



MEDICAL STAFF BYLAWS
OF
PAWNEE VALLEY COMMUNITY HOSPITAL

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PAWNEE VALLEY COMMUNITY HOSPITAL

ADOPTION

- (a) These Medical Staff Bylaws are adopted and made effective upon approval of the Board, superseding and replacing any and all previous Medical Staff Bylaws, and henceforth all activities and actions of the Medical Staff and of each individual exercising clinical privileges at the hospital shall be taken under and pursuant to the requirements of these bylaws.

- (b) The present rules and regulations of the Medical Staff are hereby readopted and placed into effect insofar as they are consistent with these bylaws, until such time as they are amended in accordance with the terms of these bylaws.

Adopted by the Medical Staff of Pawnee Valley Community Hospital this 23rd day of June, 2010.

/s/ _____

Matt Heyn

Hospital Chief Executive Officer

/s/ _____

David W. Sanger, MD

Chief of Staff

Approved by the Board of Pawnee Valley Community Hospital this 28th day of June, 2010.

/s/ _____

John H. Jeter, MD

Chairperson

Board of Directors

PREAMBLE

WHEREAS, the Board of Directors recognizes that each physician and dentist appointed to the Medical Staff has responsibility for the exercise of professional judgment in the care and treatment of patients; and

WHEREAS, the Board, in accordance with legal and accreditation requirements, has delegated to the Medical Staff through its committees and departments, the duties and responsibilities set forth in these bylaws, the Medical Staff Organizational Manual, and the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges for supervising and monitoring the quality of care provided by physicians, dentists and others in the hospital, and for making recommendations to the Board concerning application for appointment, reappointment and clinical privileges; and

WHEREAS, the Medical Staff recognizes and accepts its role and responsibilities in the efforts of the hospital to foster prevention, amelioration and cure of illness, disease and injury, and to provide or assist in providing medical education and continuing medical education for Medical Staff appointees, other health care professionals, and residents, interns, medical students and nurses;

THEREFORE, to discharge those duties and responsibilities, and to provide for an orderly process concerning matters of election, meetings, duties and procedures, the officers, departments and committees of the Medical Staff as described in these bylaws and in the Medical Staff Organizational Manual assume responsibility for fulfilling those duties and functions delegated to them by the Board of Directors.

ARTICLE I

DEFINITIONS

- A. The following definitions shall apply to terms used in these bylaws:
- (1) "Administrator/Chief Executive Officer" means the individual, or their designee, in charge of the operations of the hospital.
 - (2) "Allied health professional" means a person who is a licensed or certified health professional who is not a physician (M.D. or D.O.) or dentist (D.D.S. or D.M.D.).
 - (3) "Appointee" means any physician and dentist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the hospital.
 - (4) "Board" means the Board of Directors of Pawnee Valley Community Hospital, which has the overall responsibility for the conduct of the hospital.
 - (5) "Chief Medical Officer" is the Chief Medical Officer of Hays Medical Center who shall serve as a member of the PVCH Board of Directors and medical staff committees, supporting the administrative and clinical functions of PVCH.
 - (6) "Clinical Privileges" or "privileges" means the authorization granted by the Board to an applicant, Medical Staff appointee, other independent practitioner or advanced dependent practitioner to render specific patient care services in the hospital within defined limits.
 - (7) "Dentist" shall be interpreted to include a doctor of dental surgery ("D.D.S.") and doctor of dental medicine ("D.M.D.").
 - (8) "Ex Officio" means service as an appointee of a body by virtue of an office or position held and, unless otherwise specified in these bylaws or the Medical Staff Organizational Manual, means without voting rights.
 - (9) "Executive Committee" means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Board."

- (10) "Good standing" means that Medical Staff appointee who is not under suspension or any restriction regarding staff appointment or admitting or clinical privileges at this hospital and/or at any other health care facility or organization.
- (11) "Hospital" means Pawnee Valley Community Hospital (PVCH).
- (12) "Hospital Services Agreement" is the contract between PVCH and Hays Medical Center for administrative support services, including but not limited to Risk Management, Credentialing and Quality Assurance, dated March 1, 2010.
- (13) "Medical Staff" means all physicians and dentists who are given privileges to treat patients at the hospital.
- (14) "Patient encounters" means the number of inpatient admissions, inpatient surgeries, inpatient visits as admitting or attending physician, outpatient surgeries, physician clinic visits, anesthetic cases, radiology interpretations, pathology interpretations, emergency department patients, observation admissions, consultations, which are defined as face-to-face contacts, and telemedicine.
- (15) "Physicians" shall be interpreted to include both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s").
- (16) "Professional review action" means an action or recommendation of a professional review body which is taken or made in the conduct of professional peer review activity, which is based on the competence or professional conduct of a staff appointee, and which affects or may affect adversely the clinical privileges or appointment of the staff appointee.
- (17) "Professional review activity" means a peer review activity of the hospital with respect to an individual Medical Staff applicant or appointee (a) to determine whether the Medical Staff applicant or appointee may have clinical privileges with respect to his/her appointment; (b) to determine the scope or conditions of those clinical privileges and appointment; and (c) to change or modify such privileges and/or appointment.

(18) "Professional review body" means the Board of the hospital or any Board committee which conducts professional peer review activity, and includes any committee of the Medical Staff when assisting the Board in a professional peer review activity.

