

MEDICAL STAFF BYLAWS

MEDICAL AND DENTAL STAFF

CAROLINAS MEDICAL CENTER

APPROVED BY THE MEDICAL AND DENTAL STAFF: 03/28/96

APPROVED BY THE BOARD OF COMMISSIONERS: 06/03/96

REVISIONS:

APPROVED BY THE MEDICAL AND DENTAL STAFF: 02/18/97; 12/08/98;

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PREAMBLE

Recognizing that adequate medical care in an institution such as Carolinas Medical Center requires an organized and proficient Medical and Dental Staff working in cooperation with the governing body and the administration of the Hospital, the appointed members of the Medical and Dental Staff of Carolinas Medical Center propose the following documentation as and for the Bylaws of the Medical and Dental Staff. The Bylaws shall be comprised of the six sections listed below.

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| SECTION I | GENERAL PROVISIONS OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF |
| SECTION II | ORGANIZATIONAL MANUAL OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF |
| SECTION III | CREDENTIALS POLICY OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF |
| SECTION IV | RULES AND REGULATIONS OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF |
| SECTION V | POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF |
| SECTION VI | AMENDMENT PROVISIONS OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF |

These Bylaws will be effective when adopted by the Medical Staff and approved by the Board, superseding and replacing any and all previous Medical and Dental Staff Bylaws and henceforth all activities and actions of the Medical and Dental Staff and of each individual exercising clinical privileges at the Hospital shall be taken under and pursuant to the requirements of these Bylaws. All sections of the Bylaws, including the rules and regulations set forth in Section IV and the credentialing and privileging policies set forth in Sections III and V, are considered an integral part of the Bylaws, and may only be amended by the Medical Staff in accordance with the provisions of Section VI.

Where applicable, these Bylaws will be interpreted consistent with the Position Statements of the North Carolina Medical Board, as in effect from time to time.

SECTION I

GENERAL PROVISIONS

OF THE BYLAWS

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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" shall mean a Practitioner who has been appointed to the Medical Staff.
5. "Board" shall mean the Board of Commissioners of Carolinas HealthCare System, which has the overall responsibility for the conduct of the Hospital.
6. "Bylaws" shall mean the Bylaws of the Medical and Dental Staff of Carolinas Medical Center.
7. "CHS Hospitals" shall mean Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville, Carolinas Medical Center-University and Carolinas Rehabilitation.
8. "Clinical Privileges" shall mean permission to provide medical or other patient care services in the Hospital or its facilities, as approved by the Board, within defined limits of these Bylaws.
9. "CMC-C Credentials Committee" shall mean the credentials committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.
10. "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.
11. "CMC-C Medical Executive Committee" shall mean the executive committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.
12. "Dentist" shall mean a doctor of dental surgery (D.D.S.) or a doctor of dental medicine (D.M.D.) and an oral surgeon who has completed training requirements for certification by the American Board of Oral and Maxillofacial Surgery.

13. "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.
14. "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.
15. "Facility Credentials Committee" shall mean the credentials committee of the Medical and Dental Staff.
16. "Facility Medical Executive Committee" shall mean the executive committee of the Medical and Dental Staff.
17. "Graduate Medical Education" shall mean the educational programs, which prepare Physicians for practice in a medical specialty. Graduate Medical Education programs, including transitional year programs, are called residency training programs, and the Physicians training in them, residents. Following completion of a residency, fellows may also train in Graduate Medical Education programs.
18. "Hospital" shall mean Carolinas Medical Center.
19. "Hospital Bylaws" shall mean the Bylaws of Carolinas HealthCare System.
20. "House Staff" shall mean fellows and residents appointed through the Division of Education and Research in conjunction with the respective residency program directors of the educational departments. The duties of each member of the House Staff shall be specified by the department to which they are appointed.
21. "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.
22. "Invasive Procedure" shall mean a procedure involving puncture or incision of the skin, or insertion of an instrument or foreign material into the body, including, but not limited to, percutaneous aspirations, biopsies, cardiac and vascular catheterizations, endoscopies, angioplasties, and implantations, and excluding venipuncture and intravenous therapy.
23. "Medical and Dental Staff" shall mean all Physicians and Dentists who are authorized under Article III to admit and attend patients at Carolinas Medical Center.

24. "Medical Staff" shall mean the Medical and Dental Staff of Carolinas Medical Center.
25. "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.
26. "Peer" shall mean with respect to any Practitioner, any other Practitioner from the same discipline (for example, Physician and Physician, Dentist and Dentist).
27. "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.
28. "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.
29. "Physician" shall mean a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.).
30. "Practitioner" shall mean a Physician or Dentist licensed to practice under the laws of the State of North Carolina.
31. "President of the Medical Staff" shall mean the President of the Medical and Dental Staff of Carolinas Medical Center.

32. "President" or "President of the Hospital" shall mean the Chief Executive Officer of the Hospital or the Chief Executive Officer's designee.

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

34. "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
CATEGORIES OF THE MEDICAL STAFF

Appointment to the Medical Staff and the granting of clinical privileges shall be made by the Board pursuant to the CREDENTIALS POLICY. All Practitioners shall be assigned to a specific department but shall be eligible for clinical privileges in other departments as applied for and recommended pursuant to these GENERAL PROVISIONS and the CREDENTIALS POLICY and approved by the Board. An application for privileges to provide care outside the usual scope of the Applicant's specialty may be conveyed, where appropriate, upon recommendation of the Department Chief of the department(s) involved and with the further recommendation of the Facility Medical Executive Committee and approval of the Board. Membership in, or the exercise of clinical privileges within, any department is subject to the rules and regulations of that department and to the authority of the Department Chief.

Individuals in administrative or contracted services positions who desire Medical Staff membership or clinical privileges are subject to the same procedures as all other Appointees for membership or privileges.

ARTICLE II - PART A: ATTENDING CLASSIFICATION

Section 1. Qualifications:

The Attending Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for Medical Staff appointment;
- (b) in the case of Physicians, are certified by their respective Specialty Board, and in the case of oral surgeons, are certified by the American Board of Oral and Maxillofacial Surgery;
- (c) in the case of Dentists, have total of two (2) years' service in the Associate Classification;
- (d) are located within the geographic service area of the Hospital, close enough to fulfill their responsibilities and to provide timely and continuous care for their patients in the Hospital;
- (e) have served in the Associate Classification for at least two (2) years;
- (f) have advanced from the Associate Classification; and
- (g) are involved in at least thirty (30) patient encounters a year.

ARTICLE II - PART A: ATTENDING CLASSIFICATION
SECTION 2. RESPONSIBILITIES:

Members of the Attending Classification shall:

- (a) assume all the functions and responsibilities of appointment to the Attending Classification including, where appropriate, care of unassigned patients, including the care of Staff Cases, emergency service care, and consultation;
- (b) attend the annual meeting of the Medical Staff;
- (c) shall attend departmental meetings subject to the rules/policies of the department;
- (d) be encouraged to participate in the Graduate Medical Education Program of the Hospital and to use their private patients as well as staff cases in the instruction of House Officers;
- (e) serve on Medical Staff committees;
- (f) faithfully perform the duties of any office or position to which elected or appointed; and
- (g) participate in quality assessment and monitoring activities, including the evaluation of provisional Medical Staff members, as assigned by department or committee chairpersons.

ARTICLE II - PART A: ATTENDING CLASSIFICATION
SECTION 3. PREROGATIVES:

Members of the Attending Classification shall:

- (a) be entitled to admit and treat patients within the limits of their assigned clinical privileges; and
- (b) be entitled to vote and hold office.

ARTICLE II - PART B: ASSOCIATE CLASSIFICATION
SECTION 1. QUALIFICATIONS:

The Associate Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for Medical Staff appointment;
- (b) are located within the geographic service area of the Hospital, close enough to fulfill their responsibilities and to provide timely and continuous care for

their patients in the Hospital.

ARTICLE II - PART B: ASSOCIATE CLASSIFICATION
SECTION 2. RESPONSIBILITIES:

Members of the Associate Classification shall:

- (a) assume all the functions and responsibilities of appointment to the Associate Classification, including, where appropriate, care of unassigned patients, including the care of Staff Cases, emergency service care and consultation;
- (b) attend the annual meeting of the Medical Staff;
- (c) shall attend departmental meetings subject to the rules/policies of the department;
- (d) be encouraged to participate in the Graduate Medical Education Program of the Hospital, and to use their private patients as well as Staff Cases in the instruction of House Officers;
- (e) serve on Medical Staff committees;
- (f) faithfully perform the duties of any office or position to which elected or appointed in accordance with ARTICLE II, SECTION 3. (c); and
- (g) participate in quality assessment and monitoring activities as assigned to them by department or committee chairpersons.

ARTICLE II - PART B: ASSOCIATE CLASSIFICATION
SECTION 3. PREROGATIVES:

Members of the Associate Classification shall:

- (a) be entitled to admit and treat patients within the limits of their assigned clinical privileges;
- (b) not be entitled to vote at Medical Staff or department meetings, unless otherwise provided for in these GENERAL PROVISIONS, but may vote at committee meetings; and
- (c) not be entitled to hold office unless recommended by the members of their department to serve as Department Chief, Department Vice-Chief, or Chairman of their respective clinical department. This recommendation shall be reviewed by the Facility Credentials Committee and the Facility Medical Executive Committee of the Medical Staff, and if approved, shall be forwarded to the Board for action. Members of the Associate Classification

so elected to an office shall be entitled to the same prerogatives as a member of the Attending Classification.

