

SECTION II

ORGANIZATIONAL MANUAL

OF THE BYLAWS

MEDICAL AND DENTAL STAFF

CAROLINAS REHABILITATION

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TABLE OF CONTENTS

	<u>PAGE</u>
ARTICLE I DEFINITIONS	01
ARTICLE II MEDICAL STAFF COMMITTEES AND FUNCTIONS	04
A. Medical Staff Committees and Functions	04
B. Bylaws Committee	04
C. Infection Control Committee	04
D. Institutional Review Board of Carolinas HealthCare System	05
E. Facility Medical Executive Committee	05
F. Nominating Committee	06
G. Pharmacy and Therapeutics Committee	06
H. Quality Assessment and Improvement Committee	07
ARTICLE III OTHER COMMITTEES	08
ARTICLE IV OTHER PARTICIPANTS IN COMMITTEE MEETINGS	08

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.	"CMCC Credentials Committee" shall mean the credentials committee for the CHS Hospitals as further described in the CREDENTIALS POLICY.
12.	"CMCC 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.	"CMCC 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.

25.	<p>"Peer Review Activity" shall mean (i) any activity of Carolinas Rehabilitation and/or Medical Staff with respect to a Practitioner (A) to determine whether an Applicant or Appointee may have clinical privileges at Carolinas Rehabilitation 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 review activity conducted to measure, assess, and improve individual or organizational performance; (iii) 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.</p>
26.	<p>"Physician" shall mean a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.).</p>
27.	<p>"Practitioner" shall mean a Physician or Dentist licensed to practice under the laws of the State of North Carolina.</p>
28.	<p>"President of the Medical Staff" shall mean the President of the Medical Staff of Carolinas Rehabilitation.</p>
29.	<p>"Staff case" shall mean an indigent or medically indigent patient who is unable to pay the usual charges for medical care.</p>
30.	<p>"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.</p>

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

MEDICAL STAFF COMMITTEES AND FUNCTIONS

ARTICLE II - PART A: MEDICAL STAFF COMMITTEES AND FUNCTIONS:

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

ARTICLE II - PART B: BYLAWS COMMITTEE:

SECTION 1. COMPOSITION:

The Bylaws Committee shall:

- a) Consist of the officers of the Medical Staff (including the immediate past president of the Medical Staff), the Medical Director, the Facility Medical Directors, and one (1) member at large.

- b) The President of the Medical Staff shall serve as chairperson of this committee.

ARTICLE II - PART B: BYLAWS COMMITTEE:

SECTION 2. DUTIES:

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

ARTICLE II - PART B: BYLAWS COMMITTEE:

SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

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

ARTICLE II - PART C: INFECTION CONTROL COMMITTEE:

SECTION 1. COMPOSITION:

- (a) The Infection Control Committee shall consist of three (3) appointees of the Medical Staff.

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

ARTICLE II - PART C: INFECTION CONTROL COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

- (a) be responsible for the direction of infection control programs and approve actions to prevent or control infection, based on an evaluation of the surveillance reports of infections and of the infection potential among patients and Carolinas Rehabilitation personnel;
- (b) review and approve, at least every three (3) years, all policies and procedures related to the infection surveillance, prevention, and control program and to infection surveillance, prevention, and control activities in all departments/services.

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

ARTICLE II - PART C: INFECTION CONTROL COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

- (a) The Infection Control Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee and the Administrator.
- (b) The Infection Control Committee shall also report (with or without recommendation) to the Facility Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of The Charlotte-Mecklenburg Hospital Authority Bylaws or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE II – PART D: INSTITUTIONAL REVIEW BOARD OF CAROLINAS HEALTHCARE SYSTEM:

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

ARTICLE II - PART E: FACILITY MEDICAL EXECUTIVE COMMITTEE:

- (a) The Facility Medical Executive Committee shall consist of the officers of the Medical Staff (including the immediate past president of the Medical Staff), the Medical Director, the Facility Medical Directors, and one (1) member at large. The member at large shall be appointed by the President of the Medical Staff. Members-at-large shall be eligible for re-appointment, and may serve multiple consecutive terms.

- (b) The President of the Medical Staff shall be chairperson of the Facility Medical Executive Committee.
- (c) The duties and meeting requirements of the Facility Medical Executive Committee are set forth in Article VI, Part D of the GENERAL PROVISIONS.