(19) "Unassigned patient" means any individual who comes to the hospital for care and treatment who does not have an attending physician; or whose attending physician or designated alternate is unavailable to attend the patient; or who does not want the prior attending physician to provide him/her care while a patient at the hospital.

(20) "Voluntary" or "automatic relinquishment" of Medical Staff appointment and/or clinical privileges means a lapse in appointment and/or clinical privileges deemed to automatically occur as a result of stated conditions.

B. Words used in these bylaws shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

C. Time limits referred to in these bylaws are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

ARTICLE II

CATEGORIES OF THE MEDICAL STAFF

All appointments to the Medical Staff shall be made by the Board and shall be to one of the staff categories set forth in Parts A, B, C, D, and E of this Article. All appointees shall be assigned to a specific clinical department, but shall be eligible for clinical privileges in other departments as applied for and recommended pursuant to these bylaws and the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, and as approved by the Board.

ARTICLE II - PART A: ACTIVE STAFF

Section 1. Qualifications:

The Active Staff shall consist of those physicians and dentists who have at least fifteen (15) patient encounters per year at the hospital. Upon attaining the age of 65, Active Staff appointees shall automatically advance to Emeritus Staff.

ARTICLE II - PART A:

Section 2. Responsibilities:

By accepting appointment to the Active Staff, each appointee shall agree to:

- (a) provide professional care for his or her patients being available or having available an alternate Medical Staff appointee who has clinical privileges at the hospital sufficient to care for the patient, and with whom prior arrangements have been made;
- (b) assume all the functions and responsibilities of appointment to the Active Staff, including, where appropriate, care for unassigned patients, emergency service care, consultation and teaching assignments, and participation in quality assessment/performance improvement and monitoring activities, including the evaluation of provisional appointees;
- (c) attend regular and special medical staff meetings and committees to which the individual has been appointed;
- (d) pay all dues and assessments promptly; and

- (e) full-time office location be located within twenty (20) miles of the hospital in order to fulfill responsibilities and to provide timely and continuous care for patients in the hospital. Exceptions may be made by the Board upon recommendation of the Executive Committee.

ARTICLE II - PART A:

Section 3. Prerogatives:

Appointees to the Active Staff shall be entitled to:

- (a) exercise the privileges granted without limitations, except as otherwise provided in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges and/or the Medical Staff Rules and Regulations or by specific privilege restriction;
- (b) vote on all matters presented at the annual meeting and special meetings of the Medical Staff and of the department, division and committees to which the individual is appointed; and
- (c) hold office and serve as committee chairperson and/or member, unless otherwise specified elsewhere in these bylaws or in the Medical Staff Organizational Manual.

ARTICLE II - PART B: CONSULTING STAFF

Section 1. Qualifications:

- (a) Any Medical Staff member in good standing at this hospital may consult in his or her area of expertise; however, the Consulting Staff shall consist of physicians and dentists of recognized professional ability and expertise who are appointed to the Medical Staff for the specific purpose of providing consultation in the diagnosis and treatment of patients or the administration of clinical services and who may be granted clinical privileges to provide direct medical or surgical care and treatment to patients in the hospital. Consulting Staff appointees must have at least five (5) patient encounters per year at the hospital. They must use this hospital as a primary place of practice or provide evidence of Medical Staff appointment and clinical privileges or medical practice at another health care entity or place of medical practice, which may include, but is not limited to, an office practice.

- (b) Each Consulting Staff member shall be required to provide at initial appointment and at reappointment, quality data and other information related to clinical performance and professional conduct as may be requested for an appropriate assessment of his or her qualifications for Medical Staff appointment and clinical privileges as set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

ARTICLE II - PART B:

Section 2. Responsibilities:

Consulting Staff members shall:

- (a) participate in quality assessment/performance improvement activities as requested or required;
- (b) agree to provide consultation when requested by an attending Medical Staff member or clinical department chairperson;
- (c) be encouraged to attend the annual Medical Staff and the clinical department meetings; and
- (d) pay all staff dues and assessments.

ARTICLE II - PART B:

Section 3. Prerogatives:

- (a) Members of the Consulting Staff shall be permitted to use the hospital consistent with the scope of clinical privileges they have been granted, but they shall not be entitled to serve as the admitting or attending physician to inpatients, nor shall they be entitled to provide invasive procedures with the potential for complications to any patient without an appropriate plan for care approved by the Board, upon recommendation of the Executive Committees.
- (b) Consulting Staff members shall not be permitted to vote, hold staff office, or serve as chairperson of a clinical department or staff committee, but may serve as a member of Medical Staff committees. Consulting Staff appointees shall not be required to attend

regular Medical Staff meetings, but are encouraged to attend clinical department meetings.

ARTICLE II - PART C: EMERITUS STAFF

Section 1. Qualifications:

- (a) Medical Staff members who have attained the age of sixty-five (65) years shall automatically advance to the Emeritus Staff. Medical Staff members who have been a member of the Active Medical Staff for 25 years or more and have reached the age of sixty-two (62) may request Emeritus Staff status.
- (b) Upon attaining the age of seventy-five (75), persons on the Emeritus Staff shall no longer be eligible for privileges to admit or care for patients in the hospital and shall automatically be advanced to the Honorary Staff, unless an exception continuing privileges is recommended by the Executive Committee and approved by the Board.