Members of the Associate Classification who have served on the Associate Classification for at least twenty-five (25) years, or have reached the age of sixty (60) years, or can no longer fulfill Associate Classification responsibilities due to physical limitations, shall not be required to assume care of unassigned patients, including the care of Staff Cases, emergency service care and consultations.

ARTICLE II - PART C: SENIOR ATTENDING CLASSIFICATION
SECTION 1. QUALIFICATIONS

The Senior Attending Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for Medical Staff appointment;
- (b) are located within the geographic service area of the Hospital, close enough to fulfill their responsibilities and to provide timely and continuous care for their patients in the Hospital;
- (c) have recognized professional ability and who have rendered outstanding service to Carolinas Medical Center;
- (d) served on the Attending Classification for at least twenty-five (25) years;
- (e) are involved in at least ten (10) patient encounters a year; and
- (f) have reached the age of sixty (60) years; or can no longer fulfill Attending Classification responsibilities due to physical limitations.

ARTICLE II - PART C: SENIOR ATTENDING CLASSIFICATION
SECTION 2. RESPONSIBILITIES:

Members of the Senior Attending Classification shall:

- (a) attend the annual meeting of the Medical Staff;
- (b) be encouraged to attend all departmental meetings;
- (c) be encouraged to participate in the Graduate Medical Education Program of the Hospital and to use their private patients as well as staff cases in the instruction of House Officers;
- (d) faithfully perform the duties of any office or position to which elected or appointed;

- (e) participate in quality assessment and monitoring activities, including the evaluation of provisional staff members, as assigned by department or committee chairpersons.

ARTICLE II - PART C: SENIOR ATTENDING CLASSIFICATION
SECTION 3. PREROGATIVES

Members of the Senior Attending Classification shall:

- (a) be entitled to admit and treat patients within the limits of their assigned clinical privileges;
- (b) be entitled to vote and hold office; and
- (c) not be required to assume care for unassigned patients, or accept emergency service care.

Membership on the Senior Attending Classification does not preclude membership on the Attending Classification. Those Practitioners eligible to transfer to the Senior Attending Classification may, at their request, remain on the Attending Classification on a year-to-year basis, but may, at their pleasure, request transfer to the Senior Attending Classification.

ARTICLE II - PART D: COURTESY CLASSIFICATION
SECTION 1. QUALIFICATIONS:

The Courtesy Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for Medical Staff appointment;
- (b) are located within the geographic service area of the Hospital, close enough to fulfill their responsibilities and to provide timely and continuous care for their patients in the Hospital; and
- (c) are not eligible for appointment to the Attending Classification because they intend to be involved in, or during each appointment year are involved in no more than thirty (30) patient encounters each year at the Hospital. If a Courtesy Classification member is involved in more than thirty (30) patient encounters a year at the Hospital, he may no longer qualify for the Courtesy Classification and may elect either to apply for another Medical Staff classification or resign his Medical Staff membership.

Members of the Courtesy Classification who have served on the Courtesy Classification for at least twenty-five years (25), or have reached the age of sixty (60) years, or who can no longer fulfill Courtesy Classification responsibilities due to physical limitations shall not be required to assume care of unassigned patients, including the care of Staff Cases,

emergency service care and consultation.

ARTICLE II - PART D: COURTESY CLASSIFICATION
SECTION 2. RESPONSIBILITIES:

Members of the Courtesy Classification shall:

- (a) assume all the functions and responsibilities of appointment to the Courtesy Classification, including, at the discretion of the department, care of unassigned patients, including the care of Staff Cases, emergency service care and consultation;
- (b) be encouraged to attend the annual meeting of the Medical Staff;
- (c) be encouraged to attend all departmental meetings
- (d) fulfill assignments, including the care of staff patients and consultations, as requested by the Hospital or Medical Staff;
- (e) participate in quality assessment and monitoring activities as assigned by the department or committee chairpersons; and
- (f) have no responsibilities relating to the Graduate Medical Education Program. The House Staff shall not attend their patients except in emergency situations.

ARTICLE II - PART D: COURTESY CLASSIFICATION
SECTION 3. PREROGATIVES:

Members of the Courtesy Classification shall:

- (a) be entitled to admit and treat patients within the limits of their assigned clinical privileges; and
- (b) not be entitled to vote and not be eligible to hold office.

ARTICLE II - PART E: CONSULTING CLASSIFICATION
SECTION 1. QUALIFICATIONS:

The Consulting Classification shall consist of specialists of recognized professional ability and expertise not otherwise available on the staff who:

- (a) meet the basic qualifications for Medical Staff appointment; and
- (b) are appointed for the specific purpose of providing consultation in the diagnosis and treatment of patients.

ARTICLE II - PART E: CONSULTING CLASSIFICATION
SECTION 2. RESPONSIBILITIES AND PREROGATIVES:

Consulting Classification members shall:

- (a) not be entitled to admit patients;
- (b) be eligible to attend Medical Staff meetings, but are not required to do so;
- (c) not be entitled to vote and not be eligible to hold Medical Staff office; and
- (d) not be required to assume care of unassigned patients or accept emergency service care.

ARTICLE II - PART F: EMERITUS CLASSIFICATION
SECTION 1. QUALIFICATIONS:

The Emeritus Classification shall consist of Practitioners, elected or appointed, who:

- (a) have retired from active Hospital service; or
- (b) have an outstanding professional reputation, although not necessarily residing in the community, and who are unable to serve as active members of the Medical Staff or who, by their past performance at Carolinas Medical Center, are considered worthy of an emeritus position on its Medical Staff.

ARTICLE II - PART F: EMERITUS CLASSIFICATION
SECTION 2. RESPONSIBILITIES AND PREROGATIVES:

Emeritus Classification members:

- (a) are not eligible to admit, attend to, or care for patients in the Hospital;
- (b) may attend Medical Staff meetings, but are not required to do so;
- (c) are not entitled to vote and are not eligible to hold Medical Staff offices; and
- (d) are not eligible to serve on standing Medical Staff committees.

ARTICLE II – PART G: AFFILIATE CLASSIFICATION
SECTION 1. QUALIFICATIONS:

The Affiliate Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for Medical Staff appointment, except that such Practitioners shall not be required to meet the qualifications set forth in Section 2.A.1(b) of the Credentials Policy; and
- (b) desire to be associated with, but do not intend to establish a practice at, the Hospital.

ARTICLE II – PART G: AFFILIATE CLASSIFICATION
SECTION 2. RESPONSIBILITIES AND PREROGATIVES:

Members of the Affiliate Classification:

- (a) may visit their hospitalized patients and review their medical records but may not admit patients, consult on patients, exercise any clinical privileges, write orders or progress notes, make notations in the medical record, or actively participate in the provision or management of care to patients at the Hospital;
- (b) may attend Medical Staff meetings, but are not required to do so;
- (c) may attend educational activities of the Medical Staff and the Hospital, but are not required to do so;
- (d) are not entitled to vote and are not eligible to hold any Medical Staff office;
- (e) are not required to serve on standing Medical Staff committees; and
- (f) are not required to assume care of unassigned patients or accept emergency service care.

ARTICLE II - PART H: NON-RESIDENCE CLASSIFICATION
SECTION 1. QUALIFICATIONS:

The Non-Residence Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for Medical Staff appointment;
- (b) maintain their primary office practice or their primary residence, or both, outside Mecklenburg County and outside any one of those counties in North Carolina or South Carolina contiguous to Mecklenburg County; and
- (c) may exercises those privileges granted provided another qualified member

of the Attending Classification, Associate Classification or Courtesy Classification of the same department admits the patient and serves as the attending Physician and is responsible for responding to patient needs and emergencies that may arise. The admitting Physician shall identify at the time of admission any Non-Residence Classification member who will be providing treatment of the patient.

ARTICLE II - PART H: NON-RESIDENCE CLASSIFICATION
SECTION 2. RESPONSIBILITIES:

Members of the Non-Residence Classification shall:

- (a) assume all the functions and responsibilities of appointment to the Non-Residence Classification;
- (b) be encouraged to attend the annual meeting of the Medical Staff;
- (c) be encouraged to attend all departmental meetings and be required to attend meetings in accordance with Article VI, Section 4, Subsection 4 herein;
- (d) fulfill assignments, including the care of staff patients and consultations, as requested by the Hospital or Medical Staff,
- (e) participate in quality assessment and monitoring activities as assigned by the department or committee chairpersons; and
- (d) have no responsibilities relating to the Graduate Medical Education Program. The House Staff shall not attend their patients except in emergency situations.

ARTICLE II - PART H: NON-RESIDENCE CLASSIFICATION
SECTION 3. PREROGATIVES:

Members of the Non-Residence Classification shall:

- (a) be entitled to treat patients as described in Section 1. (c), within the limits of their assigned clinical privileges; and
- (b) not be entitled to vote and not be eligible to hold office.

