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## **MEDICAL AND DENTAL STAFF BYLAWS**

**PALMETTO HEALTH BAPTIST  
PALMETO HEALTH BAPTIST PARKRIDGE  
PALMETTO HEALTH RICHLAND**

**ARTICLE I  
NAME**

The name of this organization is the Palmetto Health Medical and Dental Staff (the “**Medical Staff**”).

**ARTICLE II  
PURPOSE AND FUNCTION**

**2.1 Purpose**

Palmetto Health is a South Carolina nonprofit health care corporation which operates an integrated health care delivery system that provides comprehensive health care, education, and related services to the Midlands of South Carolina and beyond to include the operation of Palmetto Health Baptist, Palmetto Health Baptist Parkridge, and Palmetto Health Richland (each, a “**Hospital**” and collectively, the “**Hospitals**”). The term “**hospital**” is sometimes used in these Medical and Dental Staff Bylaws (these “**Bylaws**”) to (i) refer to one or more of the Hospitals or (ii) generally refer to a hospital function, depending upon the subject matter and context.

The purpose of the Medical Staff is to organize the activities of physicians and other clinical practitioners who practice at the Hospitals in order to carry out, in conformity with these Bylaws, the functions and duties assigned to it by the Palmetto Health Board of Directors (the “**Board**”).

**2.2 Function**

- 2.2.1 While the Board retains the final authority and responsibility for appointing members to the Medical Staff and for granting clinical privileges, the Medical Staff will have the authority and responsibility to (i) make recommendations to the Board concerning appointments and reappointments for Medical Staff membership, clinical privileges, and disciplinary or corrective action and (ii) establish a mechanism for the monitoring of clinical and quality information and evaluation of patient care and safety, and shall report on such matters to the Board.
- 2.2.2 The Medical Staff, through its duly appointed or elected individuals, acting according to the provisions and procedures in these Bylaws will:
  - a. establish internal communication mechanisms by which Medical Staff members have input into Medical Staff affairs and, through the MEC and the Chief of Staff, to the hospital’s policy making and planning processes;
  - b. establish, through the MEC, specific rules and regulations which govern clinical privileges, objectives, and obligations of the Medical Staff;
  - c. provide an appropriate educational setting that will lead to advancement in professional knowledge and skill;
  - d. cooperate with affiliated medical schools and educational and research programs; and

- e. account for the quality of patient care rendered by all Medical Staff members and other clinical practitioners authorized to practice at the Hospitals through programs for credentialing, privileging, professional practice review, and performance improvement.
- 2.2.3 Palmetto Health owns and operates multiple health care facilities. The Medical Staff acknowledges that the difference in scope of services among these facilities may necessitate adoption of special rules, regulations, policies, and procedures applicable on a hospital-specific basis. However, wherever possible, the desire of the Medical Staff is to consolidate resources, to standardize policies and procedures, to minimize unnecessary variance in operations in order to promote their maximum efficiency and effectiveness, and to facilitate a comparably high standard of care at all of the Hospitals, while at the same time accommodating the uniqueness of each Hospital and its practice culture.
- 2.2.4 Palmetto Health may enter into arrangements with other Palmetto Health affiliated clinical entities (*e.g.*, other Palmetto Health owned hospitals, Palmetto Health-USC Medical Group, or their successor entities) for the purpose of sharing information relevant to the activities of the medical staff and individual medical staff members. Such arrangements may include, without limitation, sharing of credentialing and peer review information between Palmetto Health affiliated clinical entities, and participation in joint committees among Palmetto Health affiliated clinical entities to address credentialing, privileging, peer review, and performance improvement matters. In addition, the Medical Staff may rely on hospital medical or professional staff support resources to assist in the processing of applications for appointment, reappointment, and privileges.
- 2.2.5 The Medical Staff may collaborate with other Palmetto Health affiliated clinical entities and the Board to develop coordinated, cooperative, or joint corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, giving timely notice of emerging or pending problems, notice of corrective actions imposed and/or recommended, and coordinated hearings and appeals.

## **2.3 Unification**

- 2.3.1 The Medical Staffs of the Hospitals are unified.
- 2.3.2 The Active Medical Staff members at a Hospital who hold specific privileges to practice at that hospital shall have the ability to vote to opt out of the unified medical staff and thus re-create a separate medical staff at that hospital. Such action shall require a meeting of medical staff members convened by a petition signed by at least forty percent (40%) of the total of the Active Medical Staff members at a Hospital. Such Hospital's Active Medical Staff members will be eligible to vote on the proposed amendment to opt out through a confidential mechanism determined by the MEC, which may include written ballots in paper or electronic form. The amendment to opt out will pass if a majority of the Active Medical Staff members at a Hospital who hold specific privileges to practice at that hospital vote in favor of the amendment. The minimum interval between opt-out votes shall be two (2) years.

**ARTICLE III  
DEFINITIONS**

“**CEC**” shall mean the Campus Executive Committee of a particular Hospital (as defined in Section 3.1 below).

“**CEO**” shall mean the Chief Executive Officer of Palmetto Health.

“**MEC**” shall mean the Medical Executive Committee of the Medical Staff.

“**Practitioner**” shall, unless otherwise expressly limited or expanded, mean any appropriately licensed physician, osteopath, or dentist applying for or exercising clinical privileges or providing other diagnostic or therapeutic services at a Hospital.

**ARTICLE IV  
MEDICAL STAFF MEMBERSHIP**

**4.1 Medical Staff Appointment**

Appointment as a member of the Medical Staff is a privilege that shall be extended only to competent Practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws as well as applicable rules, regulations, policies, and procedures of the Medical Staff and Palmetto Health. Medical Staff initial appointment, reappointment, and the granting of clinical privileges will be performed as set forth in these Bylaws and applicable policies and procedures.

**4.2 Qualifications for Medical Staff Membership**

The following qualifications must be met by applicants for medical staff appointment and reappointment:

- 4.2.1 For physician (M.D. or D.O.) applicants, successful completion of an allopathic or osteopathic residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- 4.2.2 For dentist (DDS or DMD) applicants, successful completion of a post-graduate training program approved by the Commission on Dental Accreditation.
- 4.2.3 Possess a current unrestricted South Carolina license as a Practitioner, applicable to his or her profession, and providing permission to practice within the State of South Carolina.
- 4.2.4 Possess and maintain a current, valid, unrestricted Drug Enforcement Administration (DEA) number and South Carolina controlled substance registration, if applicable (as determined by the MEC).
- 4.2.5 Adhere to these Bylaws, and all Medical Staff and Palmetto Health rules, regulations, policies and procedures, including, but not limited to, Palmetto Health’s Standards of Behavior.
- 4.2.6 Demonstrate the ability to consistently work cooperatively with others and to treat patients, staff, and colleagues in a respectful and professional manner.

- 4.2.7 Have appropriate written and verbal communication skills.
- 4.2.8 Provide evidence of professional liability insurance of a type and in an amount established by the Board after consultation with the MEC.
- 4.2.9 Provide evidence of skills to provide a type of service that the Board has determined to be appropriate for the performance of the Hospitals and for which a patient care need exists.
- 4.2.10 Upon request, provide evidence of both physical and mental health so as to ensure applicant's ability to fulfill the responsibilities of medical staff membership and the specific privileges requested by and granted to the applicant.
- 4.2.11 Any member of the Medical Staff who may have occasion to admit and treat a patient at any Hospital must demonstrate the capability to provide continuous care by having a plan to reside and/or have established or plan to establish an office within a reasonable distance and response time of a hospital or otherwise make accommodations for patient coverage acceptable to the MEC (alternatively, the applicant may join a group practice in which members of the group live within that distance and response time). The Board shall have the discretion to determine a "reasonable" distance and response time from the hospital in consultation with the MEC. In fulfilling this expectation, each Member will comply with generally accepted medical ethics principles related to providing for, or arranging for, appropriate care after the patient leaves the hospital.
- 4.2.12 Provide evidence of eligibility, where applicable, to participate in Medicare, Medicaid, or other federal or state health care programs.
- 4.2.13 Applicants must consent to a criminal background check. Applicants with convictions or plea of *nolo contendere* to a felony or misdemeanor may be denied membership to the Medical Staff.
- 4.2.14 Initial applicants will be subject to Board Certification requirements as set forth in Section 4.3 below.

### 4.3 Board Certification

- 4.3.1 Each Practitioner who is an applicant for initial appointment as an Active or Courtesy Medical Staff member shall be certified in his/her primary area of practice at Palmetto Health by the appropriate specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the American Dental Association, or other applicable accrediting organization approved by the MEC ("**Board Certification**").
- 4.3.2 Exceptions to the Board Certification requirement are as follows:
  - a. Practitioners who were existing Active or Courtesy Medical Staff members at a Hospital as of January 1, 2015 shall be exempt from this requirement, and this requirement shall not affect their continued reappointment to the Medical Staff, unless otherwise required by law or regulation. This exemption notwithstanding, Board Certification may be required as a qualification for a specific delineated privilege as described in a Medical Staff Delineation of Privileges (DOP) form.

- b. Practitioners whose specialty and practice does not include a specialty for which there is an appropriate Board Certification available, as determined by the Credentials Committee.
- c. Practitioners who are applicants for initial appointment as an Active or Courtesy Medical Staff member and who have completed all specialty training required to take their board examination, but have not received Board Certification, may be granted Active or Courtesy Medical Staff membership subject to the requirement that they obtain Board Certification within six (6) years of their initial appointment. In such a case, the applicant will be informed at the time of initial appointment to the Medical Staff that he or she will be required to provide evidence of successful completion of specialty Board Certification within the specified period of time. Failure to meet the qualifications and timeline described herein will result in the Practitioner's automatic and immediate voluntary resignation of membership and clinical privileges, and shall not afford the member any of the procedural rights provided under the fair hearing and appellate review provisions provided for in these Bylaws. A member's voluntary resignation due to failure to meet the qualifications and timeline described herein is not reportable to the National Practitioner Databank.
- d. In the event that a Medical Staff member fails to obtain Board Certification by the deadline requirements as set forth in Section 4.3.2.c., the deadline for Board Certification may be extended at the discretion of the Board, in consultation with the MEC, the Chief Clinical Officer, and the Credentials Committee, upon the determination that such extension will serve the best interests of patient care and the hospital.
- e. In the event that a Practitioner who is an applicant for initial appointment as an Active or Courtesy Medical Staff member has not received Board Certification and will not be able to meet the requirements for obtaining Board Certification as specified in Section 4.3.2.c., the Board Certification requirement may be waived at the discretion of the Board, in consultation with the MEC, the Chief Clinical Officer, and the Credentials Committee, upon the determination that such waiver will serve the best interests of patient care and the hospital.
- f. In the event that the Board Certification requirement as described herein has been extended for a given applicant, his or her continued membership as an Active or Courtesy Medical Staff member and his or her clinical privileges will otherwise remain subject to the same Medical Staff review criteria and approval processes as would apply if there were no extension granted. The Practitioner will also be subject to the same Medical Staff review criteria and approval processes for reappointment as would apply if there were no extension granted.

#### **4.4 Failure to Meet Qualifications**

Failure to meet the qualifications described above at the time of initial application or reappointment will prohibit the applicant's application from being processed in accordance with applicable policies and procedures, unless a waiver is granted as set forth in Section 4.5 below. An application not processed for failure to meet the qualifications for Medical Staff membership will not afford the applicant the procedural rights in Article XII of these Bylaws. By applying for appointment or reappointment to the Medical Staff, each applicant thereby signifies his/her agreement to immediately notify Medical Staff

Affairs in writing should any of the information regarding his/her qualifications change during processing of the application or the period of the applicant's medical staff membership.

