery/procedure/treatment including the alternative of not performing the surgery/procedure/treatment. Physicians and dentists are to seek guidance from the detailed Consent Policy in CHOP's Patient Care Manual.

9. USE OF HUMAN SUBJECTS IN RESEARCH

Physicians, dentists and other investigators must obtain approval from the Committee(s) for Protection of Human Subjects for all activities requiring such approval prior to initiating any such activity.

APPENDIX II
GRADUATE MEDICAL TRAINEES

1. GRADUATE MEDICAL TRAINEES

- 1.1 General. Adherence to all rules, regulations, and responsibilities as set forth in these Bylaws and other Medical Staff and Hospital Policies is mandatory for all Graduate Medical Trainees.
- 1.2 Defined. Graduate Medical Trainees are physicians and dentists who either (i) meet the qualifications for and are accepted to a CHOP-approved residency or fellowship training programs or (ii) are rotating at CHOP from other institutions pursuant to a graduate education affiliation agreement.
- 1.3 Eligibility and Selection. Eligibility and selection guidelines are delineated in the Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Graduate Medical Trainees.
- 1.4 Qualifications. The qualifications for a Graduate Medical Trainee include:
- (a) meet the qualifications for Graduate Medical Trainees set forth in this section 1.4 and in Hospital and Medical Staff Policies applicable to Graduate Medical Trainees; and
 - (b) maintain any legally required license in each state in which CHOP has a facility at which the Graduate Medical Trainee may train (and, if required by law, in each state in which the Graduate Medical Trainee may train under CHOP auspices via telemedicine) and any additional licenses required by CHOP or the Medical Staff.
- 1.5 Medical Staff Membership. Graduate Medical Trainees may not be Members of the Medical Staff with the following exceptions:
- (a) the Chief Residents in Pediatrics and Surgery; and
 - (b) subspecialty Graduate Medical Trainees who are qualified to moonlight as Attending Physicians in accordance with guidelines delineated in the Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Graduate Medical Trainees.

2. RIGHTS AND RESPONSIBILITIES OF GRADUATE MEDICAL TRAINEES

Graduate Medical Trainees whose education and training involve clinical activities have certain rights and responsibilities with respect to their involvement in the care of patients. The Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Trainees describe those rights and responsibilities.

3. CORRECTIVE ACTION

3.1 Corrective Action. Graduate Medical Trainees may be subject to corrective action for failure to adhere to appropriate patient care, moral, ethical, academic or professional standards, failure to properly and timely complete medical records, violation of the policies, procedures, or requirements of the State Board of Medicine of any jurisdiction in which the Graduate Medical Trainee holds a license, violation of the policies, procedures, protocols, guidelines, rules, regulations, or other requirements of the Division or Department in which the Graduate Medical Training is serving, violation of the Medical Staff Bylaws or Hospital or Medical Staff Policies, or violation of any other term of the Graduate Medical Trainee's employment training status.

3.2 Authority. The Chair and/or Graduate Medical Education (GME) Program Director of the Department to which the Graduate Medical Trainee is assigned is responsible for corrective action decisions. Corrective action varies with the seriousness of the offense committed and the standing of the Graduate Medical Trainee involved. Corrective actions are delineated in the Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Graduate Medical Trainees.

4. SUMMARY SUSPENSION

4.1 Grounds. Summary suspension of a Graduate Medical Trainee may be imposed if the Graduate Medical Trainee: (a) disregards or violates the Medical Staff Bylaws or Medical Staff or Hospital Policies applicable to Graduate Medical Trainees, (b) engages in conduct, or it reasonably is believed that the Graduate Medical Trainee may engage in conduct, that requires prompt action to be taken to protect the health, life or well-being of any patient, prospective patient, or other person at CHOP, (c) engages in conduct that materially disrupts any aspect of CHOP's operations, (d) exhibits signs of impairment, including but not limited to alcohol or illegal drug use, while providing, or available to provide, patient care services at CHOP or (e) fails without good cause to appear at a meeting that the Graduate Medical Trainee is requested to attend and scheduled for the purpose of discussing the Graduate Medical Trainee's practice or conduct or to cooperate fully at such a meeting.