ARTICLE II - PART I: EXCEPTION FOR LIMITED PRIVILEGES FOR OUT-OF-COUNTRY PHYSICIANS:

The CREDENTIALS POLICY shall not apply to Out-of-Country Physicians who may be granted limited privileges to participate, assist, and consult in surgical or medical procedures and to assist with and consult on the medical care of patients. An Out-of-Country Physician may not act as the primary Physician responsible for the patient's care, and his limited privileges shall not exceed three (3) months in duration. The attending or primary Physician shall be responsible for the patient's care and the actions of the Out-of-Country Physician. The attending or primary Physician shall inform the patient of the Out-of-Country Physician's participation in the patient's care and secure patient consent to same. Patient consent to the participation of the Out-of-Country Physician should be recorded in the patient's medical record.

Applicants for Out-of-Country limited privileges must meet the following criteria:

1. Application for Out-of-Country Physician privileges must be submitted by a Physician member of the Medical and Dental Staff. The application must be reviewed and recommended for favorable action by the Director of Medical Education.
2. Applicant must have received appropriate certification from the Board of Medical Examiners of the State of North Carolina.
3. Applicant must provide a certificate of insurance evidencing current professional liability insurance coverage with a carrier recognized as acceptable by the State Insurance Commissioner. Each Out-of-Country Physician Applicant shall maintain professional liability insurance coverage with a minimum limit of \$1 million per occurrence on an annual basis, unless the Board specifies otherwise.

The President of the Hospital, after conference with the Director of Medical Education and President of the Medical Staff, shall have the authority to grant limited privileges to Out-of-Country Physicians who have met the above listed criteria. Such privileges shall be of a limited duration and in no case shall exceed three (3) months. An Applicant for Out-of-Country privileges shall provide the Hospital adequate information as provided above, and the Department Chief of the appropriate department shall provide an opinion and recommendation as to the competence and ethical standing of the Applicant who desires such privileges. Out-of-Country privileges shall not entitle the Applicant to those rights and privileges afforded his specialty under these Bylaws. Out-of-Country privileges may be withdrawn by the President of the Hospital in the best interest of patient care.

Anything in the CREDENTIALS POLICY to the contrary notwithstanding, graduates of Canadian medical schools who are licensed to practice medicine in Canada, and who meet the criteria enumerated above and are employed by the Hospital as full-time faculty members in the Graduate Medical Education Program may apply for membership on the Medical Staff of the Hospital for such period of time, not to exceed two (2) years, as may be specified in the certification or limited license issued to them by the Board of Medical Examiners of the State of North Carolina. It is expected that within a two-year period any such Canadian Physician shall have applied for and been granted privileges under the CREDENTIALS POLICY. The process by which such privileges may be granted shall be the same as that described in the immediately preceding paragraph.

ARTICLE II. PART J. TELEMEDICINE CLASSIFICATION

Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing, rendering a diagnosis or otherwise providing clinical treatment to a patient using Telemedicine. Appointees to other Classifications of the Medical Staff are not required to apply for Telemedicine privileges in order to use electronic communication or other communication technologies to provide or support clinical care at a distance.

ARTICLE II – PART J: TELEMEDICINE CLASSIFICATION
SECTION 1. QUALIFICATIONS:

The Telemedicine Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for Medical Staff appointment; and
- (b) have expressed an interest in providing services using Telemedicine;

ARTICLE II – PART J: TELEMEDICINE CLASSIFICATION
SECTION 2. RESPONSIBILITIES:

Members of the Telemedicine Classification shall:

- (a) be responsible for providing services by Telemedicine at the request of an Appointee of the Medical and Dental Staff; and
- (b) not assume the functions and responsibilities of Appointees of other Classifications;
- (c) not be responsible for the care of unassigned patients, including the care of Staff Cases or emergency service care;
- (d) not be required to attend the annual meeting of the Medical Staff;
- (e) not be required to attend departmental meetings;
- (f) participate in quality assessment and monitoring activities as assigned by the department or committee chairpersons; and
- (g) have no responsibilities relating to the Graduate Medical Education Program. The House Staff shall not attend their patients except in emergency situations.

ARTICLE II – PART J: TELEMEDICINE CLASSIFICATION
SECTION 3. PREROGATIVES:

Members of the Telemedicine Classification shall:

- (a) not be entitled to admit patients;
- (b) be entitled to treat patients within the limits of their assigned clinical privileges provided, however, another qualified Appointee of the Medical Staff of the same department admits the patient , serves as the attending Physician for the patient and is responsible for responding to patient needs and emergencies that may arise. The admitting Physician shall identify at the time of the admission any Telemedicine Practitioner who will be providing treatment of the patient.; and
- (c) not be entitled to vote at Medical Staff or Department meetings and not be eligible to hold office.

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 first day of January and ends on the thirty-first day of December each year.

ARTICLE III - PART A:
SECTION 2. QUALIFICATIONS OF MEDICAL STAFF OFFICERS, DEPARTMENT CHIEFS, SECTION CHIEFS AND COMMITTEE CHAIRPERSONS:

Unless otherwise provided herein, the only persons eligible to serve as Medical Staff officers, Department Chiefs, section chiefs, or committee chairpersons shall be the Attending Classification or Senior Attending Classification members who:

- (a) have been appointed in good standing to the Attending Classification or Senior Attending Classification of the Hospital and continue so during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved;
- (b) have no pending adverse recommendations concerning Medical Staff appointment or clinical privileges;

- (c) have demonstrated an interest in maintaining quality medical care at the Hospital;
- (d) are not presently serving as a Medical Staff or corporate officer, a Department Chief, or a section chief at another hospital, and shall not so serve during the term of office. Should a member of the Medical Staff wish to serve at one or more units of The Charlotte-Mecklenburg Hospital Authority (Carolinas HealthCare System), this would require the approval of the Facility Medical Executive Committee;
- (e) have constructively participated in Medical Staff affairs, including peer review activities;
- (f) are willing to faithfully discharge the duties and responsibilities of the position to which the individual is elected or appointed;
- (g) are knowledgeable concerning the duties of the office;
- (h) possess written and oral communication skills; and
- (i) possess and have demonstrated an ability for harmonious interpersonal relationships.

All Medical Staff officers, Department Chiefs, section chiefs, and committee chairpersons must possess at least the above qualifications and maintain such qualifications during their term of office.

ARTICLE III - PART A:
SECTION 3. CONFLICT OF INTEREST:

- (a) In any instance where an officer, Department Chief, section chief, committee chairperson, or member of any Medical Staff committee has or reasonably could be perceived as having a conflict of interest or a bias in any matter involving another Medical Staff member that comes before the individual or committee, or in any instance where the individual brought a complaint against that Appointee, such individual shall not participate in the discussion or vote on the matter and shall be excused from the meeting; however, prior to being excused from the meeting, the individual may be asked, and may answer, any questions concerning the matter.
- (b) As a matter of procedure, the chairperson of the committee designated to make such a review shall inquire, prior to any discussion of the matter, whether any member has any conflict of interest or bias. The existence of a potential conflict of interest or bias on the part of any committee member may be called to the attention of the chairperson by any committee member with knowledge of the matter.

- (c) A Department Chief shall have a duty to delegate review of applications for appointment, reappointment, or clinical privileges, or questions that may arise, to a Vice-Chair or other member of the department, if the Department Chief has a conflict of interest with the individual under review or could be reasonably perceived to be biased.

ARTICLE III - PART B: MEDICAL STAFF

SECTION 1. OFFICERS:

The Medical Staff officers at Carolinas Medical Center shall be the President, Vice-President, Past-President, and Secretary.

ARTICLE III - PART B:

SECTION 2. PRESIDENT OF THE MEDICAL STAFF:

- (a) The President shall:
 - (1) call, preside at and be responsible for the agenda of all general meetings of the Medical Staff;
 - (2) appoint committee chairpersons and members, in accordance with the provisions of these Bylaws, to all standing and special Medical Staff committees except the Facility Medical Executive Committee;
 - (3) serve as Chairperson of the Facility Medical Executive Committee and as a member of the CMC-C Medical Executive Committee;
 - (4) serve as ex officio member, without vote, on all Medical Staff committees other than the Facility Medical Executive Committee and Facility Credentials Committee, unless provisions to the contrary are made;
 - (5) represent the views, policies, and needs of the Medical Staff and report on the medical activities of the Medical Staff to the Board and to the President of the Hospital;
 - (6) consult with the Department Chief of each department and the President of the Hospital as often as necessary to effect a maximum correlation of professional work and administrative programs of the Hospital;
 - (7) provide day-to-day liaison on medical matters with the President of the Hospital and the Board; and
 - (8) 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.

- (b) The President of the Medical Staff shall serve a two-(2-)year term of office, shall retain his office until a subsequently elected President is approved by the Board, and shall be eligible for re-election.

ARTICLE III - PART B:

SECTION 3. - VICE-PRESIDENT - CAROLINAS MEDICAL CENTER:

- (a) The Vice-President shall:
 - (1) assume all the duties and have the authority of the President of the Medical Staff in the event of the President's temporary inability to perform due to illness, absence from the community, or unavailability for any other reason;
 - (2) serve as Vice-Chairman of the Facility Medical Executive Committee and in the Chairman's absence shall preside at meetings of the Facility Medical Executive Committee and also serve as a member of the CMC-C Credentials Committee;
 - (3) automatically succeed the President, should the office of President become vacated for any reason; and
 - (4) perform such duties as are assigned by the President of the Medical Staff.
- (b) The Vice-President shall serve a two-(2-)year term, shall retain his office until a subsequently elected Vice-President is approved by the Board, and shall be eligible for re-election.

