

**Department of Veterans Affairs  
Nebraska-Western Iowa Health Care System**

**MEDICAL STAFF  
BYLAWS**

**November 2007**

**MEDICAL STAFF BYLAWS  
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## PREAMBLE

WHEREAS, the Nebraska-Western Iowa Health Care System is a Federal institution organized under the laws of the United States of America; and WHEREAS, its purpose is to serve as a general medical and surgical Health Care System providing patient care, education and research; and WHEREAS, it is recognized that the Medical Staff is responsible for the quality of medical care in the Health Care System and must accept and discharge this responsibility, subject to the ultimate authority of the Director, and that the cooperative efforts of the Medical Staff and the Director are necessary to fulfill the Medical Center's obligations to its patients; THEREFORE, the physicians and dentists practicing in this Health Care System hereby organize themselves into a Medical Staff in conformity with these Bylaws. It is fully intended that these Bylaws be in complete conformity with Department of Veterans Affairs Policy, Regulations and the statutes of the United States of America.

## DEFINITIONS

1. **NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM** means the organization that incorporates all inpatient and outpatient services provided in facilities operated by the Veterans Administration (VA) in the State of Nebraska.
2. **HOSPITAL** means the inpatient services and the support thereof of the Nebraska-Western Iowa Health Care System.
3. **NETWORK (VISN) DIRECTOR** means the individual appointed by the Secretary of the Department of Veterans Affairs to fulfill certain duties as Governing Body.
4. **HEADQUARTERS** means the office of highest VA authority, usually located in Washington, DC.
5. **NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM DIRECTOR** or **DIRECTOR** means the individual appointed by the Secretary of the Department of Veterans Affairs to act in his behalf in the overall management of the Health Care System. In this position two roles are fulfilled by appropriate delegation of authority from the Department of Veterans Affairs:
  - a. The role of Governing Body with the exception of the functions reserved to the Network Director or higher VA authority.
  - b. The role of Chief Executive Officer.
6. **SITE OF CARE** means the physical location of a VA operated facility that is under the administrative authority of the Nebraska-Western Iowa Health Care System.
7. **DEANS COMMITTEE** means the advisory committee to the Director on matters of medical/dental education, biomedical research, and academic qualifications of the staff who are engaged in the education of students and house officers enrolled in programs operated by affiliated academic medical centers.
8. **MEDICAL STAFF** or **STAFF** means the formal organization of all licensed physicians and dentists who are privileged to attend patients in the Health Care System. House officers are not included.
9. **EXECUTIVE COMMITTEE OF THE MEDICAL STAFF (XCOM)** means the committee empowered to act for the medical staff in the interval between meetings of the entire medical staff subject to such limitations as contained in these Bylaws.
10. **PROFESSIONAL STANDARDS BOARD** means the credentials committee of the Medical Staff.
11. **PRACTITIONER** means, unless otherwise expressly limited, any physician, podiatrist, or dentist (other than house officers) applying for or exercising clinical privileges in this Health Care System.

12. **CLINICAL PRIVILEGES** or **PRIVILEGES** means the permission granted to a practitioner to independently render specific diagnostic, therapeutic, medical, dental, podiatric, psychiatric or surgical services.
13. **PREROGATIVE** means a participatory right granted, by virtue of staff category or otherwise, to a staff member or Associated or Allied Health Personnel and exercisable subject to the conditions imposed in these Bylaws and in other Health Care System and Medical Staff policies.
14. **PHYSICIAN** means an individual with a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.), or equivalent, degree, who is licensed to practice medicine in all its phases, or with a D.P.M. degree (Podiatrist), who is licensed to practice podiatric medicine in all its phases.
15. **DENTIST** means an individual with a D.D.S. or D.M.D. degree, who is fully licensed to practice dental medicine in all its phases.
16. **MEDICO-ADMINISTRATIVE OFFICER** means a practitioner whose duties include certain responsibilities, which are both administrative and clinical in nature. Clinical responsibilities are defined as those involving professional capability as a practitioner, such as to require the exercise of clinical judgment with respect to patient care and include the supervision of professional activities of practitioners under his/her direction.
17. **ASSOCIATED/ALLIED HEALTH PERSONNEL** means an individual, other than as defined above, who exercises independent judgment within the areas of his/her professional competence and who is qualified to render direct or indirect professional care, either (a) independently but in association with or (b) under the direction and supervision of a practitioner who has been accorded privileges to provide such care in the Health Care System. Such may include bacteriologists, chemists, clinical pharmacologists, clinical psychologists, optometrists, dental auxiliaries, nurse clinicians/practitioners, other doctoral scientists, physician assistants, physiologists, special care unit nurses, and qualified therapists (e.g., occupational, physical, respiratory), etc.
18. **MEDICAL STAFF YEAR** means the period from October 1 to September 30.
19. **EX OFFICIO** means service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, means with voting rights.
20. **SPECIAL NOTICE** means written notification sent by certified or registered mail, return receipt requested.
21. **APPOINTMENT** means, unless otherwise expressly limited, employment by the Department of Veterans Affairs through any mechanism authorized by law, including regular, intermittent, fee basis, contract, sharing agreement, or without compensation.
22. **RULES AND REGULATIONS:** A supplement to the Bylaws that implements provisions of the Bylaws and carries the same effect as the Bylaws of the Medical Staff.