- 4.2 Authority. Any one of the President of the Medical Staff, the Chair of the Department to which the Graduate Medical Trainee is assigned or the Graduate Medical Education (GME) Program Director has joint authority with the President of the Hospital, the Chief Operating Officer or the CMO of CHOP to summarily suspend all or any portion of the training position of a Graduate Medical Trainee. Unless otherwise stated, such summary suspension or restriction will become effective immediately upon imposition. The summary suspension or restriction may be limited in duration and will remain in effect for the period stated or, if not so limited, will remain in effect until resolved by the procedures specified in the Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Graduate Medical Trainees.

5. TERMINATION/DISMISSAL

- 5.1 Termination. Appointment as a Graduate Medical Trainee terminates upon completion of the Trainee's training program, or upon resignation or dismissal from such program prior to completion.
- 5.2 Appeal. A Graduate Medical Trainee may be dismissed for any reason whatsoever by the Chair of the Department or Chief of the Division to which he/she is assigned, so long as the dismissal is not based on discrimination because of sex, race, religion, national origin, or other unlawful basis. The Director will provide the Graduate Medical Trainee with a written dismissal. The dismissal may be appealed by the Graduate Medical Trainee who is adversely affected in accordance with the guidelines delineated in the Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Graduate Medical Trainees.

6. GRADUATE MEDICAL TRAINEES MOONLIGHTING AS RESIDENTS OR FELLOWS

- 6.1 Programs Other than those Sponsored by CHOP. A graduate medical trainee who will be engaged in clinical moonlighting activities at CHOP with clinical responsibilities and oversight that is the same as a resident or fellow but whose activities are not part of (i) a CHOP-approved clinical residency or fellowship training program or (ii) a rotation at CHOP from another institution pursuant to a graduate education affiliation agreement, will be credentialed as Level II Hospital Staff. Such graduate medical trainees are required to adhere to all rules, regulations, and responsibilities as set forth in these Bylaws and other Medical Staff and Hospital Policies and to those portions of the Resident and Fellow Policy Manual and other Hospital and Medical Staff Policies applicable to Trainees to the extent that they relate to medical practice and oversight.

- 6.2 Programs Sponsored by CHOP. In the usual situation, where a Graduate Medical Trainee is engaged in clinical activities in the capacity of a resident or fellow beyond the hours that are customary for such training and for which he/she may be receiving additional compensation, such activities will be considered to be part of the person's CHOP-approved clinical residency or fellowship training program or rotation at CHOP from another institution pursuant to a graduate education affiliation agreement. In unusual situations, where that is not the case, the Graduate Medical Trainee will be treated as moonlighting as a resident or fellow outside of his/her status as a Graduate Medical Trainee and will be credentialed with respect to specific Clinical Responsibilities as in Section 6.1.

APPENDIX III LICENSED PRACTITIONERS

1. LICENSED PRACTITIONERS

- 1.1 General. Adherence to all rules, regulations and responsibilities as set forth in these Bylaws and other Medical Staff and Hospital Policies is mandatory for all Licensed Practitioners (LPs).
- 1.2 Defined. LPs are licensed health care professionals, other than licensed physicians or dentists, who are permitted to practice or provide professional services at CHOP and to exercise independent judgment within the area of his/her professional competence and limits established by the Board, the Staff and applicable law. This may include physician assistants, certified registered nurse practitioners, certified registered nurse anesthetists, psychologists, clinical social workers, speech therapists, occupational therapists, physical therapists, and other qualified health professionals.
- 1.3 Provision of Services. No LP, including those employed by CHOP, those employed by a CHOP-affiliated practice plan, those employed by a Medical Staff Member or those under contract with CHOP, CHOP-affiliated practice plan, or Medical Staff Member, will provide medical or health-related services to patients at CHOP unless (a) he/she is a member of the LP Staff and has been granted the Clinical Responsibilities to provide such services in accordance with the procedures set forth in these Medical Staff Bylaws or (b) he/she has been granted Temporary Clinical Responsibilities or Emergency Clinical Responsibilities to provide such services in accordance with the procedures set forth in these Medical Staff Bylaws.
- 1.4 Categories. There are two categories of Licensed Practitioners: (i) Licensed Independent Practitioners (LIPs) and (ii) Licensed Dependent Practitioners (LDPs).
- 1.5 No Entitlement to Medical Staff Appointment. No individual has a right to serve as an LP at CHOP or to any specific Clinical Responsibilities. LPs are not eligible for appointment to the Medical Staff of CHOP, or entitled to the rights, privileges, and/or prerogatives attendant with Medical Staff Membership.