ARTICLE III - PART B:

SECTION 4. SECRETARY - CAROLINAS MEDICAL CENTER:

- (a) The Secretary shall:
 - (1) keep and record minutes of all meetings of the Medical Staff. He shall be Secretary of the Facility Medical Executive Committee and shall keep and record the minutes and correspondence of that body;

- (2) in the absence of the President and Vice-President, preside at all meetings; and
 - (3) serve on the Facility Medical Executive Committee.
- (b) The Secretary shall serve a two-(2-)year term, shall retain his office until a subsequently elected Secretary is approved by the Board, and shall be eligible for re-election.

ARTICLE III - PART B:

SECTION 5. IMMEDIATE PAST PRESIDENT - CAROLINAS MEDICAL CENTER:

The Immediate Past President shall:

- (a) serve on the Facility Medical Executive Committee and the CMC-C Medical Executive Committee; and
- (b) perform such additional or special duties as shall be assigned by the President of the Medical Staff, the Facility Medical Executive Committee, or the Board.

ARTICLE III - PART C: TERMS OF OFFICE

SECTION 1. ELECTION OF OFFICERS:

- (a) Nominating Committee

At least two (2) months before the annual Medical Staff meeting, the President of the Medical Staff shall convene the Nominating Committee. The Nominating Committee shall consist of six (6) members of the Facility Medical Executive Committee appointed by the President of the Medical Staff. The President of the Medical Staff shall appoint one member of the Committee to serve as chairperson of the Committee.

- (b) Nomination and Election of Officers

- (1) The Nominating Committee shall prepare a slate of nominees for each office that is open.
- (2) All Attending and Senior Attending Staff members shall be mailed a slate of candidates prepared by the Nominating Committee. This slate shall be mailed out one (1) month prior to the annual meeting. Candidates may be proposed by members of the Medical Staff at large for any of the above-referenced offices, provided that the name of any such candidate shall be (i) supported by a petition signed by twenty-five (25) voting members of the Attending Staff and/or Senior Attending Staff, and (ii) furnished to the Medical Staff office at least

ten (10) days prior to the annual meeting with the petition and with a written indication from the proposed candidate that he or she is willing to serve. In order to be included on the ballot as a candidate, a nominee must possess all the qualifications set forth in Part A., Section 2 of this Article.

The Nominating Committee, shall, as a courtesy, submit the names of the nominees to the Quality Care and Comfort Committee of the Board for comment prior to the submission of the Nominating Committee's report to the Medical Staff.

- (3) The candidates who receive a majority vote of those Medical Staff members eligible to vote and present at the meeting at the time the vote is taken shall be elected. The election of each officer shall become effective as soon as approved by the Board.
- (4) In any election, if there are three (3) or more candidates for a position and no candidate receives a majority vote, there shall then be a successive voting 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 C:

SECTION 2. REMOVAL OF OFFICERS:

The Facility Medical Executive Committee, by a two-thirds (2/3) vote, may remove any Medical Staff officer for failure to perform duties of the position held, for conduct detrimental to the interests of the Hospital, for a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office, for loss of his qualification for membership on the Attending Staff or Senior Attending Staff, or who is guilty of such other neglect as the Medical Staff may judge as justifying removal. The individual must be provided with notice of the meeting at which such action shall be decided. The notice must be in writing and must be given at least ten (10) days prior to the date of the meeting. The officer shall be afforded an opportunity to speak prior to the taking of any vote on such removal. The removal shall be effective when approved by the Board.

ARTICLE III - PART C:

SECTION 3. VACANCIES IN OFFICE:

If there is a vacancy in the office of the President of the Medical Staff prior to the expiration of the President's term, the Vice-President shall assume the duties and authority of the President for the remainder of the unexpired term. If there is a vacancy in any other office (except that of the Past President), the Facility Medical Executive Committee shall appoint another Appointee possessing the qualifications set forth in ARTICLE III - PART A, SECTION 2. of these GENERAL PROVISIONS

to serve out the remainder of the unexpired term. Such appointment shall be effective when approved by the Board.

ARTICLE III - PART D: MEETINGS

SECTION 1. ANNUAL STAFF MEETING:

The Annual Medical Staff meeting shall be the meeting at which officers shall be elected and voted upon. If there is no other business to be conducted at the Annual Meeting, the meeting becomes optional, and if the meeting is not held elections may be accomplished by standard mail or electronic vote of the Attending and Senior Attending staff.

ARTICLE III - PART D:

SECTION 2. SPECIAL STAFF MEETINGS:

Special meetings of the Medical Staff may be called at any time by: (1) the President of the Medical Staff; (2) a majority of the Facility Medical Executive Committee; (3) the Chairperson of the Bylaws Committee; or (4) a petition signed by not less than twenty percent (20%) of the voting staff. Except as set forth below, notice of any special meeting shall be given at least forty-eight (48) hours before the meeting.

Notwithstanding the foregoing, in the event that a special meeting is called to consider proposed changes to the Medical Staff Bylaws, such meeting shall be held at least seven (7) days prior to the scheduled meeting for the Medical Staff vote on the proposed changes (or, in the case of a vote by standard mail or electronic means, at least seven (7) days prior to the last day that a vote may be submitted by the Medical Staff). Participation in such a meeting shall not be a prerequisite for a Medical Staff member to vote on Medical Staff Bylaws changes, nor shall a quorum be required to commence discussions regarding the proposed Medical Staff Bylaws changes at such a meeting.

ARTICLE III - PART D:

SECTION 3. AGENDA:

The agenda for the annual meeting and for any special Medical Staff meeting shall be set by the President of the Medical Staff. The President of the Medical Staff shall also set the conduct for such meeting.

ARTICLE III - PART E: DEPARTMENT AND COMMITTEE MEETINGS:

SECTION 1. DEPARTMENT MEETINGS:

Departments shall meet as required at a time set by the Department Chief of the department to review and evaluate the clinical work of the department; to consider the findings of ongoing quality assessment, monitoring, and evaluation activities; and to discuss any other matters concerning the department. The agenda for the

meeting and its general conduct shall be set by the Department Chief. Each department shall maintain a permanent record of its findings, proceedings, and actions, and shall make a report thereof after each meeting to the Facility Medical Executive Committee and the President of the Hospital.

ARTICLE III - PART E:

SECTION 2. ATTENDANCE REQUIREMENTS - DEPARTMENT MEETINGS:

Department Chiefs, Vice-Chairs, and sections chiefs shall be required to attend at least fifty percent (50%) of all applicable department meetings in each year unless excused for just cause such as sickness, absence from the community, or attending medical emergencies.

ARTICLE III - PART E:

SECTION 3. COMMITTEE MEETINGS:

The agenda for committee meetings and the general conduct of such meetings shall be set by the chairperson. Each committee shall maintain a permanent record of its findings, proceedings, and actions, and shall make a report thereof after each meeting to the Facility Medical Executive Committee and the President of the Hospital.

ARTICLE III - PART E:

SECTION 4. ATTENDANCE REQUIREMENTS - COMMITTEE MEETINGS:

Committee Chairpersons shall be required to attend at least fifty percent (50%) of all applicable committee meetings in each year unless excused for just cause such as sickness, absence from the community, or attending medical emergencies.

ARTICLE III - PART E:

SECTION 5. SPECIAL DEPARTMENT AND COMMITTEE MEETINGS:

- (a) A special meeting of any department or committee may be called by or at the request of the appropriate chairperson, the President of the Medical Staff, or a petition signed by not less than twenty percent (20%) of the voting members of the department or committee.
- (b) In the event that it is necessary for a department or 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 department or committee. Such a vote shall be binding so long as the question is voted on by a majority of the department or committee eligible to vote.

ARTICLE III - PART E:
SECTION 6. MINUTES:

Minutes of each meeting of each department and each committee shall be prepared and shall include a record of the attendance of members, of the recommendations made, and of the votes taken on each matter. The minutes shall be signed by the presiding officer, or his designee, and the minutes or summaries thereof shall be promptly forwarded to the Facility Medical Executive Committee and to the President of the Hospital and certain committees as specified elsewhere in the Bylaws or other Hospital policies. A permanent file of the minutes of each department and each committee meeting shall be maintained by the Hospital.

ARTICLE III - PART F - PROVISIONS COMMON TO ALL MEETINGS
SECTION 1. NOTICE OF MEETINGS:

Notice of all meetings of the Medical Staff and regular meetings of departments and committees shall be delivered, either in person, by mail, or by electronic communication where the receipt of the information is assured, to each Appointee on the Attending and Associate Staff 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 the Appointee's 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 F:
SECTION 2: QUORUM:

The presence of one-fourth (1/4) of the individuals eligible to vote at any regular or special meeting, but in no event less than two (2) members, shall constitute a quorum for all actions. 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 F:
SECTION 3: RULES OF ORDER:

Except as otherwise provided herein, the currently revised Robert's Rules of Order shall govern all meetings and elections.

ARTICLE III - PART F:
SECTION 4. VOTING:

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

ARTICLE IV
CLINICAL DEPARTMENTS

Whenever a Practitioner has privileges in more than one department, he shall be subject (1) to the rules governing that department, and (2) to the jurisdiction of the Department Chiefs of the departments with respect to those privileges falling within such departments. A Practitioner shall also be subject to the jurisdiction of the Department Chief of the department to which he is assigned.

