

# **MEDICAL STAFF BYLAWS**

## **MEDICAL AND DENTAL STAFF**

### **CAROLINAS REHABILITATION**

APPROVED BY THE BYLAWS COMMITTEE - 08-13-96  
APPROVED BY THE MEDICAL AND DENTAL STAFF - 08-14-96  
APPROVED BY THE BOARD OF COMMISSIONERS - 09-10-96  
APPROVED BY THE MEC - 4-19-00 - NO CHANGES TO THIS SECTION

#### REVISIONS:

APPROVED BY THE MEDICAL AND DENTAL STAFF - 02-12-97; 11/17/99; 08/14/02; 03/11/03, 08/12/03; 02/03/05;  
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## PREAMBLE

Recognizing that adequate medical care in an institution such as Carolinas Rehabilitation 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 Rehabilitation 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**

### **MEDICAL AND DENTAL STAFF**

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03/14/06; 06/12/07; 03/18/08; 06/10/08; 12/08/09; 03/15/11; 12/13/11; 03/13/12

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**ARTICLE I**  
**DEFINITIONS**

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

1.	"Administrator" shall mean the Chief Executive Officer of Carolinas Rehabilitation or the Chief Executive Officer's designee.
2.	"Allied Health Professional" means either a Dependent Practitioner or an Independent Practitioner. "Allied Health Professionals" means all Dependent Practitioners and Independent Practitioners.
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 Carolinas Rehabilitation.
6.	"Bylaws" shall mean the Bylaws of the Medical and Dental Staff of Carolinas Rehabilitation.
7.	"Carolinas Rehabilitation" shall mean the hospital comprised of the CR Facilities.
8.	"CHS Hospitals" shall mean Carolinas Medical Center, Carolinas Medical Center-Mercy, Carolinas Medical Center-Pineville, Carolinas Medical Center-University and Carolinas Rehabilitation.
9.	"CR Facility" shall mean one of the campus locations of Carolinas Rehabilitation, including (1) CR-Main; (2) CR-Mercy; or (3) CR-Mount Holly. "CR Facilities" means all campus locations of Carolinas Rehabilitation.
10.	"Clinical Privileges" shall mean permission to provide medical or other patient care services in CR Facility, as approved by the Board, within defined limits of these Bylaws.
11.	"CMC-C Credentials Committee" shall mean the credentials committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.
12.	"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.
13.	"CMC-C Medical Executive Committee" shall mean the executive committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.
14.	"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.

15.	"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 a CR Facility prior to certification.
16.	"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.
17.	"Facility Medical Executive Committee" shall mean the executive committee of the Medical and Dental Staff.
18.	"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.
19.	"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 at Carolinas Medical Center.
20.	"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.
21.	"Medical Staff" or "Medical and Dental Staff" shall mean all Physicians and Dentists who are authorized under Article III to admit and/or attend patients at Carolinas Rehabilitation.
22.	"Patient Encounter" shall mean any action on the part of the Practitioner to provide medical or other patient care services to the patient in any CR Facility, including, without limitation, admission, treatment, performance or interpretation of diagnostic tests, or consultation, and may include the supervision of house staff and medical students; however, that Patient Encounter shall not include the ordering of tests on an out-patient basis.
23.	"Peer" shall mean with respect to any Practitioner, any other Practitioner from the same discipline (for example, physician and physician, dentist and dentist).



24.	“Peer Review Action” shall mean an action or recommendation of Carolinas Rehabilitation, the Board or any committee of Carolinas Rehabilitation 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.
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25.	"Peer Review Activity" shall mean <b>(i)</b> any activity of Carolinas Rehabilitation and/or Medical Staff with respect to a Practitioner <b>(A)</b> to determine whether an Applicant or Appointee may have clinical privileges at Carolinas Rehabilitation or membership on the Medical Staff; <b>(B)</b> to determine the scope or conditions of such privileges or membership; <b>(C)</b> to change or modify such privileges or membership; <b>(ii)</b> any quality review activity conducted to measure, assess, and improve individual or organizational performance; <b>(iii)</b> any activity of a Carolinas Rehabilitation 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, Carolinas Rehabilitation 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, Carolinas Rehabilitation 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 applicable CR Facility 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 applicable CR Facility who is not either in practice with, or in direct economic competition with the Practitioner who is the subject of Peer Review Activity.
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26.	"Physician" shall mean a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.).
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27.	"Practitioner" shall mean a Physician or Dentist licensed to practice under the laws of the State of North Carolina.
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28.	"President of the Medical Staff" shall mean the President of the Medical Staff of Carolinas Rehabilitation.
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29.	"Staff case" shall mean an indigent or medically indigent patient who is unable to pay the usual charges for medical care.
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30.	"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.
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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 specialty but shall be eligible for clinical privileges in other specialties 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 Medical Director and with the further recommendation of the Facility Medical Executive Committee and approval of the Board.