2. LICENSED INDEPENDENT PRACTITIONERS

2.1 Defined. LIPs are LPs who are permitted by law, the Medical Staff and CHOP to practice independently at CHOP. An LIP may provide services within the specific Clinical Responsibilities granted pursuant to these Bylaws and in accordance with these Bylaws and Medical Staff and Hospital Policies.

2.2 Qualifications for Appointment and Clinical Responsibilities

- (a) LIPs must (1) be eligible to apply for the LIP Staff of CHOP, (2) complete an application for LIP Staff appointment and for specific Clinical Responsibilities, and (3) be approved by the Credentials Committee, or subcommittee thereof to which such task has been delegated.
- (b) LIPs must meet the qualifications applicable to their area of practice as established by the ECMS and CHOP and the relevant Department, including applicable licensure or certification; appropriate experience, education and training; professional competence; and good judgment; appropriate personal and professional qualifications; adequate physical and mental health status so as to demonstrate professional and ethical competence; and required professional liability coverage.

3. LICENSED DEPENDENT PRACTITIONERS

3.1 Defined. LDPs are LPs who may provide services only under the direction of a Medical Staff Member who has Clinical Privileges in the clinical practice area of the LDP; is immediately available through direct communications or by radio, telephone or telecommunications with the LDP; and who has assumed full responsibility for the LDP's practice.

3.2 Qualifications for Appointment and Clinical Responsibilities

- (a) LDPs must meet the qualifications applicable to their area of practice as established by the ECMS and CHOP and the relevant Department, including applicable licensure or certification; appropriate experience, education and training; professional competence and good judgment; appropriate personal and professional qualifications; adequate physical and mental health status so as to demonstrate professional and ethical competence; and required professional liability coverage;

- (b) LDPs who are on the CHOP or CHOP-affiliated practice plan payroll or are under contract with CHOP or CHOP-affiliated practice plan may be credentialed by CHOP's Human Resources Department and/or Nursing Department, with such credentialing to include primary source verification of licensure, certification and education, querying the National Practitioner Data Bank and other applicable databases as appropriate, and such other requirements as may be imposed by the Credentials Committee, or such subcommittee thereof to which such task has been delegated, the ECMS or CHOP. If such credentialing is performed by CHOP's Human Resources Department and/or Nursing Department, then such Department will meet with the Credentials Committee, or such subcommittee thereof to which such task has been delegated, at least annually, or more frequently if requested by the Credentials Committee or subcommittee, to report on its credentialing activities.
- (c) LDPs, other than those credentialed as in (b), will be approved by the Credentials Committee, or subcommittee thereof to which such task has been delegated, in a manner similar to LIPs.

4. APPLICATIONS FOR INITIAL APPOINTMENT AND REAPPOINTMENT

- 4.1 Forms. An application form for initial appointment and an application form for reappointment will be developed by the Credentials Committee, or subcommittee thereof to which such task has been delegated, and approved by the ECMS and the President. The entire application process, including communications regarding an applicant's credentials and the application process, is part of the peer review process of the Medical Staff.
- 4.2 Review and Consideration. The Credentials Committee, or subcommittee thereof to which such task has been delegated, will review the completed application, including references, information relating to professional competence, qualifications, practice patterns, prior behavior and ethical standard and determine whether the person qualifies for membership on the LP Staff and, if so, the specific Clinical Responsibilities to be granted. The Credentials Committee, or subcommittee thereof to which such task has been delegated, will consider an application within 90 business days of completion and send a notice to the person with respect to its action on the application. If the action involves a denial or restriction on LP Staff membership or Clinical Responsibilities, the notice will include the reasons and, in the case of a denial or restriction on reappointment, set forth the hearing rights available.