Members of the following departments and classifications shall not be entitled to admit patients to the Hospital: Department of Emergency Medicine, Department of Pathology, and the Telemedicine Classification, Non-Residence Classification and Emeritus Classification.

ARTICLE IV - PART A: CLINICAL DEPARTMENTS
SECTION 1. ORGANIZATION OF DEPARTMENTS:

- (a) Each department shall be organized as a separate part of the Medical Staff and shall have a Chief and Vice-Chief selected in accordance with and having the authority, duties, and responsibilities as set forth in these GENERAL PROVISIONS.
- (b) Each clinical department shall have the authority to adopt reasonable departmental policies, rules, and regulations regarding the operation of the department so long as these departmental policies, rules, and regulations are not in conflict with these GENERAL PROVISIONS; or with the CREDENTIALS POLICY. Departmental policies, rules, and regulations are subject to review and approval of the Facility Medical Executive Committee.
- (c) An up-to-date list of departments and sections of the Medical Staff are set forth in the ORGANIZATIONAL MANUAL.

ARTICLE IV - PART A: CLINICAL DEPARTMENTS
SECTION 2. CREATION AND DISSOLUTION OF DEPARTMENTS AND SECTIONS:

- (a) Changes in the Hospital's departmental and sectional structure shall be made according to the amendment procedures in Section VI., Amendment Provisions of the Bylaws of the Medical and Dental Staff.

- (b) The Facility Medical Executive Committee will periodically assess the Hospital's departmental and sectional structure to determine whether any action is desirable (creating, combining, or eliminating departments and/or sections) for better organizational efficiency and improved patient care. In addition, any group of Medical Staff Appointees who satisfy the criteria for departmental or sectional designation, as set forth below, may request consideration of such designation by petitioning the Facility Medical Executive Committee in writing and provide appropriate supporting documentation for such a designation.
- (c) The following factors shall be considered in determining whether the creation of a department or a section is warranted:
 - (1) there are at least seven (7) Medical Staff Appointees, who are available for appointment to the department or section; and
 - (2) the level of clinical activity that will be affected by the new department or section is substantial enough to warrant imposing the responsibility to accomplish departmental and sectional functions on a routine basis.
- (d) The following factors shall be considered by the Facility Medical Executive Committee in determining whether the elimination of a department or section is warranted:
 - (1) there is no longer an adequate number of Medical Staff Appointees in the department or section to enable it to accomplish the functions set forth in these GENERAL PROVISIONS;
 - (2) there is an insubstantial number of patients or an insignificant amount of clinical activity to warrant the imposition of the designated duties on the Appointees in the department or section;
 - (3) the department or section fails to meet on at least a quarterly basis;
 - (4) the department or section fails to fulfill all designated responsibilities and functions; or
 - (5) no qualified individual is willing to serve as Department Chief or section chief.

ARTICLE IV - PART A:
SECTION 3. FUNCTIONS OF DEPARTMENTS:

- (a) Each clinical Department Chief shall recommend to the Facility Credentials Committee written criteria for the assignment of clinical privileges within the department and each of its sections. Such criteria shall be consistent with and subject to the provisions of the Bylaws. These criteria shall be effective when approved by the CMC-C Medical Executive Committee and the Board. Clinical privileges shall be based upon demonstrated current competence, relevant training, and/or experience within the specialties covered by the department.

- (b) Each department or section shall monitor and evaluate medical care in all major clinical activities of the department or section. This monitoring and evaluation must include at least:
 - (1) the identification and collection of information about important aspects of patient care provided in the department or section;
 - (2) the identification of the indicators used to monitor the quality and appropriateness of the important aspects of care; and
 - (3) the periodic assessment of patient care information to evaluate the quality and appropriateness of care, to identify opportunities to improve care, and to identify important problems in patient care.

Each department or section shall recommend, subject to approval and adoption by the Facility Medical Executive Committee, objective criteria that reflect current knowledge and clinical experience. These criteria shall be used by each department or section or by the Hospital's quality assessment program in the monitoring and evaluation of patient care. When important problems in patient care and clinical performance or opportunities to improve care are identified, each department or section shall document the actions taken and evaluate the effectiveness of such actions.

- (c) Each relevant department and section shall also conduct a comprehensive review to examine justification of surgery performed, whether tissue was removed or not, and to evaluate the acceptability of the procedure chosen for the surgery. Specific consideration shall be given to the agreement or disagreement of the pre-operative and post-operative (including pathological) diagnoses. Written reports shall be maintained reflecting the result of all evaluations performed and actions taken.

- (d) In discharging these functions, each department and section shall receive reports from appropriate utilization and/or quality management committees detailing the committee's analysis of patient care, and thereafter the

department or section shall conduct its own review. After the department's review, a report will be forwarded to the Facility Credentials Committee whenever further investigation and action is indicated involving any individual member of the department. Summaries of the results of the department review functions shall be submitted to the Facility Medical Executive Committee and the President of the Hospital.

ARTICLE IV - PART A:

SECTION 4. DEPARTMENT CHIEFS AND VICE-CHIEFS:

- (a) The Chief and Vice-Chief of each department shall be Appointees to the Attending or Senior Attending Staff, unless otherwise provided for in the GENERAL PROVISIONS, and possess the qualifications set forth in Article III, Part A., Section 2 hereof. Such individuals must also be certified by the appropriate Specialty Board, unless waived by the Board.
- (b) The Chief and Vice-Chief of each clinical department shall be elected by the members of that department or the Facility Medical Executive Committee of that department and subject to Board approval. The term of office of a Chief shall be for a period of two (2) years. The Chiefs of the departments of medical specialties shall be elected in odd numbered years and the Chiefs of the departments of surgical specialties shall be elected in even numbered years.
- (c) Removal of a Chief or Vice-Chief during a term of office may be initiated by a two-thirds (2/3) vote of all Attending and Senior Attending Staff Appointees in the department for failure of the Chief or Vice-Chief to perform duties of the position held, for conduct detrimental to the interests of the Hospital, for a physical or mental infirmity that renders the individual incapable of fulfilling the duties of their position, for loss of his qualification for membership on the active Medical Staff, or if he is guilty of such other neglect as the Medical Staff may judge as justifying removal. This removal shall be effective when it has been approved by the Facility Medical Executive Committee and the Board.

ARTICLE IV - PART A:

SECTION 5. FUNCTIONS OF DEPARTMENT CHIEF AND VICE-CHIEF:

- 1. Each Department Chief shall:
 - (a) be responsible for administrative activities within the department unless otherwise provided for by the Hospital. (It is understood that the Chief of the department retains the ultimate responsibility for the administrative activities of his department.);
 - (b) be a member of the Facility Medical Executive Committee;

- (c) be responsible for all clinically related activities of the department, including the responsibility for continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the department (including both Physicians and Allied Health Professionals), and report thereon to the Facility Credentials Committee as a part of the reappointment process for Physicians, CMC-C to the Allied Health Review Committee as a part of the reapplication process for Allied Health Professionals, and at such other times as may be indicated;
- (d) recommend criteria for clinical privileges that are relevant to the care provided in the department;
- (e) recommend to the CMC-C Credentials Committee the delineation of privileges and such other criteria applicable to the practice of each class of Allied Health Professional within the department, including any supervision requirements for Dependent Practitioners;
- (f) be responsible for the development and implementation of policies and procedures that guide and support the provision of clinical services;
- (g) assist the Hospital, in accordance with these GENERAL PROVISIONS and the CREDENTIALS POLICY with respect to the granting of locum tenens privileges within the department, and with the evaluation of requests for temporary privileges, as appropriate;
- (h) recommend a sufficient number of qualified and competent individuals to provide care/clinical services;
- (i) be responsible for the integration of the department/section into the primary functions of the organization;
- (j) be responsible for the coordination and integration of interdepartmental and intradepartmental services;
- (k) provide continuous assessment and improvement of the quality of care and services provided (including by relevant Physicians and Allied Health Professionals) including the responsibility to maintain, monitor and evaluate the quality and appropriateness of patient care provided within the department;
- (l) be responsible for the establishment, implementation, and effectiveness of the orientation, teaching, education, and research programs in those departments which do not have a Chairman;

- (m) report and recommend to Hospital management when necessary with respect to matters affecting patient care in the department, including personnel, space, and other resources, supplies, special regulations, standing orders, and techniques;
- (n) be responsible for enforcement within the department of the Hospital policies and these BYLAWS;
- (o) be responsible for implementation within the department of actions taken by the Board and the Facility Medical Executive Committee;
- (p) conduct a personal interview with Applicants seeking membership and privileges in the respective department in accordance with the CREDENTIALS POLICY;
- (q) make a report to the Facility Credentials Committee concerning the appointment, reappointment, and delineation of clinical privileges for all Applicants seeking privileges in the department in accordance with the CREDENTIALS POLICY;
- (r) make a report to the CMC-C Allied Health Review Committee concerning the clinical privileges sought by individuals applying to work in the department as Allied Health Professionals;
- (s) be responsible for the establishment and implementation of any teaching and education programs in the department (this may be delegated, in certain instances, to the Chairman);
- (t) assist Hospital management in the preparation of annual reports and such budget planning pertaining to the department as may be required by the President of the Hospital or the Board (this may be delegated, in certain instances, to the Chairman);
- (u) recommend to the CMC-C Credentials Committee whether new categories of Allied Health Professionals should practice within the department;
- (v) delegate to the Vice-Chief of the department such duties as appropriate;
- (w) appoint a Chief for each of the sections within the department subject to the approval of the Facility Medical Executive Committee and the Board; and

- (x) fulfill all other duties as specifically outlined and set forth in the CREDENTIALS POLICY.
2. Each Department Vice-Chief shall:
- (a) Perform departmental responsibilities as directed by the Department Chief;
 - (b) prepare himself to become Chief of the department should that eventuality occur; and
 - (c) cause himself to be current on all appropriate matters of the department and represent the department in the absence of the Chief.

