SECTION II

ORGANIZATIONAL MANUAL

OF THE BYLAWS

MEDICAL AND DENTAL STAFF

CAROLINAS MEDICAL CENTER-UNIVERSITY

APPROVED BY THE BYLAWS COMMITTEE - 08-14-96
APPROVED BY THE MEDICAL AND DENTAL STAFF - 08-19-96
APPROVED BY THE BOARD OF COMMISSIONERS - 09-10-96
APPROVED BY THE MEC / 5-8-00 / CHANGES TO THIS SECTION

REVISIONS:

APPROVED BY THE MEDICAL AND DENTAL STAFF-02-17-97; 12/02/99; 11/12/01; MEC – 05/12/03; 02/14/05; 12/19/05; 02/02/07; 02/12/08; 04/16/08; 11/02/09; 11/01/10; 02/17/11, 10/11/11
APPROVED BY THE BOARD OF COMMISSIONERS-03-11-97; 12/14/99; 12/14/00; 12/18/01; 12/16/03; 03/08/05; 03/14/06; 03/13/07; 03/18/08; 06/10/08; 12/08/09; 12/14/10; 03/15/11, 12/13/11

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ARTICLE I
DEFINITIONS

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

1. "Allied Health Professional" means either a Dependent Practitioner or an Independent Practitioner. "Allied Health Professionals" means all Dependent Practitioners and Independent Practitioners;

2. "Specialty Board" shall mean those specialty boards that are members of the American Board of Medical Specialties or the American Osteopathic Association.

3. "Applicant" shall mean a Practitioner who has applied for appointment to the Medical Staff.

4. "Appointee" means any Physician or Dentist (Practitioner) who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the hospital;

5. "Board" means the Board of Commissioners of Carolinas HealthCare System, who have the overall responsibility for the conduct of the hospital;

6. "Bylaws" shall mean the bylaws of the Medical Staff of Carolinas Medical Center - Mercy and Carolinas Medical Center - Pineville.

7. "CHS Hospitals" shall mean Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville, Carolinas Medical Center-University and Carolinas Rehabilitation.

8. "CMC-C Credentials Committee" shall mean the credentials committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.

9. "CMC-C Allied Health Review Committee" shall mean the allied health review committee for the CHS Hospitals as further described in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS.

10. "CMC-C Medical Executive Committee" shall mean the executive committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.

11. "Dentist" shall mean a doctor of dental surgery (D.D.S.) or a doctor of dental medicine (D.M.D.) who has completed training requirements for certification by the American Board of Oral and Maxillofacial Surgery;

12. "Dependent Practitioner" shall mean a health care professional who is licensed by his/her respective licensing agency and who can only provide service under the direct supervision of a Supervising Physician, including without limitation: (i) a physician assistant; (ii) a certified registered nurse anesthetist; (iii) a certified nurse midwife; (iv) a registered nurse, first assistant; (v) a nurse practitioner; (vi) any

other advanced practice registered nurse who is required to provide service under the direct supervision of a Supervising Physician; and (vi) a recent graduate in any of the above-referenced professions who is permitted by state law and the applicable certifying agencies to practice at the Hospital prior to certification;

13. "DIPLOMATE" means that the physician is certified in their primary area of practice by the appropriate specialty and/or subspecialty board of the American Board of Medical Specialties, the American Osteopathic Association or the Commission on Dental Accreditation of the ADA, as applicable.

14. "Facility Credentials Committee" shall mean shall mean the credentials committee of the Medical Staff.

15. "Facility Medical Executive Committee" shall mean: (i) for Carolinas Medical Center – Mercy, the executive committee of the Medical Staff; and (ii) for Carolinas Medical Center – Pineville, the executive committee of that portion of the Medical Staff practicing at Carolinas Medical Center – Pineville, which reports directly to the Facility Medical Executive Committee at Carolinas Medical Center – Mercy. Reference to "Facility Medical Executive Committee" without designation of a particular facility shall mean the Facility Medical Executive Committee of Carolinas Medical Center – Mercy, unless otherwise indicated by the context of the reference.

