

Providence Saint John's Health Center: Medical Staff Bylaws

Article III: Membership in the Medical Staff

Section 1: Nature of Medical Staff Membership

Membership in the Medical Staff of Providence Saint John's Health Center is a privilege which shall be extended only to professionally competent physicians, dentists, and podiatrists who initially and continuously meet the qualifications, standards, and requirements set forth in these Bylaws.

Section 2: Qualification for Membership

- a. Every qualified person is eligible for membership on the Medical Staff without discrimination on account of the person's creed (or lack thereof), race, color, sex, or national origin.
- b. To be eligible for appointment to the Medical Staff, an applicant must have completed the formal training (e.g., residency and/or fellowship) required by any applicable specialty or sub-specialty American Board within the area in which the applicant seeks privileges. Only physicians, dentists, and podiatrists, with an unencumbered, unsuspended, unrestricted, non-probationary license to practice by the State of California, identified by a National Practice Identifier (NPI) and not excluded for just cause from any health care program funded, in whole or in part, by the federal government, who can satisfactorily document their identity, background, professional experience, training, education and competence, their adherence to the ethics of their profession, their good reputation, their current and adequate physical and mental health status to exercise requested clinical privileges, and their ability to work with others in a health center environment with sufficient adequacy to assure the Medical Staff and the Board of Directors that any patient treated by them in the Health Center will be given appropriate medical care, shall be qualified for membership on the Medical Staff. No physician, dentist, or podiatrist shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in the Health Center merely by virtue of the fact that they are duly licensed to practice medicine, dentistry, or podiatry, by this or by any other state, or that they are a member of some professional organization, or that they had in the past, or presently have, such privileges at another health center, or had such privileges at this Health Center in the past.
- c. Each candidate or member must provide information about their professional liability experience and insurance coverage and provide evidence of current professional liability insurance coverage which meets or exceeds the minimal level required by the Board of Directors and is issued by a carrier approved by the Board of Directors. Each candidate or member must ensure that his/her professional liability insurance policy includes coverage for the scope of clinical privileges requested/approved. Upon expiration or termination of Medical Staff membership, the member is required to obtain and maintain extended reporting period (i.e., "tail") coverage for a minimum of seven years in the amounts and terms as required by the Board of Directors. Such extended reporting coverage shall be maintained for claims which arise from professional services provided by the member at the Health Center during membership on the Medical Staff of the Health Center.

Section 3: Conditions and Duration of Appointment

- a. Acceptance of membership on the Medical Staff shall constitute the member's agreement that they will strictly abide by the ethical principles and guidelines adopted by the Board of Directors, including the Sexual Harassment Policy and the Ethical Standards of Business Conduct and Conflict of Interest Disclosure Policy, and that they will support the philosophy of Providence Health & Services which recognizes the worth of the human person and the worth of the individual. These principles and philosophy are stated in the Bylaws of Saint John's Health Center which are available from the Chief Executive Officer. All members of the medical staff are required to abide by the terms of the Notice

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of Privacy Practices prepared and distributed to patients as required by the deferral patient privacy regulations. All members agree that they will abide by all Federal and State Laws and Regulations.

- b. Initial appointments and reappointments to the Medical Staff, resignations, and administrative terminations shall be approved by the Board of Directors. The Board of Directors shall act on appointments, reappointments, revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws, provided that in the event of delay on the part of the Medical Staff, the Board of Directors may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications obtained from reliable sources.
- c. Appointments and reappointments shall be made for a period of not more than two years. The Medical Executive Committee shall have the authority to establish policies and procedures defining the manner in which appointments and reappointments are staggered within the two year constraint.
- d. Appointments or reappointments to the Medical Staff shall confer on the appointee only such clinical privileges as are specified in the notice of appointment or reappointment respectively, in accordance with these Bylaws.
- e. Every application for staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of every Medical Staff member's obligation to provide continuous care and supervision of their patients, to abide by the Medical Staff Bylaws, Rules and Regulations, to accept committee assignments, to accept consultation assignments, and to participate in staffing the outpatient and special care units or services, to complete medical records in a timely fashion (as set forth in the Rules and Regulations), to notify the Medical Staff Services Department of any professional liability settlements and judgments within 30 days, to notify the Medical Staff Services Department of all formal investigations and/or disciplinary actions taken against their medical license or by another health center within seven days of notification, to notify the Medical Staff Services Department of any proposed or actual exclusion of the member from any health care program funded, in whole or in part, by the Federal government within seven days of notification, and to notify the Medical Staff Services Department of any felony charge filed or conviction obtained within seven days of filing or conviction, respectively.
- f. A physician, dentist, or podiatrist, other than the Chief Medical Officer, employed by the Health Center in a purely administrative capacity with no clinical duties or privileges, is subject to the regular personnel policies of the Health Center and to the terms of their contract or other conditions of employment, and need not be a member of the Medical Staff.
- g. A medico-administrative officer, i.e., a physician, dentist, podiatrist, with administrative and clinical responsibilities, or physician, dentist, or podiatrist who contracts with the Health Center to provide clinical services, must be a member of the Medical Staff. Their clinical privileges must be delineated in accordance with these Bylaws. The Medical Staff membership and clinical privileges of any medico-administrative officer shall not be terminated without due process as provided in these Bylaws, unless otherwise provided in their contract.
- h. Coverage of the Emergency Department on a rotational basis is an obligation which may be imposed by each of the Departments. Service in this coverage is at the discretion of the Health Center and is not a clinical privilege or right of membership on the Medical Staff.
- i. Compliance with the Emergency Medical Treatment and Active Labor Act ("EMTALA") including, but not limited to, the requirement that physician who are providing on-call coverage for the Emergency Department must come to the Health Center, if so requested, within a reasonable time following initial contact by the Emergency Department and providing any necessary stabilizing treatment to patients regardless of the patient's ability to pay.