ARTICLE IV - PART A:
SECTION 6. SECTION CHIEFS:

- (a) The Chief of each section shall be an Appointee of the Attending or Senior Attending Staff who is qualified by training, experience, and administrative ability for the position and who meets the criteria as set forth in Article III, Part A., Section 2.
- (b) The chief of the section shall be appointed by the Department Chief.
- (c) Removal of the Chief of the section during a term of office may be initiated by a two-thirds (2/3) vote of all Attending and Senior Attending Staff Appointees in the section. This removal shall be effective when it has been approved by the Board.

ARTICLE IV - PART A:
SECTION 7. FUNCTIONS OF SECTION CHIEFS:

Each Section Chief shall:

- (a) assist the Department Chief in carrying out his responsibilities;
- (b) carry out and be responsible for the administrative activities within the section;
- (c) maintain continuing surveillance of the professional performance of all individuals who have delineated clinical privileges in the section;
- (d) recommend criteria for clinical privileges in the section;

- (e) be responsible for enforcement, within the section, of Hospital policies and of these Bylaws;
- (f) be responsible for implementation, within the section, of actions taken by the Board, the Facility Medical Executive Committee, and the Department Chief;
- (g) if requested to do so by the Department Chief, make a report to the Department Chief concerning the appointment, reappointment, and delineation of clinical privileges for all Applicants seeking privileges in the section;
- (h) be responsible for the establishment and implementation of any teaching and education programs in the section.

ARTICLE IV - PART A:

SECTION 8. CHAIRMAN OF THE DEPARTMENT:

Each department with full-time faculty conducting graduate medical education shall have a departmental Chairman. The Chairman of the department shall be appointed by the Senior Vice-President for Education and Research. The departmental Chairman shall have the following responsibilities:

- (a) Assure the existence of a quality graduate medical educational program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME);
- (b) serve as the residency program director or appoint a faculty designee to this position in accordance with ACGME guidelines;
- (c) administer and manage all activities of the teaching and research faculty, departmental administrative staff, and residents;
- (d) evaluate the performance of the full-time and part-time faculty;
- (e) preside at meetings of the faculty;
- (f) attend meetings of the Facility Medical Executive Committee as a non-voting member;
- (g) prepare goals and objectives, a curriculum, and an organizational plan consistent with the "Program Requirements" published in Essentials of Accredited Residencies in Graduate Medical Education in conjunction with the Vice-President for Medical Education;
- (h) coordinate the activities and assignments of the full-time and part-time faculty of the Graduate Medical Educational program in conjunction with the

Residency Program Director and the Department Chief of the department;

- (i) conduct a personal interview with Applicants who are applying for membership and privileges in the respective departments; and
- (j) serve as the liaison between the teaching and research faculty of the academic department and the Medical Staff departmental members.

ARTICLE IV – PART A:
SECTION 9. GRADUATE MEDICAL EDUCATION

Professional Graduate Medical Education:

- (a) Participants registered in professional graduate medical education programs at the Hospital shall not hold appointments to the Medical Staff and shall not be granted specific privileges. The Chairmans, clinical faculty and attending staff members shall be responsible for the direction and supervision of the on-site day-to-day patient care activities of each participant, who shall be permitted to perform only those clinical functions set out in curriculum requirements, affiliation agreements and training protocols approved by the Facility Medical Executive Committee or its designee, the applicable Chairman and the President of the Hospital.
- (b) The scope of clinical activities granted to participants in professional graduate medical education programs shall be limited to the specialty and duration of the individual's training program and shall be subject to supervision at all times as specified by residency manuals and policies and the ACGME, AOA, American College of Osteopathic Family Physicians, and Council on Podiatric Medical Education guidelines.
- (c) The Chairmans shall be responsible for verifying and evaluating the qualifications of each participant in training.
- (d) Members of the Medical Staff who supervise or oversee the training of these participants shall be provided with a written description of the role, responsibilities and patient care activities of the participants in the training programs. These descriptions shall include identification of the mechanisms by which the supervising staff member and training program director make decisions about each participant's progressive involvement and independence in specific patient care activities.
- (e) The Senior Vice President of Education and Research shall report to the Facility Medical Executive Committee at least yearly concerning:
 - 1. the educational programs being offered at the Hospital;

2. written descriptions of the role, responsibilities and patient care activities of the participants in the program;
3. the safety and quality of patient care provided by the program participants;
4. the related educational and supervisory needs of the participants in the professional graduate medical education programs; and
5. the delineation of who may write patient care orders, the circumstances under which they may do so and what entries, if any, must be countersigned by a faculty member, the patient's attending staff physician or another appropriate licensed independent practitioner who is a member of the Medical Staff at the Hospital. This must be in conformance with the Rules and Regulations Section of the Bylaws of the Medical and Dental Staff on who may write medical orders.

ARTICLE V
COMMITTEES OF THE MEDICAL STAFF

For information regarding the establishment, composition, duties, and responsibilities of committees of the Medical Staff, please refer to the ORGANIZATION MANUAL.

ARTICLE V - PART A - APPOINTMENT:
SECTION 1. CHAIRPERSONS:

- (a) All committee chairpersons, except as otherwise provided for in Article V, Part B, Section 2(a)(3) hereof shall be members of the Medical Staff and will be appointed by the President of the Medical Staff in consultation with the President of the Hospital. All chairpersons shall be selected based on the criteria set forth in Article V, Part A., Section 2 hereof.
- (b) A chairperson may be reappointed by the President of the Medical Staff in consultation with the President of the Hospital.

ARTICLE V - PART A:
SECTION 2. MEMBERS:

- (a) Except as otherwise provided herein, members of each committee shall be appointed yearly by the President of the Medical Staff, in consultation with the President of the Hospital, not more than thirty (30) days after the end of the Medical Staff year, and there shall be no limitation on the number of terms they may serve. All appointed members may be removed and vacancies filled at the discretion of the President of the Medical Staff.

- (b) The President of the Medical Staff and the President of the Hospital, or their respective designees, shall be non-voting members of all committees unless otherwise provided for in the GENERAL PROVISIONS.
- (c) Other individuals, such as Hospital employees, members of the administrative staff, community representatives, 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.
- (d) 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 invitees. Invitees shall not be eligible to vote.

ARTICLE V – PART B: CMC-C MEDICAL EXECUTIVE COMMITTEE:
SECTION 1. COMPOSITION:

- (a) The CMC-C Medical Executive Committee shall consist of the President of the Medical Staff and the Past President of the Medical Staff at Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville and Carolinas Medical Center-University as well as the President of the Medical Staff at Carolinas Rehabilitation.
- (b) The Chairperson of the CMC-C Credentials Committee, the Chief Medical Officer of CHS and the Medical Director of Carolinas Rehabilitation shall serve as ex officio members and shall attend meetings of the CMC-C Medical Executive Committee and participate in its discussions, but without vote, and they shall not count for purposes of reaching a quorum.
- (c) The Chairperson of the CMC-C Medical Executive Committee shall be elected by ballot from among the voting members every two (2) years and the following shall apply to such elections: (i) each elected Chairperson’s term shall begin on January 1 and shall end two years thereafter on December 31; (ii) elections for a new Chairperson will be held at the Committee’s October meeting immediately prior to the then current Chairperson’s end-of-term; (iii) everyone currently serving as a voting member of the Committee in October will be eligible to be elected and serve as the incoming Chairperson; and (iv) if a Past President with only one year left in his/her facility officership is elected Chairperson, that person will be permitted to serve the second year of his/her term as Chairperson in an ex-officio capacity without vote.

ARTICLE V – PART B:

SECTION 2. DUTIES:

The duties of the CMC-C Medical Executive Committee shall be limited to the following:

- (a) to review and consider the CMC-C Credentials Committee's reports and recommendations regarding the credentials of all Applicants for Medical Staff appointment, reappointment, and clinical privileges (including requests for increases in clinical privileges) and to make recommendations to the Facility Medical Executive Committee for appointment, reappointment, assignment to departments and clinical privileges in accordance with the CREDENTIALS POLICY;
- (b) to review and consider the CMC-C Allied Health Review Committee reports and recommendations regarding the credentials of all Allied Health Professional Applicants for Clinical Privileges (including requests for increases in Clinical Privileges) and to make recommendations related thereto to the Facility Medical Executive Committees in accordance with the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS;
- (B(c) to review and consider the CMC-C Credentials Committee's reports and recommendations regarding delineation of privileges ("DOP") (including an initial department DOP, a DOP in connection with a proposed new procedure, and revisions to departments' DOPs upon requests for privileges that cross specialty lines) and application forms, and proposed amendments thereto and to make recommendations related thereto to the Board in accordance with the CREDENTIALS POLICY; and the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS;
- (d) to review and consider the Facility Medical Executive Committee reports and recommendations regarding the reports of the Quality Assessment and Improvement Committee, and to make a written report of its findings and recommendations to the Board; and
- (e) to fulfill all other duties as specifically outlined and set forth in the CREDENTIALS POLICY or elsewhere in this Article V.