16. "Independent Practitioner" shall mean a health care professional, other than a Physician or a Dentist, who holds a doctorate degree, who has been licensed or certified by his/her respective licensing or certifying agencies and who is not required to provide service under the direct supervision of a Supervising Physician;

17. "Medical Staff" means all Practitioners (who are oral surgeons) who are given privileges to treat patients at either Carolinas Medical Center - Mercy or Carolinas Medical Center - Pineville;

18. "Medical Staff Leader" shall mean an Officer of the Medical Staff, a member of the Facility Medical Executive Committee, a Chair of a Department, a Section Chief, a Committee Chairman, and/or their designee.

19. "Patient Encounter" shall mean any action on the part of the Practitioner to provide medical or other patient care services to the patient in the Hospital or its facilities, including, without limitation, admission, treatment, performance or interpretation of diagnostic tests, or consultation, and may include the supervision of house staff and medical students; provided however, that Patient Encounter shall not include the ordering of tests on an out-patient basis.

20. "Peer" shall mean with respect to any Practitioner, any other Practitioner from the same discipline (for example, Physician and Physician, Dentist and Dentist).

21. "President of the Hospital" means the Chief Executive Officer of the Hospital or the

Chief Executive Officer ‘s designee;

22. “President of the Medical Staff” means the President of the Medical Staff of Carolinas Medical Center - Mercy unless otherwise stated;

23. “Physicians” shall be interpreted to include both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”);

24. "Practitioner" shall mean a Physician or Dentist licensed to practice under the laws of the State of North Carolina.

25. “Peer Review Action” shall mean an action or recommendation of the Hospital, the Board or any committee of the Hospital or the Medical Staff which is taken or made in the conduct of Peer Review Activity, which is based on the competence or professional conduct of an individual Practitioner or Allied Health Professional (which conduct affects or could affect adversely the health or welfare of a patient or patients), and which affects (or may affect) adversely, with respect to a Practitioner, the clinical privileges or Medical Staff membership of the Practitioner, and with respect to an Allied Health Professional, the clinical privileges of the Allied Health Professional.

26. "Peer Review Activity" shall mean (I) any activity of the Hospital and/or Medical Staff with respect to a Practitioner (A) to determine whether an Applicant or Appointee may have clinical privileges at the Hospital or membership on the Medical Staff; (B) to determine the scope or conditions of such privileges or membership; (C) to change or modify such privileges or membership; (ii) any quality reviews activity conducted to measure, assess and improve individual or organizational performance; or (iii) any activity of a Hospital or Medical Staff committee established to review the quality and appropriateness of care provided by individuals who have been granted or are seeking privileges on the Medical Staff. In appropriate circumstances, upon approval of at least one of the officers of the Medical Staff, the Hospital or any committee that conducts Peer Review Activity may use the services of an external peer review body or organization to assist in conducting a Peer Review Activity. For example, the Hospital or any committee that conducts Peer Review Activity, upon approval of at least one of the Officers of the Medical Staff, may require the services of an external peer review body when there is no Practitioner within the service area of the Hospital who specializes in the same area as the Practitioner who is the subject of Peer Review Activity and is available to conduct a Peer Review Activity or when there is no Practitioner within the service area of the Hospital who is not either in practice with, or in direct economic competition with the Practitioner who is the subject of Peer Review Activity.

    In appropriate circumstances, upon approval of at least one of the officers of the Medical Staff, the Hospital or any committee that conducts Professional Review Activity may use the services of an external peer review body or organization to assist in conducting a Professional Review Activity.

27. "Staff case" shall mean an indigent or medically indigent patient who is unable to pay the usual charges for medical care.

28. "Supervising Physician" shall mean a Physician on the Medical Staff who supervises a Dependent Practitioner in the manner described in the Policy on Clinical Privileges for Allied Health Professionals.