5. BURDEN OF PRODUCING INFORMATION

In connection with all applications for appointment, reappointment, additional Clinical Responsibilities, advancement, or transfer, the applicant or LP has the burden of producing information for an evaluation of the applicant's or LP's qualifications and suitability for the Clinical Responsibilities and status requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. This burden may include submission to a medical or psychological examination, which will not be paid by the ECMS or Medical Staff, if deemed appropriate by the President, CMO or Credentials Committee, or subcommittee thereof to which such task has been delegated, which may select the examining physician, psychologist or other appropriate medical professional. The applicant or LP has a duty to advise the Credentials Committee, or subcommittee thereof to which such task has been delegated, within 15 business days, of any change with respect to information previously submitted by him/her related to his/her credentials. The failure of an applicant or LP to comply with these duties will be grounds for ineligibility of the applicant or termination of the LP's Clinical Responsibilities and loss of LP Staff status.

6. DURATION OF APPOINTMENT AND REAPPOINTMENT

Initial appointments as an LP will be for a period up to two years, but not beyond the period that the appointment group of which the LP is part is up for recredentialing. Reappointments will be for a period of up to two years.

7. AGREEMENT

By applying for appointment or reappointment and by maintaining status as an LP, each person:

- 7.1 signifies his/her willingness to appear for interviews in regard to any application;
- 7.2 authorizes consultation with members of the staff of other hospitals and others who have been associated with him/her and who may have information bearing on his/her competence, qualifications, performance, ability to work cooperatively and professionally with others, and ethical qualifications, and authorizes such individuals and organizations to candidly provide all such information;
- 7.3 consents to the inspection of all records and documents that may be material to an evaluation of his/her qualifications and ability to carry out the Clinical Responsibilities requested, as well as his/her moral and ethical qualifications as an LP, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;

- 7.4 agrees to submit to a medical and/or psychological examination, which will not be paid by the ECMS or Medical Staff, as requested by the President, CMO or Credentials Committee, or subcommittee thereof to which such task has been delegated, which may select the examining physician, psychologist or other appropriate medical professional, either during processing of his/her appointment or reappointment application or any time during his/her appointment as an LP;
- 7.5 consents to the release of information by hospitals, other organizations and individuals of information requested by CHOP or its representatives in connection with evaluating the applicant as an LP;
- 7.6 releases from any liability, to the fullest extent permitted by law, CHOP and all persons for their acts performed in connection with investigating and evaluating the applicant as an LP and all those providing information involving the credentialing or recredentialing process;
- 7.7 consents to the disclosure to other hospitals, medical societies, licensing boards, the National Practitioner Data Bank, and any other entity to which disclosure is required by law, any information regarding his/her professional or ethical standing that CHOP or the Medical Staff may have, and releases the Medical Staff and CHOP from liability for so doing to the fullest extent permitted by law;
- 7.8 pledges to maintain an ethical practice, including refraining from fee rebates or other inducements for patient referral, seeking consultation whenever necessary, not deceiving patients as to the identity and status of the LP, and not delegating patient care responsibility to unqualified or inadequately supervised persons;
- 7.9 agrees to be bound by these Medical Staff Bylaws and applicable Medical Staff and Hospital Policies and to limit his/her practice to the exercise of permitted Clinical Responsibilities; and
- 7.10 agrees to treat patient, CHOP and Medical Staff information confidentially.

