

**PROVIDENCE KODIAK ISLAND
MEDICAL CENTER AND
CHINIAK BAY ELDER HOUSE**

MEDICAL STAFF BYLAWS

Adopted 11/22/2023

Table of Contents

<u>PREAMBLE</u>	<u>1</u>
<u>ARTICLE I: BOARD APPROVAL AND INDEMNIFICATION</u>	<u>3</u>
<u>ARTICLE II: CATEGORIES OF THE MEDICAL STAFF</u>	<u>4</u>
<u>SECTION 1: ACTIVE MEDICAL STAFF</u>	<u>4</u>
<u>SECTION 2: COURTESY MEDICAL STAFF</u>	<u>4</u>
<u>SECTION 3: HONORARY/RETIRED MEDICAL STAFF</u>	<u>4</u>
<u>SECTION 4: CONSULTING/TELEMEDICINE STAFF</u>	<u>4</u>
<u>SECTION 5: TELEMEDICINE CLINICAL PRIVILEGES</u>	<u>4</u>
INITIAL TELEMEDICINE CLINICAL PRIVILEGES.....	<u>5</u>
RECREREDENTIALING OF TELEMEDICINE CLINICAL PRIVILEGES	<u>5</u>
TERMINATION OF TELEMEDICINE CLINICAL PRIVILEGES.....	<u>5</u>
NO PROCEDURAL RIGHTS	<u>6</u>
<u>SECTION: 6: LOCUMS TENENS</u>	<u>6</u>
<u>SECTION 7: VISITING PROFESSOR OR OUTSIDE PROCTOR</u>	<u>6</u>
<u>ARTICLE III: OFFICERS</u>	<u>7</u>
<u>SECTION 2: QUALIFICATIONS OF OFFICERS</u>	<u>7</u>
<u>SECTION 3: ELECTION OF OFFICERS</u>	<u>7</u>
<u>SECTION 4: TERM OF OFFICE</u>	<u>7</u>
<u>SECTION 5: VACANCIES IN OFFICE</u>	<u>7</u>
<u>SECTION 6: DUTIES OF OFFICERS</u>	<u>8</u>
<u>SECTION 7: REMOVAL AND VACANCIES OF STAFF OFFICERS</u>	<u>9</u>
<u>ARTICLE IV: COMMITTEES</u>	<u>10</u>
<u>SECTION 1. MEDICAL EXECUTIVE COMMITTEE (MEC)</u>	<u>10</u>
<u>SECTION 2: OTHER COMMITTEES</u>	<u>11</u>
<u>ARTICLE V: MEDICAL STAFF MEETINGS</u>	<u>13</u>
<u>SECTION 2: GENERAL MEDICAL STAFF MEETINGS</u>	<u>13</u>
<u>SECTION 3: SPECIAL MEETINGS</u>	<u>13</u>
<u>SECTION 4: ATTENDANCE AND QUORUM</u>	<u>13</u>
<u>SECTION 5: MEDICAL STAFF ACTIONS</u>	<u>13</u>
<u>SECTION 6: MINUTES</u>	<u>13</u>
<u>SECTION 7: STANDARD CODE OF PARLIAMENTARY PROCEDURES</u>	<u>14</u>
<u>ARTICLE VI: PATIENT CARE DOCUMENTATION</u>	<u>15</u>
<u>ARTICLE VII: PARTICIPATION BY ADMINISTRATION</u>	<u>16</u>
<u>ARTICLE VIII: ORGANIZED HEALTHCARE ARRANGEMENT</u>	<u>17</u>
<u>ARTICLE IX: MEDICAL STAFF MEMBERSHIP</u>	<u>18</u>
<u>SECTION 2: QUALIFICATIONS FOR MEMBERSHIP</u>	<u>18</u>

<u>SECTION 3: CONDITIONS AND DURATION OF APPOINTMENT</u>	<u>19</u>
<u>SECTION 4: ETHICAL REQUIREMENTS</u>	<u>21</u>
<u>SECTION 5: RESPONSIBILITIES OF APPLICANT</u>	<u>21</u>
<u>SECTION 6: EXPEDITED CREDENTIALING</u>	<u>24</u>
<u>SECTION 7: APPOINTMENT PROCESS</u>	<u>25</u>
<u>SECTION 8: FOCUSED PROFESSIONAL PRACTICE EVALUATION (“FPPE”) FOR NEW PRIVILEGES</u>	<u>27</u>
<u>SECTION 9: REAPPOINTMENT PROCESS</u>	<u>29</u>
<u>SECTION 10: REQUESTS FOR MODIFICATION OF APPOINTMENT</u>	<u>31</u>
<u>ARTICLE X: CLINICAL PRIVILEGES</u>	<u>32</u>
<u>SECTION 2: LOCUM TENENS PRIVILEGES</u>	<u>32</u>
<u>SECTION 3: TEMPORARY CLINICAL PRIVILEGES</u>	<u>32</u>
<u>SECTION 4: EMERGENCY MEDICAL SITUATIONS</u>	<u>33</u>
<u>SECTION 5: TELEMEDICINE PRIVILEGES</u>	<u>33</u>
<u>ARTICLE XI: PHYSICIAN WELLNESS</u>	<u>34</u>
<u>ARTICLE XII: PROFESSIONAL CONDUCT</u>	<u>35</u>
<u>SECTION 1: DEFINITION(S) OF UNPROFESSIONAL CONDUCT</u>	<u>35</u>
<u>SECTION 2: PROCEDURE</u>	<u>36</u>
<u>STEP 1</u>	<u>37</u>
<u>STEP 2</u>	<u>38</u>
<u>STEP 3</u>	<u>38</u>
<u>STEP 4</u>	<u>38</u>
<u>ARTICLE XIII: CLINICAL OR PROFESSIONAL CONDUCT CONCERNS/PERFORMANCE IMPROVEMENT ACTION PLAN</u>	<u>40</u>
<u>SECTION 2: CHIEF OF STAFF REVIEW AND RECOMMENDATION</u>	<u>40</u>
<u>SECTION 3: INTERVIEW/SPECIAL APPEARANCE</u>	<u>41</u>
<u>SECTION 4: FOCUSED REVIEW</u>	<u>41</u>
<u>ARTICLE XIV: PROFESSIONAL REVIEW ACTIONS</u>	<u>43</u>
<u>SECTION 2: NON-REVIEWABLE STEPS</u>	<u>45</u>
<u>SECTION 3: PRECAUTIONARY SUSPENSION</u>	<u>45</u>
<u>SECTION 4: AUTOMATIC RELINQUISHMENT</u>	<u>46</u>
<u>B. LICENSE</u>	<u>46</u>
<u>C. MEDICAL RECORDS</u>	<u>47</u>
<u>D. MALPRACTICE INSURANCE</u>	<u>47</u>
<u>E. MEDICARE EXCLUDED PROVIDER</u>	<u>47</u>
<u>F. NOTICE OF AUTOMATIC RELINQUISHMENT; TRANSFER OF PATIENTS</u>	<u>47</u>
<u>SECTION 5: REINSTATEMENT FROM AUTOMATIC RELINQUISHMENT</u>	<u>47</u>
<u>ARTICLE XV: LEAVES OF ABSENCE</u>	<u>49</u>
<u>SECTION 2: REQUEST FOR REINSTATEMENT</u>	<u>49</u>
<u>ARTICLE XVI: ADVANCED PRACTICE PROFESSIONALS</u>	<u>50</u>

<u>SECTION 2: SCOPE OF PRIVILEGES</u>	<u>50</u>
<u>SECTION 3: RESPONSIBILITIES OF APPLICANT</u>	<u>50</u>
<u>SECTION 4: APPOINTMENT PROCESS</u>	<u>52</u>
<u>SECTION 5: WITHDRAWAL OF PRIVILEGES</u>	<u>53</u>
<u>ARTICLE XVII: AMENDMENTS</u>	<u>54</u>
<u>ARTICLE XVIII: ADMINISTRATIVE AMENDMENTS</u>	<u>55</u>
<u>ARTICLE XIX: RULES AND REGULATIONS</u>	<u>56</u>
<u>ARTICLE XX: ADOPTION</u>	<u>57</u>
<u>APPENDIX C</u>	<u>1</u>
<u> HEARING AND APPEAL MECHANISM FOR ADVANCED PRACTICE PROFESSIONALS</u> <u> (“APPS”) WITH CLINICAL PRIVILEGES</u>	<u>1</u>

APPENDIX A	PREROGATIVES AND OBLIGATIONS OF CATEGORIES CHART
APPENDIX B	FAIR HEARING PLAN
APPENDIX C	LIST OF ADVANCED PRACTICE PROFESSIONALS AND HEARING AND APPEAL MECHANISM

**PROVIDENCE KODIAK ISLAND MEDICAL CENTER
AND
CHINIAK BAY ELDER HOUSE
MEDICAL STAFF BYLAWS**

PREAMBLE

Providence Kodiak Island Medical Center, along with other venues and facilities within the Providence Health & Services Alaska, is a Catholic sponsored facility operated by Providence Health & Services (PH&S), a nonprofit corporation. Providence Kodiak Island Medical Center is licensed as a Critical Access Hospital by the State of Alaska and provides patient care and education. Providence Health & Services Alaska is committed to caring for the sick and the injured, pregnant women and their newborns, and other individuals seeking to preserve their health. The Medical Staff understands that the hospital is operated by a Catholic healthcare facility, and as such, no member of the Medical Staff shall provide or offer to provide professional services that are in conflict with the philosophy, mission and values of the Sisters of Providence, as amended, and Archbishop Francis T. Hurley's letter of September 9, 1996.

The Board of Directors of Providence Health & Services - Washington require that the governing body of each health facility shall be responsible for the selection of the professional staff, and the quality of care rendered in the facility; and further, that the governing body shall approve procedures and hold the appropriate professional staff leaders accountable for the performance of credentialing and peer review functions, that all health care personnel for whom state licenses, registrations, or certificates are required are currently licensed, registered, or certified; that health professionals admitted to practice in the facility are granted privileges consistent with their training, experience, and other qualifications; that procedures for professional review activity and actions including those for granting, restricting, and terminating privileges exist and that such procedures are regularly reviewed for their conformity to applicable law, that health professionals admitted to practice in the facilities are organized into a professional staff in such a manner as to effectively review the professional practices of the facility for the purpose of improving patient care.

The Board of Directors' Bylaws provide for the organization of a professional staff, and the delegation to that professional staff of certain functions. The professional staff recommends to the Board of Directors these Bylaws.

The following words, terms or phrases contained in these Bylaws, or the Fair Hearing Plan, shall be defined as follows:

1. Hospital: The term "hospital" means Providence Kodiak Island Medical Center of Kodiak, Alaska (PKIMC) and include the Chiniak Bay Elder House.
2. Medical Staff: The term "Medical Staff" shall be interpreted to include all physicians, podiatrists and dentists who are formally appointed by the PH&SA Board as members of

the Medical Staff of Providence Kodiak Island Medical Center.

Advance Practice Professionals: The term “Advance Practice Professionals” means individuals other than members of the Medical Staff who are authorized by law and the hospital to provide patient care services. Advance Care Professionals are described as Certified Registered Nurse Anesthetists, Advanced Nurse Practitioners and Physician Assistants. The prerogatives and obligations are described in Appendix A.

3. **Providence Health & Services Alaska (PH&SA):** The term “Regional Board” shall refer to the Providence Health & Services Alaska Region Community Ministry Board with certain delegated authorizations including credentialing and quality for the medical staff.
 - A. **Providence Health & Services System Board.** The term PH&S Board shall refer to the Governing Board of the Corporation.
 - B. **PH&SA PKIMC CAB** shall refer to the Providence Kodiak Island Medical Center Community Advisory Board.
4. **Chief Executive:** The term “Chief Executive” shall refer to the Chief Executive Officer of the hospital.
5. **Medical Executive Committee (MEC):** The term “Medical Executive Committee” shall refer to the Medical Executive Committee, unless specific reference is made to the Medical Executive Committee of the Regional Board or to the Medical Executive Committee of the PKIMC CAB.
6. **Medical Staff Year:** The Medical Staff year means the period from January 1 to December 31.
7. **Corporate Bylaws:** The term “Corporate Bylaws” shall refer to the corporate bylaws of PH & SA.
8. **Attending practitioner** refers to a physician, dentist, or podiatrist licensed in the State of Alaska.

ARTICLE I: BOARD APPROVAL AND INDEMNIFICATION

Any Medical Staff officer, committee chairperson, committee member and individual staff appointee who acts for and on behalf of the hospital in discharging duties, functions or responsibilities stated in these Medical Staff Bylaws and related policies, Rules and Regulations shall be indemnified, in accordance with Providence Health & Services policy, when acting within the scope of his or her duties on behalf of the Medical Staff and when the appointment and/or election of the individual has been approved by the Board.

ARTICLE II: CATEGORIES OF THE MEDICAL STAFF

STAFF CATEGORIES: The Medical Staff shall be divided into the following categories: Active, Courtesy and Consulting.

SECTION 1: ACTIVE MEDICAL STAFF

The Active Medical Staff shall consist of those physicians who have demonstrated a special interest in Providence Kodiak Island Medical Center by: regularly admitting, treating and/or performing consultations for patients cared for at the hospital; locating his/her office and residence in such proximity to the hospital as to be readily available to hospital patients for continuous and emergency care; taking an active role in Medical Staff affairs by accepting and fulfilling committee assignments, serving as Medical Staff officers, and otherwise contributing to the accomplishment of the Medical Staff purposes. Members of the active Medical Staff shall have delineated clinical privileges for both in-patient and outpatient work at PKIMC, shall be eligible to vote, to hold office, and to serve on Medical Staff committees. A Medical Staff Membership fee in an amount determined by the Medical Staff as set forth in a policy will be collected annually.

SECTION 2: COURTESY MEDICAL STAFF

The Medical Staff members assigned to the Courtesy Medical Staff category consists of those physicians, whom only occasionally admit patients to the hospital, or who may hold outpatient clinics within PKIMC, but, do not have a local office or reside in the Kodiak Community. Courtesy staff must have Medical Staff membership at another hospital. Members of the Courtesy Medical Staff may have full privileges of admitting patients and may serve as voting members of special, or ad hoc, committees. Members of the Courtesy Medical Staff shall not be eligible to hold office or vote in general Medical Staff meetings. Members of the Courtesy Medical Staff shall have delineated clinical privileges, for the inpatient and outpatient areas, but these may not abrogate the ethical requirements for itinerant surgery and medical care.

SECTION 3: HONORARY/RETIRED MEDICAL STAFF

Honorary Medical Staff members must have been members in good standing and have previously held an Active Staff membership at Providence Kodiak Alaska. They do not admit patients and do not hold clinical privileges. They may or may not maintain their AK Medical license. They are not required to submit applications for reappointment. They may attend Medical Staff functions such as social and education events, and may serve as nonvoting members on committees. They may not hold office; pay dues; proctor other physicians; nor hold malpractice insurance.

SECTION 4: CONSULTING/TELEMEDICINE STAFF

Consulting/Telemedicine Staff members do not admit patients. They may refer or consult. They are eligible for clinical privileges. They do not vote; hold office; chair a Committee; serve on Committees; attend Medical Staff functions; or pay dues.