## ARTICLE I. NAME

The name of this organization shall be the Nebraska-Western Iowa Health Care System Medical Staff.

## ARTICLE II. PURPOSES AND RESPONSIBILITIES OF THE MEDICAL STAFF

### 2.1 PURPOSES

The purposes of the Medical Staff are:

- a. To be the formal organizational structure through which: (1) the benefits of membership on the Staff may be obtained by individual practitioners; and (2) the obligations of Staff membership may be fulfilled.
- b. To serve as the primary means for accountability to the Director for the appropriateness of the professional performance and ethical conduct of its members and anyone authorized to provide patient-care services independently and to strive toward the continual improvement in performance of important functions in the Health Care System.
- c. To provide a means through which the Medical Staff may participate in the Health Care System policy-making and planning processes. The Medical Staff shall be involved in all Health Care System activities that may affect the discharge of Medical Staff responsibilities.
- d. To cooperate with affiliated medical schools and other educational institutions in undergraduate, graduate, postgraduate and continuing education in medicine and related sciences. The Staff shall encourage participation of its members in basic and clinical research.

### 2.2 RESPONSIBILITIES

The responsibilities of the Medical Staff are to:

- a. Implement and conduct specific activities to assure the quality, appropriateness, and efficiency of patient care provided by all individuals with clinical privileges in the Health Care System through the following measures:
  - (1) Participation in performance improvement activities throughout the organization.
  - (2) Evaluation of selected patient care practices through defined staff and organizational mechanisms, including peer review.
  - (3) Credentials evaluation, including mechanisms for appointment and reappraisal and the matching of clinical privileges to be exercised or of specified services to be performed with the verified credentials and current demonstrated competence of the applicant, Staff member, or Associated/Allied Health Personnel.
  - (4) Continuing education programs, fashioned at least in part on the needs demonstrated through the performance assessment and improvement programs.
  - (5) Utilization review to allocate medical and health services based upon patient-specific determinations of individual medical needs.
- b. Recommend to the Director action with respect to appointments, reappraisals, staff category and department assignments, clinical privileges, Associated/Allied Health Personnel and corrective action.

- c. Recommend to the Director programs for the establishment, maintenance, continuing improvement and enforcement of professional standards in the delivery of health care within the Health Care System.
- d. Account to the Director for the assessment and improvement of patient care through full participation in the interdisciplinary performance improvement program.
- e. Initiate and pursue corrective action with respect to practitioners, when warranted.
- f. Develop, administer, recommend amendments to and seek compliance with these Bylaws, the Rules and Regulations of the Staff, and other Health Care System and department policies.
- g. Assist in identifying beneficiary health needs and in setting appropriate institutional goals and implementing programs to meet those needs.
- h. Exercise the authority granted by these Bylaws as necessary to adequately fulfill the foregoing responsibilities.

### **ARTICLE III. MEDICAL STAFF MEMBERSHIP**

#### **3.1 NATURE OF MEDICAL STAFF MEMBERSHIP**

Membership on the Medical Staff or the exercise of clinical privileges shall be extended only to professionally competent practitioners who continuously meet the qualifications, standards and requirements of the Department of Veterans Affairs. Appointment to and membership on the Staff shall confer on the appointee or member only such clinical privileges and prerogatives as have been granted by the Director in accordance with these Bylaws and Department of Veterans Affairs Regulations. No practitioner shall admit or provide services to either inpatients or outpatients in the Health Care System unless he/she is a member of the Staff or has been granted privileges in accordance with the procedures set forth in these Bylaws.