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 appointment; and
- (b) be certified as follows:
  - i. certification in either Physical Medicine and Rehabilitation by the American Board of Medical Specialties or the American Osteopathic Association. Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for appointment to the Attending Classification provided board certification is achieved within five (5) years from the date of completion of their residency or fellowship training; or
  - ii. certification in either Psychiatry and Neurology by the American Board of Medical Specialties or the American Osteopathic Association. Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for appointment to the Attending Classification provided board certification is achieved within five (5) years from the date of completion of their residency or fellowship training; or
  - iii. certification by the American Board of Sleep Medicine; subspecialty certification in Sleep Medicine from the American Board of Medical Specialties; or Certification of Added Qualifications in Sleep Medicine from the American Osteopathic Association - Practitioners holding a certification in sleep medicine pursuant to this section may only admit and treat sleep medicine patients and must treat such patients within the limits of their assigned clinical privileges; and
- (c) 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) be encouraged to attend all Medical Staff meetings subject to the rules/policies of the Medical Staff;
- (d) be encouraged to participate in the Graduate Medical Education Program of Carolinas Rehabilitation and to use their private patients as well as Staff Cases in the instruction of House Staff;
- (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, as assigned by the President of the Medical Staff, Medical Director 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: ACTIVE CONSULTING CLASSIFICATION**  
**SECTION 1. QUALIFICATIONS:**

The Active Consulting Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for appointment;
- (b) (i) are members of the attending, associate, senior attending or courtesy classification of the medical staff of an acute care hospital that is located within thirty (30) miles of the applicable CR Facility(ies) and that is accredited by the Joint Commission on Accreditation of Healthcare Organizations; or (ii) are recognized by the medical community as authorities within their respective specialties and are members of the attending, associate, senior attending or

courtesy classification of the medical staff of an acute care hospital that is accredited by the Joint Commission on Accreditation of Healthcare Organizations; and

- (c) are involved in at least thirty (30) patient encounters a year.

**ARTICLE II - PART B: ACTIVE CONSULTING CLASSIFICATION**  
**SECTION 2. RESPONSIBILITIES:**

Members of the Active Consulting Classification shall:

- (a) assume all the functions and responsibilities of appointment to the Active Consulting Classification;
- (b) attend the annual meeting of the Medical Staff;
- (c) be encouraged to attend all Medical Staff meetings subject to the rules/policies of the Medical Staff;
- (d) serve on Medical Staff committees;
- (e) faithfully perform the duties of any office or position to which elected or appointed; and
- (f) participate in quality assessment and monitoring activities as assigned to them by the President of the Medical Staff, Medical Director or committee chairpersons.

**ARTICLE II - PART B: ACTIVE CONSULTING CLASSIFICATION**  
**SECTION 3. PREROGATIVES:**

Members of the Active Consulting Classification shall:

- (a) be entitled to exercise those Clinical Privileges as are granted to them, but only at the request of, and in consultation and/or assistance with, a member of the Attending Classification;
- (b) not be allowed to admit patients; and
- (c) be entitled to vote and hold office.