8. TEMPORARY CLINICAL RESPONSIBILITIES

- 8.1 Grant or Renewal. The President, upon the written concurrence of the President of the Medical Staff or the Chair of the Department concerned, may grant or renew the grant of Temporary Clinical Responsibilities to an appropriately licensed LP where (a) good cause exists or (b) where a new applicant with a completed application is waiting for review and recommendation. Good cause may exist, for example, where the services of the practitioner are needed in the case of a specific patient or to teach or learn a clinical service or where a practitioner is needed to cover temporarily for a member of the LP Staff who

becomes ill or is on leave. Such Temporary Clinical Responsibilities may be restricted to the care of a specific patient, limited to teaching or learning specific clinical procedures, subject to specific proctoring requirements or restricted as otherwise deemed appropriate, and will be limited to a period not to exceed 120 calendar days. Where Temporary Clinical Responsibilities are granted pursuant to (b), the results of the National Practitioner Data Bank query must have been obtained and evaluated, if applicable, there must be no current or previously successful challenge to the applicant's licensure or registration, the applicant must not have been subject to involuntary termination of medical staff membership at another organization and the applicant must not have been subject to involuntary limitation, reduction, denial, or loss of clinical privileges.

- 8.2 Criteria. Prior to the granting of Temporary Clinical Responsibilities, the President will assure that the practitioner is appropriately licensed and insured, and, if required, the National Practitioner Data Bank and any other applicable database have been properly queried, appears to have the qualifications, ability and judgment for such Temporary Clinical Responsibilities, and meets any other required criteria for Temporary Duties.
- 8.3 Supervision. In exercising such Temporary Clinical Responsibilities, the practitioner will act under the supervision of the Chair of each applicable Department, the President of the Medical Staff, or such other practitioner(s) to whom he/she is assigned. It is the obligation of the practitioner to ensure that the Chair, President of the Medical Staff, or such other practitioner(s) to whom the practitioner is assigned is kept closely informed as to his/her activities within CHOP.
- 8.4 Termination. Temporary Clinical Responsibilities will automatically terminate at the end of the designated period, unless earlier terminated by the President or unless affirmatively renewed as set forth in section 8.1 hereof. If Temporary Clinical Responsibilities are terminated by the President, as they may be at any time, the appropriate Department Chair(s) or Division Chief(s) will assure appropriate coverage for such person's patient care responsibilities.
- 8.5 Bound. All LPs requesting or receiving Temporary Clinical Responsibilities will be bound by the Medical Staff Bylaws, and applicable Medical Staff and Hospital Policies.
- 8.6 No Rights. A practitioner will not be entitled to the procedural rights afforded by sections 10 and 11 hereof because a request for the grant or renewal of Temporary Clinical Responsibilities is refused or because all or any portion of the Temporary Clinical Responsibilities are terminated or suspended.

9 EMERGENCY CLINICAL RESPONSIBILITIES

Emergency Clinical Responsibilities may be granted by the President of the Medical Staff, President or CMO in accordance with CHOP's emergency credentialing policy when CHOP's emergency medical plan has been activated and CHOP is unable to handle the immediate patient needs. In an emergency, existing LP Staff Members with Clinical Responsibilities will be deemed to have Temporary Clinical Responsibilities to provide any patient care necessary as a life-saving measure or to prevent serious harm, regardless of his/her Clinical Responsibilities, if the care provided is within the scope of the practitioner's license.