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 definitions, captions, and headings are for convenience only and are not intended to limit or define the scope or effect of any provisions of these Bylaws.

ARTICLE II

CLINICAL DEPARTMENTS AND SECTIONS OF CAROLINAS MEDICAL CENTER-UNIVERSITY:

MEDICAL SPECIALTIES

- Department of Emergency Medicine
- Department of Medicine
  - Section of Family Medicine
    - Specialty of Preventative Medicine
  - Section of Internal Medicine
    - Specialty of Dermatology
    - Specialty of Neurology
    - Specialty of Physical Medicine and Rehabilitation
    - Specialty of Preventative Medicine
    - Specialty of Psychiatry
- Department of Pediatrics
- Department of Radiology
  - Section of Radiation Therapy

SURGICAL SPECIALTIES:

- Department of Anesthesiology
- Department of Obstetrics and Gynecology
- Department of Pathology
- Department of Surgery
  - Section of Dentistry
  - Section of General Surgery
  - Section of Neurosurgery
  - Section of Ophthalmology
  - Section of Oral and Maxillofacial Surgery
  - Section of Orthopaedics
  - Section of Otolaryngology-Head and Neck Surgery
  - Section of Plastic Surgery
  - Section of Thoracic and Cardiovascular Surgery
  - Section of Urology

ARTICLE III

FUNCTIONS AND RESPONSIBILITIES OF DEPARTMENTS AND SECTIONS

Functions and responsibilities of departments and Department Chiefs, Vice-Chiefs, and section chiefs are set forth in Article IV of the GENERAL PROVISIONS SECTION OF THE BYLAWS.

ARTICLE IV

MEDICAL STAFF COMMITTEES AND FUNCTIONS

ARTICLE IV - PART A: MEDICAL STAFF COMMITTEES AND FUNCTIONS

This Article outlines the Medical Staff committees of Carolinas Medical Center-University that carry out quality assessment and other functions delegated to the Medical Staff. Procedures for appointment of committee chairpersons and members are set forth in Article V of the GENERAL PROVISIONS SECTION of the Bylaws.

ARTICLE IV - PART B: BYLAWS COMMITTEE: SECTION 1. COMPOSITION:

The Bylaws Committee shall:

(a) Consist of at least five (5) Medical Staff Appointees.

(b) The President of the Medical Staff shall select one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART B: BYLAWS COMMITTEE: SECTION 2. DUTIES:

The Bylaws Committee shall review the Bylaws of the Medical Staff at least annually and recommend amendments, as appropriate, to the Facility Medical Executive Committee. The Committee shall also receive and consider all recommendations for changes in these documents made by any committee or department of the Medical Staff, any individual appointed to the Medical Staff, the Administrator of the Hospital, or the Board.

ARTICLE IV - PART B: BYLAWS COMMITTEE: SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

The Bylaws Committee shall meet as often as necessary to fulfill its duties, but at least annually; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

ARTICLE IV – PART C: CMC-C CANCER COMMITTEE

Section 1: The CMC-C Cancer Committee of Carolinas HealthCare System is a committee established for the purpose of overseeing and coordinating the cancer program. The CMC-C Cancer Committee shall be responsible and accountable for setting goals for, planning, initiating, implementing, evaluating and improving all cancer program activities within Carolinas HealthCare System in accordance with the standards set forth by the American College of Surgeons' Commission on Cancer Approvals Program (the "Accreditation Standards") and for ensuring that all cancer program activities fully complies with the Accreditation Standards.

Section 2: When requested, the CMC-C Cancer Committee shall review and evaluate, in accordance with guidelines set forth by the American College of Surgeons (ACOS), the quality of Hospital or health care services provided in the treatment of cancer patients, as described by National Comprehensive Cancer Network (NCCN) guidelines.