**ARTICLE II - PART C: LIMITED CONSULTING CLASSIFICATION**  
**SECTION 1. QUALIFICATIONS:**

The Limited Consulting Classification shall consist of those Practitioners who:

- (a) meet the basic qualifications for appointment; and
- (b) (i) are members of the attending, associate, senior attending or courtesy classification of the medical staff of an acute care hospital that is located within thirty (30) miles of the applicable CR Facility(ies) and that is accredited by the

Joint Commission on Accreditation of Healthcare Organizations; or (ii) are recognized by the medical community as authorities within their respective specialties and are members of the attending, associate, senior attending or courtesy classification of the medical staff of an acute care hospital that is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

**ARTICLE II - PART C: LIMITED CONSULTING CLASSIFICATION**  
**SECTION 2. RESPONSIBILITIES:**

Members of the Limited Consulting Classification shall:

- (a) assume all the functions and responsibilities of appointment to the Limited Consulting Classification;
- (b) be encouraged to attend the annual meeting of the Medical Staff;
- (c) be encouraged to attend all Medical Staff meetings subject to the rules/policies of the Medical Staff; and
- (d) participate in quality assessment and monitoring activities as assigned by the President of the Medical Staff, Medical Director or committee chairpersons.

**ARTICLE II - PART C: LIMITED CONSULTING CLASSIFICATION**  
**SECTION 3. PREROGATIVES:**

Members of the Limited Consulting Classification shall:

- (a) be entitled to exercise those Clinical Privileges as are granted to them, but only at the request of, and in consultation and/or assistance with, a member of the Attending Classification;
- (b) not be allowed to admit patients; and
- (c) not be entitled to vote and not be eligible to hold office.

**ARTICLE II - PART D: EMERITUS CLASSIFICATION**  
**SECTION 1. QUALIFICATIONS:**

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

- (a) have retired from active service at Carolinas Rehabilitation; 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 Rehabilitation, are considered worthy of an emeritus position on its Medical Staff.

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

Emeritus Classification members:

- (a) are not eligible to admit, attend to, or care for patients at any CR Facility;
- (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 staff offices; and
- (d) are not eligible to serve on standing staff committees.

**ARTICLE II – PART E: 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, Carolinas Rehabilitation.

**ARTICLE II – PART E: 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 Carolinas Rehabilitation;
- (b) may attend Medical Staff meetings, but are not required to do so;
- (c) may attend educational activities of the Medical Staff and Carolinas Rehabilitation, 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 F: 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 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 F: 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;
- (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 F: 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 G: 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 G: 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 G: 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 G: 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 Classification 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 AND COMMITTEE CHAIRPERSONS:**

Unless otherwise provided herein, the only persons eligible to serve as Medical Staff officers or committee chairpersons shall be the Attending Classification or Active Consulting Classification members who:

- (a) have been appointed in good standing to the Attending Classification or Active Consulting Classification and continue so during their term in office. Failure to maintain such status shall immediately create a vacancy in the office involved;
- (b) have no pending adverse recommendations concerning staff appointment or clinical privileges;
- (c) have demonstrated an interest in maintaining quality medical care at Carolinas Rehabilitation;
- (d) are not presently serving as a Medical Staff or corporate officer, a Department Chair, 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 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 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, 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) The Medical Director shall have a duty to delegate review of applications for appointment, reappointment, or Clinical Privileges, or questions that may arise, to the President of the Medical Staff or other member of the staff, if the Medical Director 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 Rehabilitation shall be the President, Vice-President, Past-President, and Secretary.

**ARTICLE III - PART B:**

**SECTION 2. PRESIDENT OF THE MEDICAL STAFF:**

- (a) The President, who must be a member of the Facility Medical Executive Committee, 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, unless provisions to the contrary are made;
  - (5) consult with the Medical Director and the Administrator as often as necessary to effect a maximum correlation of professional work and administrative programs of Carolinas Rehabilitation;
  - (6) 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 or her 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:**

- (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;
  - (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 or her 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:**

- (a) The Secretary shall:
- (1) keep and record minutes of all meetings of the Medical Staff. He or she 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 or her 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:**

The Immediate Past President shall:

- (a) serve on the Facility 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 three (3) 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 Active Consulting Classification 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 five (5) voting members of the Attending Classification and/or Active Consulting Classification, 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 Carolinas Rehabilitation, for a physical or mental infirmity that renders the individual incapable of fulfilling the duties of that office, for loss of his or her qualification for membership on the Attending Classification or Active Consulting Classification, 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: MEDICAL STAFF MEETINGS:**  
**SECTION 1. ANNUAL STAFF MEETING:**