ARTICLE II - PART C:

Section 2. Responsibilities:

- (a) If an Emeritus Staff member is granted clinical privileges to continue to admit and care for patients in the hospital, that member shall have the same clinical responsibilities he or she had previously. Such members shall be eligible for reappointment for a period of not more than one (1) year.
- (c) Emeritus Staff members shall have their clinical privileges evaluated annually and must provide all information requested by the Executive Committee to document their current health status. Specifically, the Executive Committee shall evaluate annually the individual's current knowledge, skills, conduct/behavior and ability to perform the privileges requested competently and safely.
- (d) Emeritus members who do not admit or care for patients in the hospital and do not hold any privileges shall provide evidence of any current Kansas licensure status but shall be exempt from current DEA licensure and professional liability insurance.
- (e) Emeritus Staff members shall not pay any dues or assessments.

ARTICLE II - PART C:

Section 3. Prerogatives:

Emeritus Staff members who continue to admit and care for patients in the hospital shall have the same prerogatives that they had prior to attaining Emeritus Staff status, including the right to vote, hold Medical Staff office, and the requirement to attend Medical Staff and applicable clinical department meetings. Emeritus Staff who no longer admit and care for patients shall not have the right to vote.

ARTICLE II - PART D: AFFILIATE STAFF

Section 1. Qualifications:

The Affiliate Staff shall consist of those physicians and dentists who desire to be associated with the hospital, but who do not intend to establish a practice at this hospital. The primary purpose of the Affiliate Staff is to promote professional and educational opportunities, including continuing medical education activities, and to permit such individuals to access hospital services for their patients by direct referral of patients to other members on the Medical Staff of this hospital for admission, evaluation and/or care and treatment.

ARTICLE II - PART D:

Section 2. Responsibilities:

- (a) Affiliate Staff members may visit their hospitalized patients and review their hospital medical records but shall not be permitted to admit or attend patients, to exercise any clinical privileges, to write orders or progress notes, to make notations in the medical record, or to actively participate in the provision or management of care to patients at the hospital.
- (b) Individuals requesting Affiliate Staff appointment shall be required to submit an application for initial appointment and for reappointment every two (2) years as prescribed by the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges. They shall be exempt from the professional liability insurance and current DEA licensure, as set forth in these bylaws, but shall provide evidence of any current

Kansas licensure status. They are encouraged to attend educational activities of the Medical Staff and the hospital.

- (c) Affiliate Staff members may be required to pay staff dues and assessments.

ARTICLE II - PART D:

Section 3. Prerogatives:

- (a) Affiliate Staff members shall be ineligible to vote, to hold office, or to serve as chairperson or member of a clinical department or Medical Staff committee.
- (b) The grant of appointment to physicians as Affiliate Staff members is a courtesy only. Failure to be appointed to or termination from the Affiliate Staff does not entitle the individual to any of the hearing and appeal rights as set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.
- (c) Any Affiliate Staff member who desires to transfer to another staff category and to request clinical privileges must meet the qualifications, standards and requirements for appointment and clinical privileges as set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

ARTICLE II - PART E: SURGICAL ASSIST STAFF

Section 1. Qualifications:

- (a) The Surgical Assist Staff shall consist of those physicians and dentists who do not intend to establish a practice at the hospital and whose primary purpose for being appointed to the Medical Staff is to provide surgical assistance in the care and treatment of patients upon the request of an attending Active Staff member with surgical privileges. Each Surgical Assist Staff member shall be subject to the Surgical Assist core privileges approved by the Board upon recommendation of the Executive Committee.
- (b) Each Surgical Assist Staff member must meet the qualifications for appointment to the Medical Staff set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges. Each individual may also be requested to provide other information

related to clinical performance and professional conduct as may be requested for an appropriate assessment of his or her qualifications to assist at surgery.

- (c) Each Surgical Assist Staff member must have at least three (3) cases per year of assisting at surgery in the hospital, and shall possess current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital

ARTICLE II: PART E:

Section 2. Responsibilities:

Surgical Assist Staff members shall:

- (a) participate in quality assessment/performance improvement activities as requested or required;
- (b) participate in the provision of care to patients within the scope of practice permitted by their Surgical Assist core privileges; and
- (c) may be required to pay staff dues and assessments.

ARTICLE II - PART E:

Section 3. Prerogatives:

- (a) Members of the Surgical Assist Staff shall not be required to attend regular Medical Staff or clinical department meetings and shall not be entitled to admit patients, vote, hold Medical Staff office, serve as chairperson of a clinical department or staff committee, or serve on Medical Staff committees. Individuals appointed to this staff category shall be permitted to assist at surgery only when they have been granted surgical assist privileges and requested by an attending Active Staff surgeon to assist at surgery.
- (b) Any Surgical Assist member who desires to transfer to another staff category and to request clinical privileges must meet the qualifications, standards and requirements for appointment and clinical privileges as set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges.

- (c) Surgical Assist Staff members are encouraged to attend educational activities of the Medical Staff and the hospital.

ARTICLE III

STRUCTURE OF THE MEDICAL STAFF

ARTICLE III - PART A: GENERAL

Section 1. Medical Staff Year:

For the purpose of these bylaws the Medical Staff year commences on the 1st day of January and ends on the 31st day of December each year.