10 TERMINATION, MODIFICATION AND SUSPENSION OF STAFF STATUS AND CLINICAL RESPONSIBILITIES

- 10.1 If the LP is an employee of or under contract with CHOP, CHOP may terminate or suspend the LP in accordance with Hospital Policies regarding employment, termination, and suspension, including the due process rights set forth in such Policies. The person's LP Staff status and Clinical Responsibilities will terminate automatically upon such termination and the person's LP Staff status and Clinical Responsibilities will be suspended automatically upon such suspension.
- 10.2 If the LP is not employed by or under contract with CHOP, the person's status as an LP may be terminated, modified or suspended:
- (a) automatically upon termination or suspension of the Staff appointment of the Staff Member-employer/contractor;
 - (b) automatically upon termination or suspension of the Staff Member-employer/contractor's Clinical Privileges;
 - (c) automatically upon loss by the LDP of licensure or other qualification for LDP status or Clinical Responsibilities;
 - (d) at the discretion of the Staff Member-employer/contractor;
 - (e) if the LP disregards and/or violates these Bylaws or Medical Staff Policies or Hospital Policies;
 - (f) if the LP engages in conduct, or it is reasonably believed that the LP may engage in conduct, that requires prompt action be taken to protect the health, life or well-being of any patient, prospective patient, or other person at CHOP;
 - (g) if the LP engages in conduct that materially disrupts any aspect of CHOP's operations;

- (h) if the LP exhibits signs of impairment, including but not limited to alcohol or drug use, while providing, or available to provide, patient care services at CHOP;
- (i) if the LP fails without good cause to appear at a meeting the LP is requested to attend scheduled for the purpose of discussing the LP's practice or conduct or to cooperate fully at such a meeting;
- (j) if the LP fails to maintain professional liability insurance as required;
- (k) if the LP is convicted of a felony or any criminal offense involving the use or possession of drugs or alcohol;
- (l) if the LP is excluded or suspended from Medicare, Medicaid, CHAMPUS/TRICARE or participation in another government health care program;
- (m) if the LP fails to complete medical records in accordance with the Medical Staff Bylaws, or Medical Staff or CHOP Bylaws;
- (n) if the LP impersonates a physician;
- (o) if the LP supplies false, misleading or otherwise untrue information in connection with credentialing, recredentialing or a Medical Staff inquiry;
- (p) if the LP engages in conduct suggesting professional incompetence, misconduct, or negligence in performance of duties; and
- (q) if the LP performs duties beyond that permitted by CHOP, law or the Clinical Responsibilities granted.

10.3 In the event that CHOP terminates, adversely modifies or suspends the LP Staff status and/or Clinical Responsibilities, other than Temporary or Emergency Clinical Responsibilities, of an LP who is not employed by or under contract with CHOP, or seeks to bring proceedings to do so, CHOP will provide written notice of the reasons and set forth the hearing rights available.

11 APPEAL RIGHTS

- 11.1 Request for Hearing. In the event that CHOP terminates, adversely modifies or suspends the LP Staff status and/or Clinical Responsibilities of an LP who is not employed by or under contract with CHOP, or seeks to bring proceedings to do so, the person will have a right to request a hearing within 30 calendar days of transmittal of the notice so advising him/her.
- 11.2 Hearing Procedures. Within 30 calendar days of receiving a request for a hearing, the CMO will appoint a panel of up to three individuals, who may be members of the Medical Staff, members of the LP Staff and/or members of the Hospital Administration, to hear the matter. If more than one person is appointed, the CMO will appoint one panel member to serve as the Presiding Officer.
- 11.3 Presiding Officer. The Presiding Officer will determine the procedures that the panel will follow with regard to review of information and other matters. The person who requested the hearing will have an opportunity to meet with the panel to present his/her position in a time, place, and manner to be determined by the Presiding Officer. The person who requested the hearing will not have the right to be represented by counsel in his/her meeting with the panel. The person requesting the hearing has the burden of proving that the recommended action has no basis in fact. The panel may, but is not obligated to, review medical files or other documents and interview such other persons as it deems appropriate. Within sixty calendar days of the hearing, the panel should forward a written report of its findings, including a recommendation of whether the termination should be upheld, to the Credentials Committee. Within 30 calendar days after receipt of the panel's report, the Credentials Committee will decide whether to uphold the termination and will advise the person who requested the appeal of its decision in writing. The decision of the Credentials Committee will be reported to the ECMS. The ECMS will make the final decision concerning the hearing. The ECMS decision will be forwarded to the affected individual.
- 11.4 Article VIII Inapplicable. LPs are not entitled to the procedural rights afforded by Article VIII of the Medical Staff Bylaws.