The Annual Medical Staff meeting shall be the meeting at which officers shall be elected. If there is no business to be conducted at the Annual Meeting, the meeting becomes optional, and if the meeting is not held elections may be accomplished by mail, email or website 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 the President of the Medical Staff, a majority of the Facility Medical Executive Committee, or a petition signed by not less than twenty percent (20%) of the voting staff. Notice of any special meeting shall be given at least forty-eight (48) hours before the meeting. In the event that it is necessary for the Medical Staff to act on a question without being able to meet, the voting Medical Staff may be presented with the question by mail, email or website and their votes returned to the President by comparable means. Such a vote shall be valid so long as the question is voted on by a majority of the Medical Staff eligible to vote. Notwithstanding the foregoing, proposed amendments to the Medical Staff Bylaws shall be handled only as described in Section 6 of the Medical Staff Bylaws.

**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: COMMITTEE MEETINGS:**  
**SECTION 1. AGENDA:**

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 Administrator.

**ARTICLE III - PART E:**  
**SECTION 2. ATTENDANCE REQUIREMENTS:**

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 3. SPECIAL COMMITTEE MEETINGS:**

- (a) A special meeting of a 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 committee.
- (b) In the event that it is necessary for a committee to act on a question without being able to meet, the voting members may be presented with the question, in person or by mail, and their vote returned to the chairperson of the committee. Such a vote shall be binding so long as the question is voted on by a majority of the committee eligible to vote.

**ARTICLE III - PART F: PROVISIONS COMMON TO ALL MEETINGS**

**SECTION 1. MINUTES:**

Minutes of each meeting of the Medical Staff 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 or her designee, and the minutes or summaries thereof shall be promptly forwarded to the Facility Medical Executive Committee and to the Administrator and certain committees as specified elsewhere in the Bylaws or other Carolinas Rehabilitation policies. A permanent file of the minutes of each department and each committee meeting shall be maintained by Carolinas Rehabilitation.

**ARTICLE III - PART F**

**SECTION 2. NOTICE OF MEETINGS:**

Notice of all meetings of the Medical Staff and committees shall be delivered, either in person, by mail, or by electronic communication where the receipt of the information is assured, to each applicable appointee on the Attending Classification and Active Consulting Classification 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 Carolinas Rehabilitation. 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 3. QUORUM:**

The presence of at least two (2) members eligible to vote at any regular or special committee meeting shall constitute a quorum for all actions. Annual Staff meetings and regular meetings of the Medical Staff shall require a quorum of one-fourth (1/4) of the individuals eligible to vote. 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 4. 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 5. 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 PRIVILEGES**

The President of the Medical Staff, in consultation with the Medical Director, shall recommend to the Facility Medical Executive Committee written criteria for the assignment of Clinical Privileges. Such criteria shall be consistent with and subject to the provisions of the Bylaws. These criteria shall be effective when approved by the Facility Medical Executive Committee and the Board. Clinical Privileges shall be based upon demonstrated current competence, relevant training, and/or experience within the specialties.

**ARTICLE V**  
**MEDICAL DIRECTOR; FACILITY MEDICAL DIRECTORS; GRADUATE MEDICAL**  
**EDUCATION**

**ARTICLE V - PART A:**  
**SECTION 2. APPOINTMENT OF THE MEDICAL DIRECTOR:**

The Medical Director shall be appointed by the Administrator.

**ARTICLE V - PART A:**  
**SECTION 3. DUTIES OF THE MEDICAL DIRECTOR:**

The Medical Director shall:

- (a) be responsible for the overall quality of patient care, and for the professional standards of the Medical Staff unless otherwise delegated by the Facility Medical Executive Committee;
- (b) be a member of the Medical Staff and be subject to its Bylaws;
- (c) be a member with right to vote of the Facility Medical Executive Committee, a member with right to vote on all other standing Medical Staff Committees, a member with right to vote of the CMC-C Credentials Committee, and an ex officio member without a right to vote of the CMC-C Medical Executive Committee;
- (d) be available to represent the views, policies, and needs of the Medical Staff and the Facility Medical Executive Committee, in consultation with the President of the Medical Staff, to the Administrator;
- (e) may be designated by the Facility Medical Executive Committee to report to the Board on the performance and maintenance of quality with respect to the quality of medical care rendered in the facility;
- (f) shall coordinate clinical, research and educational activities;
- (g) shall be responsible for meeting the Medical Staff requirements for accreditation of the various educational programs of the Medical Staff.