SECTION 5: TELEMEDICINE CLINICAL PRIVILEGES

Notwithstanding any other provision of the Bylaws, Rules and Regulations, and/or Policies,

a Practitioner may be granted Telemedicine Clinical Privileges without also becoming a Member of the Medical Staff (“Telemedicine-Only Practitioners”). All Telemedicine-Only Practitioners:

- a) Shall agree to abide by the Bylaws, Rules and Regulations, and/or Policies to the extent they pertain to the exercise of any Telemedicine Clinical Privileges, regardless of their non-Member status; and
- b) Shall be entitled only to consult on patients at the Hospital, and to exercise only the Telemedicine Clinical privileges granted them.

INITIAL TELEMEDICINE CLINICAL PRIVILEGES

Each application for initial Telemedicine Clinical Privileges may be processed in one of the following manners:

- a) The applicant may obtain Medical Staff membership and Clinical Privileges at the Hospital in full compliance with the Bylaws, Rules and Regulations, and Policies;
- b) The Credentials Committee, Medical Executive Committee and Governing Body may rely solely upon information provided by any other hospital(s) at which the applicant is a member of the medical staff and has clinical privileges, or any telemedicine entity providing telemedicine services with which the applicant is affiliated, in accordance with a written agreement with such hospital or telemedicine entity, in order to make a credentialing decision based upon this Hospital’s standards; or
- c) The Credentials Committee, Medical Executive Committee and Governing Body may rely fully on the membership and clinical privileging decisions made by any other hospital(s) in which the Practitioner is a member of the medical staff and has clinical privileges, as long as such hospital(s) is/are accredited by The Joint Commission, or any telemedicine entity providing telemedicine services with which the applicant is affiliated, in accordance with a written agreement with such hospital or telemedicine entity.

RECREREDENTIALING OF TELEMEDICINE CLINICAL PRIVILEGES

Each application for renewed Telemedicine Clinical Privileges shall be based upon the Practitioner’s performance at the Hospital, and upon information from any hospital(s) where the Practitioner is a member of the medical staff and has clinical privileges, as well as from any telemedicine entity with which the Practitioner is affiliated.

TERMINATION OF TELEMEDICINE CLINICAL PRIVILEGES

- a. Privileges granted to Telemedicine-Only Practitioners may be revoked or limited at any time, for any reason, by the Governing Body on the recommendation of the Medical Executive Committee.
- b. Telemedicine Clinical Privileges granted in full reliance on the membership and clinical privileging decisions of another hospital shall terminate automatically in the event that: (1) the Practitioner’s medical staff membership and/or clinical privileges at such hospital are revoked, suspended, limited or voluntarily relinquished; (2) the Practitioner’s license to practice medicine in this State is revoked, expired, suspended, or restricted; or (3) such hospital no longer has a valid written agreement with this Hospital.

- c. Telemedicine Clinical Privileges granted in full reliance on the credentialing and clinical privileging decisions of a telemedicine entity providing telemedicine services in accordance with a written agreement with the Hospital shall terminate automatically in the event that: (1) the Practitioner's affiliation with and/or clinical privileges at the telemedicine entity are revoked, suspended, limited or voluntarily relinquished; (2) the Practitioner's license to practice medicine in this State is revoked, expired, suspended, or restricted; or (3) the telemedicine entity no longer has a valid written agreement with the Hospital.

NO PROCEDURAL RIGHTS

Practitioners who are not granted Telemedicine Clinical Privileges at the Hospital, or whose Telemedicine Clinical Privileges are revoked, suspended or limited in any manner, shall not be entitled to any procedural rights under the Bylaws.

FEEES

Unless otherwise stated in these Bylaws, application fees and/or dues will be determined in accordance with underlying telemedicine professional service agreement.

SECTION: 6: LOCUMS TENENS

Locum tenens are not members of the Medical Staff. They may apply for clinical privileges to provide coverage for a Medical Staff member of good standing only for a specified length of time, to meet an important patient care need not to exceed 120 days. Locums Tenens must follow the ordinary process of submitting an application for credentialing and privileging. They must abide by these Bylaws, Rules and Regulations, and all other rules, policies and procedures, guidelines, and other requirements of the Medical Staff and the Hospital, as applicable to his/her activities in association with the Hospital.

SECTION 7: VISITING PROFESSOR OR OUTSIDE PROCTOR

Upon meeting the requirements of Article III, Sections 1 through 4, where applicable; Visiting Professors and/or Outside Proctors are not medical staff members. They must:

1. Submit a Visiting Professor / Outside Proctor application;
2. Must have a AK license;
3. Submit documentation to prove current competency for the procedure being requested to proctor and/or perform;
4. Medical Membership will not be granted and privileges will be granted only for the specific case(s) and/or period of time specified; and
5. Must abide by these Bylaws, Rules and Regulations, and all other rules, policies and procedures, guidelines, and other requirements of the Medical Staff and the Hospital, as applicable to his/her activities in association with the Hospital.

ARTICLE III: OFFICERS

SECTION 1: OFFICERS OF THE MEDICAL STAFF

The officers of the Medical Staff shall be:

1. Chief of Staff
2. Vice Chief of Staff
3. Secretary/Treasurer
4. Physician Member at Large

SECTION 2: QUALIFICATIONS OF OFFICERS

Officers must be members of the Active Medical Staff at the time of nomination and election, and as a condition of holding office they must remain members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

SECTION 3: ELECTION OF OFFICERS

- A. The MEC shall submit a slate of nominees for (a.) Chief of Staff and slate of nominees for (b.) Vice Chief of Staff and (c.) Secretary at the last regular meeting, preceding the December annual meeting, of the Medical Staff, at which time additional nominations may be made.
- B. Election of officers so nominated will be completed by secret ballot or absentee ballot. Election for Chief of Staff will be held first and the Chief of Staff announced. Nominees for Chief of Staff not elected may choose to run for Vice Chief of Staff and/or Secretary, if so desired. Balloting will be conducted for each office by a separate secret ballot. A tie may be resolved by another vote or, if three ties, then straws may be drawn.

SECTION 4: TERM OF OFFICE

The term of office for all officers of the Medical Staff shall be a period of one year commencing with the first day of January following the officers' election, and continuing for one year thereafter or until a successor is elected and qualified.

SECTION 5: VACANCIES IN OFFICE

An office of the Medical Staff shall be deemed "vacant" if the person elected to the official position (1) resigns or is removed from membership on the Medical Staff, (2) becomes disabled to the extent that he/she cannot fulfill the duties of his/her office, or (3) dies. Except for the office of

Chief of Staff, vacancies in an office shall be filled by the MEC. In the event the office of Chief becomes vacant, the Vice-Chief shall serve out the remaining term.

SECTION 6: DUTIES OF OFFICERS

A. Chief: The Chief shall serve as the highest elected official of the Medical Staff to:

1. Act in coordination and cooperation with the Chief Executive/ CEO in all matters of mutual concern with the hospital;
2. Call, preside at, and be responsible for the agenda of all regular and special meetings of the Medical Staff;
3. Call, serve as a member of, preside at, and be responsible for the agenda of all meetings of the MEC;
4. May serve on other committees with vote;
5. Serve on the Performance Improvement and Patient Safety Committee (PIPS) of the Hospital;
6. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, and Policies & Procedures;
7. Appoint committee members to all standing, special, and multi-disciplinary Medical Staff Committees except the MEC. Appointments to standing committees shall be subject to approval of the MEC;
8. Represent the views, policies, needs, and grievances of the Medical Staff to the PH&SA Board and to the Chief Executive;
 - a. The Chief of Staff shall serve in a designated seat on the PH&SA PKIMC CAB.
 - b. The Chief of Staff shall also have a seat as an ex-officio voting member on the PKIMC CAB.
 - c. The Chief of Staff shall communicate the concerns of the Administration and the PKIMC CAB members back to the Medical Staff;
9. Receive, and interpret the policies and requests of the PH&SA Board to the Medical Staff and report to the PH&SA Board on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care;

10. Be available for discussions with the Chief Executive and administration in any hospital deliberations affecting the discharge of medical staff responsibilities; and
 11. Be the spokesperson for the Medical Staff in its external professional and public relations.
- B. Vice Chief: In the absence of the Chief, he/she shall assume all the duties and have the Authority of the Chief. He/she shall be a member of the MEC. He/she shall automatically succeed the Chief should the office of Chief become vacant for anyreason.
 - C. Secretary / Treasurer: Shall be a member of the MEC. The Secretary shall assure the keeping of accurate and complete minutes of all Medical Staff meetings, call Medical Staff meetings on order of the president, attend to all correspondence, sign the Minutes and perform such other duties as ordinarily pertain to his/her office. He/she will also assume the duties of the Vice Chief in his/her absence.
 - D. Physician Member at Large: In the absence of the Chief of Staff, Vice Chief, and Secretary shall assume all duties and have the authority of the Chief. He/she shall be a member of the MEC. He/she shall automatically succeed the Secretaryin his/her absence.

SECTION 7: REMOVAL AND VACANCIES OF STAFF OFFICERS

Any officer of the Medical Staff may be removed, prior to the expiration of his/her term, in the following manner:

- A. Special Meeting: A special meeting of the active Medical Staff shall be called for the purpose of considering and acting upon a written request by an Active Medical Staff member, that any one or more officers of the Medical Staff be removed. In order to be effective, the notice of said special meeting must state that the purpose of said special meeting is to consider and act upon a request for the removal of one or more designated staff officers.
- B. Quorum: Fifty percent (50%) of the active members of the Medical Staff shall constitute a quorum for the purpose of conducting a special meeting held pursuant to the provisions of this section.
- C. Effective Date: Removal of a Medical Staff officer shall be effective upon notification to the PH&SA Board.
- D. Notwithstanding the provisions contained in Section 5 (Vacancies in Office) in the event a vacancy is created by removal of a Medical Staff officer, the MEC may, in its discretion, choose to leave the office vacant on an interim basis and by resolution require the holding of an election to fill the vacancy.

ARTICLE IV: COMMITTEES

The committees of the Medical Staff shall be:

1. Medical Executive Committee and Bylaws Committee; and
2. Other Medical Staff committees set forth in the Medical Staff Rules & Regulations.

SECTION 1. MEDICAL EXECUTIVE COMMITTEE (MEC)

- A. Composition: Three Medical Staff Officers, past Chief of Staff, or as set forth in Article III, Section 1, and Chief Executive/or designee(s).
- B. Meeting Frequency: Not less than nine (9) times per year.
- C. The duties of this committee shall be:
 1. Present and act on behalf of the Medical Staff, in accordance with the duties and powers granted by the Medical Staff and the Bylaws;
 2. To receive and act upon all committee reports;
 3. To make and implement policies of the Medical Staff;
 4. To provide liaison between Medical Staff, Administration, the PKIMC CAB and the PH&SA Regional Board;
 5. To recommend action to Administration on matters of a medical-administrative nature, and to advise concerning implementation of new departments, services, and other medical-administrative matters;
 6. To make recommendations on hospital management matters (for example, long range planning) to the PKIMC CAB through Administration;
 7. Participate in strategic planning for the hospital and community in conjunction with the Administration and PKIMC CAB;
 8. To fulfill the Medical Staff's accountability to the PH&SA Board for the medical care rendered to all patients in the hospital;
 9. To provide direction for the preparation of all meeting programs either directly or through delegation to a program committee or suitable agent;

10. To review the credentials of all new applicants and to make recommendations for Medical Staff membership & delineation of clinical privileges to the PH&SA Board;
11. To review periodically all information available regarding the performance and clinical competence of Medical Staff members and other practitioners with clinical privileges. As a result of such review of OPPE and/or FPPE; make recommendations for reappointments to the PH&SA Board and renewal or changes in clinical privileges;
12. To participate in, or be informed of, all performance improvement initiatives at PKIMC;
13. To be involved in issues of medical staff peer review and professional review and fair hearing processes;
14. To take reasonable steps to promote professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff;
15. To review and act upon all appointments to committees made by the Chief of Medical Staff;
16. At the last regular meeting before the December meeting of the Medical Staff, submit nominations for officers of the Medical Staff for whom the elective terms will expire the end of December;
17. To review the Bylaws, Rules and Regulations, and the Fair Hearing Plan as needed but at least every three years, and make recommendations for revisions to the Medical Staff. It shall act upon proposals for revisions that may originate from the Medical Staff or Committees and make recommendations to the full Medical Staff for action; and
18. Minutes of each Committee meeting shall be kept and forwarded for review at each MEC meeting.

SECTION 2: OTHER COMMITTEES

A description of other Medical Staff committees that perform systematic monitoring and quality improvement activities and other review functions shall be set forth in the Medical Staff Rules & Regulations. It shall be a function of the Medical Staff to review the following:

1. Quality and appropriateness of the diagnosis and treatment of patients;
2. Use of medications;
3. Use of blood and blood components;

4. Operative and other procedure(s);
5. Appropriateness of clinical practice patterns; and
6. Infection control.

Other committee functions and responsibilities are delineated in the Medical Staff Rules and Regulations.

ARTICLE V: MEDICAL STAFF MEETINGS

SECTION 1: ANNUAL MEETINGS

The annual meeting of the active Medical Staff shall be held on the second Wednesday of December at which time the retiring officers shall make such reports as may be indicated.

SECTION 2: GENERAL MEDICAL STAFF MEETINGS

General Medical Staff meetings shall be held on the second Wednesday of the month, no less than eight (8) times year, unless otherwise specified by the MEC.

SECTION 3: SPECIAL MEETINGS

Special meetings of the Medical Staff may be called at any time by the Chief, the PH&SA Board, the MEC, or by any five (5) members of the active Medical Staff, provided written notice and an agenda are mailed or delivered to each active Medical Staff member at least seven (7) days in advance of the special meeting date.

SECTION 4: ATTENDANCE AND QUORUM

Each member of the active Medical Staff shall attend the annual meeting and is expected to attend at least one-half of Medical Staff and applicable committee meetings. A requested absence from the annual meeting must be submitted and approved by the MEC prior to the annual meeting. Thirty-three percent (33%) of the Active Medical Staff shall constitute a quorum for the purpose of transacting such business of the Medical Staff as is permitted by these bylaws. Failure to attend the expected number of meetings will result in the member's automatic relinquishment of voting rights for the ensuing year.

SECTION 5: MEDICAL STAFF ACTIONS

The action of a majority of members present at a meeting with a quorum shall be the action of the Medical Staff. Action may be taken without a meeting by unanimous consent in writing (setting forth the action so taken) signed by each member entitled to vote thereon.

SECTION 6: MINUTES

Minutes of each regular and special meeting of the General Medical Staff shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be signed by the Secretary and copies thereof shall be maintained, in the Medical Staff office, in a permanent file.

SECTION 7: STANDARD CODE OF PARLIAMENTARY PROCEDURES

The latest edition of Standard Code of Parliamentary Procedures shall prevail at all meetings of the General Medical Staff and MEC unless waived, except that the chairperson of any committee meeting may vote as a member of the committee.

ARTICLE VI: PATIENT CARE DOCUMENTATION

The attending practitioner shall be responsible for the preparation of a complete medical record for each patient. All entries must be legible and include date and time written. Each medical record shall include:

a medical history and physical examination that was completed no more than 30 days prior to the admission or is completed within 24 hours after inpatient admission, but prior to surgery or a procedure requiring anesthesia services, whichever comes first. If the medical history and physical examination was completed within 30 days prior to inpatient admission, the physician will complete an update documenting any changes in the patient's condition within 24 hours after inpatient admission, but prior to surgery or a procedure requiring anesthesia services, whichever comes first. Alaska State statutes require that records be complete within 30 days of discharge. Policy & Procedure – PKIMC 999.004 Standards of Practice for the Medical Staff delineates the minimal content of medical histories and physical examinations by setting and/or level of care.