#### **4.5 Waiver of Qualifications**

Any qualification for Medical Staff membership or privileges as set forth in these Bylaws may be waived at the discretion of the Board, in consultation with the MEC, upon the determination that such waiver will serve the best interests of patient care and the hospital.

#### **4.6 Nondiscrimination**

Palmetto Health shall not discriminate in granting Medical Staff membership and/or clinical privileges on the basis of age, ancestry, gender, sexual orientation, race, national origin, faith, or disability unrelated to the provision of patient care or required Medical Staff responsibilities, or any other basis prohibited by applicable law, to the extent the applicant is otherwise qualified.

#### **4.7 Federal Health Care Programs**

A Practitioner may voluntarily choose not to participate in federal healthcare programs such as Medicare and Medicaid. However, any involuntary exclusion, debarment or suspension from participation in a federal health care program such as Medicare or Medicaid shall result in the Practitioner being ineligible for membership on the Medical Staff for so long as the involuntary exclusion, debarment, or suspension remains in effect. Involuntary exclusion, debarment, or suspension from participation in a federal health care program such as Medicare or Medicaid, shall result in the Practitioner's automatic resignation from the Medical Staff and the Practitioner shall not be entitled to the procedural rights afforded in Article XII of these Bylaws.

#### **4.8 Effect on Other Affiliations**

No Practitioner shall be entitled to membership on the Medical Staff or to exercise particular clinical privileges in any of the Hospitals merely by virtue of licensure, membership in any professional organization, certification by any professional organization or certifying body, demonstration of clinical competence, or because they hold or have held clinical privileges at another non-Palmetto Health hospital or healthcare organization.

#### **4.9 Conditions and Duration of Medical Staff Appointment and/or Clinical Privileges**

- 4.9.1 Initial appointments and reappointments to the Medical Staff and the granting of clinical privileges shall be made by the Board following recommendation from the MEC as provided in these Bylaws and any applicable Medical Staff policies and procedures. In the event of an unwarranted delay on the part of the MEC, the Board may act without the MEC's recommendation after it has reviewed the applicant's or Medical Staff member's fully completed application and determined that his/her professional and ethical qualifications meet Palmetto Health standards and that such action is necessary in the best interest of patient care. Applications for Medical Staff appointments shall be considered in a timely and good faith manner by all individuals and groups required by these Bylaws to act thereon. Except for good cause, applications shall be acted upon within one hundred twenty (120) days of being deemed clean and complete in accordance with Medical Staff policies and procedures.

- 4.9.2 Initial appointments to the Medical Staff and/or the granting of clinical privileges shall become effective upon Board approval, unless the member is granted temporary privileges in accordance with these Bylaws, and shall be for a period not to exceed twenty-four (24) months. Reappointments to the Medical Staff and/or grants of clinical privileges shall be for a period not to exceed twenty-four (24) months.
- 4.9.3 Appointments to the Medical Staff shall confer on the member only such clinical privileges as have been granted by the Board in accordance with these Bylaws, rules, regulations, policies, and procedures related to the granting of delineated clinical privileges.
- 4.9.4 By applying for appointment or reappointment to the Medical Staff, each applicant thereby signifies his/her understanding that credentialing and peer review/performance improvement information will be shared among Palmetto Health affiliated clinical entities (*i.e.*, other owned or managed hospitals, the Palmetto Health-USC Medical Group) and the Board. The credentialing and quality information to be shared may include, but is not limited to, the appointment or reappointment application, any information gathered in processing those applications, the results of any peer review, performance improvement activity, quality data and any restriction, suspension, or revocation of any or all of the Practitioner's clinical privileges to practice at any hospital.

#### **4.10 Rights of Medical Staff Members**

All Medical Staff members shall have the following rights:

- 4.10.1 Admit and treat patients and participate in Medical Staff activities in a manner consistent with the member's Medical Staff category and clinical privileges granted.
- 4.10.2 Participate in the calling of regular or special Medical Staff or committee meetings as provided for in these Bylaws.
- 4.10.3 Be present at any Medical Staff committee meeting except during proceedings designated by the chair to involve peer review activities or when a committee is in executive session with only the voting committee members or others whose presence is specifically requested to provide relevant information being allowed to be present. Presence at a meeting shall not entitle a member to speak unless permitted to do so by the committee chair (or designee).
- 4.10.4 Meet with the MEC on matters relevant to the responsibilities of the MEC. In the event that the Chief of Staff determines that such member is unable to resolve a matter of concern after discussion with the appropriate CEC or physician leader, that member may, upon written notice to and approval of the Chief of Staff at least fourteen (14) days in advance of a regular meeting of the MEC, meet with the MEC (or a pertinent MEC subcommittee) to discuss the issue. The Chief of Staff will have discretion placement of the issue on the MEC agenda or direction of the issue to a subcommittee.

#### **4.11 Obligations and Responsibilities of Medical Staff Members**

Medical Staff members shall:



- 4.11.1 Provide hospital patients with continuous quality care, meeting the professional standards of the hospital and the Medical Staff.
- 4.11.2 Comply with these Bylaws as well as Medical Staff, hospital, and Palmetto Health rules, regulations, policies, and procedures as may be promulgated and amended from time to time.
- 4.11.3 Prepare and complete in a timely fashion medical and other required records (whether in paper or electronic form) for all patients the member admits, or in any way provides care to in a hospital.
- 4.11.4 Participate in Palmetto Health, hospital, and Medical Staff performance improvement, patient safety and quality initiatives. Certain members, by virtue of their positions within the organization, may have specific duties related to medical staff activities as specified in policy.
- 4.11.5 Engage in continuing medical education and other professional education activities.
- 4.11.6 Report to the Chief of Staff within fifteen (15) calendar days (i) challenges or other action to any licensure or registration required under these Bylaws (*e.g.*, professional licensure, DEA registration); (ii) any voluntary or involuntary relinquishments or termination of Medical Staff membership or clinical privileges at another healthcare facility; (iii) any arrests; or (iv) any physical or mental health condition that affects or could affect his or her ability to exercise the privileges requested safely and competently.
- 4.11.7 Notify Medical Staff Affairs of any change in professional liability insurance carrier(s), office mailing address, facsimile number(s) and telephone number(s), home mailing address and telephone number(s), electronic mail address and any other information required to maintain the accuracy of the Member's file.
- 4.11.8 Complete history and physical examinations as follows: A complete history and physical examination shall be documented within twenty-four (24) hours after admission but prior to surgery or a procedure requiring anesthesia. The contents should be pertinent and relevant and should include sufficient information necessary to provide the care and services required to address the patient's conditions and needs. Individuals who are permitted to provide patient care services may perform the history and physical examination if they are granted such privileges and if the findings, conclusions, and assessments of risk are confirmed or endorsed by a qualified Practitioner prior to major (as defined by the Medical Staff) diagnostic or therapeutic intervention or within twenty-four (24) hours, whichever occurs first.

If a complete history and physical has been performed within thirty (30) days prior to admission to a hospital, such as in the Practitioner's office or by members of a specialty-specific medical practice, a durable, legible copy of the report may be used in the patient's hospital medical record, provided that these reports were recorded by a member of the Medical Staff. For a history and physical that was completed within thirty (30) days prior to admission, an updated note documenting any changes in the patient's condition shall be completed within twenty-four (24) hours after admission but prior to surgery or a procedure requiring anesthesia services, whichever occurs first.

A history and physical examination is required for all ambulatory care services that require the use of moderate sedation or consultation by anesthesia for regional or general anesthesia. Ambulatory procedures using local anesthesia do not require a history and physical examination.

When the history and physical examination are not recorded before an operation or any potentially hazardous procedure, the procedure shall be canceled, unless the attending Member states in writing that such delay would be detrimental to the patient.

#### **4.12 Leave of Absence**

A Medical Staff member may obtain a voluntary leave of absence by submitting written notice to the Chief of Staff stating the exact period of time and the reason for the leave, which may not exceed two (2) years. The request shall be submitted to the Chief of Staff for review and then forwarded by the Chief of Staff to the MEC for recommendation of appropriate action by the Board.

Reinstatement may be requested at the end of the authorized leave by submitting a written request to the Chief of Staff. The request for reinstatement shall be submitted to the Chief of Staff for review and then forwarded by the Chief of Staff to the MEC for recommendation of appropriate action by the Board.

If during the authorized leave, the Medical Staff member is scheduled for reappointment, the Medical Staff member will be notified and evaluated on information gathered to date and additional information supplied by the Medical Staff member, which demonstrates his/her ability to perform the clinical privileges upon the conclusion of the leave period. A written summary of relevant activities during the entire leave period must be provided. The Medical Staff member shall also provide evidence of current eligibility requirements of membership and applicable privileges before reinstatement may be considered.

Where a denial of request for reinstatement is based on failure to demonstrate current clinical competence or on unprofessional conduct, the member will be entitled to a hearing and appellate review as provided for in these Bylaws. Failure to request reinstatement at the end of the leave of absence (or scheduled reappointment) or to provide a completed reappointment application or a requested summary of activities and supporting documentation, as noted above, shall result in automatic termination of Medical Staff membership and clinical privileges without right of hearing or appellate review. A request for Medical Staff membership subsequently received from a Medical Staff member so terminated shall be submitted and processed in the usual manner specified for application for initial appointments. Medical Staff members who have armed forces obligations shall, if otherwise qualified, have automatic reinstatement upon completion of such armed forces obligation as long as they continue to meet the eligibility requirements for membership and/or privileges.

The MEC may develop and implement additional procedures for Practitioners to return to practice after a leave of absence.

#### **4.13 Contracts for Medical Services**

The Board retains the right, after consultation with the MEC, to enter into exclusive contracts with individual members or member groups for the provision of certain medical services at a hospital. Application for initial appointment or for initial clinical privileges related to hospital facilities or services covered by exclusive agreements will not be accepted or processed unless submitted in accordance with the existing contract or agreement with the hospital.

#### 4.13 Facilities and Support

Applicants shall not be appointed to the Medical Staff if Palmetto Health, in its sole discretion, is unable to provide adequate facilities and support services for the privileges requested by that applicant.

### ARTICLE V CATEGORIES OF THE MEDICAL STAFF

There are four (4) categories of membership on the Palmetto Health Medical Staff: Active, Courtesy, Refer and Follow, and Honorary. Irrespective of category, locum tenens and telehealth Practitioners are not eligible to hold office or vote in any election or medical staff matter.

#### 5.1 Active

- 5.1.1 Active Medical Staff members must admit or be substantially involved in the care of at least thirty (30) patients in the Hospitals per two (2) year reappointment cycle. This includes, but is not limited to, the admission of inpatients, the treatment of patients in any hospital emergency department, urgent care location, outpatient surgery, cardiac catheterization, endoscopy and other procedural areas.
- 5.1.2 Active Medical Staff members will participate in emergency and emergency department call as determined by the MEC and approved by the Board, and in so doing, will accept responsibility for indigent and unassigned patients in accordance with the current Medical Staff Unassigned Call Policy.
- 5.1.3 Only Active Medical Staff members are eligible to serve as a Medical Staff officer, as a member of the MEC and/or a CEC, or as the chair of a Medical Staff committee.
- 5.1.4 Only Active Medical Staff members are eligible to vote in Medical Staff elections or on matters presented to the Medical Staff or a Medical Staff committee.
- 5.1.5 An Active Medical Staff member who fails to admit or is not substantially involved in the care of at least thirty (30) patients per two (2) year reappointment cycle as set forth in Section 5.1.1 above will automatically be placed in the Courtesy Medical Staff member category.
- 5.1.6 An Active Medical Staff member who fails to admit or is not substantially involved in the care of any patients per two (2) year reappointment cycle as set forth in Section 5.1.1 above, may, following consultation with the Credentials Committee, be placed in the Refer and Follow Medical Staff member category.