ARTICLE III - PART A:

Section 2. Dues:

All persons appointed to the Medical Staff, except Emeritus and Honorary Staff appointees, shall pay annual staff dues to the hospital's Medical Staff account as may be required by the Executive Committee and approved by the Board from time to time. Signatories to this account shall be the Chief of Staff.

ARTICLE III - PART A:

Section 3. Officer:

The officers of the Medical Staff shall be the Chief of Staff only.

ARTICLE III - PART A:

Section 4. Qualifications of the Chief of Staff:

Only those Active Staff appointees who satisfy the following criteria shall be eligible to serve as a Medical Staff officer and or committee chairpersons:

- (a) be appointed in good standing to the Active Staff of the hospital and continue so during their term of office;
- (b) have demonstrated interest in maintaining quality medical care at the hospital;

- (c) not be presently serving as a Medical Staff or corporate officer, department or committee chairperson at another hospital, and shall not so serve during the term of office;
- (d) have constructively participated in Medical Staff affairs, including peer review activities;
- (e) be willing to discharge faithfully the duties and responsibilities of the position to which the individual is elected or appointed;
- (f) be knowledgeable concerning the duties of the office;
- (g) possess written and oral communication skills;
- (h) possess and have demonstrated an ability for harmonious, professional interpersonal relationships; and
- (i) do not have an employment or other contractual arrangement with another, competing hospital, health care system or entity, or payor organization not affiliated with this hospital or otherwise have any business interest that would cause the individual's interests to conflict with the hospital's commitment to the community or would provide incentives or encouragement, direct or indirect, for the appointee to refer patients to other facilities for reasons unrelated to clear patient preference or medical needs.

All Medical Staff officers and department and committee chairpersons must possess at least the above qualifications and maintain such qualifications during their term of office. Failure to do so shall automatically create a vacancy in the office involved.

ARTICLE III - PART A:

Section 5. Chief of Staff:

The Chief of Staff shall:

- (a) act in coordination and cooperation with the Chief Medical Officer, Chief Executive Officer and Board in matters of mutual concern involving the hospital;
- (b) call, preside at and be responsible for the agenda of all regular and special meetings of the Medical Staff;

- (c) make recommendations for appointment of committee chairpersons and members, to all standing and special Medical Staff committees, except the Executive Committee, in accordance with the provisions of these bylaws;
- (d) serve as Chairperson of the Executive Committee;
- (e) serve as member on all Medical Staff committees, including the Executive Committee;
- (f) represent the views, policies, needs and grievances of the Medical Staff and report on the medical activities of the staff to the Board and to the Chief Executive Officer;
- (g) provide day-to-day liaison on medical matters with the Chief Medical Officer, Chief Executive Officer and the Board; and
- (h) receive and interpret the policies of the Board to the Medical Staff and report to the Board on the performance and maintenance of quality with respect to the delegated responsibility of the Medical Staff to provide medical care.

ARTICLE III - PART A:

Section 6. Election of Chief of Staff:

Nomination and Election of the Chief of Staff:

- (1) The Executive Committee will serve as the Nominating Committee
- (2) The Nominating Committee shall prepare a slate of nominees, thirty (30) days prior to the election for the Chief of Staff.
- (3) Nominations for Chief of Staff shall be presented by the current Nominating Committee prior to each annual meeting. Any nomination made by an appointee other than the nominating committee shall be in writing, to the Nominating Committee at least three (3) days prior to the election. In order to be included on the ballot as a candidate, each nominee must possess all the qualifications set forth in Section 4 of this part.
- (4) The candidates who receive a majority vote of those Medical Staff appointees eligible to vote and present at the meeting at the time the vote is taken shall be

elected. The vote shall be by written secret ballot. The election of the Chief of Staff shall become effective at the start of the next Medical Staff year and shall be for a term of two (2) years or until a successor has been elected.

- (5) In any election, if there are three (3) or more candidates for an office and no candidate receives a majority vote there shall then be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one (1) candidate.

ARTICLE III - PART A:

Section 7. Conflict of Interest:

- (a) When performing a function outlined in these Bylaws, the Organizational Manual, the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, the Policy on Allied Health Professionals, or the Rules and Regulations, if any appointee has or reasonably could be perceived as having a conflict of interest or a bias, that appointee shall not participate in the final discussion or voting on the matter and shall be excused from any meeting during that time. However, the appointee may provide relevant information and may answer any questions concerning the matter before leaving.
- (b) Any appointee with knowledge of the existence of a potential conflict of interest or bias or the part of any other appointees may call the conflict of interest to the attention of the Chief of Staff (or the Chief Designate if the Chief of Staff is the person with the potential conflict) or the applicable department or committee chairperson. The Chief of Staff or the applicable committee chairperson shall make a final determination as to whether the provisions in this Article should be triggered.
- (c) The fact that a committee chairperson or an appointee is in the same specialty as an appointee whose performance is being reviewed does not automatically create a conflict. In addition, the assessment of whether a conflict of interest exists shall be interpreted reasonably by the persons involved, taking into consideration common sense and objective principles of fairness. No appointee has a right to compel disqualification of another appointee based on an allegation of conflict of interest.

- (d) The fact that a committee appointee or Medical Staff leader chooses to refrain from participation, or is excused from participation, shall not be interpreted as a finding of actual conflict.