Section 3: The CMC-C Cancer Committee shall meet as often as necessary to fulfill its duties, shall maintain a permanent record of its findings, proceedings and actions, and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the President of the Hospital.

Section 4: The CMC-C Cancer Committee will report to the respective Hospital Quality Assessment and Improvement Committee regarding the appropriate clinical management of individual cancer patients only when asked to do so by a member of the Medical Staff, Risk Management, or the Chairman of the Quality Assessment and Improvement Committee. The CMC-C Cancer Committee will serve a support role to the Quality Assessment and Improvement Committee in this regard.

ARTICLE IV - PART D: FACILITY CREDENTIALS COMMITTEE:

(a) The Facility Credentials Committee shall consist of the officers of the Medical Staff, the immediate past President of the Medical Staff, and at least four (4) at-large positions filled by members of the Medical Staff of varying Departments.

(b) The Vice-President of the Medical Staff shall be chairperson of the Faciilty Credentials Committee unless the President of the Medical Staff appoints a different Facility Credentials Committee member to act as chairperson.

(c) The duties and meeting requirements of the Facility Credentials Committee are set forth in Article V, Part E of the GENERAL PROVISIONS.

ARTICLE IV – PART E: ETHICS COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Ethics Committee shall be multidisciplinary, reflecting the broad dimensions of the ethical issues facing the Medical Staff. The Committee shall be composed of representatives from the following groups: Medical Staff Appointees, Nursing Staff, Legal Services Office, Community, Social Services, Clergy, an Ethicist and the Administrator of the Hospital or a designee.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV – PART E: ETHICS COMMITTEE:
SECTION 2. DUTIES:

The Committee shall be interdisciplinary and representative of the Medical Staff and community. It shall serve as a forum for identification and discussion of biomedical and ethical issues affecting the Hospital, its staff, and its patients. To that end, the Committee shall:

(a) educate Hospital and Medical Staff personnel, patients, and families about the means available within the Hospital to assist them in making appropriate treatment decisions, about relevant ethical principles, and about other available resources and community services; and

(b) develop and recommend policies, procedures, and guidelines concerning such treatment decisions; and

(c) be available for consultation and review in cases where decisions are being considered or have been made involving bioethical conflict or potential conflict in the treatment of patients. For any case under review, the Committee shall act as a deliberative and advisory body without authority to make final decisions on appropriate therapy for a specific patient. The Committee's opinions shall be non-binding on the attending Physician, the patient's family and the Hospital.

From time to time, and only for education purposes, the Committee may retrospectively review a patient's medical record and/or situations in which decisions regarding life-sustaining treatments have been made.

ARTICLE IV – PART E: ETHICS COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Ethics Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

(b) Subcommittees for Consultation, Education, and Policy may be formed to review cases, to respond to educational needs of the Committee, Medical and Dental Staff, and Hospital Staff, and to draft policies to meet emerging ethical issues for the Committee, Medical Staff, and Hospital Staff.

(c) The Ethics Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART F: INFECTION PREVENTION/PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Infection Prevention Committee/Pharmacy and Therapeutics Committee shall consist of Appointees of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as Chairperson of this committee.

ARTICLE IV - PART F: INFECTION PREVENTION/PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) be responsible for the development and surveillance of the pharmacy and therapeutic policies and procedures and shall recommend new or changed policies to the Facility Medical Executive Committee of the Medical Staff; and

(b) assist in the formulation of programs designed to meet the educational needs of the professional staff regarding the selection, distribution, and safe administration of drugs;

(c) recommend additions and deletions from the Hospital's formulary based upon patient efficacy, safety and cost effectiveness;

(d) review reported medication related incidents, including adverse drug reactions; and

(e) review and advise on therapeutic nutritional matters, including diet and nourishment content, tube feedings and patient/family education as requested,

(f) be responsible for the direction of infection prevention programs and approve actions to prevent or control infection, based on an evaluation of the surveillance reports of infections and of the infection potential among patients and Hospital personnel;

(g) review and approve, at least every three (3) years, all policies and procedures related to the infection surveillance, prevention, and control program and to infection surveillance, prevention, and control activities in all departments/services.