ARTICLE VII: PARTICIPATION BY ADMINISTRATION

The Chief Executive and any representatives assigned by the Chief Executive may attend any committee meetings.

ARTICLE VIII: ORGANIZED HEALTHCARE ARRANGEMENT

Providence Kodiak Island Medical Center, as a part of the Alaska Region (Providence Health & Services Alaska), and the Medical Staff members have established an Organized Health Care Arrangement under 45 CFR 164.501 with Providence Health & Services Alaska (“Providence OHCA”). Included in the OHCA are all Providence Health & Services Alaska facilities, services and programs, the Providence employees and practitioners and other clinicians who are members of the medical staff and/or who otherwise have medical staff privileges at Providence Kodiak Island Medical Center and other Providence facilities, services or programs. Under the Providence OHCA, all of the members, including members of the medical staff, may rely on a Joint Notice of Privacy Practice and Acknowledgment. Further, members of the Providence OHCA may use and disclose protected health information in the conduct of their joint operations and joint activities, all in a manner consistent with the requirements of HIPAA.

Notice of Privacy Practice: Each member of the Medical Staff shall be required to use and conform to the terms of the Joint Notice of Privacy Practice developed and used by the Providence Health & Services Alaska Region with respect to protected health information created or received as part of each Medical Staff member’s participation in the Providence OHCA and to comply with all applicable Providence, Medical Staff and HIPAA requirements, policies and procedures relating to the confidentiality of protected health information.

Each Medical Staff member is responsible for their own compliance with applicable state and federal laws relating to protected health information. The establishment of the Providence OHCA shall not in any way create additional liabilities by or among the members of the Providence OHCA or cause one or more Providence OHCA members to assume responsibilities for the acts or omissions of any other member of the Providence OHCA and each member of the Providence OHCA shall be individually responsible for their own acts or omissions with respect to compliance with HIPAA requirements.

The MEC may establish from time to time such additional rules and requirements to assure conformity with the above requirements, including requiring each Medical Staff member at the time of their initial appointment and any subsequent reappointment to, sign and acknowledge their individual responsibilities with respect to the above requirements.

ARTICLE IX: MEDICAL STAFF MEMBERSHIP

SECTION 1: NATURE OF MEDICAL STAFF MEMBERSHIP

Membership on the Medical Staff of the hospital is a privilege granted by the PH&SA Board that shall be extended only to professionally competent physicians and dentists who continuously meet the qualifications, standards and requirements set forth in these bylaws. Membership on the Medical Staff may be withdrawn at any time, in accordance with these bylaws, if it is determined that the practitioner fails to meet the qualifications, standards, and requirements of the hospital.

SECTION 2: QUALIFICATIONS FOR MEMBERSHIP

- A. Only Doctors of Medicine, Doctors of Osteopathy, Podiatrists, and Dentists licensed to practice in the State of Alaska who can continually document their education, background, experience, training, physical and mental health, and demonstrated competence; their adherence to the ethics of their professions; their good reputation; and their ability to work with others for the cooperative delivery of quality medical care, shall be qualified for appointment and reappointment to the Medical Staff. No practitioner shall be entitled to membership on the Medical Staff or to exercise any particular clinical privileges merely by virtue of the fact that he/she is: licensed to practice his/her profession in this or any other state; or that he/she is a member of any professional organization, or has ever been granted such privileges at another hospital.
- B. An applicant for appointment or reappointment to the Medical Staff shall have the burden of establishing, to the satisfaction of the appropriate committees of the Medical Staff and the PH&SA Board, that he/she meets the qualifications, standards, and requirements set forth in the Medical Staff Bylaws and Corporate Bylaws, and that, if granted Medical Staff membership and clinical privileges, he/she would deliver quality medical care.
- C. In order to qualify for appointment and reappointment to the Medical Staff and to be granted clinical privileges to practice at the hospital, each practitioner must continually meet all of the following standards:
 - 1. He/she must possess such credentials for staff appointment and reappointment and for the specific clinical privileges requested as the MEC shall, from time to time, establish, subject to final approval by the PH&SA Board, and at a minimum must possess an unrestricted license to practice in the state of Alaska issued by the appropriate board. They must maintain malpractice insurance without lapse in the amount of \$1 million per occurrence and \$3 million aggregate.
 - 2. All physicians shall be certified by the nationally recognized board in their specialty and maintain certification or, to be actively pursuing such certification within the time limits approved by that board and specified for the privileges requested at PKIMC.

3. All physicians seeking appointment and reappointment will be evaluated in how they comply with and demonstrate the following:
 - a. Compassionate, Appropriate & Effective Patient Care;
 - b. Medical/Clinical Knowledge;
 - c. Practice-Based Learning and Improvement;
 - d. Interpersonal and Communication Skills;
 - e. Professionalism; and
 - f. Systems-based practice.
 4. Must possess the requisite physical and mental health fitness to practice, required for the careful practice of medicine, dentistry, or podiatry within the clinical privileges requested.
- D. Acceptance of an application for membership of the Medical Staff shall constitute an agreement that the applicant will strictly abide by these Bylaws and professional ethics.

SECTION 3: CONDITIONS AND DURATION OF APPOINTMENT

- A. All appointments and reappointments to the Medical Staff shall be made by the PH&SA Board acting through the Administration. The PH&SA Board shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws. Initial appointments will be for a period up to 24 months from the date of appointment to be consistent with the reappointment process. Reappointments shall be for a period not exceeding twenty-four months.
- Applicants should be notified regarding the Boards' decision regarding appointment, reappointment, or request for privileges, within 90 days of receipt of a completed application, unless unforeseen circumstances arise, at which time the applicant will be notified as such.
- B. An applicant shall not be denied Medical Staff membership or privileges because of ancestry, race, gender, sexual orientation, faith, or on the basis of any other criterion unrelated to the delivery of quality patient care in the Medical Center.
- C. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the PH&SA Board in accordance with these Bylaws.

- D. Each practitioner shall acknowledge his/her obligation to provide continuous care and supervision of his/her patients, to abide by the Medical Staff Bylaws, Rules and Regulations, to accept consultation assignments.
- E. Each family medicine physician on Active Medical Staff shall be on call for admission of unassigned patients. Exemptions from backup responsibility may be obtained by majority agreement of other involved physicians.
- F. The practitioner shall have in full force and effect a professional liability insurance policy in the amount of \$1M per occurrence and \$3M aggregate.
- G. Temporary privileges may be granted for an urgent patient care need.
- H. Disaster privileges may be granted by the Chief Executive Officer, Chief of Staff, or their designee when the emergency plan has been activated. For full description of disaster privileges refer to PKIMC policy 999.003-B– Emergency/Disaster Credentialing.
- I. Applicants and members are responsible for notifying the Chief of Staff or Chief Executive as soon as possible, but no later than 10 business days, of any change in status or any change in the information provided on the application form that may affect continuing satisfaction of any threshold eligibility criteria for appointment or clinical privileges. This information is required to be provided with or without request, at the time the change occurs, and includes, but is not limited to:
 - (1) changes in professional liability insurance coverage;
 - (2) the filing of a professional liability lawsuit against the practitioner;
 - (3) any and all complaints, documents or other information known to the practitioner regarding, or changes in, licensure status or DEA controlled substance authorization;
 - (4) arrest, charge, indictment, conviction, or a plea of guilty or no contest in any criminal matter;
 - (5) exclusion or preclusion from participation in Medicare, Medicaid or any other federal or state health care program or any sanctions imposed with respect to the same; and
 - (6) any changes in the practitioner's ability to safely and competently exercise clinical privileges or perform the duties and responsibilities of appointment because of health status issues, including, but not limited to, impairment due to addiction (all of which will be referred for review under the policy on practitioner wellness).

SECTION 4: ETHICAL REQUIREMENTS

- A. A person who accepts membership on the Medical Staff agrees to provide services in a manner consistent with Providence Health System Mission and Core Values and the Roman Catholic moral tradition as articulated in such documents as **The Ethical and Religious Directives for Catholic Health Care Facilities** as amended by Archbishop Frances T. Hurley's letter of September 9, 1996.

SECTION 5: RESPONSIBILITIES OF APPLICANT

- A. It shall be the responsibility of each person making application for appointment to the Medical Staff and requesting clinical privileges to supply all information reasonably required by the Medical Staff committees and PH&SA Board to permit an informed judgment as to the applicant's qualifications and compliance with the standards required by the bylaws. To that end, it shall be the responsibility of the applicant to supply all information requested by the appropriate committees of the Medical Staff, the officers of the Medical Staff, Chief Executive, or the PH&SA Board. The applicant's duty to supply such information is not necessarily fulfilled by completing the application form, but also includes causing relevant third parties to provide full information. The applicant shall have the burden of establishing to the satisfaction of the appropriate Medical Staff committees and the PH&SA Board that he/she meets the standards required by these bylaws, the Medical Staff rules and regulations, and any applicable policies of the PH&SA Board. In the event that the information supplied by the applicant to the committees of the Medical Staff and the PH&SA Board is not deemed sufficient to permit an informed decision on the matter, the application shall not be deemed a completed application as defined in the bylaws. An incomplete application will not be processed.
- B. All applicants for appointment to the Medical Staff and for clinical privileges shall complete, sign and file with the Chief Executive such application or reappointment form as the PH&SA Board may require. New applicants shall provide a check in the amount of the applicable Membership fee. Application shall require full and complete disclosure by the applicant of all information required in this section including, without limitation, the following information:
1. Education

The form shall require a full disclosure of all the institutions of higher learning attended by the applicant from medical school, osteopathic school, podiatry, or dental school forward, including dates of attendance, areas of study and degrees awarded.
 2. Training

The form shall require a complete listing of all training programs of every type which are medically or health care related, in which the applicant has participated, and for those programs completed by the applicant, the date of completion.

3. Professional Qualifications

The form shall require a full disclosure of all factors bearing upon the applicant's professional qualifications. This shall include a listing of at least three physicians who are personally acquainted with the applicant. At least two of the physicians named must have extensive experience in observing and working with the applicant within the last three years, and be in a position to provide adequate references pertaining to the applicant's professional performance, judgment and clinical or technical skills, current competence, ethical character and compliance with the standards required for the appointment set forth in paragraph (A) of this section. The form shall require the applicant to identify all specialty boards to which he/she has applied for certification and date of certification, if any. Those applicants who are not board certified in any specialized field of medical practice, but who consider themselves to be "board admissible" shall provide information concerning the date upon which he/she first became board admissible and the basis upon which board admissibility is claimed.

4. Organizational Experience

The form shall require a complete listing of all medical, surgical or health related organizations to which the applicant has ever belonged or applied for membership and the current status of the applicant's membership. This includes not only specialty organizations.

5. Hospital Experience

The form shall require a complete listing of every hospital facility, or other acute care facility, including governmentally owned or operated facilities, at which the applicant has applied for, and/or received Medical Staff or other patient care privileges. This shall require full disclosure by the applicant of action by any such health care facility to deny, revoke, limit, restrict, suspend or take corrective action or implement a performance improvement plan concerning the applicant's privileges or Medical Staff appointment or voluntary termination, or limitation, restriction, reduction or loss of clinical privileges.

6. Work Experience

Applicant shall provide chronological listing of all healthcare work experience(s) explaining any intervals of greater than 90 days when he/she was not professionally active.

7. Peer Review Information

The form shall require a full disclosure of all peer review information from hospitals or professional societies and organizations (including, without limitation,

specialty boards) in which any form of disciplinary or corrective action or performance improvement plan was taken, recommended or requested.

8. Insurance Experience

The form shall require a full disclosure of the applicant's insurance and malpractice claims experience. The application shall require a full disclosure of all claims made against the applicant in solving allegations of professional negligence or malpractice, and shall identify the person making the claim, the current status of all pending claims and the ultimate disposition of all closed claims, including final judgments or settlements. Malpractice insurance must be in full force and effect for an application to be considered for no less than \$1M per occurrence and \$3M aggregate.

9. Licensing Experience

The form shall require full disclosure of all the applicant's experience with regard to any licensing agency of federal, state or local government, including all licenses granted, denied, suspended or revoked either relating to the privilege of practicing any health care profession, including, but not limited to, the practice of medicine or osteopathy, or dentistry, and including previously successful or currently pending challenges to any licensure or registration, or the voluntary relinquishment of such licensure or registration.

C. By making application for appointment to the Medical Staff, the applicant acknowledges the responsibility to give full, complete and accurate information. Any failure to give true, complete and accurate information concerning the matters required by the bylaws, including the making of untrue statements in the application for appointment or the failure to make materially true statements in said application shall be sufficient grounds for stopping the processing of the application for appointment, or for automatic relinquishment of privileges previously granted.

D. By making application for appointment to the Medical Staff, the applicant authorizes the release of all information required to make an informed judgment concerning the applicant's compliance with the standards required by the bylaws including the access to all pertinent information. Without limiting the foregoing, the applicant authorizes the release of the following:

“...Any or all communications, reports, records, statements documents, recommendations or disclosures of said third parties that may be relevant to” the applicants “professional qualifications, credentials, clinical competence, character, ability to perform safely and competently ethics, behavior, and or matter reasonably having bearing on...” the applicant's qualifications.

By making application for appointment to the Medical Staff, the applicant releases from civil liability, to the fullest extent permitted by law, the agent, attorneys, employees and representatives of the Providence Kodiak Island Medical Center and Providence Health & Services Alaska (PH&SA) the agents and representatives of the Medical Staff of Providence Kodiak Island Medical Center, as well as the agents, attorneys, employees and representatives of the hospitals and other health care organizations to whom inquiries are directed under the bylaws, for all acts taken by said individuals in supplying information concerning the applicant.

- E. The application form shall include a statement that the applicant has received and read the bylaws, rules and regulations of the Medical Staff, and he/she agrees to be bound by the terms thereof whether or not he/she is granted membership and clinical privileges.

SECTION 6: EXPEDITED CREDENTIALING

- A. Criteria for **Expedited** Processing.

An application for initial appointment to the Medical Staff may qualify for expedited processing, as described in this section, if all of the following criteria are met:

1. Expediting the application will meet an urgent patient care need at the Hospital;
2. The application is complete – all requested information has been fully provided;
3. The applicant has no pending or previously successful challenge to licensure;
4. The applicant has not been involuntarily terminated by the medical staff of another organization;
5. The applicant has not received involuntary limitation, reduction, denial or loss of clinical privileges;
6. The applicant does not have a pattern of unusual or excessive professional liability judgments or settlements;
7. Information supplied in application does not have any significant discrepancies upon verification; and
8. To align current Medical Staff Members with PAMC credentialing process.

- B. Process for Expedited Processing.

1. If Medical Staff Services (or designee) determines that an application may satisfy the above criteria, he or she may either consult with the Chief of Staff or Chief Executive Officer.

2. If the Chief of Staff or Chief Executive Officer concludes that the application satisfies the above criteria he or she may approve the expedited processing of the application.
3. If the application meets criteria, the application shall be presented to the MEC for recommendation. Upon affirmative MEC recommendation the application shall be referred to a Board committee of at least two voting members.
4. Expedited credentialing shall be terminated and routine processing shall resume if any of the above individuals determines that the processing should not be expedited.
5. If expedited approval is given, the application shall be approved as appropriate.