ARTICLE III - PART A:

Section 8. Removal of Chief of Staff:

- (a) The Executive Committee, by a two-thirds vote, may remove the Chief of Staff for (1) conduct detrimental to the interests of the hospital, (2) failure to perform the duties of the position held, (3) failure to comply with applicable policies, bylaws, or rules and regulations, or (4) an infirmity that renders the individual incapable of fulfilling the duties of that office.
- (b) At least ten (10) days prior to the initiation of any removal action, the individual shall be given written notice of the date of the meeting at which action is to be considered. The officer shall be afforded the opportunity to speak to the Executive Committee (or the Board) prior to the vote on removal.
- (c) If the Chief of Staff is found by the Board to no longer meet any of the qualifications set forth in Section 4 of this Part, he/she shall automatically relinquish the office.

ARTICLE III - PART A:

Section 9. Vacancies in Office:

If there is a vacancy in the office of the Chief of Staff prior to the expiration of the Chief of Staff's term, the Executive Committee shall appoint the duties and authority of the Chief of Staff to a qualified staff member for the remainder of the unexpired term.

ARTICLE III - PART B: MEETINGS OF THE MEDICAL STAFF

Section 1. Annual Staff Meeting:

The October Medical Staff meeting shall be the meeting at which the Chief of Staff shall be elected every two (2) years.

ARTICLE III - PART B:

Section 2. Regular Staff Meetings:

The Medical Staff shall hold regular meetings every six (6) months, in addition to the annual meeting, on dates approximately four months before and after the annual meeting for the purpose of reviewing and evaluating reports and recommendations, and to act on any other matters placed on the agenda by the Chief of Staff and or Executive Committee.

ARTICLE III - PART B:

Section 3. Special Staff Meetings:

Special meetings of the Medical Staff may be called at any time by the Chief of Staff, a majority of the Executive Committee, or a petition signed by not less than one-half of the voting staff. In the event that it is necessary for the staff to act on a question without being able to meet, the voting staff may be presented with the question by mail and their votes returned to the Chief of Staff by mail. Such a vote shall be valid so long as the question is voted on by a majority of the staff eligible to vote.

ARTICLE III - PART B:

Section 4. Quorum:

A quorum shall consist of a sufficient number of medical staff members who are eligible to vote and conduct business (not fewer than two). Once a quorum is established, the business of the meeting may continue and all actions taken shall be binding even though less than a quorum exists at a later time in the meeting.

ARTICLE III - PART B:

Section 5. Agenda:

The agenda at any regular or special Medical Staff meeting and its conduct shall be set by the Chief of Staff.

ARTICLE III - PART C: COMMITTEE MEETINGS

Section 1. Committee Meetings:

All committees shall meet at least semi-annually, unless otherwise specified, at a time set by the chairperson of the committee. All committees shall reside within the Executive Committee. The agenda for the meeting and its general conduct shall be set by the chairperson. Each committee shall maintain a permanent record of its findings, proceedings and actions, and shall make a report after each meeting to the Chief of Staff and Chief Executive Officer.

ARTICLE III - PART C:

Section 2. Executive Session:

All committees may sit in executive session. During executive session, the Chief Executive Officer or a designee may remain.

ARTICLE III - PART C:

Section 3. Special Committee Meetings:

- (a) A special meeting of any committee may be called by or at the request of the appropriate chairperson, the Chief of Staff, the Chief Medical Officer, or by a petition signed by not less than one-half of the members of the committee.
- (b) In the event that it is necessary for a committee to act on a question without being able to meet, the voting members may be presented with the question, in person or by mail, and their vote returned to the chairperson of the committee. Such a vote shall be binding so long as the question is voted on by a majority of the committee members eligible to vote.

ARTICLE III - PART C:

Section 4. Minutes, Reports and Recommendations:

Minutes of each meeting of each committee shall be prepared and shall include a record of the attendance of members, a summary of recommendations made, and the votes taken on each matter. The minutes shall be signed by the presiding officer and copies thereof shall be promptly forwarded to the Chief of Staff, Chief Executive Officer and the Governing Board. A permanent file of the minutes of each committee meeting shall be maintained by the hospital.

ARTICLE III - PART C:

Section 5. Confidentiality:

Members of the Medical Staff who have access to or who are the subjects of credentialing and/or peer review information agree to maintain the confidentiality of this information. Credentialing and peer review documents, and information contained therein, must not be disclosed to any individual not involved in the credentialing or peer review processes, except as authorized by the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges or other applicable Medical Staff or hospital policy. A breach of confidentiality may result in the imposition of disciplinary action.

ARTICLE III - PART D: PROVISIONS COMMON TO ALL MEETINGS

Section 1. Notice of Meetings:

Notice of all meetings of the Medical Staff and regular meetings of committees shall be posted on the Medical Staff bulletin board, and/or electronic information system, and/or delivered, either in person or by mail, to each Medical Staff appointee at least five (5) working days in advance of such meetings. Such notice shall state the date, time and place of the meeting. When mailed, the notice shall be deemed delivered when deposited, postage prepaid, in the United States mail addressed to each appointee at his/her address as it appears on the records of the hospital. Such posting and mailing shall be deemed to constitute actual notice to the persons concerned. The attendance of any individual at any meeting shall constitute a waiver of that individual's notice of said meeting.