- (h) be responsible for administrative activities of the Medical Staff within the CR Facilities unless otherwise provided for by Carolinas Rehabilitation;
- (i) recommend criteria for clinical privileges that are relevant to the care provided in the CR Facilities;
- (j) recommend to the Facility Medical Executive Committee the delineation of privileges and such other criteria applicable to the practice of each class of Allied Health Professional, including any supervision requirements for Dependent Practitioners;
- (k) be responsible for the development and implementation of policies and procedures that guide and support the provision of clinical services;
- (l) assist Carolinas Rehabilitation, in accordance with these GENERAL PROVISIONS and the CREDENTIALS POLICY with respect to the granting of locum tenens privileges within the CR Facilities, and with the evaluation of requests for temporary privileges, as appropriate;
- (m) recommend a sufficient number of qualified and competent individuals to provide care/clinical services;
- (n) be responsible for the coordination and integration of interdepartmental and intradepartmental services;
- (o) provide continuous assessment and improvement of the quality of care and services provided (including by Physicians and Allied Health Professionals) including the responsibility to maintain, monitor and evaluate the quality and appropriateness of patient care provided within the CR Facilities;
- (p) be responsible for the establishment, implementation, and effectiveness of the orientation, teaching, education, and research programs;
- (q) report and recommend to Carolinas Rehabilitation management when necessary with respect to matters affecting patient care in the CR Facilities, including personnel, space, and other resources, supplies, special regulations, standing orders, and techniques;
- (r) be responsible for enforcement within the CR Facilities of the Carolinas Rehabilitation policies and these Bylaws;
- (s) be responsible for implementation within the CR Facilities of actions taken by the Board and the Facility Medical Executive Committee;
- (t) when necessary, conduct a personal interview with applicants seeking membership and privileges in any of the CR Facilities in accordance with the CREDENTIALS POLICY;
- (u) make a report to the Facility Medical Executive Committee concerning the appointment, reappointment, and delineation of clinical privileges for all

applicants seeking privileges in any of the CR Facilities in accordance with the CREDENTIALS POLICY;

- (v) make a report to the Allied Health Review Committee concerning the clinical privileges sought by individuals applying to work at any of the CR Facilities as Allied Health Professionals;
- (w) be responsible for the establishment and implementation of any teaching and education programs in the CR Facilities;
- (x) assist Carolinas Rehabilitation management in the preparation of annual reports and such budget planning pertaining to Carolinas Rehabilitation as may be required by the Administrator or the Board;
- (y) recommend to the Facility Medical Executive Committee whether new categories of Allied Health Professionals should practice within any of the CR Facilities;
- (z) be responsible for all clinically related activities of the Medical Staff and the Allied Health Professionals, the responsibility for continuing surveillance of the professional performance of all individuals who have delineated clinical privileges and report thereon to the Facility Medical Executive Committee as a part of the reappointment process for Physicians, to the Allied Health Review Committee as part of the reapplication process for Allied Health Professionals, and at such other times as may be indicated. This monitoring and evaluation must include at least:
  - (1) the identification and collection of information about important aspects of patient care provided in the specialty;
  - (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.

The Medical Staff 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 the Medical Director or by Carolinas Rehabilitation'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, the Medical Director shall document the actions taken and evaluate the effectiveness of such actions.

- (aa) fulfill all other duties as specifically outlined and set forth for a "Department Chair" in the CREDENTIALS POLICY.

In discharging these functions, the Medical Director shall receive reports from appropriate utilization and/or quality management committees detailing the committee's analysis of patient care, and thereafter the Medical Director may conduct his or her own review. After the review, a report will be forwarded to the Facility Medical Executive Committee whenever further investigation and action is indicated involving any individual member of the Medical Staff. Summaries of the results of the review functions shall be submitted to the Medical Executive Committee and the Administrator.

**ARTICLE V – PART B:**  
**SECTION 1. FACILITY MEDICAL DIRECTORS**

Each CR Facility shall have a separate Facility Medical Director who shall report to the Medical Director.

**ARTICLE V – PART B:**  
**SECTION 2. APPOINTMENT OF FACILITY MEDICAL DIRECTORS**

Each Facility Medical Director shall be appointed yearly by the Administrator, in consultation with the Medical Director, 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. The current Medical Director is eligible to be appointed as a Facility Medical Director.