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- j. A medical history and physical examination must be completed and documented by a physician, an oral and maxillofacial surgeon or other qualified licensed individual in accordance with state law and the Medical Staff and Health Center Bylaws, Rules and Regulations, and policies, no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.
- i. For a medical history and physical examination that was completed within 30 days prior to registration or inpatient admission, an update documenting any changes in the patient's condition is completed within 24 hours after registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.
- k. Members of the Medical Staff must obtain, continuously maintain, and provide to the Medical Staff Services Department, including any changes thereto, accept receipt and regularly check an email address/account for the purpose of receiving notices and communications approved for dissemination to Members of the Medical Staff by the Chief Medical Officer or Chief Executive Officer or their designees.
- l. Members of the Medical Staff are expected to adhere to the Medical Staff Standards of Conduct including, but not limited to, the following:
 - i. General
 1. It is the policy of the Medical Staff to require that its members fulfill their Medical Staff obligations in a manner that is within generally accepted bounds of professional interaction and behavior. The Medical Staff is committed to supporting a culture and environment that values integrity, honesty, and fair dealing with each other, and to promoting a caring environment for patients, practitioners, employees, and visitors.
 2. Rude, combative, obstreperous behavior, as well as willful refusal to communicate or comply with reasonable rules of the Medical Staff and the Health Center may be found to be disruptive behavior. It is specifically recognized that patient care and Health Center operations can be adversely affected whenever any of the foregoing events occurs with respect to interactions at any level of the Health Center, in that all personnel play an important part in the ultimate mission of delivering quality patient care.
 3. In assessing whether particular circumstances in fact are affecting quality patient care or Health Center operations, the assessment need not be limited to care of specific patients, or to direct impact on patient health. Rather, it is understood that quality patient care embraces – in addition to medical outcome – matters such as timeliness of services, appropriateness of services, timely and thorough communications with patients, their families, and their insurers (or third party payors) as necessary to effect payment for care, and general patient satisfaction with the services rendered and the individuals involved in rendering those services.
 4. In instances where caregivers and providers have concerns regarding management of Health Center patients by a member that may place a patient at risk, that caregiver or provider shall use the **acronym CUS (Concern, Uncomfortable, Stop)**. The freedom to utilize CUS without concern for retribution or retaliation creates safest patient environment and eliminates tendency towards hierarchical culture. When care concerns cannot be resolved using CUS, the Chain of Command (hospital policy) shall be utilized for resolution.

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ii. Conduct Guidelines

1. Upon receiving Medical Staff membership and/r privileges at the Health Center, the member enters a common goal with all members of the organization to endeavor to maintain the quality of patient care and appropriate professional conduct.
2. Members of the Medical Staff are expected to behave in a professional manner at all times and with all people – patients, professional peers, Health Center staff, visitors, and others in and affiliated with the Health Center.
3. Interactions with all persons shall be conducted with courtesy, respect, civility, and dignity. Members of the Medical Staff shall be cooperative and respectful in their dealings with other persons in and affiliated with the Health Center.
4. Complaints and disagreements shall be aired constructively, in a non-demeaning manner and through official channels.
5. Cooperation and adherence to the reasonable Rules of the Health Center and the Medical Staff is required.
6. Members of the Medical Staff shall not engage in conduct that is offensive or disruptive, whether it is written oral, or behavioral.

m. Members of the Medical Staff must provide current and updated Conflict of Interest Disclosure forms.