The Chairman of the Pharmacy and Therapeutics/Infection Prevention Committee, or his designee, shall have the authority to institute any surveillance, prevention, and control measures or studies when there is reasonably felt to be a danger to the patients, visitors, or personnel of the Hospital.

ARTICLE IV - PART F: INFECTION PREVENTION/PHARMACY AND THERAPEUTICS

COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Pharmacy and Therapeutics/Infection Prevention Care Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee.

(b) The Infection Prevention/Pharmacy and Therapeutics Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART G: ISOTOPE USAGE AND RADIATION SAFETY COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Isotope Usage and Radiation Safety Committee shall consist of the following:

(1) Medical Staff Appointees including, but not limited to, Medical Staff Appointees, including a member of the Department of Radiology, and Physicians and other health care professionals representing various fields of specialization as determined by the nature and extent of the programs conducted; and

(2) at least one (1) member of this Committee must be a Physician experienced in the safe handling of radioisotopes in the measurement of radioactivity and in the determination of radioisotope dosage.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART G: ISOTOPE USAGE AND RADIATION SAFETY COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) endeavor to identify and resolve problems related to the safe handling of radioisotopes in the measurement of radioactivity and in the determination of radioisotope dosage;

(b) develop, recommend, and evaluate new and revised policies that affect patient care; and

(c) shall review and evaluate the quality of hospital or health care services provided in the use of radioisotopes.

ARTICLE IV : PART G: ISOTOPE USAGE AND RADIATION SAFETY COMMITTEE:

SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Isotope Usage and Radiation Safety Committee shall meet as often as necessary to fulfill its duties, but at least annually; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

(b) The Isotope Usage and Radiation Safety Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART H: FACILITY MEDICAL EXECUTIVE COMMITTEE:

(a) The Facility Medical Executive Committee shall consist of the officers of the Medical Staff, the Department Chief of each clinical department, the chairman of the operating room committee, pharmacy and therapeutics/infection control committee, medical records, and special care committee, and at least two (2) members at-large from each of the following specialties; medicine, surgery and obstetrics and gynecology. The members-at-large shall be selected by the President of the Medical Staff.

(b) Sections which do not have a member of their section serving as a voting member of the Facility Medical Executive Committee may select one member of their section to attend the Facility Medical Executive Committee meetings, without vote.

(c) The President of the Medical Staff shall be chairperson of the Facility Medical Executive Committee.

(d) The duties and meeting requirements of the Facility Medical Executive Committee are set forth in Article V, Part D of the GENERAL PROVISIONS.

ARTICLE IV - PART I: MEDICAL RECORDS COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Medical Records Committee shall consist of at least four (4) Medical Staff Appointees.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART I: MEDICAL RECORDS COMMITTEE:
SECTION 2. DUTIES:

The Medical Records Committee shall supervise the maintenance of Medical Records at the required standard of the Joint Commission and all other state and/or federal regulatory bodies as applicable.

ARTICLE IV - PART I: MEDICAL RECORDS COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

The Medical Records Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

ARTICLE IV - PART J: NOMINATING COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Nominating Committee shall consist of four (4) members of the Facility Medical Executive Committee appointed by the President of the Medical Staff.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART J: NOMINATING COMMITTEE:
SECTION 2. DUTIES:

At least two (2) months before the annual Medical Staff meeting, the President of the Medical Staff shall convene the Nominating Committee and the Committee shall prepare a slate of nominees for each office that is open in accordance with the Bylaws of the Medical and Dental Staff, Carolinas Medical Center-University, ARTICLE III - PART C; TERMS OF OFFICE, SECTION 1. ELECTION OF OFFICERS.