SECTION 7: APPOINTMENT PROCESS

The application for appointment to the Medical Staff shall be processed in the following manner:

- A. Review and evaluation of an application for appointment to the Medical Staff shall not commence until the applicant has delivered to the Medical Staff Office all of the following documentation: a completed application form, copies of degrees, licenses, and certificates of completion, and any other information that has been requested by the Medical Staff or the PH&SA Board. Upon receipt of the application by the Medical Staff Office, the file is reviewed for completion and verification of information provided in the application is obtained from primary sources. Queries of the National Practitioner Data Bank, OIG, and GSA are performed. The application is then forwarded to the MEC. For purpose of these Bylaws, all of the documentation referred to in this Section shall be referred to as “the completed application.”
- B. The completed application shall be reviewed and evaluated by the MEC. A personal interview and/or consultation with individuals listed as references or others may be conducted.

In special situations where there are no physicians on the MEC with the appropriate qualifications to review the applicant’s qualifications and requested privileges, the Chief of Staff may appoint one or more physicians from the Medical Staff, if possible, or from outside the staff, to assist the MEC for the specific purpose of helping the Committee make a recommendation on the applicant’s competence for requested privileges.
- C. A recommendation that the applicant be granted appointment to the Medical Staff shall be forwarded through the Chief of Staff to the CAB and to the PH&SA Board for actions.
- D. In the event it is the recommendation of the MEC that the applicant be denied appointment or that he/she be appointed, but with fewer privileges than he/she had requested, (other than for procedures not supported by the institution) then the following procedure shall apply:

1. The Chief Executive shall send notice (via certified mail, return receipt requested) of the unfavorable recommendation to the applicant at the address shown in the application.
2. The applicant shall have thirty (30) days from the date such notice is mailed within which to make a written request for a hearing pursuant to the Fair Hearing Plan. Failure to make a timely request for a hearing shall constitute consent to final action by the PH&SA Board.
3. In the event of a timely request by the applicant for a hearing, the process described in the Fair Hearing Plan shall be completed.
4. The findings and recommendations of the Fair Hearing Committee shall be forwarded to the MEC.
5. Following completion of the Hearing and Board appeal, the PH&SA Board shall take action on the matter.

E. Final action by the PH&SA Board may include the following:

1. Adopt the recommendations and act accordingly;
2. Refer the matter back to any committee of the Medical Staff, including the MEC or a Hearing Committee, for obtaining additional information or clarification of prior recommendations;
3. Grant Medical Staff membership and clinical privileges as appear, in the judgment of the PH&SA Board, appropriate under the circumstances and with such limitations and qualifications as the PH&SA Board may impose; and
4. Deny appointment to the Medical Staff and/or deny some or all of the requested clinical privileges. The PH&SA Board may grant clinical privileges conditional upon performance of certain acts by the practitioner, including but not limited to, monitoring, special education or training, or such other provisions as may in the judgment of the PH&SA Board, be advisable for proper patient care, and shall ensure that the means for these actions are available to Providence Kodiak Island Medical Center.

F. In the event the final recommendations of the Medical Staff are favorable to the practitioner and the PH&SA Board votes to deny the applicant membership on the Medical Staff and/or denies privileges requested, notice of such decision shall be given to the applicant in writing by the Chief Executive. Failure to make a timely request for a hearing shall constitute a waiver of any further review by the PH&SA Board or any other committee of the Medical Staff, and shall constitute consent by the applicant to final action by the Board. If a timely request for a hearing is made, final action by the PH&SA Board shall be delayed until after completion of a hearing as provided under the Fair Hearing Plan. Within sixty

(60) days of completion of the Fair Hearing procedure, the PH&SA Board shall take final action.

- G. When the PH&SA Board decision is final, it shall send notice of the final decision to the Chief Executive, and to the Chief of the Medical Staff.

SECTION 8: FOCUSED PROFESSIONAL PRACTICE EVALUATION (“FPPE”) FOR NEW PRIVILEGES

All new grants of privileges will be reviewed through a focused review, as described below. The FPPE will be subject to the following conditions:

- A. The initial FPPE period will be no less than twelve (12) months and no more than twenty-four (24) months. During the FPPE period, the practitioner shall be entitled to admit patients to the hospital and exercise the professional privileges granted by the PH&SA Board. The MEC shall review the performance of initial appointees during the provisional period. The Focused Professional Practice Evaluation shall be conducted on all aspects of performance and a representative sample of hospital admissions and/or outpatient cases of the appointee during the FPPE period, with consideration of patient care and staff responsibility. The MEC shall also consider any related staff observations or concerns. (Refer to Policy & Procedure – Practice Evaluation Program (PEP)).
- B. If the MEC decides that the number of admissions or other patient contacts for the initial appointee during the FPPE period is insufficient for determination of patient care performance or if there is any question of competence, the MEC may impose an additional FPPE period, with the same review criteria. The additional FPPE period may not exceed twelve (12) months. The FPPE period, including extensions, must not exceed twenty-four (24) months.

Actions that may be taken at the conclusion of the appointee’s provisional period or extended FPPE period are as follows:

- 1. Grant full Medical Staff appointment, and approved privileges as requested.
 - 2. Grant full Medical Staff appointment, with modification of privileges requested, with appropriate reporting that some privileges requested were denied.
 - 3. Deny Medical Staff appointment and appropriately report denial.
- C. If a practitioner is granted Medical Staff appointment, he/she shall function thereafter as a member of the staff category to which he/she has been assigned and shall be subject to reappointment at the end of the Medical Staff year in which all other members of the staff are subject to reappointment.

- D. If the practitioner is denied Medical Staff appointment or is appointed, but with fewer privileges than he/she had requested, (other than for procedures not supported by the institution) then the following procedure shall apply:
1. The Chief Executive shall send notice (via certified mail, return receipt requested) of the unfavorable recommendation to the applicant at the address shown in the application.
 2. The applicant shall have thirty (30) days from the date such notice is mailed within which to make a written request for a hearing pursuant to the Fair Hearing Plan. Failure to make a timely request for a hearing shall constitute consent to final action by the PH&SA Board.
 3. In the event of a timely request by the applicant for a hearing, the process described in the Fair Hearing Plan shall be completed.
 4. The findings and recommendations of the Fair Hearing Committee shall be forwarded to the MEC, which will then make its recommendations to the Board.
 5. The MEC's final recommendation shall be forwarded to the local CAB and PH&SA Board for action. If the Board's final recommendation is unfavorable, the applicant shall receive notice of said recommendation, and shall have thirty (30) days from the date such notice is mailed within which to make a request for an appeal to the PH&SA Board pursuant to the Fair Hearing Plan. Failure to make timely, proper request for appellate review shall constitute a waiver of any appellate review and shall constitute consent to final action by the PH&SA Board.
 6. Following completion of the Hearing and Board appeal as described under these Bylaws and the Fair Hearing Plan, the PH&SA Board shall take action on the matter.
- E. Action on the final recommendation of the MEC as provided above, by the PH&SA Board may include the following:
1. Adopt the recommendations of the MEC and act accordingly,
 2. Refer the matter back to any committee of the Medical Staff, including the MEC or a Hearing Committee, for obtaining additional information or clarification of prior recommendations,
 3. Grant Medical Staff membership and clinical privileges as appear, in the judgment of the PH&SA Board, appropriate under the circumstances and with such limitations and qualifications as the PH&SA Board may impose,
 4. Deny appointment to the Medical Staff and/or deny some or all of the requested clinical privileges. The PH&SA Board may grant clinical privileges conditional

upon performance of certain acts by the practitioner, including but not limited to, monitoring, special education or training, or such other provisions as may in the judgment of the PH&SA Board, be advisable for proper patient care, and shall ensure that the means for these actions are available to Providence Kodiak Island Medical Center.

SECTION 9: REAPPOINTMENT PROCESS

- A. Continuing Medical Staff membership and clinical privileges shall be granted utilizing the same requirements as the initial appointment procedure.
- B. The reappointment process shall be initiated prior to the expiration of the practitioner's Medical Staff appointment as follows:
 - 1. The Chief Executive shall cause a reappointment form to be delivered to the practitioner at the most recent business address known sixty (60) days before the expiration of privileges.
 - 2. The practitioner shall complete, sign and return the reappointment form to the Chief Executive within thirty (30) days.
 - 3. The completed and reviewed reapplication form shall be forwarded by the Medical Staff Services to the MEC for review regarding renewal of the applicant's Medical Staff membership and renewal, expansion, or curtailment of his/her clinical privileges. Consideration shall be given to practitioner's professional performance, judgment, and clinical or technical skills.

All individuals with core privileges must participate in continuing medical education with hours adequate to maintain Alaska medical, osteopathic or dental licensure or specialty board certification. A substantial predominance of these credits must be in their field of practice.

PKIMC will endeavor to offer as much focused Continuing Medical Education as is possible for its Medical Staff members.

In special circumstances where there are no physicians on the MEC with the appropriate qualifications to review the practitioner's reapplication form, the Chief of Staff may appoint one or more physicians from the Medical Staff, if possible, or from outside the staff, to assist the MEC in making a recommendation on the practitioner's request for reappointment.

- 4. At the next regularly scheduled meeting, the MEC shall take action on the request for reappointment and specified clinical privileges. The review process shall be completed within thirty (30) days.

- C. In the event the recommendation of the MEC is favorable to the practitioner; the recommendation shall be forwarded by the Chief of Staff to the PKIMC Medical Staff, Service Area Board and to the PH&SA Board for action. In the event that the Application(s) is deemed favorably by the MEC and the Medical Staff does not convene that month, the application(s) for privileges will be forwarded for approval of Medical Staff membership and delineated clinical privileges to the Service Area Board and the PH&SA Board at their next regular meetings to take action on the matter.
- D. In the event the recommendation of the MEC is adverse to the practitioner, such that the MEC recommends against continuation of the practitioner's Medical Staff membership or recommends against the granting of any or all clinical privileges, notice of such recommendation shall be given the practitioner in writing by the Chief Executive and the following process shall apply:
1. The practitioner shall have thirty (30) days from the date of mailing said notice within which to request a hearing pursuant to the Fair Hearing Plan. Failure to request a hearing within said time shall constitute a waiver of all further proceedings by the Medical Staff, and shall constitute consent to final action by the PH&SA Board.
 2. In the event the practitioner makes a timely request for a hearing, the process described in the Fair Hearing Plan shall be completed, and the Hearing Committee shall report its findings and recommendations to the MEC.
 3. The findings and recommendations of the Hearing Committee shall be made to the MEC, which shall have authority and power to make the final recommendation, based on the record of the proceeding, at the Medical Staff level.
 4. The MEC's final recommendation shall be forwarded to the PH&SA Board for action. If the MEC's final recommendation is unfavorable, the practitioner shall receive notice of said recommendation, and shall have fifteen (15) days from the date such notice is mailed within which to make a request for an appeal to the PH&SA Board pursuant to the Fair Hearing Plan. Failure to make a timely, proper request for appellate review shall constitute a waiver of any appellate review and shall be constitute consent to final action by the PH&SA Board.
 5. Following completion of the Hearing and Board appeal as available under these Bylaws and the Fair Hearing Plan, the PH&SA Board shall take action on the matter.
 6. The procedures as described above shall be completed within 90 days of the MEC's tentative unfavorable recommendation.
- E. Action on the final recommendation of the MEC as provided in section C or D above by the PH&SA Board may include the following:

1. Adopt the recommendations of the MEC and act accordingly;
 2. Refer the matter back to a committee of the Medical Staff, including the MEC or a Hearing Committee for gathering of additional information or clarification of prior recommendations;
 3. Grant Medical Staff reappointment and clinical privileges as may appear, in the judgment of the PH&SA Board, appropriate; may grant privileges conditional upon the performance of certain acts by the practitioner including, but not limited to, monitoring, special education or training, or other such provisions as may, in the judgment of the PH&SA Board, be deemed advisable for proper patient care; and
 4. Deny reappointment to the Medical Staff and/or deny some or all of the requested clinical privileges. The PH&SA Board may grant privileges conditional upon the performance of certain acts by the practitioner including, but not limited to, monitoring, special education or training, or other such provisions as may, in the judgment of the PH&SA Board, be deemed advisable for proper patient care.
- F. In the event the final recommendation of the MEC is favorable to the practitioner, and the PH&SA Board votes to deny the practitioner reappointment to the Medical Staff and/or denies the practitioner any or all Medical Staff privileges requested, the notice of such decision shall be given to the practitioner in writing by the Chief Executive. If the Board's final recommendation is unfavorable, the applicant shall receive notice of said recommendation, and shall have thirty (30) days from the date such notice is mailed within which to make a request for an appeal to the PH&SA Board pursuant to the Fair Hearing Plan. Failure to make a timely request for a hearing shall constitute a waiver of any further review by the PH&SA Board or any other committee of the Medical Staff, and shall constitute consent by the practitioner to final action by the Board. If a timely request for a hearing is made, final action by the PH&SA Board shall be delayed until completion of a hearing under the Fair Hearing Plan. Within (60) days of completion of the Fair Hearing procedure, the PH&SA Board shall take final action.

SECTION 10: REQUESTS FOR MODIFICATION OF APPOINTMENT

A staff member may, in conjunction with reappointment or at any other time, request modification of his/her staff category or clinical privileges by submitting a written application to the Chief Executive on the prescribed form.

Such application shall be processed in substantially the same manner as provided for reappointment.

ARTICLE X: CLINICAL PRIVILEGES

SECTION 1: CLINICAL PRIVILEGES

- A. Prior to granting of a privilege that has not been granted previously at PKIMC, the MEC will collaborate with PKIMC Administration to determine that sufficient resources (space, staff, equipment, and financial) are in place or can be available within an appropriate time frame.
- B. Every Medical Staff member shall be entitled to exercise only those clinical privileges specifically granted to him/her by the PH&SA Board.
- C. Every application for Medical Staff appointment and reappointment must contain a request for specific clinical privileges desired by the applicant on such form as the PH&SA Board may require. The evaluation of such requests shall be based upon the applicant's compliance with applicable standards. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges he/she requests.

SECTION 2: LOCUM TENENS PRIVILEGES

- A. A physician may be permitted to serve as locum tenens physician for a member of the Medical Staff under the following conditions:
 - 1. The Medical Staff member desiring to utilize a locum tenens physician shall advise the Medical Staff Office of the name and address of the proposed locum tenens physician, and the period of time during which the Medical Staff member will be absent from the community. It is the responsibility of the Medical Staff member to insure that the proposed locum tenens physician complies, in all respects, with the provisions of these Bylaws.
 - 2. The locum tenens shall complete and sign an application for appointment to the Medical Staff. The application shall be handled in the same fashion and with the same compliance as any other application. The Chief of Staff and Chief Executive may act to grant locum privileges, in lieu of the Board, and as its representative if the MEC and Board are not meeting in a timely manner.

All such actions will be taken to the MEC and PH&SA Board for their knowledge and approval at its next regular meeting.

SECTION 3: TEMPORARY CLINICAL PRIVILEGES

The Chief Executive or his or her designee, along with the Chief of Staff, may grant temporary clinical privileges, when appropriate, following PKIMC receiving a completed application. Temporary clinical privileges may be granted when an applicant meets criteria as defined by the MEC and PH&SA (including the submission of a completed application in which no concerns are

found upon processing the application) and is awaiting approval from MEC, and/or PH&SA Regional Board. Recommendation of the Chief of Staff, a current Alaska authorization to practice medicine, osteopathy, podiatry, or dentistry under Statutes of the State of Alaska medical or dental license, the National Practitioner Data Bank must be queried and results reviewed, the applicant must be screened against the federal excluded provider list, and current competency must be verified prior to the grant of such temporary clinical privileges. When an important patient care need mandates an immediate authorization to practice, Temporary Clinical Privileges may be granted while the full credentials information is verified and approved. Temporary privileges may not exceed 120 days.