ARTICLE II - PART F: NOMINATING COMMITTEE:
SECTION 1. COMPOSITION:

- (a) The Nominating Committee shall consist of three (3) members of the Facility Medical Executive Committee appointed by the President of the Medical Staff.
- (b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE II - PART F: NOMINATING COMMITTEE:
SECTION 2. DUTIES:

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

ARTICLE II - PART F: NOMINATING COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

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

ARTICLE II – PART G: PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 1. COMPOSITION:

- (a) The Pharmacy and Therapeutics Committee shall consist of three (3) appointees of the Medical Staff.
- (b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as Chairperson of this committee.

ARTICLE II - PART G: PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

- (a) be responsible for the development and surveillance of the pharmacy and therapeutic policies and procedures and shall recommend new or changed policies to the Facility Medical Executive Committee of the Medical Staff; and
- (b) assist in the formulation of programs designed to meet the educational needs of the professional staff regarding the selection, distribution, and safe administration of drugs;

- (c) recommend additions and deletions from Carolinas Rehabilitation's formulary based upon patient efficacy, safety and cost effectiveness;
- (d) review reported medication related incidents, including adverse drug reactions;
- (e) review and advise on therapeutic nutritional matters, including diet and nourishment content, tube feedings and patient/family education as requested,

ARTICLE II - PART G: PHARMACY AND THERAPEUTICS COMMITTEE:
SECTION 3. MEETINGS, REPORTS, AND RECOMMENDATIONS:

- (a) The Pharmacy and Therapeutics Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee.
- (b) The Pharmacy and Therapeutics Committee shall also report (with or without recommendation) to the Facility Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of The Charlotte-Mecklenburg Hospital Authority Bylaws or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE II - PART H: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE:
SECTION 1. COMPOSITION:

- (a) The Quality Assessment and Improvement Committee shall be multi-disciplinary consisting of at least three (3) Medical Staff appointees representing various clinical specialties.
- (b) The President of the Medical Staff shall appoint one (1) member of the Committee to serve as chairperson of this Committee.

ARTICLE II - PART H: QUALITY ASSESSMENT AND IMPROVEMENT COMMITTEE:
SECTION 2. DUTIES:

The Committee shall:

- (a) oversee all quality assurance systems, evaluate and review such systems with respect to comprehensiveness, consistent operation, timeliness and function in accordance with defined procedures for all cases meeting the Carolinas Rehabilitation definition of reviewable circumstances;
- (b) review and evaluate the quality and appropriateness of all care rendered;
- (c) review and evaluate all quality assurance initiatives for planning and utilization, objective, written criteria and conclusions reached through the process are supported by a rationale that specifically addresses the issues for which the Peer Review Activity was conducted, including, as appropriate, reference to the professional literature and relevant clinical practice guidelines;
- (d) review and evaluate all quality assurance programs at regular intervals;

- (e) provide to the Practitioner whose performance is being reviewed an opportunity for participation in the Peer Review Activity;
- (f) review and evaluate actions taken on quality assurance findings, the documentation of findings and conclusions and the effectiveness of remedial action. The results of Peer Review Activities will be considered in (i) Practitioner-specific credentialing, reappointment and privileging decisions at Carolinas Rehabilitation and at all other CHS Hospitals as contemplated by the CREDENTIALS POLICY and by the reporting and sharing of such results through the CMCC Medical Executive Committee, and (ii) as appropriate, in Carolinas Rehabilitation's and other CHS Hospitals' performance improvement activities; and
- (g) track Peer Review Actions over time, and monitor for effectiveness.
- (h) review admissions, regardless of payer source, by internal studies of medical records in an effort to promote efficient use of the health facilities and services available; and
- (i) conduct an ongoing review of each individual case on a routine basis to determine the medical necessity for continued stay.

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

- (a) The Quality Assessment and Improvement Committee shall meet as often as necessary to fulfill its duties, but at least quarterly; shall maintain a permanent record of its findings, proceedings, and actions; and shall make a written report thereof after each meeting to the Facility Medical Executive Committee.
- (b) The Quality Assessment and Improvement Committee shall also report (with or without recommendation) to the Facility Medical Executive Committee for its consideration and appropriate action any situation involving questions of clinical competency, patient care and treatment, professional ethics, infraction of The Charlotte-Mecklenburg Hospital Authority Bylaws or Medical Staff Bylaws, policies, or rules, or unacceptable conduct on the part of any individual appointed to the Medical Staff.

ARTICLE III - OTHER COMMITTEES:

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

ARTICLE IV - OTHER PARTICIPANTS IN COMMITTEE MEETINGS:

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

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