ARTICLE III - PART D:

Section 2. Attendance Requirements:

- (a) Each Active Staff appointee shall be required to attend at least fifty percent (50%) of all regular Medical Staff meetings and applicable committee meetings in each year, unless excused, but are encouraged to attend all regular meetings.
- (b) An appointee who is compelled to be absent from any regular Medical Staff meeting should promptly notify the Chief of Staff of the reason for such absence. An appointee who is compelled to be absent from a committee meeting should notify the committee chairperson of the reason for such absence. Failure to meet the foregoing attendance

requirements may result in the loss of voting privileges for the current two (2) year appointment period. Voting privileges shall be reinstated upon the next two (2) year reappointment period, provided that a minimum of 50% of the required meeting attendance has been met.

ARTICLE III - PART D:

Section 3. Rules of Order:

Robert's Rules of Order shall not be binding at Medical Staff meetings or elections, but may be used for reference in the discretion of the presiding officer for the meeting. Rather, specific provisions of these bylaws, and Medical Staff, or committee custom shall prevail at all meetings, and the committee chairperson shall have the authority to rule definitively on all matters of procedure.

ARTICLE III - PART D:

Section 4. Voting:

Any individual who, by virtue of position, attends a meeting in more than one (1) capacity shall be entitled to only one (1) vote.

ARTICLE IV

CHIEF MEDICAL OFFICER

- (a) "Chief Medical Officer" (CMO) is the Chief Medical Officer of Hays Medical Center who shall serve as a member of the PVCH Board of Directors and medical staff committees, supporting the administrative and clinical functions of PVCH.
- (b) Upon appointment, the Chief Medical Officer shall become an appointee of the Medical Staff and shall be subject to these bylaws, the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, the Medical Staff Organizational Manual, and the Medical Staff Rules and Regulations in the same manner as other staff appointees. The term shall be provided by the Hospital Services Agreement.
- (c) The Chief Medical Officer shall be responsible to the PVCH Governing Board as the Chief Medical Officer of the hospital and shall perform such duties and functions as may be delegated from time to time by the PVCH Governing Board, which may include but not be limited to the following:
 - (1) coordinating all of the medical education activities within the hospital, which shall include all house staff activities and continuing medical education activities;
 - (2) serving as liaison to all academic affiliations of the hospital;
 - (3) actively participating in the preparation and presentation of budgets for the hospital in conjunction with hospital management;
 - (4) providing guidance and supervision to the Chief of Staff in the preparation of departmental capital and educational budgets, and clinical supervisory functions;
 - (5) assisting the Chief Executive Officer in the supervision and direction of all hospital-based physicians;

- (6) acting as the hospital's medical liaison, after consultation with the Chief Executive Officer, to local, state and federal agencies in the planning and delivery of health care, unless otherwise authorized;
- (7) acting as the hospital's liaison with local, state and national medical societies, unless otherwise authorized;
- (8) serving as an *ex officio* member of all Medical Staff committees;
- (9) serving as an advisor to the Medical Staff and the Chief of Staff for proper staff organization; and
- (10) assisting the Chief Executive Officer in the implementation of the hospital's quality/performance improvement program.

ARTICLE V

COMMITTEES OF THE MEDICAL STAFF

ARTICLE V – PART A: COMMITTEES

Section 1. Committees:

- (a) All committees of the medical staff shall reside within the Executive Committee
- (b) The medical staff committee meetings shall occur during the Executive Committee meetings.
- (c) Separate minutes for each medical staff committee shall be maintained, even though the medical staff committee meetings are logistically occurring in the same forum, the Executive Committee.

ARTICLE V - PART A: APPOINTMENT

Section 2. Chairperson:

The Chairperson of all Medical Staff Committees shall be the Chief of Staff, who is the Chairperson of the Executive Committee. The chairperson shall be appointed based on the criteria set forth in Article III, Part A, Section 4 of these bylaws. Such appointments will be ratified by the Board at its last meeting prior to the end of the Medical Staff year every two years.

ARTICLE V - PART A:

Section 3. Members:

- (a) Except as otherwise provided for in these bylaws or the Medical Staff Organizational Manual, members of each committee shall be appointed every two years by the Chief of Staff, in consultation with the Chief Executive Officer, not more than thirty (30) days after the annual meeting of the Medical Staff, and there shall be no limitation in the number of terms they may serve. All appointed members may be removed and vacancies filled at the discretion of the Chief of Staff.

- (b) The Chief Executive Officer or their respective designees shall be a member, *ex officio*, without vote, on all committees.

ARTICLE V - PART A:

Section 4. Designation and Substitution:

- (a) There shall be an Executive Committee and such other standing and special committees of the Medical Staff responsible to the Executive Committee as may from time to time be necessary and desirable to perform the staff functions set forth in these bylaws and the Medical Staff Organizational Manual as herein incorporated by reference.
- (b) The Chief of Staff shall appoint Medical Staff appointees to participate in interdisciplinary hospital committees.

ARTICLE V - PART B: EXECUTIVE COMMITTEE

Section I. Composition:

- (a) The Executive Committee shall consist of the Chief of Staff and no more than three (3) members elected at large from the Active Medical Staff.
- (b) The Executive Committee members at large shall be elected at the annual Medical Staff meeting every two years. Members at-large shall be eligible for re-election.
- (c) The Chief of Staff shall be Chairperson of the Executive Committee.
- (d) The Chairperson of the hospital Governing Board and the hospital's Chief Executive Officer, Chief Medical Officer, an Allied Health Professional with admitting privileges under a supervising physician, and Chief Nursing Officer may attend meetings of the Executive Committee and participate in its discussions, but without vote.