ARTICLE V – PART B:

SECTION 3. MEETINGS, REPORTS AND RECOMMENDATIONS:

The CMC-C Medical Executive Committee shall have such meetings as may be required for the proper discharge of its responsibilities, shall maintain a permanent record of its proceedings and actions, and shall report its recommendations to the Board and/or the Facility Medical Executive Committee, as applicable. The Chairperson of the CMC-C Medical Executive Committee shall be available to meet

with the Board, its applicable committee or the Facility Medical Executive Committee on all recommendations that the CMC-C Medical Executive Committee may make. Meetings may be called by the Chairperson of the CMC-C Medical Executive Committee or on request of no less than three (3) voting members of the CMC-C Medical Executive Committee, and only in extreme emergencies should less than forty-eight (48) hours' notice be given each member of the CMC-C Medical Executive Committee. Any action taken at an emergency meeting must be approved in accordance with the quorum and voting requirements of this section. A quorum shall consist of at least six (6) voting members, including at least one (1) voting representative member from each of Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville and Carolinas Medical Center-University.

If a quorum exists, action on a matter by the members is approved by such members if the votes cast favoring the action exceed the votes cast opposing the action; provided, that approval of a DOP (either an initial department DOP, a DOP in connection with a proposed new procedure, or a revised department DOP upon request for privileges that cross specialty lines) for recommendation to the Board may only occur as following:

- (i) If the CMC-C Medical Executive Committee wants to approve the recommendation of the CMC-C Credentials Committee regarding the DOP, the votes cast favoring approval must exceed the votes cast opposing the action at a meeting at which a quorum exists.
- (ii) If the CMC-C Medical Executive Committee wants to reject, limit or change the recommendation of the CMC-C Credentials Committee regarding the DOP, the votes cast favoring rejection, limitation or changing the DOP must be unanimous at a meeting at which a quorum exists.

ARTICLE V – PART C: CMC-C CREDENTIALS COMMITTEE:
SECTION 1. COMPOSITION:

- (a) The CMC-C Credentials Committee shall consist of the following Medical Staff members:
 - (i) the Vice-President of Carolinas Medical Center;
 - (ii) the Vice-President of Carolinas Medical Center-University;
 - (iii) the President-Elect of Carolinas Medical Center-Mercy;
 - (iv) the President-Elect of Carolinas Medical Center-Pineville;
 - (v) the Medical Director of Carolinas Rehabilitation;
 - (vi) the CHS Senior Vice President of Education and Research;
 - (vii) six (6) at-large positions filled as follows:
 - a. the President of the Medical Staff at Carolinas Medical Center

- b. the President of the Medical Staff at Carolinas Medical Center-University shall appoint one (1) member:
- c. the President of the Medical Staff at Carolinas Medical Center-Mercy shall appoint one (1) member; and
- d. the President of the Medical Staff at Carolinas Medical Center-Pineville shall appoint one (1) member.

Each at-large member shall serve a two-(2-)year term and may be appointed for multiple consecutive or non-consecutive terms. The Chairperson of each Facility Credentials Committee must be a member of the CMC-C Credentials Committee, and the at-large appointments shall conform to this requirement, if necessary.

- (b) The chairperson of the CMC-C Credentials Committee shall be elected by ballot from among the voting members every two (2) years.

ARTICLE V – PART C:
SECTION 2. DUTIES:

The duties of the CMC-C Credentials Committee shall be limited to the following:

- (a) to review the credentials of all Applicants for Medical Staff appointment, reappointment, and clinical privileges (including requests for increases in clinical privileges); to make investigations of and interview such Applicants as may be necessary; and to make a written report of the findings and recommendations to the CMC-C Medical Executive Committee in accordance with the CREDENTIALS POLICY;
- (b) to review, as questions arise, all information available regarding the clinical competence and behavior of persons currently appointed to the Medical Staff and, as a result of such review, to make a determination of the need for a formal investigation in accordance with the Credentials Policy;
- (c) to review and make recommendations regarding DOPs (including an initial department DOP, a DOP in connection with a proposed new procedure, and revisions to departments' DOPs upon requests for privileges that cross specialty lines) and application forms, and proposed amendments thereto, and to forward such recommendations to the CMC-C Medical Executive Committee in accordance with the CREDENTIALS POLICY;
- (d) to review, make and forward recommendations to the CMC-C Medical Executive Committee regarding the following: (i) any specific qualifications or training that an individual seeking Clinical Privileges as an Allied Health Professional must possess beyond those set forth in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS; (ii) a

- (e) to review, make and forward recommendations to the CMC-C Medical Executive Committee regarding the need to permit new categories of Allied Health Professionals to practice at any CHS Hospital pursuant to Clinical Privileges or a scope of practice;
- (f) to coordinate and attempt to reconcile differences between the Facility Credentials Committees at the various CHS Hospitals regarding DOPs and to appoint an ad hoc committee to investigate revisions to departments' DOPs upon requests for privileges that cross specialty lines; and
- (g) to fulfill all other duties as specifically outlined and set forth in the CREDENTIALS POLICY or elsewhere in this Article V.

ARTICLE V – PART C:

SECTION 3. MEETINGS, REPORTS AND RECOMMENDATIONS:

The CMC-C Credentials Committee shall have such meetings as may be required for the proper discharge of its responsibilities, shall maintain a permanent record of its proceedings and actions, and shall report its recommendations to the CMC-C Medical Executive Committee and the President of the Hospital. The Chairperson of the CMC-C Credentials Committee shall be available to meet with the Board or its applicable committee on all recommendations that the CMC-C Credentials Committee may make. Meetings of the CMC-C Credentials Committee may be called by the Chairperson of the CMC-C Credentials Committee or on request of no less than three (3) voting members of the CMC-C Credentials Committee, and only in extreme emergencies should less than forty-eight (48) hours' notice be given to

each member of the CMC-C Credentials Committee of a meeting. Any action taken at an emergency meeting must be approved in accordance with the quorum and voting requirements of this section.

A quorum shall consist of at least eight (8) voting members, including at least one (1) voting representative member from each of Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville and Carolinas Medical Center-University.

If a quorum exists, action on a matter by the members is approved by such members if the votes cast favoring the action exceed the votes cast opposing the action; provided, that approval of DOPs (either an initial department DOP, a DOP in connection with a proposed new procedure, or a revised department DOP upon request for privileges that cross specialty lines) for recommendation to the CMC-C Medical Executive Committee may only occur as follows:

- (i) If each Facility Credentials Committee (after appropriate input from Department Chiefs) has recommended a DOP for approval, the members of the CMC-C Credentials Committee may vote to approve and recommend such DOP if the votes cast favoring approval exceed the votes cast opposing approval at a meeting at which a quorum exists.
- (ii) If any Facility Credentials Committee (after appropriate input from Department Chiefs) has not recommended the DOP for approval, there must be a unanimous vote among the members of the CMC-C Credentials Committee present at a meeting at which a quorum exists to approve and recommend such DOP. Prior to calling for such a vote, the CMC-C Credentials Committee shall have attempted to reconcile any disparities among the recommendations of the Facility Credentials Committees or may refer the DOP back to the Facility Credentials Committees for reconsideration.

ARTICLE V - PART D: FACILITY MEDICAL EXECUTIVE COMMITTEE:
SECTION 1. COMPOSITION:

The composition of the Facility Medical Executive Committee is set forth in Article IV, Part P of the ORGANIZATIONAL MANUAL.