#### 5.2 Courtesy

- 5.2.1 Courtesy Medical Staff members admit or are substantially involved in the care of less than thirty (30) patients per two (2) year reappointment cycle in the clinical areas as set forth in Section 5.1.1 above. Courtesy Medical Staff members may attend Medical Staff meetings and may serve on committees (excluding the MEC and CEC); provided, however, Courtesy Medical Staff members are not eligible to serve as a Medical Staff officer or committee chair, or to vote on matters presented to the Medical Staff or in any Medical Staff election.

- 5.2.2 A Courtesy Medical Staff member who admits or is substantially involved in the care of at least thirty (30) patients per two (2) year reappointment cycle as set forth in Section 5.1.1 above will automatically be elevated to Active Medical Staff member. Thereafter, the member shall meet all of the requirements and obligations of Active Medical Staff membership and may not apply for a change in Medical Staff category for a period of six (6) months and, if approved by the MEC, such change shall become effective at a time designated by the MEC.
- 5.2.3 A Courtesy Medical Staff member who fails to admit or is not substantially involved in the care of any patients per two (2) year reappointment cycle as set forth in Section 5.1.1 above may, following consultation with the Credentials Committee, be placed in the Refer and Follow Medical Staff member category.

### **5.3 Refer and Follow**

- 5.3.1 Refer and Follow Medical Staff members shall consist of licensed South Carolina Practitioners who do not admit, consult or treat patients at the Hospitals yet have demonstrated a desire and commitment to uphold Palmetto Health's values and goals related to clinical quality and safety initiatives and patient and family satisfaction. Refer and Follow Medical Staff memberships will include Practitioners who do not practice medicine at a hospital but who desire to maintain Medical Staff appointment to facilitate continuity of care for patients, advance patient care and safety processes and strategies through access to clinical conferences, seminars and educational programs offered by Palmetto Health or satisfy any criteria for participation in various managed care organizations' panels related to maintenance of medical staff affiliations and access to in-network hospital services. Refer and Follow Medical Staff members will be credentialed in accordance with criteria developed by the Credentials Committee. Refer and Follow Medical Staff members may attend Medical Staff meetings and may serve on committees (excluding the MEC and CEC); provided, however, Refer and Follow Medical Staff members are not eligible to serve as a Medical Staff officer or committee chair, or to vote on matters presented to the Medical Staff or in any Medical Staff election.
- 5.3.2 Refer and Follow Medical Staff members are not eligible for admitting, consulting or clinical privileges. Refer and Follow Medical Staff members may visit patients they have referred to a hospital and may have "read only" access to the medical records of the patients they have referred but shall not enter orders or entries of any kind in these medical records.
- 5.3.3 The denial or termination of Refer and Follow Medical Staff membership status shall neither afford the Practitioner any of the procedural rights provided under the fair hearing and appellate review provisions provided for in these Bylaws, nor is such denial or termination reportable to the National Practitioner Databank.

### **5.4 Honorary Staff**

Honorary Medical Staff members shall consist of those Practitioners who are honored for their contributions and service to a hospital, Palmetto Health, and the community. Appointment to the Honorary Staff shall require nomination by the MEC and approval by the Board. Honorary Medical Staff members are not eligible for clinical privileges. Honorary Medical Staff members may attend Medical

Staff meetings and may serve on committees (excluding the MEC and CEC); provided, however, Honorary Medical Staff members are not eligible to serve as a Medical Staff officer or committee chair, or to vote on matters presented to the Medical Staff or in any Medical Staff election.

## ARTICLE VI CLINICAL PRIVILEGES

### 6.1 Exercise of Privileges

A practitioner may exercise only those privileges granted to him/her by the Board or the privileges obtained through temporary, emergency or disaster privileging as described herein. Privileges to practice at each Hospital will be granted separately and independently.

### 6.2 Requests

When applicable, each application for appointment or reappointment to the Medical Staff must contain a request for the specific clinical privileges the applicant desires. Specific requests must also be submitted for temporary privileges and for modifications of privileges in the interim between reappointments and/or granting of privileges.

### 6.3 Temporary Privileges

- 6.3.1 Requests for temporary privileges may be granted on a case by case basis in accordance with current policy to: (i) fulfill an important patient care need or (ii) when an applicant that has a complete, clean application that meets all of the requirements is awaiting review and approval by the MEC and the Board.
- 6.3.2 Upon receipt of a complete application for Medical Staff membership from an appropriately licensed Practitioner, the CEO (or designee) or an appropriate Physician Executive (or designee), may, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the written concurrence of the Chief of Staff and Credentials Committee Chair, grant temporary privileges to the applicant.
- 6.3.3 Temporary privileges will be in effect until the Board takes final action on the application, but not more than one hundred twenty (120) days.
- 6.3.4 The CEO or the appropriate hospital Chief Operating Officer may, at any time upon the recommendation of the Chief of Staff, terminate a Practitioner's temporary privileges effective as of the date that the need has been fulfilled with respect to the Practitioner's patient(s) then under his/her care in the hospital, and a member of the Medical Staff has assumed responsibility for the care of such Practitioner's patient(s). However, where it is determined that the life or health of such patient(s) would be endangered by continued treatment by the Practitioner, the termination may be imposed by any person entitled to impose a summary suspension pursuant to Section 11.3 of these Bylaws, and the same shall be immediately effective. The Chief of Staff shall assign a member of the Medical Staff to assume responsibility for the care of such terminated Practitioner's patient(s) until such patient(s) are discharged from the hospital. The wishes of the patient(s) shall be considered where feasible.

6.3.5 The granting of temporary privileges does not constitute medical staff membership. Practitioners working under temporary privileges are therefore not entitled to any of the procedural rights set forth in these Bylaws.

#### **6.4 Patient Emergency Privileges**

For purposes of this section, “**Medical Emergency**” is defined as an unanticipated condition, which could result in serious harm to a patient, the risk of which is increased by any delay in administering treatment. In a Medical Emergency and in the absence of an immediately available, qualified member of the Medical Staff, a Practitioner who is not currently a member of the Medical Staff shall be permitted and shall be assisted by hospital personnel, in performing all reasonable activities, as determined by the Practitioner, to save the life of a patient or to save a patient from serious harm. When the Medical Emergency situation no longer exists, the Chief of Staff, after consultation with the treating Practitioner, shall assign the patient to an appropriate member of the Medical Staff for continued care.

#### **6.5 Disaster Privileges**

If a Hospital’s Emergency Preparedness Plan is activated, the Chief Operating Officer of the applicable Hospital, Chief of Staff (or designee), and such other individuals as identified in such hospital’s Emergency Preparedness Plan with such authority, may, on a case by case basis consistent with medical licensing and other applicable South Carolina statutes, grant to Practitioners clinical privileges to provide as needed patient care services.

#### **6.6 Privileges for Clinical Providers Who Are Not Eligible for Medical Staff Membership**

Clinical practitioners who are not physicians or dentists are not eligible for Medical Staff membership, but may be eligible for clinical privileges in accordance with applicable Palmetto Health policies and procedures. Such clinical practitioners are not entitled to any of the procedural rights granted to Medical Staff members set forth in these Bylaws, but will be entitled to an administrative review of adverse actions related to their clinical privileges in accordance with administrative policies which are developed and may be amended from time to time by the MEC and a hospital.

### **ARTICLE VII OFFICERS OF THE MEDICAL STAFF**

#### **7.1 Medical Staff Officers**

The officers of the Medical Staff shall be the Chief of Staff and the Vice Chief of Staff.

#### **7.2 Qualifications of Medical Staff Officers**

All candidates for a Medical Staff officer position must be a voting member of the MEC. The chair of the Credentials Committee and the chair of the Patient Care and Safety Committee are not eligible to be a candidate for Chief of Staff. Medical Staff Officers must be Active Medical Staff members and must not have a pending adverse recommendation before the Board concerning Medical Staff appointment or clinical privileges.

### **7.3 Nomination**

Any member of the MEC may nominate a qualified MEC member for a Medical Staff officer position. Nominees for a Medical Staff officer position must have at least one (1) year of prior experience as an MEC member. Nominations will be made in accordance with a schedule developed by Medical Staff Affairs and the MEC.

### **7.4 Election**

Medical Staff officers shall be elected by a simple majority vote of the voting members of the MEC. If no nominee receives a simple majority of the votes cast, there will be a run-off between the two (2) nominees who received the most votes. No vote shall be cast by proxy. The election for Chief of Staff will be held first, and an individual who runs but is not elected as Chief of Staff may then run as a nominee for Vice Chief. The election of Medical Staff officers will take place in accordance with a schedule developed by Medical Staff Affairs and the MEC. A current Medical Staff officer shall serve on the MEC solely in his/her capacity as a Medical Staff officer. Upon election as a Medical Staff officer, the officer-elect shall relinquish the position formerly qualifying him/her to a seat on the MEC under Section 9.4.3 and a vacancy shall thereby be created in the corresponding position(s). Any such vacancy shall be filled through an election or appointment appropriate to the position vacated.

### **7.5 Term of Office**

Medical Staff officers shall serve for a term of one (1) year, subject to (i) a maximum of three (3) consecutive terms and (ii) a lifetime limit of three (3) terms in the respective Medical Staff officer position.

### **7.6 Duties of Medical Staff Officers**

#### **7.6.1 Chief of Staff**

The Chief of Staff is the primary officer of the Medical Staff. The Chief of Staff, jointly with the MEC, shall generally direct and oversee Medical Staff activities related to assessing and promoting the improvement of patient care. Other duties of the Chief of Staff include, but are not limited to, the following:

- a. Oversee the implementation of these Bylaws and Medical Staff rules, regulations, policies, and procedures, and applicable Palmetto Health and hospital rules, regulations, policies and procedures;
- b. Call and preside at the Annual Medical Staff Meeting and any regular or special meetings of the Medical Staff;
- c. Serve as chairperson and presiding officer of the MEC;
- d. Serve as *ex officio* member, without vote, of all other Medical Staff committees;
- e. Appoint the members and chairpersons of Medical Staff committees as set forth in these Bylaws;

- f. Evaluate and report on the activities of the Medical Staff to the MEC, Palmetto Health senior management, and the Board as requested;
- g. Serve as a spokesperson for the Medical Staff in its external professional and public relations activities; and
- h. Perform such other duties as set forth in these Bylaws.

#### 7.6.2 Vice Chief of Staff

The Vice Chief of Staff assumes the duties of the Chief of Staff in the Chief of Staff's absence and performs such additional duties as assigned by the Chief of Staff. The Vice Chief of Staff shall be a member of the MEC.

### 7.7 Resignation of Medical Staff Officers

A Medical Staff officer may resign at any time by giving written notice to the MEC with a copy to Palmetto Health's Chief Clinical Officer. Such resignation shall be effective on the date of receipt or at a later time as may be specified in the notice of resignation.