ARTICLE IV - PART J: NOMINATING COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

The Nominating Committee shall meet as often as necessary to fulfill its duties; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

ARTICLE IV - PART K: OPERATING ROOM COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Operating Room Committee shall consist of at least ten (10) Appointees of the Medical Staff representing all surgical specialties.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART K: OPERATING ROOM COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) endeavors to keep under constant review the practices and procedures in the surgical operating suite;

(b) formulate standing orders for the adequate control of surgical procedures;

(c) establish regulations for the safe and efficient handling of patients admitted to the suite;

(d) develop, recommend, and evaluate new and revised policies that affect patient care; and

(e) review and evaluate the quality of Hospital or health care services provided in the operating room suite.

ARTICLE IV - PART K: OPERATING ROOM COMMITTEE:
SECTION 3. MEETINGS, REPORTS AND RECOMMENDATIONS:

(a) The Operating Room Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

(b) The Operating Room Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART L: CMC-C PERIPHERAL ENDOVASCULAR COMMITTEE:
SECTION 1. COMPOSITION:

(a) The CMC-C Peripheral Endovascular Committee shall consist of Medical Staff Appointees representing various specialties, including, but not limited to, Appointees from the Departments of Internal Medicine (Cardiology), General Surgery, Neurosurgery and Radiology whose specialty relates, at least in part, to peripheral endovascular surgery.

(b) The President of the Medical Staff shall appoint one member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART L: CMC-C PERIPHERAL ENDOVASCULAR COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) endeavor to improve the quality of patient care by sharing knowledge, ideas, and information pertaining to peripheral endovascular surgery, and to provide coordination of activities relating to peripheral endovascular care; and

(b) review and evaluate the quality of Hospital or health care services provided in the treatment of peripheral endovascular patients in accordance with criteria/quality indicators;

(c) develop new policies and evaluate submitted revisions and/or changes of policies and procedures for peripheral endovascular care;

(d) be responsible for reviewing the credentials of all Applicants and Appointees seeking specialized privileges in peripheral endovascular surgery; and

(e) review and recommend criteria for procedures performed in peripheral endovascular surgery.

ARTICLE IV - PART L: CMC-C PERIPHERAL ENDOVASCULAR COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The CMC-C Peripheral Endovascular Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the President of the Hospital.

(b) The CMC-C Peripheral Endovascular Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART M: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Medical Review Committee shall be multi-disciplinary consisting of the Medical Staff Appointees representing the various clinical specialties; and

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART M: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE: SECTION 2. DUTIES:

The Committee shall:

(a) review variances from approved occurrence criteria and to forward charts deemed to need further review back to the department for appropriate action;

(b) evaluate and review all quality assurance systems with respect to comprehensiveness, consistent operation, timeliness and function in accordance with defined procedures for all cases meeting the Hospital definition of reviewable circumstances;

(c) review and evaluate the quality and appropriateness of all care rendered;

(d) review and evaluate that all quality assurance initiatives for planning and utilization, objective, written criteria and conclusions reached through the process are supported by a rationale that specifically addresses the issues for which the Peer Review Activity was conducted, including, as appropriate, reference to the professional literature and relevant clinical practice guidelines;

(e) review and evaluate that all quality assurance programs are evaluated at regular intervals; and

(f) Provide to the Practitioner whose performance is being reviewed and opportunity for participation in the Peer Review Activity;

(g) review and evaluate those actions taken on quality assurance findings, the documentation of findings and conclusions and the effectiveness of remedial action. The results of Peer Review Activities will be considered in (i) Practitioner-specific credentialing, reappointment and privileging decisions at the Hospital and at all other CHS Hospitals as contemplated by the CREDENTIALS POLICY and by the reporting and sharing of such results through the CMC-C Medical Executive Committee, and (ii) as appropriate, in the Hospital's and other CHS Hospitals' performance improvement activities;

(h) track Peer Review Actions over time, and monitor for effectiveness

ARTICLE IV - PART M: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE: SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Medical Review Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

(b) The Medical Review Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART N: SPECIAL CARE COMMITTEE:
SECTION 1. COMPOSITION:

(a) The Special Care Committee shall consist of at least six (6) Medical Staff appointees.