ARTICLE V - PART D:
SECTION 2. DUTIES:

The duties of the Facility Medical Executive Committee shall include the following:

- (a) to represent and to act on behalf of the Medical Staff in all matters, without requirement of subsequent approval by the Medical Staff, subject only to any

limitations imposed by the GENERAL PROVISIONS;

- (b) to coordinate the activities and general policies of the various departments;
- (c) to receive and act upon reports and recommendations of clinical departments, assigned activity groups, and committees as specified in these GENERAL PROVISIONS, and to make reports and recommendations concerning them to the President of the Hospital and the Board;
- (d) to implement policies of the Hospital that affects the Medical Staff;
- (e) to provide liaison among the Medical Staff, the President of the Hospital, and the Board;
- (f) to keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting the Hospital;
- (g) to enforce Hospital and Medical Staff rules in the best interests of patient care and of the Hospital, with regard to all persons who hold appointment to the Medical Staff;
- (h) to refer situations involving questions of clinical competence, patient care and treatment, case management, or inappropriate behavior of any Medical Staff Appointee to the CMC-C Credentials Committee for appropriate action in accordance with the CREDENTIALS POLICY, and to receive the recommendation of the Facility Credentials Committee regarding an investigation of clinical competence, behavior or conduct and forward its recommendation to the Board for action (with a copy of such recommendation to the CMC-C Medical Executive Committee and the CMC-C Credentials Committee for informational purposes only);
- (i) to be responsible to the Board for the implementation of the Hospital's quality assessment plan as it affects the Medical Staff;
- (j) to review the Bylaws and other policies, including but not limited to the CREDENTIALS POLICY, and recommend such changes as may be necessary or desirable;
- (k) to review and consider the Facility Credentials Committee reports and recommendations and the CMC-C Medical Executive Committee's reports and recommendations regarding the performance and clinical competence of persons who hold appointments to the Medical Staff and, as a result of such reviews, to make recommendations for reappointments or changes (including requested increases) in clinical privileges to the CMC-C Credentials Committee and the Board (respectively) in accordance with the CREDENTIALS POLICY;

- (l) to review and consider the Facility Credentials Committee's reports and recommendations and the CMC-C Medical Executive Committee's reports and recommendations regarding the credentials of all Applicants and to make recommendations for initial appointment to the Medical Staff, assignment to departments and delineation of clinical privileges to the CMC-C Credentials Committee and the Board (respectively) in accordance with the CREDENTIALS POLICY;
- (m) to review and consider CMC-C Medical Executive Committee's report and recommendation regarding the credentials of all individuals who request to practice at the Hospital as Allied Health Professionals, and to make a written report of its findings and recommendations, both upon initial and renewed applications in accordance with the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS;
- (n) to review and consider CMC-C Credentials Committee reports and recommendations regarding the application forms, delineation of privileges and other applicable criteria regarding existing and new classes of Allied Health Professionals, and to make a written report of its findings and recommendations to the Board;
- (o) to review and consider the reports of the Quality Assessment and Improvement Committee and make a written report of its findings and recommendations to the CMC-C Medical Executive Committee; and
- (p) to fulfill all other duties as outlined in the CREDENTIALS POLICY, elsewhere in this Article V, the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS, and other applicable policies or rules and regulations as well as any other duties not specifically delegated to a committee.

ARTICLE V - PART D:

SECTION 3. MEETINGS, REPORTS AND RECOMMENDATIONS:

- (a) The Facility Medical Executive Committee shall have such meetings as may be required for the proper discharge of its responsibilities. Meetings may be called by the President of the Medical Staff or on request of no less than three (3) members of the Facility Medical Executive Committee, and only in extreme emergencies should less than forty-eight (48) hours' notice be given each member of the Committee. A quorum shall consist of at least seven (7) members.
- (b) Between meetings of the Facility Medical Executive Committee, an ad hoc committee composed of the officers of the Medical Staff and the Chairperson of the Facility Credentials Committee shall be empowered to act in situations

of urgent or confidential concern where not prohibited by the Bylaws.

ARTICLE V - PART E: FACILITY CREDENTIALS COMMITTEE:

SECTION 1. COMPOSITION:

The composition of the Facility Credentials Committee is set forth in Article IV, Part H of the ORGANIZATIONAL MANUAL.

ARTICLE V - PART E:

SECTION 2. DUTIES:

The duties of the Facility Credentials Committee shall include the following:

- (a) to review the credentials of all Applicants for Medical Staff appointment, reappointment, and clinical privileges (including requests for increases in clinical privileges); to make investigations of and interview such Applicants as may be necessary; and to make a written report of the findings and recommendations to the Facility Medical Executive Committee;
- (b) to review, as questions arise, all information available regarding the clinical competence and behavior of persons currently appointed to the Medical Staff (or appoint an ad hoc committee to investigate) and, as a result of such investigation, to make a written report of its findings and recommendations to the Facility Medical Executive Committee;
- (c) to review and make recommendations, as necessary, regarding the Organizational Manual, Credentials Policy, Rules and Regulations, and the application forms, and proposed amendments thereto, and to forward such recommendations to the Facility Medical Executive Committee;
- (d) to review and make recommendations regarding DOPs (including an initial department DOP, a DOP in connection with a proposed new procedure, and revisions to departments' DOPs upon requests for privileges that cross specialty lines) to the CMC-C Credentials Committee and attempt to reconcile disparities between all other Facility Credentials Committees regarding a DOP in accordance with the CREDENTIALS POLICY; and
- (e) to fulfill all other duties as outlined in the CREDENTIALS POLICY, elsewhere in this Article V, the Policy on Clinical Privileges for Allied Health Professionals, and other applicable policies or rules and regulations.

ARTICLE V - PART E:

SECTION 3. MEETINGS, REPORTS AND RECOMMENDATIONS:

- (a) The Facility Credentials Committee shall have such meetings as may be

required for the proper discharge of its responsibilities. Meetings may be called by the Chair of the Facility Credentials Committee, and only in extreme emergencies should less than forty-eight (48) hours' notice be given each member of the Facility Credentials Committee. The Facility Credentials Committee shall maintain a permanent record of its proceedings and actions, and shall report its recommendations to the CMC-C Credentials Committee or the Facility Medical Executive Committee (as appropriate) and the President of the Hospital. The Chairperson of the Facility Credentials Committee shall be available to meet with the Board, its applicable committee or the Facility Medical Executive Committee on all recommendations that the Facility Credentials Committee may make.

ARTICLE V - PART F - CREATION OF STANDING COMMITTEES:

The Facility Medical Executive Committee may, without amendment of the Bylaws, establish additional standing committees to perform one or more Medical Staff functions. In the same manner, the Facility Medical Executive Committee may dissolve or rearrange committee structure, duties, or composition as needed to better accomplish Medical Staff functions. Any function required by the Bylaws which is not assigned to a standing or special committee shall be performed by the Facility Medical Executive Committee.

ARTICLE V - PART G - SPECIAL COMMITTEES:

Special committees shall be created, and their members and chairpersons shall be appointed by the President of the Medical Staff. Such committees shall confine their activities to the purpose for which they were appointed and shall report to the Facility Medical Executive Committee.

ARTICLE VI – PROFESSIONAL REVIEW ACTIVITY

Notwithstanding any other provision of these BYLAWS OF THE MEDICAL AND DENTAL STAFF OF CAROLINAS MEDICAL CENTER; GENERAL PROVISIONS OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF OF CAROLINAS MEDICAL CENTER; ORGANIZATIONAL MANUAL OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF; CREDENTIALS POLICY OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF, or the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF, the Hospital, the Board, or any committee which conducts Professional Review Activity may use the services of an external peer review body or organization to assist in conducting a Professional Review Activity.

ARTICLE VII – PRIVILEGES AND IMMUNITIES

The Board, any committees of the Medical Staff and/or the Board who conduct Peer Review Activities, and any individuals within Carolinas HealthCare System authorized to conduct Peer Review Activities, shall constitute Professional Review Bodies as defined in the Health Care Quality Improvement Act of 1986. Each Professional Review Body hereby claims all privileges and immunities afforded to it by federal and state statutes. Any action taken by a Professional Review Body pursuant to these Medical Staff Bylaws or the CREDENTIALS POLICY shall be in the reasonable belief that it is in furtherance of quality healthcare (including the provision of care in a manner that is not disruptive to the delivery of quality medical care at Carolinas Medical Center) only after a reasonable effort has been made to obtain the true facts of the matter, after adequate notice and hearing procedures are afforded to any Applicant or Appointee, and only in the reasonable belief that the action is warranted by the facts known after a reasonable effort has been made to obtain the facts.

ARTICLE VIII
BOARD APPROVAL AND INDEMNIFICATION

All Medical Staff officers, Department Chiefs, Department Vice-Chiefs, section chiefs, committee members, and individual Medical Staff Appointees who act for and on behalf of the Hospital in discharging the responsibilities of such offices shall be indemnified, to the fullest extent permitted by law, as provided in the Bylaws of The Charlotte-Mecklenburg Hospital Authority.

ARTICLE IX
COMMITTEES FOR DISCUSSION OF HOSPITAL AND MEDICAL STAFF MATTERS

1. Certain committees have been established which provide forums for the discussion by representatives of the Board, the Hospital, and the Medical Staff of matters of Hospital and Medical Staff policy and practice. These Committees are as follows:
 - (a) The Quality Care and Comfort Committee of the Board of Commissioners of The Charlotte-Mecklenburg Hospital Authority. Meetings of this body are attended by the President of the Hospital and the President of the Medical Staff, or his designee. This Committee establishes, maintains, supports, and exercises oversight of the ongoing quality care programs that include review, evaluation, and monitoring mechanisms for evaluating the quality of, cost of, and necessity for Hospital and health care services of the Authority facilities. This Committee also reviews recommendations from the medical staffs of Authority facilities on Medical Staff appointments, privileges, and changes to Medical Staff Bylaws, and submits its recommendations to the Board.
 - (b) The Facility Medical Executive Committee of the Medical Staff, the meetings of which include the President as a member and members of the aforementioned bodies as invited guests to participate in discussions with

members of the Medical Staff.

The Board may designate, as necessary, the appropriate body or bodies to serve as a forum for discussions of Hospital and Medical Staff matters and review of policy recommendations of the Facility Medical Executive Committee prior to any required Board action. These bodies shall meet at least quarterly, or as otherwise required by the Board or these Bylaws.

2. As required by Hospital Bylaws, the President of the Medical Staff is invited to attend regular Board meetings in order to give the Medical Staff attendance and voice at such meetings.