**ARTICLE V – PART B:**  
**SECTION 3. DUTIES OF FACILITY MEDICAL DIRECTORS**

Each Facility Medical Director shall:

- (a) be a member of the Medical Staff and be subject to its Bylaws;
- (b) be a member with right to vote of the Facility Medical Executive Committee;
- (c) assist and support the Medical Director with the implementation of the Medical Director's duties at the applicable CR Facility; and
- (d) perform such duties as are assigned by the Medical Director.

**ARTICLE V – PART C:**  
**SECTION 1. GRADUATE MEDICAL EDUCATION**

Professional Graduate Medical Education:

- (a) Participants registered in professional graduate medical education programs at Carolinas Rehabilitation shall not hold appointments to the Medical Staff and shall not be granted specific privileges. The Academic Departmental Chairs, 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 Academic Chair and the Administrator.

- (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 Academic Chairs 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 Carolinas Rehabilitation;
  - 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. 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 VI**  
**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 VI - PART A - APPOINTMENT:**  
**SECTION 1. CHAIRPERSONS:**

- (a) All committee chairpersons shall be members of the Medical Staff and will be appointed by the President of the Medical Staff in consultation with the Administrator. All chairpersons shall be selected based on the criteria set forth in Article II, Part A., Section 2 hereof.
- (b) A chairperson may be reappointed by the President of the Medical Staff in consultation with the Medical Director and the Administrator.

**ARTICLE VI - 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 Medical Director and Administrator, 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 Administrator, 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 Carolinas Rehabilitation 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 VI – 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 VI – 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;
- (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
- (d) to fulfill all other duties as specifically outlined and set forth in the CREDENTIALS POLICY or elsewhere in this Article V.

**ARTICLE VI – 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 VI – 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 shall appoint three (3) members;

- 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 VI – 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) 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 detailed description of the delineation of privileges applicable to each class of Allied Health Professional; (iii) any specific conditions that apply to practice by a particular class of Allied Health Professionals within any CHS Hospital; and (iv) any supervision requirements for Dependent Practitioners beyond those set forth in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS, including the required specialty or clinical privileges that must be held by a Supervising Physician. With respect to item (iv) above, given the need to ensure that a Supervising Physician



is capable of providing the proper supervision and oversight for a Dependent Practitioner consistent with quality initiatives at any CHS Hospital, the CMC-C Credentials Committee's discussion of a supervision standard for each class of Dependent Practitioner shall take into consideration: (a) the underlying principle that a Supervising Physician for a Dependent Practitioner should maintain the clinical privileges to be exercised by such Dependent Practitioner; and (b) the relevant Department Chair's reports and recommendations as to whether a broader supervision standard should be applied to a particular class of Dependent Practitioners and whether such proposed broader supervision standard is consistent with quality initiatives at any CHS Hospital;

- (e) 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 (including the Facility Medical Executive Committee at Carolinas Rehabilitation) 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 VI – 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 Administrator of Carolinas Rehabilitation. 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 (including the Facility Medical Executive Committee at Carolinas Rehabilitation, and after appropriate input from Department Chairs) 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 (including the Facility Medical Executive Committee at Carolinas Rehabilitation and after appropriate input from Department Chairs) 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 (including the Facility Medical Executive Committee at Carolinas Rehabilitation) or may refer the DOP back to the Facility Credentials Committees (including the Facility Medical Executive Committee at Carolinas Rehabilitation) for reconsideration.

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

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

**ARTICLE VI - 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 specialties;
- (c) to receive and act upon reports and recommendations of assigned activity groups and committees as specified in these GENERAL PROVISIONS, and to make reports and recommendations concerning them to the Administrator and the Board;
- (d) to implement policies of Carolinas Rehabilitation that affect the Medical Staff;
- (e) to provide liaison among the Medical Staff, the Administrator, and the Board;
- (f) to keep the Medical Staff abreast of applicable accreditation and regulatory requirements affecting Carolinas Rehabilitation;