(b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART N: SPECIAL CARE COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) review and evaluate the quality, safety, and appropriateness of patient care services provided in special care areas, included, but not limited to, the Emergency Department, Intensive Care Unit, Endoscopy Unit, Cardiac Catheterization Lab, Special Care Nursery, and other nursing services;

(b) recognize, support, and assist as necessary with the educational needs of the nursing staff to improve the quality of patient care by sharing knowledge, ideas, and information pertaining to critical care nursing;

(c) develop, recommend, and evaluate new and revised policies that affect patient care; and

(d) review and evaluate the quality of hospital or health care services provided in the special care areas.

ARTICLE IV - PART N: SPECIAL CARE COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The Special Care Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator of the Hospital.

(b) The Special Care Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment,

professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE IV - PART O: CMC-C GASTROINTESTINAL ENDOSCOPY COMMITTEE:
SECTION 1. COMPOSITION:

(a) The CMC-C Gastrointestinal Endoscopy Committee shall consist of Medical Staff Appointees, including Appointees from the Departments of Internal Medicine, General Surgery, and Pediatrics whose specialty relates, at least in part, to gastroenterology. The Medical Director of the Endoscopy Unit may serve as a member of the Committee, or an ex-officio member without vote.

(b) The President of the Medical Staff shall appoint one member of the Committee to serve as chairperson of this Committee.

ARTICLE IV - PART O: CMC-C GASTROINTESTINAL ENDOSCOPY COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

(a) endeavor to improve the quality of patient care by sharing knowledge, ideas, and information pertaining to gastrointestinal endoscopy, and to provide coordination of activities relating to gastrointestinal endoscopy care; and

(b) review and evaluate the quality of Hospital or health care services provided in the treatment of gastrointestinal endoscopy patients;

(c) develop new policies and evaluate submitted revisions and/or changes of policies and procedures for gastrointestinal endoscopy care; and

(d) be responsible for reviewing the credentials of all Physicians seeking specialized privileges in the Endoscopy Unit.

ARTICLE IV - PART O: CMC-C GASTROINTESTINAL ENDOSCOPY COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

(a) The CMC-C Gastrointestinal Endoscopy Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the President of the Hospital.

(b) The CMC-C Gastrointestinal Endoscopy Committee shall also report (with or without recommendation) to the Facility Credentials Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of Hospital or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE V - INSTITUTIONAL REVIEW BOARD OF CAROLINAS HEALTHCARE SYSTEM:

The Hospital and the Medical Staff shall utilize the Institutional Review Board of Carolinas HealthCare System to ensure that the rights, health, and welfare of human subjects are protected in all research activities, which utilize any resources of this Hospital. These research activities may include investigational treatment protocols or the investigational use of new drugs, medical devices, or other test articles for human use whenever human subjects are involved.

ARTICLE VI - OTHER COMMITTEES:

Refer to ARTICLE V - PART D: CREATION OF STANDING COMMITTEES and ARTICLE V - PART E: SPECIAL COMMITTEES in the GENERAL PROVISIONS SECTION of the Bylaws of the Medical and Dental Staff of Carolinas Medical Center-University.

ARTICLE VII - OTHER PARTICIPANTS IN COMMITTEE MEETINGS

Other individuals, such as Hospital employees, administrative staff, members of the community, etc., may also be appointed as committee members. These members shall serve without vote, except those members who are appointed in accordance with State or federal regulations, or unless specific voting privileges are delineated in the ORGANIZATIONAL MANUAL.

When necessary, or when in the best interest of the committee, other individuals may be invited by the chairman of the committee to attend and participate in the committee meeting as an invitee. Invitees shall not be eligible to vote.