SECTION 4: EMERGENCY MEDICAL SITUATIONS

In the event of a medical emergency, any physician, to the degree permitted by his/her license, and regardless of Medical Staff status, shall be permitted to do anything reasonably possible to save the life of a patient, using every available facility of the hospital, unless or until the physician, with appropriate privileges, on call is present. When the physician on call is present, he/she may elect to assume command or to assist according to his/her judgment. For the purpose of this section, an “emergency” is defined as a condition in which serious or permanent harm or death would be likely to result without immediate intervention.

SECTION 5: TELEMEDICINE PRIVILEGES

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care from or to a distant site. Licensed independent practitioners who are responsible for the care, treatment, and services, of the patient via telemedicine shall be credentialed and privileged to do so. Medical Staff membership and clinical privileges shall be granted utilizing the same requirements as the initial appointment procedure (Section 2). PKIMC is allowed to use credentialing and privileging information from the distant site provided that the distant site is a Joint Commission accredited organization, and the provider is providing the same privileges, for which they are credentialed at the distant site and are licensed by the State of Alaska.

ARTICLE XI: PHYSICIAN WELLNESS

- A. The Medical Staff of Providence Kodiak Island Medical Center realizes that it has an obligation to promote patient safety and to protect patients from harm. In this regard, the medical staff leaders with the aid of the administration shall provide education to the physicians about maintaining their health. The goal of this program is to be pro-active in physicians maintaining a high level of fitness to practice.
- B. Practitioners may refer themselves to the PKIMC CEO or the PKIMC Chief of Staff for a referral for evaluation and/or treatment of a potential problem. Other physicians or other staff of the organization may make a referral for such services.
- C. The CEO with the concurrence of the Chief of Staff shall, if this is not a self-referral, evaluate the credibility of the concern. They shall do this in a timely manner, and have a mechanism to let the individual who reported a concern know that their concern is being dealt with in the appropriate manner and that confidentiality should be maintained.
- D. If this is a self-referral and/or a referral is felt to be credible, the CEO and the Chief of Staff will refer the individual physician to the appropriate medical resources. Such a referral may be on or off Kodiak, but it will be to the most appropriate resource.
- E. All of the above as well as any reports of such an evaluation or treatment shall maintain the confidentiality of the physician seeking referral or being referred for assistance except as limited by law, ethical obligation, or when the safety of a patient is threatened.
- F. Should the evaluation show that the physician is in need of treatment, that treatment shall be recommended. The physician shall be responsible for the cost of such treatment. The CEO and the Chief of Staff shall monitor the physician's progress throughout the course of both the active treatment and after-care if it is also recommended.
- G. All expenses, fees, and/or costs incurred for any evaluation shall be the sole responsibility of the individual being evaluated.
- H. A Wellness Policy may be adopted to provide more comprehensive guidance.

ARTICLE XII: PROFESSIONAL CONDUCT

It is the policy of Providence Kodiak Island Medical Center that all individuals working in the hospital be treated courteously, respectfully, and with dignity. To that end, Providence Kodiak Island Medical Center requires all individuals, employees, physicians, and other independent practitioners to conduct themselves in a professional and cooperative manner while in any facility of Providence Kodiak Island Medical Center. This Article is intended to address conduct which does not meet that standard. In dealing with incidents of unprofessional conduct that may undermine the culture of safety, the protection of patients, employees, physicians and others in the hospital, and orderly operation of the hospital, are paramount concerns.

If a practitioner appointed to any Providence Kodiak Island Medical Center medical staff fails to conduct him or herself professionally, the matter shall be addressed in accordance with the following:

SECTION 1: DEFINITION(S) OF UNPROFESSIONAL CONDUCT

“Unprofessional conduct” means an act or omission by a member of staff that does not conform to the generally accepted standards of practice for the profession. “Unprofessional conduct” includes but is not limited to the following:

- a. Harassing, abusive or other behavior that undermines the culture of safety by a licensee directed at staff or a patient, a patient’s relative or guardian;
- b. Behavior by a licensee at the workplace that interferes with the provision of patient care;
- c. Discriminating on the basis of the patient’s race, religion, color, national origin, ancestry, sex, or sexual orientation in the provision of professional services;
- d. Conviction of a felony or a crime involving moral turpitude; under this paragraph, a “crime involving moral turpitude” includes the following:
 - 1. Homicide;
 - 2. Manslaughter;
 - 3. Assault;
 - 4. Stalking;
 - 5. Kidnapping;
 - 6. Sexual assault;

7. Sexual abuse of a minor;
 8. Unlawful exploitation of a minor, including possession or distribution of child pornography;
 9. Indecent exposure; or
 10. Unlawful distribution or possession for distribution of a controlled substance; for purposes of this subparagraph, “controlled substance” has the meaning given in AS 11.71.900.
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- e. Using alcohol or other drugs to the extent that the use interferes with professional practice functions of the licensee or endangers the safety of patients; or that is illegal under the state or federal law;
 - f. Threatening or abusive language directed at nurses, hospital personnel, or other physicians (e.g. belittling, berating, and / or threatening another individual);
 - g. Degrading or demeaning comments regarding patients, families, nurses, physicians, hospital personnel, or the hospital;
 - h. Profanity or similarly offensive language while in the hospital and/or while speaking with nurses or other hospital personnel;
 - i. Unprofessional physical contact with another individual that is threatening or intimidating;
 - j. Public derogatory comments about the quality of care being provided by other physicians, nursing personnel, or the hospital; and/or
 - k. Unprofessional medical record entries concerning the quality of care being provided by the hospital or any other individual.

SECTION 2: PROCEDURE

Conduct that may constitute sexual harassment shall be addressed pursuant to the hospital’s Sexual Harassment Policy. In the event of any apparent or actual conflict between this Article and other policies of the hospital or medical staff, this Article shall take precedence.

The following outlines collegial steps that can be taken in an attempt to resolve reports about unprofessional conduct exhibited by practitioners. However, there may be a single incident of unprofessional conduct, or a continuation of conduct, that is so serious as to make such collegial steps inappropriate and that requires immediate formal investigation or serious action. Therefore, nothing in this Section precludes immediate referral to the MEC (or the Board) or the elimination of any particular step in the process in dealing with a report about unprofessional conduct.

STEP 1:

- A. Documentation of unprofessional conduct is critical because it is ordinarily not one incident that justifies action, but rather a pattern of conduct. That documentation should include:
1. The date and time of the questionable behavior;
 2. If the behavior affected or involved a patient in any way, the name of the patient, including any patient or family member who witnessed the incident;
 3. The circumstances which precipitated the situation;
 4. A factual description of the questionable behavior as it relates to patient care or hospital operations;
 5. The consequences, if any, of the behavior as it relates to patient care, personnel, or Providence Kodiak Island Medical Center operations; and
 6. Record of any action taken to remedy the situation including date, time, place, action and names(s) of those intervening.
- B. The report shall be submitted to the Chief of Staff and the Hospital Chief Executive.

If the single incident warrants a discussion with the practitioner, the Chief of Staff shall initiate the discussion and emphasize that such conduct is unprofessional and not acceptable.

After determination that an incident of unprofessional conduct has occurred, the Chief of Staff and/or respective designees shall meet with the practitioner. This initial meeting shall be collegial, with the goal of being helpful to the practitioner in understanding that certain conduct is unprofessional and unacceptable. During the meeting, the practitioner shall be advised of the nature of the incident that was reported and shall be requested to provide his/her response concerning the incident. The practitioner shall also be advised that, if the incident occurred as reported, his/her conduct was inconsistent with the standards of the hospital. The identity of the individual preparing the report of unprofessional conduct will not be disclosed at this time, unless the Chief of Staff agrees in advance that it is appropriate to do so. In this case, the practitioner shall be advised that any retaliation against the person reporting the incident may be grounds for immediate exclusion from all hospital facilities.

This initial meeting can also be used to educate the practitioner about administrative channels that are available for registering complaints or concerns that may have led

to the behavior. Other sources of support or counseling can also be identified for the practitioner, as appropriate.

The practitioner shall be advised that a summary of the meeting will be prepared and a copy provided to him or her. The practitioner may prepare a written response to the summary, both of which shall be kept in the confidential portion of the physician's QI file.

STEP 2:

- A. If it appears that a pattern of unprofessional behavior is developing, the Chief of Staff, and/or the Hospital Chief Executive shall discuss the matter informally with the practitioner. Other physician leaders may be requested to participate if their presence is thought to be beneficial to resolution of the issue.
 - 1. The initial approach should be collegial and designed to be helpful to the practitioner.
 - 2. Emphasize that if the behavior continues, more formal action may be taken to stop it.
 - 3. Informal meetings shall be documented.
 - 4. Following the meeting, a summary of the meeting proceedings and expectations will be sent as a follow-up to the physician.
 - 5. The MEC will be informed of such informal meetings.
- B. If another report of unprofessional behavior involving the practitioner is received, a second meeting shall be held. It is advisable that at least three people be present to meet with the practitioner. At this meeting, the practitioner shall be informed of the nature of the incident and be advised that such conduct is unacceptable.

STEP 3:

- A. If such behavior continues, the Chief of Staff, and/or the Hospital Chief Executive may discuss the issue with the Board Chair. The Chief of Staff, or person acting on the Chief of Staff's behalf, may meet with and advise the practitioner that such conduct is intolerable and must stop. No attorneys will be present. Such a meeting shall be followed with a letter reiterating the conditions applicable to continued appointment. That letter becomes a part of the practitioner's permanent file.

STEP 4:

- A. A single additional incident may result in initiation of formal professional review activity or action pursuant to Providence Kodiak Island Medical Center Staff

Bylaws and Policies. Suspension may be appropriate pending this process. The MEC shall be fully apprised of the previous warnings issued to the physician so it may take whatever action is necessary to terminate the unprofessional conduct.

- B. The MEC may, at any point in the process, refer the matter to the Board without a recommendation. Any further action shall then be conducted under the direction of the Board.

ARTICLE XIII: CLINICAL OR PROFESSIONAL CONDUCT CONCERNS/PERFORMANCE IMPROVEMENT ACTION PLAN

SECTION 1: OPTIONS AVAILABLE TO PROFESSIONAL STAFF LEADERS AND ADMINISTRATION

Medical Staff Leaders and Medical Center Administration authorized to use various options to address and resolve questions that may be raised about members of the Medical Staff, including but not limited to the following:

- a. Collegial intervention and progressive steps;
- b. Ongoing and focused professional practice evaluations;
- c. Mandatory meeting;
- d. Fitness for practice evaluation (including blood and/or urine test);
- e. Automatic relinquishment of appointment and clinical privileges;
- f. Leaves of absence;
- g. Precautionary suspension; and
- h. Formal investigation.

In addition to these options, Medical Staff Leaders and Medical Center Administration also have the discretion to determine whether a matter should be handled in accordance with another policy (e.g., code of conduct policy, practitioner health policy, Practice Evaluation Program (PEP) policy) or should be referred to the MEC for further action.

SECTION 2: CHIEF OF STAFF REVIEW AND RECOMMENDATION

Issues of concern regarding a member's clinical or professional conduct are referred to the Chief of Staff or the Chief Executive if the issue or concern relates to the Chief of Staff for review. The Chief of Staff will review all pertinent documentation, including medical records, if appropriate.

Information may come from the following sources:

- a. Information that is collected routinely as part of the ongoing quality monitoring system;
- b. Information that is collected and analyzed as a result of studies specific to a diagnosis, procedure or member;

- c. Information collected and analyzed as a result of a specific complaint or unusual occurrence report related to competence or professional conduct; and
- d. Information obtained from public sources or from a member.

After the review is completed, documentation of the events, findings and conclusions is placed in the member's Quality file. The MEC will be informed of the following, which may be a recommendation for:

- a. No further action;
- b. A documented informal discussion with the Member;
- c. A documented interview/special appearance (defined in Section 3);
- d. A focused review or investigation with documented findings (defined in Section 4 or Article XIV); or
- e. Referral to the MEC for further action.

SECTION 3: INTERVIEW/SPECIAL APPEARANCE

The member may be required to meet and confer with the Chief Executive, Chief of Staff or committee appointed to review the clinical or professional conduct concerns. The member will be given written notice at least seven days in advance of the meeting. The notice will include the date, time and place of the meeting, a statement of the issue, that the member's appearance is mandatory and failure to appear will result in automatic relinquishment. At this meeting, the Member will be invited to discuss the concern. This meeting is not a procedural right of the Member and will not be conducted according to the procedural rules provided in the Fair Hearing Plan. A written report is maintained in the member's Quality file summarizing the events, findings and conclusions, with copies to the Chief Executive, Chief of Staff, if applicable, and MEC. The individual may submit a written response to any report placed into his or her file. The conclusion may be a recommendation for:

- a. No further action;
- b. A focused review with documented findings (defined in Section 4); or
- c. Referral with recommendation for initiation of an investigation to the MEC.

SECTION 4: FOCUSED REVIEW

If it is determined there are significant clinical or professional conduct concerns, a focused review may be initiated. Written notice will be provided to the member regarding the scope of evaluation when a focused review is initiated. The member will receive feedback of the focused review

findings. A summary of the events, findings and conclusions will be placed in the member's Quality file. The conclusion may be a recommendation for:

- a. No further action; or
- b. Referral to the MEC for review and possible investigation or action.

ARTICLE XIV: PROFESSIONAL REVIEW ACTIONS

SECTION 1: PROFESSIONAL REVIEW ACTIONS

- A. If it appears that a practitioner may not meet the standards required by the Bylaws, Rules & Regulations for Medical Staff membership, or for specific clinical privileges which have been granted, or otherwise appears to have engaged in a course of conduct to practice which is, or may be, detrimental to patient safety, or a substantial hindrance to the delivery of quality patient care by others, any of the following persons: any officer of the Medical Staff, the Chair of any standing committee of the Medical Staff, the Chief Executive or the PH&SA Board, may refer the matter to the MEC.
- B. An investigation may be initiated only in the following manner:

1. The referral should give a general description of the basis upon which the referral has been made.
2. Only the MEC has the authority to initiate an investigation. Upon a determination by the MEC to institute an investigation, notice shall be given the affected practitioner.
3. The MEC may conduct an investigation, appoint an ad hoc investigating committee, or retain an outside reviewer designated by the Chief Executive. An investigating or review committee or outside reviewer shall not include partners, associates, competitors, or relatives of the member.

The MEC may appoint an independent investigator, investigative panel or organization to assist in its review. Such investigator, panel or organization may review all relevant documents and to interview persons with information relevant to the issue and the member. The review committee or outside reviewer shall forward a report to the MEC for its review and possible action.

4. If the MEC recommends a professional review action, then the practitioner shall have thirty (30) days from the date of mailing written notice within which to make a written request for hearing, pursuant to the Fair Hearing Plan. The request for hearing must be mailed or delivered to the Chief Executive within the allotted time. Failure to make a timely request for hearing shall constitute consent by the practitioner to final action by the Medical Staff, MEC and PH&SA Board.
5. In the event the practitioner makes a timely, proper request for hearing pursuant to the Fair Hearing Plan, final action at the Medical Staff level shall be delayed until completion of procedures provided for in the Fair Hearing Plan.
6. Upon completion of the hearing procedures required by the Fair Hearing Plan, the findings and the recommendations of the hearing committee shall be forwarded to

the MEC. Such findings and recommendations of the hearing committee shall be advisory, and the authority and power to make final recommendations at the Medical Staff level shall be retained by the MEC. Authority to make the ultimate decision is retained by the PH&SA Board.