### 7.8 Removal of Medical Staff Officers

- 7.8.1 Removal of a Medical Staff officer may be initiated pursuant to the grounds set forth in Section 7.8.3 below by the Board, an officer of the Medical Staff, or a two-thirds (2/3) majority vote of the MEC.
- 7.8.2 A request for removal shall be made in writing to the MEC detailing the reasons for the request.
- 7.8.3 Grounds for removal of a Medical Staff officer are as follows:
  - a. Failure to carry out the duties specified in these Bylaws and any action or duties which may from time to time be requested of the Medical Staff officer by the MEC or the Board;
  - b. Any involuntary limitation, reduction, suspension, or revocation of the clinical privileges of the Medical Staff officer involved; or
  - c. Other behavior or activities not in the best interest of patients, the Medical Staff, or Palmetto Health.
- 7.8.4 If an action for removal is initiated, the MEC shall notify the Medical Staff officer at least five (5) calendar days prior to the date of the MEC meeting at which the request for removal is to be considered. The Medical Staff officer shall be afforded the opportunity to speak on his/her own behalf at the meeting prior to a vote on removal. Failure of the Medical Staff officer to appear shall in no way prevent the MEC from acting on the request for removal. Removal requires a two-thirds (2/3) vote of the MEC and approval by the Board. Removal of a Medical Staff officer becomes effective immediately upon Board approval.



- 7.8.5 Removal from Medical Staff office in and of itself shall in no way effect the Medical Staff officer's clinical privileges. Removal from Medical Staff office does not afford the Medical Staff officer the procedural rights afforded in Article XII of these Bylaws.

## **7.9 Vacancies in Medical Staff Offices**

If there is a vacancy in the office of Chief of Staff, the Vice Chief of Staff shall serve the remainder of the Chief of Staff's term, and the Vice Chief of Staff vacancy thus created will be filled by the MEC in the manner set forth in Section 7.3 and Section 7.4 above. If there is a vacancy in the office of Vice Chief of Staff, the vacancy will be filled by the MEC in the manner set forth in Section 7.3 and Section 7.4 above.

## **ARTICLE VIII CLINICAL ORGANIZATION OF THE MEDICAL STAFF**

### **8.1 Optional Clinical Councils**

The Medical Staff is a non-departmentalized organization that carries out its responsibilities through the work of its committees and by individuals assigned specific tasks. The Medical Staff may be assisted in meeting these responsibilities by optional clinical councils if formed as specified below.

- 8.1.1 The MEC may recognize any group of Practitioners interested in forming a clinical council. Such a clinical council shall be completely optional and may exist to perform any of the following:
- a. Offer continuing medical education and promote forums for the discussion of patient care issues;
  - b. Provide a vehicle for discussion of policies and procedures or equipment needs in a specialty or service line area;
  - c. Create an opportunity for networking and collegial interaction among Practitioners with common interests;
  - d. Develop recommendations for submission to the MEC;
  - e. Participate in the development of criteria for clinical privileges when requested for input by the Credentials Committee or MEC;
  - f. Discuss a specific issue at the request of a Medical Staff committee and provide consultation to such committee; or
  - g. Provide a forum for discussion for clinicians in a particular specialty or interdisciplinary group of specialties.
- 8.1.2 Clinical councils are not required to hold regular meetings, keep minutes or track attendance, and have no regularly assigned responsibilities. A written report is required only when a clinical council wishes to make a formal recommendation to the MEC, another medical staff committee, or to Palmetto Health management.

## ARTICLE IX MEDICAL STAFF COMMITTEES

### 9.1 Types of Committees

There shall be a MEC and the following standing committees of the medical staff that are accountable to the MEC: (i) a CEC at each Hospital, (ii) a Credentials Committee, and (iii) a Patient Care and Safety Committee. Additional standing and *ad hoc* committees may be established by the MEC from time to time to accomplish medical staff functions. The Chief of Staff may appoint *ad hoc* committees as necessary to address time-limited issues or specialized tasks.

A current list of standing and *ad hoc* Medical Staff committees and the members of such committees will be maintained by Medical Staff Affairs.

### 9.2 Committee Chairs

#### 9.2.1 Selection

With the exception of the MEC and the CECs or unless stated otherwise in these Bylaws, the chair of each Medical Staff committee shall be appointed, and vacancies filled, by the Chief of Staff, subject to the approval of a majority of the members of the MEC. The chair of each Medical Staff committee must be an Active Medical Staff member.

#### 9.2.2 Term

Unless specified otherwise in these Bylaws, each chair of a standing committee shall be appointed to a term of two (2) years unless relieved of his or her responsibilities earlier by action of the MEC. Chairs of *ad hoc* committees will have terms established when the committee is formed. Any chair may be reappointed for an unlimited number of additional terms unless specified otherwise in these Bylaws.

### 9.3 Membership and Appointment to Committees

#### 9.3.1 Eligibility and Appointment

- a. Unless specified otherwise in these Bylaws, the Chief of Staff shall appoint all Medical Staff committee members after consultation with the committee chair.
- b. All Medical Staff members shall be eligible for appointment to one or more committees of the Medical Staff established to perform one or more of the functions required by these Bylaws.
- c. Where specified in these Bylaws, or where the Chief of Staff deems it appropriate to the functions of a Medical Staff committee, representatives from various services of a hospital shall be eligible for appointment in a non-voting capacity, to specific committees of the Medical Staff.

- d. In making appointments to Medical Staff committees, the Chief of Staff will have discretion to determine the committee size, unless otherwise specified in these Bylaws.

9.3.2 Palmetto Health Chief Clinical Officer

Unless otherwise provided in these Bylaws, the Palmetto Health Chief Clinical Officer (or designee) shall serve as an *ex officio* member, without a vote, on all Medical Staff committees.

9.3.3 Palmetto Health Chief Executive Officer

Unless otherwise provided in these Bylaws, the CEO (or designee) shall serve as an *ex officio* member, without a vote, on all Medical Staff committees.

9.3.4 Voting

Only Active Medical Staff members shall be eligible to vote on matters presented to a Medical Staff committee.

9.3.5 Term

Unless specified otherwise in these Bylaws, each medical staff committee member shall be appointed to a term of two (2) years, and may be reappointed as often as the individual is willing to serve or the party responsible for such reappointment may deem advisable.

**9.4 Medical Executive Committee**

9.4.1 Functions

The MEC is delegated the primary authority by the Board for monitoring patient care, Practitioner performance in the Hospitals, and the function of governance of the Medical Staff. The purpose of the MEC is to maintain appropriate professional standards by members of the Medical Staff and to assure, through ongoing and focused evaluation, continuing competency to exercise clinical privileges. The MEC oversees Practitioner adherence to professional and hospital standards and expectations.

The functions of the MEC shall include, but are not limited to the following:

- a. Represent and act on behalf of the Medical Staff between meetings of the Medical Staff;
- b. Submit recommendations to the Board regarding Medical Staff appointments, reappointments, Medical Staff category, the revocation, reduction or suspension of clinical privileges, and corrective action;
- c. Receive and act upon committee reports;

- d. Delegate implementation of MEC directives to the Campus Executive Committees, as appropriate;
- e. Implement these Bylaws and the rules, regulations, policies and procedures of the Medical Staff;
- f. Recommend action to the COO of each Hospital regarding medical administrative matters;
- g. Ensure that the Medical Staff is kept informed of the Joint Commission accreditation status of the Hospitals;
- h. Report on its activities to the Medical Staff; and
- i. Conduct other functions as necessary for the effective operation of the Medical Staff.

#### 9.4.2 Qualifications

All members of the MEC shall meet the following qualifications: (i) Active Medical Staff membership; (ii) no pending corrective action and (iii) no employment by a hospital or health system other than Palmetto Health or an affiliate of Palmetto Health; provided, however, that an employment or contractual relationship with a state or federal government entity shall not be considered employment by a hospital or health system other than Palmetto Health or an affiliate of Palmetto Health for purposes of meeting the qualifications for MEC membership.

#### 9.4.3 Composition

The MEC will be composed of the following voting members: (i) the Chief of Staff; (ii) the Vice Chief of Staff; (iii) three (3) members elected at-large from the Active Medical Staff members; (iv) the Chair of each CEC (v) the Vice Chair of each CEC; (vi) one (1) member from each CEC who is elected by the members of the respective CEC; (vii) the Chair of the Credentials Committee; and (viii) the Chair of the Patient Care and Safety Committee. The following individuals shall serve as *ex officio* members of the MEC without a vote: (i) the Chief Clinical Officer; (ii) the Physician Executive from each Hospital; (iii) the Chief Executive Officer of the Palmetto Health-USC Medical Group; and (iv) the System Vice President, Clinical Quality and Patient Safety. Members of the Palmetto Health Board of Directors shall be invitees to meetings of the MEC. The MEC may invite to its meetings additional guests as needed to assist in carrying out its work. In general, meetings of the MEC are not open meetings and only committee members and invited guests may be present.

The election of the three (3) at-large members of the MEC will take place in accordance with a schedule developed by Medical Staff Affairs and the MEC. Active Medical Staff members may vote for at-large positions. The three (3) nominees who receive the most votes shall be elected. The use of electronic ballots is permissible. Nominees shall be identified by the MEC or a subcommittee formed by the MEC and the names of the nominees published to Active Medical Staff members at least thirty (30) days prior to the election; provided, however, that a petition signed by at least thirty (30) Active Medical

Staff members may add nominations to the ballot if such petition is received by Medical Staff Affairs at least twenty (20) days prior to the election. All nominees must meet the qualifications set forth in Section 9.4.2 above.

#### 9.4.4 Term

Members of the MEC elected at-large will serve for a term of two (2) years, subject to a maximum of three (3) consecutive terms. Members of the MEC elected by each respective CEC shall serve for a term of two (2) years, subject to a maximum of three (3) consecutive terms. The *ex officio* members of the MEC with and without a vote shall serve as long as they retain the position which qualified them for membership.

#### 9.4.5 Meetings of the MEC

The MEC shall hold regular meetings and maintain a permanent record of all proceedings and actions at its meetings. The Chief of Staff will preside at all meetings of the MEC. If the Chief of Staff is unavailable, the Vice Chief of Staff will chair the meeting. The date, time, and place of regular meetings of the MEC will be determined by the Chief of Staff following consultation with the MEC. The Chief of Staff may call special meetings of the MEC at any time. Notice of a special meeting of the MEC shall be by reasonable written or electronic means.

#### 9.4.6 Removal from the MEC

Grounds for removal from the MEC include, but are not limited to, the following: (i) failure to meet the attendance requirements for MEC members; (ii) disruptive conduct at MEC meetings; or (iii) failure to carry out assigned duties as an MEC member. Such removals will occur if recommended by a two-thirds (2/3) vote of the MEC excluding the party who is the subject of a removal vote who may not participate in the vote on removal.

MEC members will be considered to have voluntarily resigned from the MEC if any of the following occur: (i) the termination or suspension of the member's license to practice in the State of South Carolina; (ii) the loss of Active Medical Staff membership; (iii) a recommendation from the MEC to the Board that the member be subject to corrective action.