#### **3.2 BASIC QUALIFICATIONS FOR MEMBERSHIP**

##### **3.2-1 BASIC QUALIFICATIONS**

Only practitioners currently licensed to practice, without restriction, in a State, Territory, Commonwealth, or District of Columbia of the United States, who:

- a. Fully meet the requirements of the Department of Veterans Affairs, including citizenship and proficiency in the English language; and
- b. Document their experience, background, training, current competence, demonstrated ability, certification, professional liability protection, physical and mental health status with sufficient adequacy to demonstrate to the Medical Staff and the Director that any patient treated by them receives care of the generally recognized professional level of quality and efficiency, and that they are qualified to provide service(s) needed by and within the capabilities of the facility and support services; and
- c. Are determined, on the basis of documented references, to adhere to the ethics of their respective professions, to work cooperatively with others, and to be willing to participate in the discharge of staff responsibilities, shall be qualified for membership on the medical staff.

### 3.2-2 EFFECT OF OTHER AFFILIATIONS

No practitioner shall be automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges merely because he/she is licensed to practice in any state, or because he/she is a member of any professional organization, or because he/she is certified by any clinical board, or because he/she had, or presently has, staff membership or privileges at this or at another health care facility or in another practice setting.

### 3.2-3 NONDISCRIMINATION

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, handicap, or national origin, or on the basis of any other criterion unrelated to the delivery of quality patient care in the Health Care System, to professional qualifications or to the Health Care System's purposes, needs and capabilities, as established by appropriate authority of the Department of Veterans Affairs.

### 3.2-4 ADMINISTRATIVE AND MEDICO-ADMINISTRATIVE OFFICERS

A physician or dentist employed by the Health Care System in a purely administrative capacity with no clinical duties or privileges is subject to the regular Human Resource Management Service (HRMS) policies of the Department of Veterans Affairs, and need not be a member of the Medical Staff. Conversely, a medico-administrative officer must be a member of the Medical Staff, achieving this status by the procedure with delineation of his/her privileges as provided in these Bylaws. The Medical Staff membership and clinical privileges of any medico-administrative officer shall not be contingent upon his/her continued occupation of that position.

## 3.3 BASIC RESPONSIBILITIES OF INDIVIDUAL STAFF MEMBERSHIP

Each member of the Medical Staff shall:

- a. Provide his/her patients with care at the generally recognized professional level of quality and appropriateness and be subject to review by such mechanisms as are established by the Health Care System from time to time.
- b. Abide by the Medical Staff Bylaws and by all other lawful standards, policies and rules of the Health Care System, the Department of Veterans Affairs, and the United States as they relate to Federal employment.
- c. Discharge such staff, department, committee and Health Care System functions for which he/she is responsible by staff category assignment, appointment, and election or otherwise.
- d. Prepare and legibly complete in a timely fashion the medical and other required records for all patients he/she admits or in any way provides care to in the Health Care System.
- e. Abide by the ethical principles of his/her profession and respect the rights of patients.
- f. Be subject to the authority of the Department Chief and to the policies of the Department in which privileges are held.
- g. Report all professional liability actions in which a settlement is made or an adverse judgment is rendered.
- h. Report promptly any change, which impairs ability to satisfactorily meet the requirement for membership on the Staff and/or the exercise of clinical privileges.
- i. Report promptly any challenge or sanction against licensure, registration, medical staff membership and/or clinical privileges held elsewhere.

### 3.4 CONDITIONS AND DURATION OF APPOINTMENT

- a. Each practitioner shall be appointed to a specific clinical department. Selection for initial appointments and reappraisal shall be made by the Chief of the appropriate department, subject to such concurrence required for full compliance with Department of Veterans Affairs regulations and these Bylaws.
- b. Appointment shall be governed by Department of Veterans Affairs regulations and shall run continuously as provided in these regulations. Appointment to the Medical Staff shall confer on the appointee such clinical privileges as have been granted by the Director. No appointment to the Medical Staff may be effected until the specific privileges to be extended to the practitioner have been determined by the Director in accordance with these Bylaws.
- c. Every application for staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every Medical Staff member's obligations to provide continuous care and supervision of his/her patients, to comply with Department of Veterans Affairs regulations, to abide by the Medical Staff Bylaws, Rules and Regulations, to accept committee assignments and to accept consultation assignments.