ARTICLE V - PART B:

Section 2. Duties:

The duties of the Executive Committee shall be:

- (a) to represent and act on behalf of the Medical Staff in all matters, without requirement of subsequent approval by the staff, subject only to any limitations imposed by these bylaws and/or the Medical Staff Organizational Manual;
- (b) to coordinate the activities and general policies of the various clinical departments;
- (c) to serve as the residing body of all medical staff committees.
- (d) to receive and act upon those committee, and other assigned activity group reports as specified in these bylaws and the Medical Staff Organizational Manual, and make recommendations concerning such reports to the Chief Executive Officer and the Board;
- (e) to implement policies of the hospital that affect the Medical Staff;
- (f) to provide liaison among the Medical Staff, the Chief Executive Officer and the Board;
- (g) to keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the hospital;
- (h) to enforce hospital and Medical Staff rules in the best interest of patient care and of the hospital, with regard to all persons who hold appointment to the Medical Staff;
- (i) to be responsible for situations involving questions of the clinical competence, patient care and treatment, case management, or inappropriate behavior of any Medical Staff appointee;
- (j) to be responsible to the Board for the implementation of the hospital's quality/performance improvement plan as it affects the Medical Staff;
- (k) to review every two (2) years the bylaws, policies, rules and regulations, and associated documents of the Medical Staff, including, but not limited, to the mechanisms designed to evaluate the credentials and to delineate the clinical privileges of Medical Staff applicants and appointees, to terminate Medical Staff appointment and clinical privileges, to provide a fair hearing, and to recommend such changes as may be necessary or desirable to the Board;
- (l) to determine minimum continuing education requirements for appointees to the staff;

- (m) to review all reports regarding situations involving questions of clinical competence, patient care and treatment, case management, or inappropriate behavior of any Medical Staff appointee and, as a result of such reviews, take appropriate action as warranted;
- (n) to review all reports regarding appointments to the Medical Staff and delineation of clinical privileges and as a result of such reviews make recommendations for appointment and clinical privileges to the Board;
- (o) to review all reports regarding the performance and clinical competence of persons who hold appointments to the Medical Staff and as a result of such review make recommendations for reappointments, clinical privileges and/or changes in clinical privileges to the Board; and
- (p) to organize and monitor the Medical Staff's performance improvement activities and establish a mechanism to conduct, evaluate, and revise such activities.

ARTICLE V - PART B:

Section 3. Meetings, Reports and Recommendations:

- (a) The Executive Committee shall meet quarterly or more or less often if necessary to transact pending business. The Chief of Staff will maintain reports of all meetings, which reports shall include the minutes of the various committees and clinical departments. Copies of all minutes and reports of the Executive Committee shall be forwarded to the Chief Executive Officer routinely as prepared. Recommendations of the Executive Committee shall be forwarded to the Board with a copy to the Chief Executive Officer. The Chief of Staff shall be available to meet with the Board or its applicable committee on all recommendations that the Executive Committee may make.
- (b) Between meetings of the Executive Committee, an ad hoc committee composed of the Chief of Staff, the Chief Executive Officer and the Chief Medical Officer shall be empowered to act in situations of urgent or confidential concern where not prohibited by these bylaws.

ARTICLE V - PART C: CREDENTIALING AND PEER REVIEW FUNCTIONS

Mechanisms for appointment, reappointment, and delineation of clinical privileges, collegial and educational efforts, reviews, investigations, hearings and appeals that apply to Medical Staff applicants and appointees are set forth in the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, which is incorporated by reference into these bylaws.

ARTICLE V - PART D: PERFORMANCE IMPROVEMENT AND REVIEW FUNCTIONS OF MEDICAL STAFF COMMITTEES

A description of other Medical Staff committees that perform systematic monitoring and performance improvement activities and other review functions delegated to the Medical Staff by the Board are set forth in the Medical Staff Organizational Manual, which is incorporated by reference into these bylaws and reside within the Executive Committee. The following functions shall be performed by the Medical Staff through its performance improvement and review functions:

- (1) medical assessment and treatment of patients;
- (2) use of medications;
- (3) use of blood and blood components;
- (4) use of operative and other procedure(s);
- (5) risk management;
- (6) assessment of the efficiency of clinical practice patterns;
- (7) identification and assessment of significant departures from established patterns of clinical practice;
- (8) medical record review; and
- (9) quality/performance improvement evaluations.

ARTICLE VI

HISTORY AND PHYSICAL

- (a) A complete history and physical examination (H&P) shall be completed and documented in the medical record no more than 30 days before or twenty-four (24) hours after an admission or registration, and prior to any high-risk procedure, surgery, procedures requiring anesthesia services, or other procedures requiring an H&P, and placed in the patient's medical record within 24 hours after admission. The H&P must be in the medical record prior to any high-risk procedure, surgery or other procedure requiring anesthesia services.
- (b) A durable, legible copy of an H&P completed within 30 days prior to admission or registration include an update entry in the medical record documenting an examination for any change in the patient's current medical condition completed by a Medical Staff appointee or appropriate Allied Health Professional who has been granted privileges or given permission by the hospital to perform histories and physicals.
- (c) Any H&P update of the patient's current medical condition shall document:
 - a. That the patient has been examined;
 - b. That the H&P has been reviewed;
 - c. Any changes in the patient's condition, or,
 - d. That "no changes" has occurred in the patient's condition since the H&P was completed.
- (d) This examination and update of the patient's current medical condition shall be completed and placed in the medical record within 24 hours after admission or registration, and prior to surgery or other procedure requiring anesthesia services.
- (e) It is the responsibility of the physician performing procedures to provide an appropriate history and physical prior to the onset of the procedure. Documentation initially completed by other health care professionals licensed in the State of Kansas can be reviewed and approved by the attending Pawnee Valley Community Hospital dentist, oral surgeon or podiatrist. It is the responsibility of the attending dentist, oral surgeon or podiatrist to accept H&P's from health care professionals licensed in the State of Kansas only. These original documents must be completed within thirty (30) days prior to admission or registration and include an update entry in the medical record documenting an examination for any changes in