### 9.5 Campus Executive Committees

There shall be a CEC at each Hospital. Each CEC will be accountable to the MEC. The purpose of each CEC is to address the unique needs and significant differences in patient populations and services offered at the Hospital, and to facilitate communication between the relevant hospital's management team and the Practitioners who hold clinical privileges to practice at that hospital (for each Hospital, the "**Campus-Specific Practitioners**"). The CEC will also identify issues regarding clinical quality, patient safety, and clinical care operations that may be addressed by action of the CEC, be referred to the MEC, or referred to other appropriate medical staff or Palmetto Health or hospital committees or administrators. The CEC will meet at least quarterly and its presiding officer shall be the CEC Chair. In the absence of the Chair, the Vice Chair will assume the responsibilities of the Chair.

### 9.5.1 Function

The functions of the CEC shall include, but are not limited to the following:

- a. Make recommendations to the MEC on policy matters;
- b. Receive and implement delegated directives from the MEC;
- c. Communicate with the management team of the hospital at which the CEC is located in order to assure strong coordination of medical staff work with hospital personnel and to keep hospital management informed of relevant concerns raised by medical staff members;
- d. Address facility specific quality, practice and patient safety issues;
- e. Review facility based quality and patient safety reports and make necessary policy recommendations to change practices if necessary;
- f. Collaborate with medical staff committees on peer review matters as requested;
- g. Promote communication with medical staff members who work at the hospital, including the convening of periodic meetings of such medical staff members when it would further communication or provide a forum to address issues of concern;
- h. Collaborate with other CECs to promote consistency across Palmetto Health facilities, provide unified clinical guidance to hospital clinical service lines operating across facilities, and to reduce variance in approaches and policies where appropriate;
- i. Forward all unresolved issues to the MEC;
- j. Identify CEC members to sit on the MEC in accordance with Section 9.5.3; and
- k. Analyze quality improvement data for the purpose of improving patient care outcomes at the Hospital.

### 9.5.2 Composition

The voting members of the CEC at each Hospital will be comprised of the following: (i) at least four (4) Active Medical Staff members who are Campus-Specific Practitioners at that Hospital and are appointed by the respective Hospital's COO and (ii) at least four (4) Active Medical Staff members of Campus-Specific Practitioners who are elected by the Active Medical Staff members who are Campus-Specific Practitioners at that Hospital. If the number of CEC members appointed by a hospital COO increases to more than four (4), the number of elected CEC members shall be increased to an equal number. In no event shall an individual serve as an elected or appointed member of more than one (1) CEC simultaneously. Each Hospital's COO and Physician Executive shall serve as *ex officio* members of the applicable CEC without a vote. Guests may be invited to attend CEC meetings on a regular or as needed basis at the discretion of the CEC Chair.

### 9.5.3 Selection of Elected Members of the CEC

CEC elections will be held in accordance with a schedule developed by Medical Staff Affairs and the applicable CEC. All Active Medical Staff members who are Campus-Specific Practitioners are eligible to vote for elected CEC positions at a respective Hospital. The nominees who receive the greatest number of votes shall be elected. The use of electronic ballots is permissible. Candidates for elected positions on a CEC shall be nominated by a committee consisting of two (2) members from the current CEC and two (2) members at-large from the Active Medical Staff members who are Campus-Specific Practitioners chosen by the current CEC Chair and approved by the CEC. An individual wishing to run for election may not be named as a member of the nominating committee. The Physician Executive for the applicable hospital will be invited to attend nominating committee meetings but will not have a vote. The nominating committee will meet at least forty-five (45) days prior to the election date and will produce a slate of nominees with at least one (1) name placed on the ballot for each elected position. Nominees must be chosen from Active Medical Staff members who are Campus-Specific Practitioners. The nominating committee shall circulate and formally post its list of nominees to Active Medical Staff members who are Campus-Specific Practitioners at least thirty (30) days prior to the election; provided, however, that a petition signed by at least ten percent (10%) of Active Medical Staff members who are Campus-Specific Practitioners at a Hospital may add nominations to the ballot if such petition is received by the nominating committee at least twenty days (20) prior to the election.

### 9.5.4 Election of CEC Chair, Vice Chair, and MEC Representative

The Chair and Vice Chair of a CEC shall be elected by the voting members of the CEC. The election will be held in accordance with a schedule developed by Medical Staff Affairs and the applicable CEC. In addition, the CEC will elect one of its members to sit on the MEC. Any voting member of the CEC may run for these positions, and the candidate who receives the greatest number of votes for each position shall be elected. The use of electronic ballots is permissible.

### 9.5.5 Vacancies

If there is a vacancy in the role of Chair or Vice Chair of a CEC or an elected CEC representative on the MEC, the CEC will arrange for a new election to fill the vacancy as soon as is feasible. The CEC will have discretion to identify new candidates and arrange the mechanics of the election.

### 9.5.6 Term

All elected members of a CEC shall serve for a term of two (2) years, subject to a maximum of three (3) consecutive terms. The positions of Chair and Vice Chair shall each serve for a term of one (1) year, subject to a maximum of three (3) consecutive terms. The CEC representative to the MEC shall serve for a term of two (2) years, subject to a maximum of three (3) consecutive terms.

## **9.6 Credentials Committee**

### **9.6.1 Function**

The Credentials Committee shall:

- a. Review and recommend to the MEC action on all appointments and reappointments for Medical Staff membership;
- b. Review and recommend to the MEC action on all requests by Practitioners for clinical privileges;
- c. Recommend to the MEC criteria for the granting of Medical Staff membership and clinical privileges;
- d. Develop, recommend to the MEC, and consistently implement policy and procedures for all credentialing activities at the Hospitals; and
- e. Perform such other functions as requested by the MEC.

### **9.6.2 Composition**

The Credentials Committee shall be appointed by the Chief of Staff and voting members of the committee shall consist of Active Medical Staff members selected on a basis that will provide representation of the major clinical specialties, Hospital-based specialties and the Medical Staff at large.

### **9.6.3 Meetings of the Credentials Committee**

The Credentials Committee shall meet at regular intervals as determined by the Credentials Committee chair, in consultation with the MEC.

### **9.6.4 Confidentiality**

The Credentials Committee shall function as a peer review committee consistent with applicable Federal and State law. All members of the Credentials Committee shall, consistent with Medical Staff and hospital confidentiality policies, keep in strict confidence all papers, reports and information obtained by virtue of membership on the committee. For additional provisions relating to confidentiality refer to Article XIII of these Bylaws.

## **9.7 Patient Care and Safety Committee**

### **9.7.1 Function**

The Patient Care and Safety Committee exists to improve the quality and safety of care across the system, resulting in processes that are more consistent, reliable, and efficient. The Patient Care and Safety Committee shall:



- a. In collaboration with Palmetto Health leadership, work to establish Palmetto Health's quality agenda;
- b. Make decisions regarding best practices based on published research and internal data;
- c. Review and approve all Medical Staff patient care policies and clinical protocols and provide advice on other patient care policies and clinical protocols when appropriate;
- d. Oversee organizational quality programs, including monitoring progress toward quality goals;
- e. Create subcommittees to review and address safety events and bring recommendations to the committee;
- f. Receive and act on medical records, compliance, and regulatory issues.

#### 9.7.2 Composition

Members of the Patient Care and Safety Committee shall be appointed by the Chief of Staff and voting members of the committee shall consist of Active Medical Staff members who have demonstrated commitment to quality improvement, collaboration, and positive influence on colleagues and care teams. Physician leaders from each service line and hospital-based group will recommend one (1) medical staff member to represent the service line/group. The Chief of Staff may add members to provide adequate representation of all settings and services. The following individuals shall serve as *ex officio* members of the Patient Care and Safety Committee without a vote: (i) the Hospitals' Physician Executives, (ii) the System Vice President of Quality and Patient Safety, (iii) the Chief Value and Informatics Officer, (iv) the Chief Clinical Officer, and (v) the Chief Nursing Officer. The Patient Care and Safety Committee may invite additional guests to its meetings as needed to assist in carrying out its work.

#### 9.7.3 Meetings

The Patient Care and Safety Committee will meet at least quarterly and will maintain a permanent record of its proceedings and activities.

### **ARTICLE X MEETINGS OF THE MEDICAL STAFF**

#### **10.1 Medical Staff Meetings**

##### 10.1.1 Annual and Regular Meetings of the Medical Staff

An annual meeting of the medical staff shall be held at a date, time, and place determined by the MEC. The primary objectives of the annual meeting are to report on the activities of the medical staff and conduct medical staff business, as determined by the Chief of Staff and the MEC. The MEC may approve the holding of additional regular meetings of the medical staff. Written notice of such meetings shall be given to all medical staff

members via appropriate media, as determined by the MEC, no fewer than ten (10) days, nor more than sixty (60) days before the meeting date. Notice of any annual or regular meeting of the medical staff need not include a description of the purpose for which the meeting is called.

#### 10.1.2 Special Meetings of the Medical Staff

The Chief of Staff or the MEC may call a special meeting of the medical staff at any time. In addition, the Chief of Staff shall call a special meeting within fourteen (14) days after receipt of a written request stating the purpose of such meeting that is signed by not less than ten percent (10%) of the Active Medical Staff members. The Chief of Staff shall designate the time and place of any special meeting. Written notice of such meetings shall be given to all medical staff members via appropriate media, as determined by the Chief of Staff, and posted conspicuously in the Hospitals no fewer than seven (7) days, nor more than fourteen (14) days before the meeting date. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

### 10.2 Meetings of Medical Staff Committees

#### 10.2.1 Regular Meetings of Medical Staff Committees

Unless otherwise specified in these Bylaws, committees may establish the date, time, and place of any regular meetings without additional notice.

#### 10.2.2 Special Meetings of Medical Staff Committees

Unless otherwise specified in these Bylaws, a special meeting of any committee may be called upon reasonable notice of the date, time, place, and purpose of such special meeting by (i) the chair of such committee or (ii) the Chief of Staff. No business shall be transacted at any special meeting except that stated in the notice of such meeting.

### 10.3 Waiver of Meeting Notice

The attendance of a voting medical staff member at a meeting shall constitute waiver of notice of that meeting, except where the voting medical staff member upon arriving at the meeting or prior to the vote on a matter not noticed in conformity with these Bylaws, objects to lack of notice and does not thereafter vote or assent to the object action.

### 10.4 Participation by Communications

When feasible, any voting medical staff member may participate in, and be regarded as present at, any medical staff or committee meeting by means of a conference telephone or other means of communication by which all persons participating in the meeting can hear each other at the same time.

### 10.5 Quorum and Voting

#### 10.5.1 Medical Staff Meetings

Except as otherwise required by these Bylaws, at any meeting of the medical staff, the Active Medical Staff members present and eligible to vote shall constitute a quorum for purposes of that meeting.

#### 10.5.2 Medical Staff Committee Meetings

Except as otherwise required by these Bylaws, at any meeting of a medical staff committee, ten percent (10%) of the total Active Medical Staff members of such committee shall constitute a quorum for purposes of that meeting.

### **10.6 Action**

The medical staff or a committee shall take action by the affirmative vote of a majority of the voting medical staff members participating in a meeting at which a quorum is present, or the affirmative vote of a greater or lesser number where required by these Bylaws.