7. In acting upon the findings and recommendations of the hearing committee, if any, the MEC shall have authority, in its discretion and where it deems appropriate, to develop a program of performance improvement which will be based on reasonable care to protect patients' safety and, when appropriate, provide an opportunity for the practitioner to correct professional deficiencies or to bring his/her qualifications up to the appropriate level of practice. Such actions may include, but are not limited to, a program of individual monitoring of professional practices; the requirement of additional formal, practical, clinical or other training or education; the issuance of a warning; a letter of admonition; a letter of reprimand; or a requirement for consultation. When appropriate, the MEC may recommend the imposition of probation; the reduction, suspension, modification or revocation of clinical privileges; or recommendation that the practitioner's Medical Staff membership be suspended or revoked. The MEC shall also have authority to refer the matter back to the hearing committee, appointed under the Fair Hearing Plan, for further hearing or clarification of any issues which, in the discretion of the MEC, are in need of resolution prior to the final action at the Medical Staff level by the MEC.
8. The final recommendation of the MEC shall be in writing, shall state the reasons for the recommendations made by the MEC, and shall be forwarded to the Chief Executive and mailed or delivered to the practitioner. The practitioner shall have fifteen (15) days from the date notification was mailed within which to request, in writing, an appellate review by the PH&SA Board as provided in the Fair Hearing Plan. The request for appellate review must be mailed or delivered to the Chief Executive within the allotted time. Failure to make a timely request for appellate review pursuant to the Fair Hearing Plan shall constitute a waiver of any appeal before the PH&SA Board and consent to final action by the PH&SA Board.
9. After final action at the Medical Staff level by the MEC, and upon conclusion of all appellate rights provided for and requested under the Fair Hearing Plan, the PH&SA Board shall take action on the matter. In taking final action on the request, the PH&SA Board shall have authority to:
 - a. Impose such form of professional review action as, in the judgment of the PH&SA Board, appears appropriate under the circumstances; or
 - b. Refer the matter back to the MEC (and, if necessary, to the Hearing committee) for clarification of recommendations or further consideration of questions raised by the PH&SA Board.
10. Final action by the PH&SA Board should be completed within 180 days of the referral to the MEC.

SECTION 2: NON-REVIEWABLE STEPS

- A. The following steps are not deemed to be a reduction, restriction, suspension or revocation of clinical privileges or Medical Staff membership and therefore may be imposed by the MEC without affording the practitioner the right to request a hearing:
1. Imposition of a program of individual monitoring of professional practices, by such committee of the Medical Staff as the MEC may direct;
 2. The requirement of additional formal, practical, clinical or other training or education;
 3. The issuance of a warning letter of admonition;
 4. Issuance of a letter of reprimand; and
 5. The requirement for consultation.

SECTION 3: PRECAUTIONARY SUSPENSION

- A. The Chief of Staff, the Chief Executive or the MEC shall each have the authority, whenever it is considered that action must be taken immediately in the interest of patient care, when failure to take action may result in imminent danger to any person, to precautionary suspend all or any portion of the clinical privileges of a practitioner, and such precautionary suspension shall become effective immediately upon imposition. The Chief of Staff and/or Chief Executive shall promptly notify the practitioner in person and by certified mail (return receipt requested) of this action.

Precautionary suspension shall be deemed an interim step in the professional review activity related to the ultimate professional review action that will be taken with respect to the suspended individual. It shall not imply any final finding of responsibility of the situation that caused the suspension.

- B. Within seven (7) business days of a precautionary suspension, the MEC shall recommend modification, continuance, or termination of the precautionary suspension, and shall promptly notify Administration and the practitioner of this action. If the MEC recommends continuance or modification of the precautionary suspension, the affected practitioner can do one of the following:
1. Accept the modification or restriction of privilege(s); or
 2. Choose to pursue the Fair Hearing Plan.

The modified or suspended privileges shall remain in effect pending the results of an investigation.

In the event the practitioner makes a timely, proper request for hearing pursuant to the Fair Hearing Plan, final action of the MEC shall be delayed until completion of procedures provided for in the Fair Hearing Plan.

SECTION 4: AUTOMATIC RELINQUISHMENT

A. IMPOSITION OF AUTOMATIC RELINQUISHMENT

Automatic relinquishment shall be initiated whenever there is revocation, suspension, restriction or probation of the member's state license whenever a member is excluded from participation in the Medicare, Medicaid or other Federal health care programs and is so listed on the Office of the Inspector General's List of Excluded Individuals/Entities; whenever the member fails to maintain malpractice insurance required by the Bylaws and whenever a member's medical records are not completed in a timely manner in accordance with applicable Policy. Hearing and appellate review rights do not apply to the imposition of automatic relinquishment. Whenever an automatic relinquishment shall have taken effect pursuant to this Section, notice of such relinquishment shall be given to the affected Practitioner, the MEC, the Chief Executive and the Governing Body.

B. LICENSE

1. Revocation or Expiration: Whenever a Practitioner's license to practice in this State shall have been revoked or shall have expired, his/her Medical Staff membership, Prerogatives and Clinical Privileges shall be relinquished immediately and automatically. Such a Practitioner shall not be entitled to the procedural rights provided in the Fair Hearing Plan.
2. Restriction: Whenever a Practitioner's license to practice in this State shall have been limited or restricted, those of his/her Clinical Privileges that fall within the scope of such limitation/restriction shall be automatically relinquished immediately.
3. Suspension: Whenever a Practitioner's license to practice in this State shall have been suspended, his/her Medical Staff membership and Clinical Privileges shall be automatically relinquished effective upon the date, and for at least the term, of such suspension.
4. Probation: Whenever a Practitioner shall have been placed on probation by the applicable licensing authority, his/her Medical Staff membership status, Prerogatives, Privileges and responsibilities, if any, automatically shall become subject to the same terms of probation effective upon the date, and for at least the term, of such probation.

C. MEDICAL RECORDS

The Medical Records staff will alert the practitioner in accordance with applicable policy, reminding them of the impending deadline to complete the record. If a Practitioner should fail to complete his/her medical records, in accordance with applicable Policy and state law, his/her Clinical Privileges, except with respect to those of his/her patients already within the Hospital, his/her right to admit patients and to provide any other professional services within the Hospital, shall be relinquished immediately and automatically. A physician or Advanced Practice Professional (APP) will not be placed on relinquishment when he/she is on vacation. However, a physician or APP must complete his/her delinquent medical records upon return in accordance with applicable Policy.

D. MALPRACTICE INSURANCE

If a Practitioner should fail to comply with the professional liability insurance requirement, he/she shall be issued a written “notice of noncompliance” which shall specify that his/her Clinical Privileges, and his/her right to admit patients and to provide any other professional services within the Hospital, shall be relinquished immediately and automatically. If, thereafter, such a relinquishment should take effect, it shall remain in effect until evidence of compliance has been provided to the MEC; however, whenever such a relinquishment shall have been in effect for a period of six (6) months, the Practitioner shall be deemed voluntarily to have resigned his/her Medical Staff membership and Clinical Privileges, effective immediately. Whenever there shall have been a relinquishment or a resignation pursuant to this Section, the affected Practitioner shall not be entitled to the procedural rights provided in the Fair Hearing Plan.

E. MEDICARE EXCLUDED PROVIDER

If a Member is excluded from a participation in the Medicare, Medicaid or other Federal health care programs and is so listed on the Office of Inspector General’s (OIG) List of Excluded Individuals/Entities and/or the Government Services Administration’s (GSA) Excluded Parties List System, such Member’s medical staff membership and privileges shall be automatically relinquished. The Member will be eligible to reapply for medical staff privileges upon the member’s reinstatement with the applicable Federal health care program.

F. NOTICE OF AUTOMATIC RELINQUISHMENT; TRANSFER OF PATIENTS

Whenever indicated the Chief of Staff shall assign the relinquished Practitioner’s Hospital patients to another Practitioner. If possible, the wishes of such patients and the relinquished Practitioner shall be considered in the selection of a substitute Practitioner.

SECTION 5: REINSTATEMENT FROM AUTOMATIC RELINQUISHMENT

A Medical Staff member who has been automatically relinquished, for reasons other than medical records delinquency, may request reinstatement of membership and clinical privileges by putting

such request in writing to the MEC. The MEC will consider the request and forward their recommendation to the PKIMC CAB and to the PH&SA Board. Reinstatement will only occur if approved by the PH&SA Board.

ARTICLE XV: LEAVES OF ABSENCE

SECTION 1: QUALIFYING ABSENCE

A Medical Staff member may be granted a leave of absence by the Chief Executive upon the recommendation of the MEC to enter military service or to pursue specialized studies in medical or related scientific fields or for other circumstances as deemed appropriate by the MEC.

Leave of Absence shall not exceed 12 months from the date the leave of absence is approved. If reappointment is required during the leave of absence; the provider is required to submit his/her reappointment application as required. Should reappointment application not be submitted in a timely manner; membership and privileges shall be deemed expired. Provider will be required to submit and follow the normal initial credentialing and privileging process.

SECTION 2: REQUEST FOR REINSTATEMENT

- A. If such leave does not extend beyond the practitioner's current appointment term, the practitioner may be reinstated by the PH&SA Board upon:
 - 1. Written request for reinstatement;
 - 2. The submission of a statement of the practitioner's professional activities during the leave of absence;
 - 3. A recommendation of approval of the MEC and Medical Staff. When acting upon a request for reinstatement, the MEC or Medical Staff may recommend reinstatement either in the same or a different staff category, and may recommend limitation or modification of clinical privileges. Furthermore, said committees may evaluate the practitioner's statement of professional experience during the leave of absence, and shall have the discretion to determine whether the practitioner continues to meet the qualifications for membership required by these Bylaws and whether he/she continues to demonstrate the proficiency required for clinical privileges he/she had requested.
- B. If leave of absence extends beyond the practitioner's current appointment term, upon return the staff member must make formal application for reappointment to the staff, and shall, when applying for reappointment, supply the hospital with all pertinent information concerning activities during leave of absence, including as applicable, certification of honorable military service, letters of reference from commanding officers or directors of specialized training, or other pertinent information the MEC may request.

ARTICLE XVI: ADVANCED PRACTICE PROFESSIONALS

SECTION 1: DEFINITION

The term “Advanced Practice Professional” (APP) describes non-MD’s or non-DO’s engaged in direct patient care working either independently or collaboratively with and/or under the supervision of a member of the Medical Staff and within the scope of the professional license, certification, or other legal credential as set forth in Appendix C. APP’s may be (but are not required to be) employees of PKIMC. They may serve on committees if appointed and they have the right to vote.

SECTION 2: SCOPE OF PRIVILEGES

APPs may request clinical privileges at PKIMC that are consistent with their licensure, education, training, experience, and demonstrated competence. The performance of the privileges and scope of services is subject to supervision requirements as well as limitations on the settings which the duties may be performed and the patient populations to which services may be provided.

SECTION 3: RESPONSIBILITIES OF APPLICANT

- A. It shall be the responsibility of each person making application for APP privileges to supply all information reasonably required by the Medical Staff committees and PH&SA Board to permit an informed judgment as to the applicant’s qualifications and compliance with the standards required by the bylaws. To that end, it shall be the responsibility of the applicant to supply all information requested by the appropriate committees of the Medical Staff, the officers of the Medical Staff, Chief Executive, or the PH&SA Board. The applicant’s duty to supply such information is not necessarily fulfilled by completing the application form, but also includes causing relevant third parties to provide full information. The applicant shall have the burden of establishing to the satisfaction of the appropriate Medical Staff committees and the PH&SA Board that he/she meets the standards required by these bylaws, the Medical Staff Rules and Regulations, and any applicable policies of the PH&SA Board. In the event that the information supplied by the applicant to the committees of the Medical Staff and the PH&SA Board is not deemed sufficient to permit an informed decision on the matter, the application shall not be deemed a completed application as defined in the bylaws. An incomplete application will not be processed.
- B. All applicants for clinical privileges shall complete, sign and file with the Chief Executive such application or reappointment form as the PH&SA Board may require. Application shall require full and complete disclosure by the applicant of all information required in this section including, without limitation, the following information:

1. Education

The form shall require a full disclosure of all the institutions of higher learning attended by the applicant (meaning all institutions attended after graduation from high school), including dates of attendance, areas of study and degrees awarded.

2. Training

3. References

Applicant shall include a listing of at least three peers who are personally acquainted with the applicant who have personal knowledge of professional ability, ethical character and ability to work cooperatively with others.

4. Organizational Experience

The form shall require a complete listing of all medical, surgical or health related organizations to which the applicant has ever belonged or applied for membership and the current status of the applicant's membership. This includes not only specialty organizations, but professional societies and other professional organizations of every type.

5. Hospital Experience

The form shall require a complete listing of every hospital facility, or other acute care facility, including governmentally owned or operated facilities, at which the applicant has applied for, and/or received patient care privileges. This shall require full disclosure by the applicant of action by any such health care facility to deny, revoke, limit, suspend or take corrective action concerning the applicant's privileges or voluntary termination, or limitation, reduction or loss of clinical privileges.

6. Insurance Experience

The form shall require a full disclosure of the applicant's insurance and malpractice claims experience. The application shall require a full disclosure of all claims made against the applicant in solving allegations of professional negligence or malpractice, and shall identify the person making the claim, the current status of all pending claims and the ultimate disposition of all closed claims, including final judgments or settlements.

7. Licensing Experience

The form shall require full disclosure of all the applicant's experience with regard to any licensing agency of federal, state or local government, including all licenses granted, denied, suspended or revoked either relating to the privilege of practicing

any health care profession, including previously successful or currently pending challenges to any licensure or registration, or the voluntary relinquishment of such licensure or registration.

- C. By making application for privileges, the applicant acknowledges the responsibility to give full, complete and accurate information. Any failure to give true, complete and accurate information concerning the matters required by the bylaws, including the making of untrue statements in the application for appointment or the failure to make materially true statements in said application shall be sufficient grounds for denial of the application for appointment, or for automatic suspension of privileges previously granted.
- D. By making application for privileges, the applicant authorizes the release of all information required to make an informed judgment concerning the applicant's compliance with the standards required by the bylaws.

By making application for privileges, the applicant releases from civil liability the agent, attorneys, employees and representatives of the Providence Kodiak Island Medical Center and Providence Health System in Alaska, the agents and representatives of the Medical Staff of Providence Kodiak Island Medical Center, as well as the agents, attorneys, employees and representatives of the hospitals and other health care organizations to whom inquiries are directed under the bylaws, for all acts taken by said individuals in supplying information concerning the applicant.

- E. The application form shall include a statement that the applicant has received and read the bylaws, rules and regulations of the Medical Staff, and he/she agrees to be bound by the terms thereof whether or not he/she is granted clinical privileges.