- the patient's current medical condition. If greater than thirty (30) days old, the history and physical must be repeated.
- (f) The content of the H&P examination will be determined by an assessment of the patient's condition and any co-morbidities in relation to the reason for admission or surgery. The H&P examination must be in the medical record prior to any high-risk procedure, surgery, or other procedure requiring anesthesia services and within 24 hours of admission or registration.
- (g) In the case of outpatient surgeries and patients with minor problems where the length of stay is anticipated to be less than 48 hours, an abbreviated (short form) history and physical examination may be recorded. The minimal requirements are:
- Brief history pertinent to the indication of the anticipated procedure;
 - Past surgical or anesthetic history where pertinent to current care;
 - Pertinent organ or system focused physical findings appropriate for the anticipated procedure or anesthetic technique;
 - Impression and brief plan of treatment or diagnostic evaluation;
 - Review of the current medications, vital signs, allergies and diagnostic studies.
- (c) The medical record shall document a current, thorough physical examination prior to the performance of surgery. When the history and physical examination are not recorded before an operation or any high-risk diagnostic procedure, the procedure shall be canceled unless the attending appointee states in writing that an emergency situation exists, or that any such delay would be detrimental to the patient. However, the physician must at least write a note regarding the pre-operative diagnosis, as stated in Section 4 (a) above.
- (d) In the case of readmission of a patient, all previous records shall upon request be available for use by the attending appointee.

ARTICLE VII

BOARD APPROVAL AND INDEMNIFICATION

Any Chief of Staff, Chief Medical Officer, committee member, and individual staff appointee who acts for and on behalf of the hospital in discharging duties, functions or responsibilities stated in these bylaws, the Policy on Medical Staff Appointment, Reappointment and Clinical Privileges, the Medical Staff Organizational Manual, the Policy on Allied Health Professionals, and the Medical Staff Rules and Regulations, shall be indemnified, to the fullest extent permitted by law, when the appointment and/or election of the individual has been approved by the Board.

ARTICLE VIII

RULES AND REGULATIONS OF THE MEDICAL STAFF

- (a) Medical Staff rules and regulations, as may be necessary to implement more specifically the general principles of conduct found in these bylaws, shall be adopted in accordance with this Article. Rules and regulations shall set standards of practice that are to be required of each individual exercising clinical privileges in the hospital and shall act as an aid to evaluating performance under, and compliance with, these standards. Rules and regulations shall have the same force and effect as the bylaws.
- (b) Particular rules and regulations may be adopted, amended, repealed or added by vote of the Executive Committee at any regular or special meeting, provided that copies of the proposed amendments, additions or repeals are posted on the Medical Staff bulletin board and/or electronic information system and made available to all members of the Executive Committee at least fourteen (14) days before being voted upon and further provided that all written comments on the proposed changes by persons holding current appointments to the Medical Staff are brought to the attention of the Executive Committee before the change is voted upon. Adoption of and changes to the rules and regulations shall become effective only when approved by the Board.
- (c) Rules and regulations may also be adopted, amended, repealed or added by the Medical Staff at a regular meeting or special meeting called for that purpose, provided that the procedure used in amending the Medical Staff bylaws is followed. All such changes shall become effective only when approved by the Board.

ARTICLE IX

AMENDMENTS

- (a) All proposed amendments of these bylaws initiated by the Bylaws Committee or the Medical Staff shall, as a matter of procedure, be referred to the Executive Committee. The Executive Committee shall report on them either favorably or unfavorably at the next regular meeting of the Medical Staff, or at a special meeting called for such purpose. They shall be voted upon at that meeting provided that they shall have been posted on the Medical Staff bulletin board and/or electronic information system, and/or delivered, either in person or by mail, to each Medical Staff appointee at least fourteen (14) days prior to the meeting. Such postings and/or mailings shall be deemed to constitute actual notice to the person concerned. To be adopted, an amendment must receive a majority of the votes cast by the voting staff who are present and voting. Amendments so adopted shall be effective when approved by the Board.
- (b) The Executive Committee shall have the power to adopt such amendments to the bylaws as are technical or legal modifications or clarifications, reorganization or renumbering, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within sixty (60) days of adoption by the Executive Committee. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Executive Committee. Immediately upon adoption, such amendments shall be sent to the Chief Executive Officer and posted on the Medical Staff bulletin board for at least fourteen (14) days.

Executive Committee Approval: 7/19/11; 4/15/14; 10/14/14; 4/17/18

Board Approval: 7/25/11; 4/28/14; 10/27/14; 4/30/18