### **10.7 Action without a Meeting**

Unless these Bylaws provide otherwise, any action that may be taken at any regular or special meeting of a medical staff committee may be taken without a meeting if a written ballot, in paper or electronic form, is delivered to each of the voting members of the medical staff serving on the committee. Such written ballot shall set forth each proposed action and provide an opportunity to vote for or against each proposed action. Approval by written ballot pursuant to this Section is valid only when the number of votes cast by ballot equals or exceeds the quorum required to be present at a meeting authorizing the action, and the number of approvals equals or exceeds the number of votes that would be required to approve the matter at a meeting at which the total number of votes cast was the same as the number of votes cast by ballot.

### **10.8 Proxy Voting**

No medical staff member may vote by proxy.

### **10.9 Attendance**

Although not required, members of the Medical Staff are encouraged to attend Medical Staff and committee meetings. Meeting attendance will not be used in evaluating Medical Staff members at the time of reappointment.

### **10.10 Rules of Order**

Meetings of the medical staff and meetings of committees will be run in a manner determined by the chair (or designee) who presides at such a meeting. Compliance with rules of parliamentary procedure is not required.

### **10.11 Minutes**

Minutes of each annual, regular, and/or special meeting of the Medical Staff or a committee shall be prepared and shall include a record of the vote taken on each matter, if any. Minutes of annual, regular and special meetings of the Medical Staff and MEC shall be signed by the Chief of Staff (or designee). Minutes of regular and special committee meetings shall be signed by the appropriate committee chairperson. A permanent file of minutes shall be maintained by Medical Staff Affairs.

## 10.12 Executive Session

Unless otherwise expressly included, the meetings of any committee of the Medical Staff engaged in monitoring patient care or fulfilling any activity within the purview of S.C. Code Sections 40-71-10 and 40-71-20, as amended, or hereafter amended, or any similar statute of the State of South Carolina or the United States, shall be deemed to be in executive session and not subject to disclosure except as otherwise provided by applicable law or regulation.

## ARTICLE XI CORRECTIVE ACTION

### 11.1 Definitions

The following definitions shall apply to the provisions of Corrective Action and the Fair Hearing Plan:

“**Appellate Review Body**” is the group designated by the Board to hear a request for appellate review properly filed and pursued by a Practitioner.

“**Hearing Committee**” is the committee appointed to hear a request for an evidentiary hearing properly filed and pursued by a Practitioner.

“**Parties**” are the Practitioner who requested the hearing or appellate review and the body upon whose adverse action a hearing or appellate review request is predicated.

### 11.2 Initiation of Corrective Action

11.2.1 Members of the Medical Staff are involved in activities to measure, assess and improve the performance of other Practitioners in the Hospitals.

11.2.2 Whenever the activities or professional conduct of any Practitioner with clinical privileges are determined to be detrimental to patient safety, the delivery of patient care, or are disruptive to hospital operations, corrective action against such Practitioner may be initiated by the Board, any officer of the Medical Staff, or by a two-thirds (2/3) majority vote of the MEC. All requests for corrective action shall be in writing, shall be made to the MEC and shall be supported by reference to specific activities or conduct which constitute the grounds for the request.

11.2.3 Upon receipt of a request for corrective action, the MEC shall forward the request to the Practitioner’s clinical service line leader (if applicable) or, in the alternative, to the chair of an *ad hoc* subcommittee formed by the MEC to investigate the matter (the “**Investigative Committee**”). The appropriate clinical service line leader (or designee), or, in the alternative, the Investigative Committee shall immediately investigate the situation and shall notify the Practitioner against whom the corrective action has been requested within ten (10) calendar days by registered or certified mail or hand delivery. The Chief of Staff, in his/her reasonable discretion, may designate alternative Practitioners to conduct the investigation if it is determined that the clinical service line leader or members of the Investigative Committee have a conflict of interest which might preclude or impair an unbiased investigation. Such appointments may include practitioners who are not members of the Medical Staff.

- 11.2.4 The Practitioner against whom the corrective action has been requested shall have an opportunity for an interview with the clinical service line leader (or designee) or the Investigative Committee, as applicable. At such interview, the Practitioner shall be invited to discuss, explain or refute the charges against him/her. This peer interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rights provided in these Bylaws with respect to hearings shall apply thereto. A record of such interview shall be made and included in its report to the MEC. Within forty-five (45) calendar days after his/her receipt of the request for corrective action, the clinical service line leader (or designee) or the Investigative Committee, as applicable, shall make a report of his/her investigation to the MEC.
- 11.2.5 Within forty-five (45) calendar days following receipt of a report from the investigation of a request for corrective action as described in Section 11.2.4 above, the MEC shall take action. If the corrective action could involve a limitation, reduction or suspension of clinical privileges, or a suspension or expulsion from the Medical Staff, or could affect the Practitioner's periodic reappointment the affected Practitioner shall, at his/her request be permitted to make an appearance before the MEC prior to the MEC taking action. This appearance shall not constitute a hearing, shall be preliminary in nature and none of the procedural rights provided in these Bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the MEC.
- 11.2.6 The action of the MEC on a request for corrective action may be to:
- a. Reject or modify the request for corrective action;
  - b. Issue a warning;
  - c. Issue a letter of reprimand;
  - d. Impose a term of probation or a requirement for consultation;
  - e. Recommend a limitation, reduction, suspension or revocation of clinical privileges;
  - f. Recommend that an already imposed summary suspension of clinical privileges be terminated, modified or sustained; or
  - g. Recommend that the Practitioner's Medical Staff membership be suspended or revoked.
- 11.2.7 The Chief of Staff shall, within ten (10) calendar days, notify the CEO in writing of all requests for corrective action reported to the MEC and shall continue to keep the CEO fully informed of all action taken in connection therewith.

### **11.3 Summary Suspension**

- 11.3.1 Whenever a Practitioner's conduct requires that immediate action be taken to protect the life of any patient or to reduce the substantial likelihood of injury or damage to the health or safety of any patient, employee or other person present in the hospital, the Board, any

officer of the Medical Staff, or the MEC (by a two-thirds (2/3) majority vote) shall each have the authority, whenever action must be taken immediately in the best interest of patient care, to summarily suspend all or any portion of the clinical privileges of a Practitioner, and such summary suspension shall become effective immediately upon imposition. Whoever summarily suspends the Medical Staff member shall document the grounds for suspension and shall immediately initiate procedures for corrective action as provided in Section 11.2 above.

11.3.2 The MEC may recommend modification, continuance or termination of the terms of the summary suspension. If, as a result of such corrective action, the MEC does not recommend immediate termination of the summary suspension, the affected Practitioner shall be entitled to the procedural rights provided in Section 12.4 of the Fair Hearing Plan, but the terms of the summary suspension as sustained or as modified by the MEC shall remain in effect pending a final decision thereon by the Board.

11.3.3 Immediately upon the imposition of summary suspension, the Chief of Staff or clinical service line leader shall have authority to provide for alternative medical coverage for the patients of the suspended Practitioner in the Hospitals at the time of such suspension. The wishes of the patients shall be considered in the selection of such alternative Practitioner.

#### **11.4 Automatic Suspension**

11.4.1 A temporary suspension in the form of withdrawal of the Practitioner's admitting, treating and consulting privileges for any patient not already admitted to a hospital, effective until medical records are completed, shall be imposed automatically after warning of delinquency for failure to complete medical records. Additional requirements regarding medical records may be set forth in Medical Staff rules, regulations, policies and procedures.

11.4.2 Action by the South Carolina Board of Medical Examiners revoking or suspending a Practitioner's license shall automatically suspend all of his/her clinical privileges. Such action may, at the discretion of the MEC, automatically initiate procedures for corrective action.

11.4.3 It shall be the duty of the Chief of Staff to cooperate with the CEO in enforcing all automatic suspensions.

### **ARTICLE XII FAIR HEARING PLAN**

#### **12.1 Initiation of Hearing**

##### **12.1.1 Recommendations or Actions**

Any denial, suspension, revocation, reduction or limitation in clinical privileges, Medical Staff appointment or reappointment, or a term of probation shall be deemed adverse.

### 12.1.2 When Deemed Adverse

Any recommendation or action described in Section 12.1.1 above shall be deemed an adverse action only when it has been: (i) recommended by the MEC; (ii) taken by the Board when contrary to a favorable recommendation by the MEC under circumstances where no right to a hearing existed; or (iii) taken by the Board on its own initiative without benefit of a prior recommendation by the MEC.

### 12.1.3 Notice of Adverse Recommendation or Action

A Practitioner against whom adverse action has been taken pursuant to Section 12.1.2 above shall within ten (10) calendar days be given written notice by the CEO by registered or certified mail or hand delivery.

### 12.1.4 Request for Hearing

A Practitioner shall have thirty (30) calendar days following his/her receipt of the notice pursuant to Section 12.1.3 above to file a written request for a hearing. Such request shall be delivered to the CEO by registered or certified mail or hand delivery.

### 12.1.5 Waiver by Failure to Request a Hearing

A Practitioner who fails to request a hearing within the time and in the manner specified in Section 12.1.4 above waives any right to such hearing and to any appellate review to which he/she might otherwise have been entitled. Such waiver in connection with: (i) an adverse action by the Board shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Board or (ii) an adverse recommendation by the MEC shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Board.

The Board shall consider the MEC's recommendation at its next regular meeting following waiver. In its deliberations, the Board shall review all the information and material considered by the MEC and may consider all other relevant information received from any source. If the Board's action on the matter is in accord with the MEC's recommendation, such action shall constitute the final decision of the Board. If the Board's action has the effect of changing the MEC's recommendation, the matter shall be submitted to a joint conference review as provided in Section 12.10.2. The Board's action on the matter following receipt of the joint conference committee's recommendation shall constitute its final decision.

The CEO shall within ten (10) calendar days send the Practitioner special notice, by registered or certified mail or hand delivery informing him/her of each action taken pursuant to this Section 12.1.5 and shall notify the Chief of Staff of each such action.

## 12.2 Hearing Prerequisites

### 12.2.1 Notice of Time and Place of Hearing

Upon receipt of a timely request for a hearing, the CEO shall, depending on whose recommendations or action prompted the request for a hearing, deliver such request to the

Chief of Staff or to the Board. Within thirty (30) calendar days after receipt of such request, the Chief of Staff or the Board shall schedule and arrange for a hearing. At least thirty (30) calendar days prior to the hearing, the CEO shall send the Practitioner special notice, by registered or certified mail or hand delivery of the date, time and place of the hearing. The hearing date shall be not less than thirty (30) calendar days nor more than sixty (60) calendar days from the day of receipt of the request for a hearing; provided, however, that the hearing for a Practitioner who is under suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but not later than forty-five (45) calendar days from the date of receipt of the request for a hearing.

#### 12.2.2 Statement of Charges

The notice of the hearing described in Section 12.2.1 above shall contain a concise statement of the Practitioner's alleged acts or omissions, a list of the specific or representative patient records in question and/or the other reasons or subject matter forming the basis for the adverse recommendation or action which is the subject of the hearing.

### 12.3 Appointment of the Hearing Committee

#### 12.3.1 By the Medical Staff

A hearing occasioned by a MEC recommendation shall be conducted by a hearing committee of impartial Practitioners appointed by the Chief of Staff and comprised of not less than three (3) members of the Medical Staff who are qualified to serve. The Chief shall designate one of the members to serve as chair of the committee.

#### 12.3.2 By the Board

A hearing occasioned by an adverse action of the Board shall be conducted by a hearing committee appointed by the Board chair and composed of not less than five (5) persons who are qualified to serve. At least three (3) Medical Staff members shall be on this committee when feasible. The Board chair shall designate one of the members to serve as chair of the committee.