SECTION 4: APPOINTMENT PROCESS

The application for clinical privileges shall be processed in the following manner:

- A. Review and evaluation of an application for clinical privileges shall not commence until the applicant has delivered to the Chief Executive all of the following documentation: a completed application form, copies of degrees and certificates of completion, responses to letters of inquiry from the Chief Executive and any other information that has been requested by the Medical Staff or the PH&SA Board. Upon receipt by the Chief Executive of all of the foregoing documentation, review and evaluation of the application shall commence. The file is reviewed for completion and verification of information provided in the application is obtained from primary sources. Queries of the National Practitioner Data Bank, OIG, and GSA are performed. The application is then forwarded to the MEC.

- B. The completed application shall be reviewed and evaluated by the MEC in accordance with this paragraph.

The completed application shall be reviewed by the MEC and measured against the standards required by these Bylaws. This may involve a personal interview and/or consultation with individuals listed as references or others.

In special situations where there are no physicians on the MEC with the appropriate qualifications to review the applicant's qualifications and requested privileges, the Chief of Staff may appoint one or more physicians from the Medical Staff, if possible, or from outside the staff, to assist the MEC for the specific purpose of helping the Committee make a recommendation on the applicant's competence for requested privileges.

- C. The MEC shall make a recommendation to the PH&SA Board concerning the granting or denial of delineated clinical privileges with or without conditions.
- D. In the event that it is the recommendation of the MEC that the applicant be granted clinical privileges, this recommendation shall be forwarded through the Chief of Staff to the PKIMC CAB and to the PH&SA Board for final actions at their next regular meetings.
- E. Applicants shall be notified regarding the Board's decision regarding appointment, reappointment, or request for privileges within 90 days of receipt of a completed application, unless unforeseen circumstances arise, at which time the applicant will be notified as such.
- F. Notification to staff will be provided by e-mails and copies of privileges and board appointment information are placed in credentialing binders located in clinical departments.

SECTION 5: WITHDRAWAL OF PRIVILEGES

It is the express intent of these Bylaws that APPs shall not be deemed members of the Medical Staff, and therefore are not covered by the provisions of the Fair Hearing Plan. APP privileges may be suspended or revoked at any time on recommendation of the MEC. An APP who has been granted clinical privileges at Providence Kodiak Island Medical Center and whose privileges have been recommended by the MEC to be suspended or revoked shall have the right to submit a written request for a hearing within 30 days of notice of that action. Upon receipt of written request for a hearing, the MEC or its designee shall conduct a hearing, which shall not be conducted according to the procedures described in the Fair Hearing Plan.

Prior to the hearing, the APP shall be informed of the general nature and circumstances that gave rise to the suspension or revocation of privileges, and shall have an opportunity to present information relevant thereto at the hearing. A record shall be made. The MEC shall make a determination regarding status of APP privileges based on the hearing and any other information available. The APP may request an appeal of an adverse recommendation to the CAB and PH&SA board or its designee(s).

ARTICLE XVII: AMENDMENTS

Amendments to these bylaws may be adopted upon approval of a simple majority vote of members of the Active Medical Staff. The proposed changes shall be sent to Medical Staff in a timely manner. Ballots shall be sent to each member of the Active Medical Staff, accompanied by a copy of the proposed amendments or a summary thereof, which summary has been approved by the MEC. New bylaws or, any amendments to these bylaws, shall become effective only upon approval by the PH&SA Board. No revision of these by-laws shall conflict with policies set forth by the PH&SA Board. Neither body may unilaterally amend the Medical Staff Bylaws, which includes the Rules and Regulations and the Fair Hearing Plan.

ARTICLE XVIII: ADMINISTRATIVE AMENDMENTS

- A. The MEC, on recommendation of the Medical Staff Services Department, shall be allowed to make simple edits and simple revisions to these bylaws (including Rules & Regulations) without changing the meaning of any part of the bylaws in the following manner:
1. Renumber sections, parts of sections, articles, chapters, and titles;
 2. Modify the wording of section or subsection titles, or delete subsection titles;
 3. Change capitalization for the purpose of uniformity;
 4. Substitute the proper calendar date for “effective date of this Act,” “date of passage of this Act,” and other phrases of similar import;
 5. Correct manifest errors that are clerical, typographical, or errors in spelling, or errors by way of additions or omissions;
 6. Correct personnel titles, as positions change or emerge;
 7. Rearrange sections, combine sections or parts of sections with other sections or parts of sections, divide long sections into two or more sections, and rearrange the order of sections to conform to a logical arrangement of subject matter as may most generally be followed in the bylaws; and
 8. Shall edit and revise the bylaws as they are acted upon by the Medical Staff, without changing the meaning of any bylaw, so as to avoid the use of pronouns denoting masculine or feminine gender.

ARTICLE XIX: RULES AND REGULATIONS

The Medical Staff shall adopt rules and regulations as may be necessary for the proper conduct of its work. Such rules and regulations have the same force and effect as these bylaws, and they may be amended at any regular meeting or special meeting of the Medical Staff, without previous notice, by a simple majority vote of the voting members of the active Medical Staff. The rules and regulations and all amendments thereto become effective only upon approval by the PH&SA Board.



ARTICLE XX: ADOPTION

These Bylaws, the Rules and Regulations and Fair Hearing Plan, have been adopted by the active Medical Staff following recommendation of the Executive and Bylaws Committee. Upon approval and adoption by the PII&SA Board, these bylaws shall become effective and shall replace any previous bylaws of the Medical Staff.

APPROVED by the Providence Alaska Region Board

 David W. Smith, MD, Chief of Staff

DocuSigned by:

Chief of Staff

DocuSigned by:

 Pam Shirrell

 Pam Shirrell, Providence Kodiak Community Advisory Board

 Pam Shirrell

Pam Shirrell, RN, Chair, Providence Alaska Region Board

5/4/2020
Final Approval at PKIMC Medical
Executive
5/13/2020 Committee meeting


Date

5/13/2020 Final Approval at
PKIMC Medical Staff
5/13/2020 Monthly Meeting

Date

5/13/2020 Final Approval
at the Providence
5/13/2020 Kodiak Community Advisory Board

Date

Final Approval of the Providence Alaska
5/13/2020
 Pam Shirrell

Date

Region Board

APPENDIX APKIMC – Medical Staff Bylaws (Revised 5 4 2020 to MEC)

**Prerogatives and
Obligations**

The prerogatives and obligations of each Medical Staff category are described in the table following:

PREROGATIVES	ACTIVE	CRNA	APP	COURTESY	HONORARY / RETIRED	CONSULTING TELEMEDICINE	CREDENTIALING BY PROXY
Admit Inpatients, Outpatients, Refer/Consult	Yes	Yes	No	Yes	No	No - Admit	No-Admit
Eligible for Clinical Privileges	Yes	Yes	Yes	Yes	No	Yes	Yes
Vote	Yes	Yes	No	No	No	No	No
Hold Office	Yes	No	No	No	No	No	No
Chair Committee	Yes	No	No	No	No	No	No
Serve on Committees	Yes	Yes	No	Yes	No	No	No
RESPONSIBILITIES							
Medical Staff Functions (Activities/Education)	Yes	Yes	No	Yes	Yes	No	No
Attend Required % of Staff Service Meetings	Yes 50%	N/A	N/A	N/A	N/A	N/A	N/A
Pay Dues	Yes	No	No	Yes	No	No	No
May Proctor another provider of the same or lesser credential	Yes	Yes	Yes	Yes	No	Yes	No
Consulting	Yes	Yes	Yes	Yes	No	Yes	Yes
ADDITIONAL QUALIFICATIONS							
Must maintain Alaska Medical License	Yes	Yes	Yes	Yes	No	Yes	Yes
Must Complete Provisional Period	Yes	Yes	Yes	Yes	N/A	Yes	Yes
Must Be Released from Proctoring	If requesting add'l privileges	Yes	Yes	N/A	N/A	N/A	N/A
Malpractice Insurance of \$1M/\$3M	Yes	Yes	Yes	Yes	No	Yes	Yes
File Appt & Reappt Applications	Yes	Yes	Yes	Yes	No	Yes	Yes
FPPE/OPPE	Yes	Yes	Yes	Yes	No	Yes	Yes
CATEGORY DEFINITIONS							
Active	Regularly admit/treat/refer/consult patients; Medical Staff leadership positions. Must reside in Kodiak, AK.						
APP	Not a member of the Medical Staff. These are members of the APP Staff who must abide by the Medical Staff Bylaws, Rules/Regulations.						
Courtesy	Occasionally admit/treat patients.						
Honorary/Retired	Retired from active practice or individuals of outstanding reputation whom the Medical Staff wishes to honor and Retired: members of Medical Staff who retired when they were in good standing – Must have previously held an Active status on the						
Consulting/Telemedicine	Practitioners who will provide services via telemedicine. They do not admit patients, but, do outpatients, refer, and consult.						
Visiting Prof / Outside Proctor /	Not members of the Medical Staff as described above. They are temporary staff who must abide by the Medical Staff Bylaws, Rules and Regulations. Clinical privileges are only granted for a specified amount of time.						
Credentialing by Proxy	MEC may rely fully on information provided by other hospital(s) at which the applicant is a member of the medical staff and has clinical privileges and a written agreement with hospital(s) is in place.						

APPENDIX B TO BYLAWS

FAIR HEARING PLAN OF THE PROVIDENCE KODIAK ISLAND MEDICAL CENTER MEDICAL STAFF Page 1 of 7

In accordance with the provisions of the Medical Staff Bylaws and Rules and Regulations of Providence Kodiak Island Medical Center, the MEC, and Providence Health and Services of Alaska, acting through its Board of Directors, hereby adopt the following Fair Hearing Plan which shall govern the conduct of hearing and appeals relating to those recommendations and decisions of the MEC and Board of Directors for which a right of hearing and appeal is provided. This plan may be amended, from time to time, upon the concurrence of both the MEC and the Board of Directors.

(1) Right to Hearing and Appeal:

A practitioner shall have a right to a hearing and appeal, when properly requested in accordance with the Medical Staff Bylaws and this plan, under the following circumstances:

a. Appointment and Reappointment:

The adoption of a recommendation by the MEC, in acting upon a request for appointment to the Medical Staff or reappointment to the Medical Staff and/or a request for delineated privileges, which recommendation advises:

Denial of appointment to the Medical Staff; or
Denial of reappointment to the Medical Staff; or
Denial of any or all requested clinical privileges.

b. Professional Review Recommendations and Actions:

Reduction, suspension, restriction or revocation of clinical privileges and/or suspension or revocation of Medical Staff membership, which request has been recommended by the MEC.

c. Actions Reportable to State Board:

Any other action reportable to the National Practitioner Data Bank or to the applicable Alaska state licensure board.

d. Original Action by Board of Directors:

Tentative action by the Board of Directors which is in the nature of any of the foregoing and which is not based on a prior unfavorable recommendation by the MEC.

(2) Notice:

Notice of any action or recommendation as provided in paragraphs 1, shall be given by the Administrator to the practitioner in the manner provided by the Medical Staff Bylaws. The practitioner's right to any hearing or review of such action or recommendation is expressly conditioned upon his/her proper and timely request for hearing pursuant to the Medical Staff Bylaws and this Plan. To qualify, a request for a hearing must be in writing, and must be delivered or mailed to the Administrator within thirty (30) days from the date the notice to the practitioner is mailed by the Administrator, which notice advises the practitioner of an action taken or recommendation made, for which there is a right of hearing under this Plan and the Medical Staff Bylaws and Rules and Regulations. Failure to make a timely request for hearing shall constitute waiver of any hearing or appeal procedure otherwise available under this Plan, and shall constitute consent to action, without such hearing, by the MEC and the Board of Directors.

(3) Appointment of Hearing Committee and Notice of Hearing:

After the Administrator's receipt of a timely, proper request for hearing, a Hearing Committee shall be appointed to act in the matter. If the action to be reviewed is action of the MEC, then the Hearing Committee shall be appointed by the Administrator in consultation with the Chief of Staff, or in his absence or inability to act, the Vice Chief.¹

If the action to be reviewed is action of the Board of Directors, paragraph (d) above, then the Hearing Committee shall be appointed by the Chairman of the Board of Directors.

A majority of the Hearing Committee shall be members of the Medical Staff when possible, but other qualified persons may be appointed to serve on the Hearing Committee. In the event the Hearing Committee is appointed by the Chairman of the Board of Directors, a majority of the committee shall be members of the Board of Directors. In either event, the Hearing Committee shall be composed of not less than three persons. The person empowered to appoint the Hearing Committee under this Plan shall designate one of the Hearing Committee members as its Chairman.

After appointment of the Hearing Committee, its Chairman shall cause a written notice to be mailed to the affected practitioner, the Chief of Staff, and the Administrator advising of the date, time and location of the hearing. If the action to be reviewed is action of the Board of Directors as provided in paragraph 2 (a) above, then notice of the hearing shall also be directed to the Chairman of the Board of Directors. The hearing shall be scheduled to commence within sixty days of the Administrator's receipt of the practitioner's timely, written request for hearing.

An attorney may be appointed as Presiding Officer. The Presiding Officer may convene a pre-hearing conference with counsel for both parties, if applicable.

(4) Pre-hearing Proceedings:

- a. After receipt of the notice of hearing as provided in Paragraph 4 above, the Board, Committee, or person whose action or recommendation is the subject of the hearing shall file with the Chairman of the Hearing Committee, and mailed to the affected practitioner, a written statement setting forth the basis upon which the action was taken or recommendations made.²

¹Medical Staff members shall be expected to serve when requested to do so in Hearing Committees as appointed by the Chief of Staff pursuant to this plan.

²The person or Committee which would have the responsibility of preparing this notice varies according to the circumstances which give rise to the hearing. In the event the hearing is being afforded the practitioner because of an adverse recommendation by the MEC, in taking action upon an application for appointment or reappointment to the Medical Staff, or a request for clinical privileges, then the notice required by this Section would be prepared by a representative of the MEC selected by the Chief of Staff. In the event the hearing is precipitated by action of the Board of Directors, which was not based on prior action of the Medical Staff, then a representative of the Board of Directors selected by the Chairman of the Board of Directors shall prepare the notice.

APPENDIX B TO BYLAWS

FAIR HEARING PLAN OF THE PROVIDENCE KODIAK ISLAND MEDICAL CENTER MEDICAL STAFF

Page 3 of 7

b. Exhibits and Witnesses.

Not later than three days prior to the time scheduled for the commencement of the hearing, the affected practitioner and the spokesman for the Board or Committee whose action was adverse to the practitioner, shall file with the Hearing Committee, and deliver to the other party, a list of witnesses intended to be called to testify at the hearing and a copy of any documentary evidence intended to be offered at the hearing (except for impeachment evidence).

c. Depositions:

If a witness is unable to appear in person, then either party, upon not less than five days' notice given as hereinafter provided, may take testimony of the witness by oral deposition, in the manner utilized for the taking and conducting of oral depositions under the Federal Rules of Civil Procedure. Either party may offer the written transcript thereof with the same force and effect as if the witness appeared to testify personally at the hearing. Notice of any such deposition shall be mailed to the Chief of Staff, the Administrator of the hospital, the affected practitioner, the MEC, or the Board of Directors as applicable. No oral deposition shall be taken pursuant to this Section within three days prior to the time scheduled for the commencement of the hearing.

(5) Conduct of Hearing:

The Hearing Committee shall conduct the hearing in accordance with this section.