- (g) to enforce Carolinas Rehabilitation and Medical Staff rules in the best interests of patient care and of Carolinas Rehabilitation, 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;
- (i) to be responsible to the Board for the implementation of Carolinas Rehabilitation'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 Medical Director's 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 Medical Director'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 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 the CMC-C Medical Executive Committee's report and recommendation regarding the credentials of all individuals who request to practice at Carolinas Rehabilitation 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 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
- (o) 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 VI - PART D:**  
**SECTION 3. DUTIES OF THE FACILITY MEDICAL EXECUTIVE COMMITTEE REGARDING CREDENTIALS OF MEMBERS OF THE STAFF:**

The duties of the Facility Medical Executive Committee regarding credentials of members of the Medical Staff shall include the following:

- (a) to review the credentials of all applicants for Medical Staff appointment, reappointment, and clinical privileges (including requests for increase 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 Board;
- (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 the findings and recommendations;
- (c) to review and make recommendations, as necessary, regarding the Organizational Manual, Credentials Policy, Rules and Regulations, Policy on Clinical Privileges for Allied Health Professionals, and the application forms, and proposed amendments thereto;
- (d) to review, make and forward recommendations to the Board 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 detailed description of the delineation of privileges applicable to each class of Allied Health Professional; (iii) any specific conditions that apply to practice by a particular class of Allied Health Professionals within Carolinas Rehabilitation; and (iv) any supervision requirements for Dependent Practitioners beyond those set forth in the Policy on Clinical Privileges for Allied Health Professionals, including the required specialty or clinical privileges that must be held by a Supervising Physician. With respect to item (iv) above, given the need to ensure that a Supervising Physician is capable of providing the proper supervision and oversight for a Dependent Practitioner consistent with quality initiatives at Carolinas Rehabilitation, the Facility Medical Executive Committee's discussion of a supervision standard for each class of Dependent Practitioner shall take into consideration: (a) the underlying principle that a Supervising Physician for a Dependent Practitioner should maintain the clinical privileges to be exercised by such Dependent Practitioner; and (b) the Medical Director's reports and recommendations as to whether a broader supervision standard should be applied to a particular class of Dependent Practitioners and whether such proposed broader supervision standard is consistent with quality initiatives at Carolinas Rehabilitation;
- (e) to review, make and forward recommendations to the Board regarding the need to permit new categories of Allied Health Professionals to practice at Carolinas Rehabilitation pursuant to clinical privileges or a scope of practice;
- (f) 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

- (g) 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 VI - PART D:**

**SECTION 4. MEETINGS, REPORTS AND RECOMMENDATIONS:**

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 Facility Medical Executive Committee. A quorum shall consist of at least three (3) members.

**ARTICLE VI - PART E - CREATION OF STANDING COMMITTEES:**

The Facility Medical Executive Committee may, without amendment of the Bylaws, establish additional standing committees to perform one or more 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 VI - PART F - SPECIAL COMMITTEES:**

Special committees may 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 VII**  
**PROFESSIONAL REVIEW ACTIVITY**

Notwithstanding any other provision of the BYLAWS OF THE MEDICAL AND DENTAL STAFF OF CAROLINAS REHABILITATION; GENERAL PROVISIONS OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF OF CAROLINAS REHABILITATION; ORGANIZATIONAL MANUAL OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF, CREDENTIALS POLICY OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF; RULES AND REGULATIONS SECTION 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, in appropriate circumstances, upon approval of at least one of the Officers of the Medical and Dental Staff, Carolinas Rehabilitation, 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 VIII**  
**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 GENERAL PROVISIONS or the CREDENTIALS POLICY OF THE BYLAWS OF THE MEDICAL AND DENTAL STAFF 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 HealthCare System) 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 IX**  
**BOARD APPROVAL AND INDEMNIFICATION**

All Medical Staff officers, committee members, and individual staff appointees who act for and on behalf of Carolinas Rehabilitation in discharging the responsibilities of such offices shall be indemnified, to the fullest extent permitted by law, as provided in the Bylaws of Carolinas HealthCare System.

**ARTICLE X**  
**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, Carolinas Rehabilitation, and the Medical Staff of matters of Carolinas Rehabilitation 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 Medical Staff, or his or her 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 Carolinas Rehabilitation 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 the Authority's Bylaws, the President of the Medical Staff, or his or her designee, is invited to attend regular Board meetings in order to give the Medical Staff attendance and voice at such meetings.