#### 12.3.3 Qualified to Serve

To be qualified to serve on a hearing committee, a Medical Staff or Board member shall not have actively participated in formulating the adverse recommendation or action that occasioned the hearing or initiating or investigating the underlying matter at issue at any earlier stage of the proceedings. No committee member shall be in direct economic competition with the Practitioner. Practitioners who are not members of the Medical Staff may be selected to serve on the hearing committee.

### 12.4 Hearing Procedure

#### 12.4.1 Personal Presence

The personal presence of the Practitioner who requested the hearing is required. A Practitioner who fails, without good cause, to appear and proceed at the hearing shall be



deemed to have waived his/her right to a hearing and to any appellate review to which he/she might have been entitled.

#### 12.4.2 Presiding Officer

A hearing officer, if one is appointed, or the chair of the hearing committee shall be the presiding officer. The presiding officer shall act to maintain decorum and to assure that all participants in the hearing have reasonable opportunity to present relevant oral and documentary evidence. The presiding officer will determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

#### 12.4.3 Representation

The Practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by either an attorney or other individual of the Practitioner's choosing.

The MEC, when its action has prompted the hearing, shall appoint one of its members, or another Medical Staff member, to represent it at the hearing, to present the facts in support of its adverse recommendation or action and to examine witnesses. The MEC representative may be represented by an attorney. The Board, when its action has prompted the hearing, shall appoint one of its members to represent it at the hearing, to present the facts in support of its adverse decision and to examine witnesses. The Board member may be represented by an attorney. It shall be the obligation of the representative to present appropriate evidence in support of the adverse recommendation or decision, but the affected Practitioner shall have the burden of proving, by a preponderance of the evidence, that the conclusions drawn therefrom are either arbitrary, unreasonable or capricious.

#### 12.4.4 Rights of the Parties

During the hearing, each of the parties shall have the right to: (i) call and examine witnesses; (ii) introduce exhibits; (iii) cross-examine any witness on any matter relevant to the issue(s); (iv) challenge the credibility of witnesses; (v) rebut any evidence; (vi) request that the record of the hearing be made by use of a court reporter or an electronic recording unit; and (vii) submit a written statement.

If the Practitioner who requested the hearing does not testify on his/her own behalf, he/she may be called and examined as if under cross-examination.

#### 12.4.5 Procedure and Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record. The presiding officer may, but shall not be required to, order that oral evidence be taken only on oath or

affirmation administered by any person designated by him/her and entitled to notarize documents in South Carolina.

#### 12.4.6 Official Notice

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of South Carolina. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Any party shall be given opportunity, on timely request, to request that a matter be officially noticed and to refute officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the hearing committee. The committee shall also be entitled to consider any pertinent material contained on file in the Hospitals, and all other information that may be considered, pursuant to these Bylaws, in connection with applications for appointment or reappointment to the Medical Staff and for clinical privileges.

#### 12.4.7 Burden of Proof

When a hearing relates to the denial of initial Medical Staff appointment, denial of requested advancement in Medical Staff category or denial of requested clinical privileges, the Practitioner who requested the hearing shall have the burden of proving, by a preponderance of the evidence, that the adverse recommendation or action lacks any factual basis or that such basis or the conclusions drawn therefrom are either arbitrary, unreasonable or capricious. Otherwise, the body whose adverse recommendation or action occasioned the hearing shall have the initial obligation to present evidence in support therefore, but the Practitioner shall thereafter be responsible for supporting his/her challenge to the adverse recommendation or action, by a preponderance of the evidence, that the grounds therefrom lack any factual basis or that such basis or the conclusions drawn therefrom are either arbitrary, unreasonable or capricious.

#### 12.4.8 Record of Hearing

A record of the hearing shall be kept that is of sufficient accuracy to assure that an informed and valid judgment may be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The hearing committee may select the method to be used for making the record, such as a court reporter, electronic recording unit, detailed transcription, or minutes of the proceedings. The Practitioner requesting the hearing may request, at his/her own expense, a copy of the hearing record.

#### 12.4.9 Postponement

Requests for postponement of a hearing shall be granted by the hearing committee only upon a showing of good cause.

#### 12.4.10 Recesses and Adjournment

The hearing committee may recess the hearing 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 conclusion of the presentation of oral and written evidence, the hearing shall be closed. The hearing committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties involved. Upon the conclusion of its deliberations, the hearing shall be declared adjourned.

### 12.5 Hearing Committee and Further Action

#### 12.5.1 Hearing Committee Report

Within fifteen (15) calendar days after final adjournment of the hearing, the hearing committee shall make a written report of its findings and recommendation(s) in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the body whose adverse recommendation or action occasioned the hearing. All findings and recommendations by the hearing committee shall be supported by general reference to the hearing record and other documentation considered by the hearing committee. The Practitioner requesting the hearing shall be provided with the written recommendation(s) of the hearing committee.

#### 12.5.2 Action on Hearing Committee Report

Within forty-five (45) calendar days after receipt of the report of the hearing committee, the MEC or the Board as the case may be, shall consider the same and affirm, modify or reverse the hearing committee's recommendation(s) or action(s) in the matter. The result, along with the hearing record, the report of the hearing committee and all other documentation considered, shall be submitted to the CEO.

#### 12.5.3 Notice

Within ten (10) calendar days of receipt of the materials, the CEO shall send notice of the result to the Practitioner by registered or certified mail or hand delivery with copies to the Chief of Staff and the Board.

#### 12.5.4 Effect of Favorable Result

- a. Adopted by the Board: If the Board's result is favorable to the Practitioner, the result shall become the final decision of the Board and the matter shall be considered closed.
- b. Adopted by the MEC: If the MEC's result is favorable to the Practitioner, the CEO shall promptly forward the result, together with all supporting documentation, to the Board for its final action. The Board shall take action either by adopting or rejecting the MEC's result in whole or in part or by referring the matter to the MEC for further consideration. Any referral back to the MEC shall state the reasons for referral, set a time limit within which a subsequent recommendation to the Board must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such subsequent recommendation and any new

evidence in the matter, the Board shall take final action. The CEO shall promptly send the Practitioner notice by registered or certified mail or hand delivery informing him/her of each action taken. Favorable action shall be the final decision of the Board and the matter shall be considered closed. If the Board's action is adverse the notice by registered or certified mail or hand delivery shall inform the Practitioner of his/her right to request an appellate review by the Board.

#### 12.5.5 Effect of Adverse Result

If the result of the MEC or of the Board continues to be to deny, suspend, revoke, reduce, or limit clinical privileges, staff appointment or reappointment, requested advancement in staff category or terms of probation the notice by registered or certified mail or hand delivery shall inform the Practitioner of his/her right to request an appellate review by the Board.

### 12.6 Initiation and Prerequisites of Appellate Review

#### 12.6.1 Request for Appellate Review

A Practitioner shall have thirty (30) calendar days following notice of an adverse result provided pursuant to the notice requirements in Section 12.5.3 to file a written request for an appellate review. Such request shall be delivered to the CEO by certified or registered mail or hand delivery and may include a request for a copy of the report and record of the hearing committee and all other material, favorable or unfavorable, that was considered in reaching the adverse action or result against him/her, and which has not been previously provided.

#### 12.6.2 Waiver by Failure to Request Appellate Review

A Practitioner who fails to request an appellate review within the time and in the manner specified in Section 12.6.1 above waives any right to such review. Such waiver shall have the same force and effect as that provided in Section 12.1.5.

#### 12.6.3 Notice of Time and Place for Appellate Review

Upon receipt of a timely request for appellate review, the CEO shall deliver such request to the Board. Within thirty (30) calendar days after receipt of such request, the Board shall schedule and arrange for an appellate review which shall be not less than forty-five (45) calendar days nor more than ninety (90) calendar days from the date of receipt of the appellate review request, unless both parties agree otherwise; provided, however, that an appellate review for a Practitioner who is under suspension then in effect shall be held as soon as the arrangements for it may reasonably be made, but no later than sixty (60) calendar days from the date of receipt of the request for appellate review. At least thirty (30) calendar days prior to the appellate review the CEO shall send the Practitioner special notice, by registered or certified mail or hand delivery, of the date, place and time of the appellate review. The time for the appellate review may be extended by the appellate review body for good cause.

#### 12.6.4 Appellate Review Body

The Board shall determine whether the appellate review shall be conducted by the Board as a whole or by an appellate review committee composed of not less than five (5) members of the Board appointed by the Board chair. The appellate review committee shall act as a recommending body. If a committee is appointed, one of its members shall be designated as chair.

### 12.7 Appellate Review Procedure

#### 12.7.1 Nature of Proceedings

The proceedings by the review body shall be in the nature of an appellate review based upon the record of the hearing before the hearing committee, that committee's report, and all subsequent results and actions thereon. The appellate review body shall also consider the written statements submitted pursuant to Section 12.7.2 and such other statements as may be presented pursuant to Section 12.7.4

#### 12.7.2 Written Statements

The Practitioner seeking the review shall submit a written statement detailing the findings of fact, conclusions and procedural matters with which he/she disagrees, and his/her reasons for such disagreement. 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 body through the CEO at least thirty (30) calendar days prior to the scheduled date of the appellate review. A written statement in reply may be submitted by the MEC or by the Board, and if submitted, the CEO shall provide a copy thereof to the Practitioner at least ten (10) calendar days prior to the scheduled date of the appellate review.

#### 12.7.3 Presiding Officer

A hearing officer, if one is appointed, the the Board chair or the chair of the appellate review committee shall be the presiding officer. The presiding officer shall act to maintain decorum and to assure that all participants in the appellate review have reasonable opportunity to present relevant oral and documentary evidence. The presiding officer will determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

#### 12.7.4 Oral Statement

The appellate review body, 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/her by any member of the appellate review body.

#### 12.7.5 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, nor otherwise reflected in the record, shall be introduced at the

appellate review only under unusual circumstances. The appellate review body, in its sole discretion, shall determine whether such matters or evidence shall be considered or accepted.

#### 12.7.6 Powers

The appellate review body shall have all powers granted to the hearing committee, and such additional powers as are reasonably appropriate to the discharge of its responsibilities.

#### 12.7.7 Recesses and Adjournment

The appellate review body may recess the appellate 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 body, at a time convenient to itself, shall conduct its deliberations outside the presence of the parties. Upon the conclusion of those deliberations, the appellate review shall be declared adjourned.

#### 12.7.8 Action Taken

The appellate review body may recommend that the Board affirm, modify, or reverse the adverse result or action taken by the MEC or by the Board, or, at its discretion, may refer the matter back to the hearing committee for further review and recommendation within thirty (30) calendar days and in accordance with its instructions. Within thirty (30) calendar days after receipt of such recommendation and referral, the hearing committee shall make its recommendation to the Board as provided in this section.

#### 12.7.9 Conclusion

The appellate review shall not be deemed to be concluded until all of the procedural steps provided in Section 12.7 have been completed or waived.

### **12.8 Final Decision of the Board**

#### 12.8.1 Board Action

Within thirty (30) calendar days after the conclusion of the appellate review, the Board shall render its final decision in the matter in writing and shall send notice thereof to the Practitioner, the Chief of Staff, and the MEC by registered or certified mail or hand delivery. If the decision is in accord with the MEC's last recommendation in the matter, if any, it shall be immediately effective and final. If the Board's action has the effect of changing the MEC's last such recommendation, if any, the Board shall refer the matter to a joint conference committee as provided in Section 12.8.2 below. The Board's action on the matter following receipt of the joint conference committee's recommendation shall be immediately effective and final.