- a. Although the affected practitioner had the ultimate burden of proving his qualification for appointment to the Medical Staff and his qualifications for requested clinical privileges, at the Hearing the Board or Committee whose action was adverse to the practitioner shall make the first presentation showing the reasons for its actions.
- b. At the conclusion of the adverse party's presentation, the affected practitioner shall have the opportunity to make a presentation.
- c. Either party may offer evidence and testimony, and shall be entitled to examine and cross-examine the witnesses who testify at the hearing.
- d. The hearing need not be conducted in strict accordance with the rules or laws of evidence. Written statements concerning the matters at issue at the hearing may be admitted in evidence when, in the judgment of the Hearing Committee Chairman, such statements would appear to be reliable and worthy of consideration in resolving the issues before the Committee.
- e. The weight to be given such evidence shall be a matter for the discretion of the Committee. The hearing may be continued, extended or rescheduled at the discretion of the Chairman, but shall be completed within thirty days of its commencement.
- f. Either party may have legal counsel present at the hearing and shall advise the other party not less than three days prior to the time schedule for the commencement of the hearing, and shall specifically identify the party's attorney. Each party shall, however, pay its own attorney's fees and costs.

APPENDIX B TO BYLAWS

FAIR HEARING PLAN OF THE PROVIDENCE KODIAK ISLAND MEDICAL CENTER MEDICAL STAFF

Page 4 of 7

- g. The Committee shall maintain a record of the hearing by a courtreporter.
 - h. If an affected practitioner fails to appear at a properly noticed and scheduled hearing, he shall be deemed to have waived his right to any further hearing, and the Board of Directors shall take final action on the matter.
- (6) Report and Recommendation:
Following the final adjournment of the hearing the Hearing Committee shall meet to deliberate on all matters before it, and no one other than the Hearing Committee members shall be present at, or participate in, the deliberations. The decision of the Hearing Committee shall be based on the evidence produced at the hearing. The Committee shall adopt findings, make recommendations, and report to the appropriate body. If the action which has precipitated the hearing was action at the Medical Staff level, the report, findings, and recommendations of Hearing Committee shall be delivered to the MEC, through the Chief of Staff. If the action which precipitated the hearing was action of the Board of Directors, the report, findings and recommendations shall be delivered to the Board of Directors through its Chairman. A copy of the report shall also be delivered to the Administrator. In either event, the group to which the report is made by the Hearing Committee shall have authority to act as prescribed in the Medical Staff Bylaws.
- (7) Final Action:
Action upon the report, findings and recommendations of the Hearing Committee shall be taken by the group to whom the report was made within the time and in the manner prescribed in the Medical Staff Bylaws.
- (8) Request of Appeal:
After action by the appropriate Board or Committees as provided in the Medical Staff Bylaws, the practitioner shall be notified in writing of the action taken. If properly requested by the practitioner, the matter, other than original action by the Board of Directors, may be submitted to the Board of Directors for Appellate Review in accordance with the following provisions.
 - a. A request for Appellate Review must be in writing, and mailed or delivered to the Administrator within fifteen (15) days of the date the notice provided for in the preceding paragraph is mailed or delivered to the practitioner. Failure to make a timely, proper request for Appellate Review under this Fair Hearing Plan, shall constitute a waiver of any appellate review and shall be a consent that the Board of Directors take final action in the matter.
 - b. Upon receipt of a timely, proper request for appellate review, the Administrator shall deliver such request to the Chairman of the Board of Directors. This Appellate Review Committee shall be composed of at least three members, a majority of which are members of the Medical Staff Committee of the Board. In the event members of the Medical Staff Committee are not available, the Chairman may appoint members from the Board of Directors or other qualified persons. In appointing the Appellate Review Committee, the Board Chairman shall designate a Chairman of the Appellate Review Committee.

APPENDIX B TO BYLAWS

FAIR HEARING PLAN OF THE PROVIDENCE KODIAK ISLAND MEDICAL CENTER MEDICAL STAFF

Page 5 of 7

- c. The Chairman of the Appellate Review Committee shall schedule a time, place and date for the Appellate Review Hearing. Notice of such hearing shall be given by mail to the affected practitioner, Chief of Staff, and the Administrator.
- (9) Appellate Review Procedure:
- a. Nature of Proceedings:
The proceedings by the Appellate Review Committee shall be in the nature of an Appellate Review based upon the record. The "record" on which the matter shall be submitted to the Appellate Review Committee for decision includes: (1) the practitioner's application for appointment or reappointment or, where appropriate, the request for corrective action, (2) all correspondence between representative of the hospital, medical staff and the practitioner relating to the proceeding, or any matter at issue in the proceeding, (3) minutes of all Medical Staff Committees pertaining to the proceeding, (4) all exhibits or documentation, including patient records, considered by the Hearing Committee, (5) minutes of the proceedings before the Hearing Committee, (6) where available, a transcript of the proceedings before the Hearing Committee, (7) the report, findings and recommendations of the Hearing Committee, (8) the report, findings and recommendations made by the MEC, (9) any written documentation permitted to be filed under this Plan; and (10) the MEC Report and all subsequent results and actions thereon. The Appellate Review Committee shall also consider the written statements, if any, submitted as provided below and such other material as may be presented and accepted within the terms of this plan.
 - b. Written Statements:
The practitioner seeking the review shall submit a written statement detailing all matters with which he disagrees, and his reasons for such disagreement. If it is the practitioner's position on appeal that the action of the MEC, the Hearing Committee or any other committee of the Medical Staff was arbitrary or capricious; that the action of said committees was not based upon a substantial evidence; or that a standard of qualification was improperly applied to the practitioner or was an unlawful standard, then the written statement shall contain a detailed statement of the basis upon which said claims are made. In addition, if it is the practitioner's position that he was denied a hearing as provided under the Medical Staff Bylaws or this Plan, specific reference shall be made to the provision of the Medical Staff Bylaws or this Plan which, the practitioner contends, were violated and the precise nature of the alleged violation. This written statement may cover any matters raised at any step in the hearing process, and legal counsel may assist in its preparation. The statement shall be submitted to the Appellate Review Committee through the Administrator at least ten days prior to the scheduled date of the Appellate Review, except if such time limit is waived by the Appellate Review Committee. The committee or board whose action or recommendation is the subject of the appeal, shall submit a written statement in response to practitioners statement, prior to the date of the Appellate Review.

APPENDIX B TO BYLAWS

FAIR HEARING PLAN OF THE PROVIDENCE KODIAK ISLAND MEDICAL CENTER MEDICAL STAFF

Page 6 of 7

- c. Presiding Officer:
The Chairman of the Appellate Review Committee shall be presiding officer. He shall determine the order of procedure during the review, make all required rulings, and maintain decorum.
- d. Attorneys:
If the affected practitioner desires to be represented by an attorney at the Appellate Review Hearing, a request for such must be made in writing to the Appellate Review Committee Chairman, not less than 3 days prior to the time scheduled for the commencement of the Appellate Review. The Appellate Review Committee shall, in its sole discretion, determine whether to permit such representation. If, and only if, it allows the practitioner to be so represented, it shall also allow the MEC or the Board to be represented by an attorney. The foregoing shall not be deemed to deprive the practitioner, the MEC or the Board of the right to legal counsel in connection with preparation for a hearing or an Appellate Review. Each party shall, however, pay its own attorney's fees and costs.
- e. Oral Statement:
The Appellate Review Committee, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative so appearing shall be required to answer questions put to him by any member of the Appellate Review Committee.
- f. Consideration of New or Additional Matters:
New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record shall be introduced at the appellate review only in the discretion of the Appellate Review Committee, following an explanation by the party requesting the consideration of such matter or evidence as to why it was not presented earlier.
- g. Powers:
The Appellate Review Committee shall have all powers granted to the Hearing Committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities; provided, however, that as noted in the Medical Staff Bylaws and this Plan, authority to make the final and ultimate decision on all issues affecting the practitioner's appointment to the Medical Staff, and clinical privileges shall be retained by the Board of Directors.
- h. Recesses and Adjournment:
The Appellate Review Committee may recess the review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon the conclusion of oral statements, if allowed, the Appellate Review shall be closed. The Appellate Review Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon the conclusion of those deliberations, the Appellate Review shall be declared finally adjourned.

APPENDIX B TO BYLAWS

FAIR HEARING PLAN OF THE PROVIDENCE KODIAK ISLAND MEDICAL CENTER MEDICAL STAFF

Page 7 of 7

- i. Action Taken:
The Appellate Review Committee may recommend that the Board affirm, modify or reverse the adverse result of action taken by the MEC or by the Board, or, in its discretion, may refer the matter back to the Hearing Committee for further review and recommendation to be returned to it within thirty days and in accordance with its instructions. Within thirty days after receipt of such recommendation after referral, the Appellate Review Committee shall make its recommendation to the Board as provided in this Section.
 - j. Conclusion:
The Appellate Review shall not be deemed to be concluded until all of the procedural steps provided herein have been completed or waived and shall be completed within 90 days of the Administrator's receipt of a timely request for a hearing.
- (10) Final Decision of the Board:
Within sixty days after the conclusion of the Appellate Review, the Board shall render its decision in the matter in writing and shall send notice thereof to the practitioner, to the Chief of Staff, to the MEC, and to the Administrator.
- (11) General Provisions:
- a. When this plan requires or permits a "notice" to be given, it must be in writing. Notices to the practitioner shall be deemed adequately given if delivered or mailed, postage prepaid, by regular mail to the practitioner's latest office address shown in the hospital medical staff records.
 - b. Whenever a person, board or committee has the right, or is required to do some act or requests some action within a prescribed period after the service of a notice or other paper upon him, and the notice or paper is served upon him by mail, the notice or paper shall be deemed effective when mailed, but three days shall be added to the prescribed period within which the action may be taken.³

³For example, under paragraph 2 of this Plan, a practitioner has thirty (30) days from the date of "notification" of an adverse recommendation or action, within which to request a hearing under this Plan.

APPENDIX C

ADVANCED PRACTICE PROFESSIONALS

1. LIST OF APPs

Without limiting the foregoing, the term APP may include: counseling or clinical psychologists, physician assistants, psychiatric social workers, optometrists, Certified Registered Nurse Anesthetists and Advanced Nurse Practitioners. For the purpose of this document, Advanced Practice Professionals will be referred to as “APPs.” Registered Nurse First Assistants in surgery will be privileged in accordance with CMS requirements.

2. HEARING AND APPEAL MECHANISM FOR ADVANCED PRACTICE PROFESSIONALS (“APPS”) WITH CLINICAL PRIVILEGES

APPs who have been granted clinical privileges shall not be entitled to the Medical Staff hearing and appeals procedures. Any and all rights to which APPs are entitled are set forth in this Appendix C.

a. Notice of Recommendation and Hearing Rights:

1. In the event a recommendation is made by the MEC that an APP’s privileges be restricted for a period of more than 30 days, terminated or not renewed, the individual will receive special notice of the recommendation. The special notice will include a general statement of the reasons for the recommendation and will advise the individual that he or she may request a hearing.
2. The rights and procedures in this Appendix C will also apply if the Board, without a prior adverse recommendation from the MEC, makes a recommendation not to grant clinical privileges or that the privileges previously granted be restricted, terminated or not renewed. In this instance, all references in this Appendix C to the MEC will be interpreted as a reference to the Board.
3. The APP may request a hearing by submitting the request in writing, directed to the Chief Executive, within 30 days after receipt of written notice of the adverse recommendation.
4. The hearing will be convened as soon as is practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

b. Hearing Committee:

1. If a request for a hearing is timely made, the Chief Executive, in consultation with the Chief of Staff, will appoint a Hearing Committee composed of up to three individuals (including, but not limited to, members of the Medical Staff, APPs, management, individuals not connected with the Medical Center, or any combination of these individuals). The Hearing Committee will not include anyone who previously participated in the recommendation, any relatives or practice partners of the APP, or any competitors of the affected individual.
2. The Chief Executive, in consultation with the Chief of Staff, will appoint one of the Hearing Committee members to serve as Chair or may appoint a Presiding Officer. The role of the Hearing Committee Chair or the Presiding Officer will be to allow the participants in the hearing to have a reasonable opportunity to be heard and to present evidence, subject to reasonable limits on the number of witnesses and duration of direct and cross-examination. The Hearing Committee Chair or the Presiding Officer will maintain decorum throughout the hearing.
3. As an alternative to a Hearing Committee, the Chief Executive, in consultation with the Chief of Staff, may appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Committee. The Hearing Officer will preferably be an attorney. The Hearing Officer may not be in direct economic competition with the individual requesting the hearing and will not act as a prosecuting officer or as an advocate to either side at the hearing. In the event a Hearing Officer is appointed instead of a Hearing Committee, all references in this Appendix C to the Hearing Committee or Presiding Officer will be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.

c. Hearing Process:

1. A record of the hearing will be maintained by a stenographic reporter or by a recording of the proceedings. Copies of the transcript will be available at the individual's expense.
2. The hearing will last no more than four hours, with each side being afforded two hours to present its case, in terms of both direct and cross-examination of witnesses.
3. At the hearing, a representative of the MEC will first present the reasons for the recommendation. The APP will be invited to present information to refute the reasons for the recommendation.

4. Both parties will have the right to present witnesses. The Presiding Officer will permit reasonable questioning of such witnesses.
 5. The APP and the MEC may be represented at the hearing by legal counsel. However, while counsel may be present at the hearing, counsel will not call, examine, or cross-examine witnesses or present the case.
 6. The APP will have the burden of demonstrating, by clear and convincing evidence, that the recommendation of the MEC was arbitrary, capricious or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the Medical Center will be the paramount considerations.
 7. The APP and the MEC will have the right to prepare a post-hearing memorandum for consideration by the Hearing Committee. The Presiding Officer will establish a reasonable schedule for the submission of such memoranda.
- d. Hearing Committee Report:
1. Within 20 days after the conclusion of the proceeding or submission of the post-hearing memoranda, whichever date is later, the Hearing Committee will prepare a written report and recommendation. The Hearing Committee will forward the report and recommendation, along with all supporting information, to the Chief Executive. The Chief Executive will send a copy of the written report and recommendation by special notice to the APP and the MEC for information.
 2. Within ten days after notice of such recommendation, the APP and/or the MEC may make a written request for an appeal. The request must include a statement of the reasons, including specific facts, which justify an appeal.
 3. The grounds for appeal will be limited to an assertion that there was substantial failure to comply with this Appendix C and/or other applicable bylaws or policies of the Medical Center and/or that the recommendation was arbitrary, capricious or not supported by substantial evidence.
 4. The request for an appeal will be delivered to the Chief Executive by special notice.
 5. If a written request for appeal is not timely submitted, the appeal is deemed to be waived and the recommendation and supporting information will be forwarded to the Board for final action. If a timely request for appeal is submitted, the Chief Executive will forward the report and recommendation, the supporting information and the request for appeal to the Board. The Chair of the Board will arrange for an appeal.

e. Appellate Review:

1. An Appellate Review Committee appointed by the Chair of the Board will consider the record upon which the adverse recommendation was made. New or additional written information that is relevant and could not have been made available to the Hearing Committee may be considered at the discretion of the Appellate Review Committee. This review will be conducted within 30 days after receiving the request for appeal.
2. The APP and the MEC will each have the right to present a written statement on appeal.
3. At the sole discretion of the Appellate Review Committee, the APP and a representative of the MEC may also appear personally to discuss their position.
4. Upon completion of the review, the Appellate Review Committee will provide a report and recommendation to the full Board for action. The Board will then make its final decision based upon the Board's ultimate legal responsibility to grant privileges and to authorize the performance of clinical activities.
5. The APP will receive special notice of the Board's action. A copy of the Board's final action will also be sent to the MEC.