### 12.8.2 Joint Conference Review

Within thirty (30) calendar days of its receipt of the matter referred to it by the Board pursuant to the provisions of this procedure, a joint conference committee of an equal number of Medical Staff and Board members shall convene to consider the matter and shall submit its recommendation to the Board. The joint conference committee shall be composed of a total of not less than eight (8) members. Membership on this committee shall include the Board chair, who shall select three (3) other members of the Board as members and the Chief of Staff who shall select three (3) other members of the Medical Staff as members. The Board Chair shall serve as chair of this committee.

### 12.8.3 Report of Disciplinary Action

The final action of the Board resulting in the revocation, suspension, or limitation of a Practitioner's Medical Staff membership or clinical privileges shall be reported in accordance with South Carolina Code Annotated Section 44-7-70 (1976), Health Care Quality Improvement Act of 1986, as amended from time to time, and/or such other appropriate State or Federal requirements.

## 12.9 General Provisions

### 12.9.1 Hearing Officer Appointment and Duties

The use of a hearing officer is optional. The use and appointment of such officer shall be determined by the Chief of Staff, if it is a hearing before a committee of the Medical Staff, or the Board chair, if it is a hearing before the Board. A hearing officer may or may not be an attorney at law but must be experienced in conducting hearings. He/she shall act in an impartial manner as the presiding officer of the hearing. If requested by the hearing committee, the hearing officer may participate in its deliberations in an advisory capacity on procedural matters, but shall not be entitled to vote.

### 12.9.2 Notice Provisions

The notice requirements set forth in this Fair Hearing Plan may be waived upon the mutual agreement of the Parties.

### 12.9.3 Standards for Professional Review Actions

All professional review actions shall be:

- a. in the reasonable belief that the action was in the furtherance of patient care;
- b. after a reasonable effort to obtain the facts in the matter;
- c. after adequate notice and hearing procedures are afforded to the Practitioner involved or after such other procedures as are fair to the Practitioner under the circumstances; and

- d. in the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain the facts and after meeting requirements of Section 12.9.3.c. above.

#### 12.9.4 Release

By requesting a hearing or appellate review under this Fair Hearing Plan, a Practitioner agrees to be bound by the provisions of these Bylaws in all matters related to the hearing or appellate review.

#### 12.9.5 Waiver

If at any time after receipt of special notice of an adverse recommendation, action, or result, a Practitioner fails to make a required request for appearance or otherwise fails to comply with this procedure, he/she shall be deemed to have consented to such adverse recommendation, action, or result and to have voluntarily waived all rights to which he/she might otherwise have been entitled under these Bylaws then in effect or under this procedure with respect to the matter involved.

#### 12.9.6 Reapplication

A Practitioner receiving a final adverse decision from the Board shall not be eligible to reapply for reinstatement of the affected Medical Staff appointment and/or clinical privilege(s) for a period of one (1) year following the Board's final decision. A reapplication for Medical Staff appointment and/or clinical privilege(s) shall be processed as an initial application and the application shall contain such additional information as the MEC or Board may require.

### **ARTICLE XIII CONFIDENTIALITY, IMMUNITY, APPLICABILITY AND RELEASES**

#### **13.1 Confidentiality of Information**

Information submitted, collected, or prepared by any representative of Palmetto Health, the Medical Staff, other healthcare facility or organization of health professionals for the purpose of assessing and improving patient care at a hospital shall be confidential to the fullest extent permitted by law. This information shall not be disseminated, unless otherwise required by law or regulation, to anyone other than a representative of Palmetto Health, the Medical Staff, or other healthcare facilities or organizations of health professionals engaged in an official, authorized activity for which the information is needed. Such confidentiality provision shall also extend to information that may be provided to third parties. It is expressly acknowledged by each Practitioner that violation of the confidentiality provisions provided herein is grounds for immediate and permanent revocation of Medical Staff appointment and/or clinical privileges.

#### **13.2 Immunity from Liability**

No representative of the Board, Palmetto Health, or the Medical Staff shall be liable to a Practitioner for damages or other relief for any decision, opinion, action, statement or recommendation made within the scope of his/her duties as an official representative of the Board, Palmetto Health, or the Medical Staff or for providing information, opinion, counsel or services to a representative of any other healthcare facility



or organization of health professionals concerning the Practitioner if such representative acts were conducted:

- a. in good faith and without malice;
- b. in the reasonable belief that the decision, opinion, action, statement, recommendation, information, opinion, counsel or services were in furtherance of quality or efficient healthcare services and were warranted by the facts known;
- c. after a reasonable effort to obtain the facts of the matter;
- d. in accordance with any applicable procedures specified in the Bylaws, rules, regulations, policies, and procedures; or
- e. after such confidential information is distributed pursuant to an authorization signed by the Practitioner who is the subject of the confidential information.

### **13.3 Applicability**

The confidentiality and immunity provided by this Article XIII applies to all information or disclosures performed or made in connection with the Hospital or other healthcare facilities or organization's activities including, but not limited to, the following:

- a. applications for appointment and reappointment and delineated clinical privileges;
- b. corrective or disciplinary actions, including warnings, reprimands, and investigations;
- c. hearings and appellate reviews;
- d. performance improvement activities and other quality initiatives, including the creation and dissemination of performance profiles;
- e. peer review activities, including external peer review;
- f. risk management and liability prevention activities;
- g. Palmetto Health, committee, or Medical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct; and
- h. other quality and patient safety initiatives.

The acts, communications, reports, disclosures and other information referred to in this Article may relate to an applicant's or Practitioner's professional qualifications, clinical or procedural abilities, judgment, character, physical and mental health, emotional stability, professional ethics, professional conduct or any other matter that might directly or indirectly affect patient care.

### **13.4 Releases**

Each Practitioner shall, upon request of Palmetto Health, execute general and specific releases in accordance with this Article XIII, subject to such requirements, including those of good faith, absence of

malice and the exercise of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of South Carolina. Failure to execute such releases shall result in an application for appointment, reappointment, or clinical privileges being deemed voluntarily withdrawn and not processed further.

## **ARTICLE XIV ADOPTION AND AMENDMENT**

### **14.1 Adoption of these Bylaws**

These Bylaws, upon adoption by the medical staff, shall replace and supersede any existing Medical Staff bylaws and shall become effective when approved by the Board. The MEC, at its discretion, may adopt reasonable bridging procedures to assure an effective transition to these Bylaws from any previous medical staff governance documents.

### **14.2 Medical Staff Responsibility**

The Medical Staff, through the MEC and any *ad hoc* task force created by the MEC to review medical staff governing documents, shall have the responsibility to review these Bylaws at least biennially and recommend amendments, if any, to the Board. The MEC shall also have the responsibility to review Medical Staff rules, regulations, policies, and procedures and recommend amendments, if any, to the Board when necessary.

### **14.3 Amendment of these Bylaws**

14.3.1 The MEC will receive and/or develop proposed amendments to these Bylaws. The Board may also originate proposed amendments to these Bylaws and forward such proposed amendments to the MEC for consideration. Approval of any proposed amendments to these Bylaws shall require a two-thirds (2/3) majority vote of the MEC. Following approval by the MEC, a copy of all proposed amendments will be sent to each Active Medical Staff member by postal or electronic mail. The action of the MEC will be deemed accepted unless ten percent (10%) or more of the Active Medical Staff members provide a written objection to such proposed amendments to Medical Staff Affairs within thirty (30) days following the date that the proposed amendments were sent. If fewer than ten percent (10%) of the Active Medical Staff members object, the proposed amendments will automatically be ratified by the MEC at its next meeting and shall be effective when approved by the Board. If ten percent (10%) or more of the Active members of the Medical Staff object, the Chief of Staff will call and hold a special meeting of the Medical Staff to consider and take action on the proposed amendments. To be adopted at the special meeting, the proposed amendments shall require a two-thirds (2/3) vote of the voting members of the Medical Staff present, assuming a quorum exists. Proposed amendments so made shall be effective when approved by the Board.

14.3.2 In addition to the process outlined in Section 14.3.1 above, the Medical Staff itself may recommend directly to the Board amendments to these Bylaws by submitting a petition signed by at least ten percent (10%) of the Active Medical Staff members. Proposed amendments will be presented to the MEC for informational purposes. Following receipt by the MEC, the proposed amendments will be forwarded, by postal or electronic mail, to the Active Medical Staff members for consideration and vote at a regular or special Medical Staff meeting. To be adopted at a regular or special Medical Staff meeting, the proposed amendments shall require a two-thirds (2/3) vote of the voting members of the

Medical Staff present, assuming a quorum exists. Proposed amendments so made shall be effective when approved by the Board.

#### **14.4 Amendment of Medical Staff Rules, Regulations, Policies, and Procedures**

- 14.4.1 The medical staff may adopt additional rules, regulations, policies, and procedures as necessary to carry out its functions and meet its responsibilities under these Bylaws.
- 14.4.2 Proposed amendments to the rules, regulations, policies, or procedures may be originated by the MEC.
- 14.4.3 The MEC shall vote on the proposed amendments at a regular meeting, or at a special meeting called for such purpose. Following an affirmative vote by the MEC, rules, regulations, policies, or procedures may be adopted, amended, or repealed, in whole or in part, and such changes shall be effective when approved by the Board.
- 14.4.4 In addition to the process described in Section 14.4.3 above, the Medical Staff itself may recommend directly to the Board amendments to any rule, regulation, policy, or procedure by submitting a petition signed by at least ten percent (10%) of the Active Medical Staff members. Upon presentation of such petition, the adoption process outlined in Section 14.3.2 of these Bylaws will be followed.
- 14.4.5 When a new rule, regulation, policy or procedure is proposed, the proposing party (either the MEC or the Medical Staff) will communicate the proposal to the other party prior to vote.
- 14.4.6 In cases of documented need for an urgent amendment to rules and regulations in order to comply with law or regulation, the MEC may provisionally adopt and the Board may provisionally approve such urgent amendment without prior notification of the Medical Staff. In such cases the medical staff will be immediately notified by the MEC, and the Medical Staff shall have the opportunity for retrospective review of and comment on the provisional amendment. If there is a conflict over the provisional amendment between the Medical Staff and the MEC, the conflict shall be resolved by the process outlined in Section 14.4.4 above.

#### **14.5 Technical/Legal Changes**

The MEC has delegated authority from the medical staff to adopt such changes to these Bylaws, and Medical Staff rules, regulations, policies, or procedures that are, in the judgment of the MEC, technical or legal modifications or clarifications, consist of reorganization or renumbering of material, or are needed due to punctuation, spelling, or other errors of grammar or expression.

### **ARTICLE XV JOINT CONFERENCE**

In the event that a proposed decision of the Board is contrary to a recommendation of the MEC, the Board shall submit the matter to a Joint Conference Committee composed of an equal number of appointees from the Medical Staff and the Board for review and recommendation before the Board makes a final decision. The appointees from the Board shall be appointed by the Board Chair. The appointees from the

Medical Staff shall be appointed by the Chief of Staff. The CEO (or designee) shall be an *ex officio* member of this committee.

The MEC, the Board, or the CEO may also request the convening of a Joint Conference Committee to discuss any matter of controversy or concern that would benefit from enhanced dialogue between the Medical Staff, Palmetto Health, and the Board.