### 3.5 PROBATIONARY APPOINTMENTS

- a. Appointments to the Medical Staff shall be governed by Department of Veterans Affairs regulations in reference to probationary status.
- b. Probationary staff members shall be assigned to a department where their performance shall be observed by the Department Chief or his/her representative to determine eligibility for advancement from probationary status and for exercising the clinical privileges provisionally granted to them.
- c. From time to time, when deemed appropriate by the Department Chief, Chief of Staff or Executive Committee of the Medical Staff (XCOM), a proctor may be assigned to review the clinical performance of newly appointed staff members to assure the care they provide meets the level of competence expected of each licensed independent practitioner

### 3.6 LEAVE OF ABSENCE

Leave of absence will be granted in accordance with Department of Veterans Affairs regulations. At completion of the leave, reinstatement of clinical privileges will be subject to review and recommendation by the Department Chief.

## ARTICLE IV. CATEGORIES OF THE MEDICAL STAFF

### 4.1 CATEGORIES

The Medical Staff shall consist of active and courtesy members.

**ACTIVE STAFF:** Staff members who are employed by the Department of Veterans Affairs on a quarter-time basis or greater by any appropriate VA mechanism, including contract, or who hold official administrative appointments. Unless formally excused, these members are required to attend the annual and special meetings of the Medical Staff and the staff meetings of the clinical department to which they are assigned.

**COURTESY STAFF:** Staff members employed on less than a quarter-time basis by any appropriate VA mechanism. These members are encouraged to attend meetings of the Medical Staff; however, attendance at all meetings shall not be mandatory because of the intermittent nature of their clinical activities at this Health Care System. They shall be required annually to attend two staff meetings of the clinical department to which they are assigned.

## 4.2 THE ACTIVE MEDICAL STAFF

### 4.2-1 QUALIFICATIONS

The Active Staff shall consist of physicians, dentists and podiatrists, each of whom:

- a. Meets the basic qualifications set forth in Section 2 of Article III of these Bylaws.
- b. Is located (office and residence) sufficiently close to the Site of Care to provide continuous care to the needs of his/her patients.
- c. Is regularly involved in the care of patients in the hospital or outpatient clinic sites.

### 4.2-2 PREROGATIVES

The prerogatives of an Active Staff member shall be to:

- a. Exercise such clinical privileges as are granted.
- b. Vote on all matters presented at general and special meetings of the Medical Staff and of the department and committees of which he/she is a member, unless otherwise provided by resolution of the Staff, such department or committee, and approved by the Executive Committee of the Medical Staff and the Director.
- c. Hold elective or appointive office in the Staff organization and in the department and committees of which he/she is a member, unless otherwise provided by resolution of the Staff, such department or committee, and approved by the Executive Committee of the Medical Staff and the Director.
- d. Admit patients without limitation if extended admitting privileges.

### 4.2-3 RESPONSIBILITIES

Each member of the Active Staff shall:

- a. Meet the basic responsibilities set forth in Section 3 of Article III of these Bylaws.
- b. Retain responsibility within his/her area of professional competence and scope of clinical privileges for the continuous care and supervision of each patient in the Health Care System for whom he/she is providing services, or arrange a suitable alternative for such care and supervision.
- c. Actively participate in the evaluation of quality of patient care, utilization review and other performance improvement activities required of the Staff, in supervising initial appointees of his/her same profession, in the emergency services program, and in discharging such other Staff functions as may be required from time to time.
- d. Maintain professional liability insurance appropriate to his/her type of appointment.
- e. Satisfy the requirement set forth in these Bylaws for attendance at meetings of the Staff and of the department and committees of which he/she is a member.
- f. Participate in continuing education relative to his/her clinical assignment and privileges. M.D. and D.O. physicians shall document attendance in at least 50 hours of relevant continuing education every two years. Dentists and podiatrists shall document attendance in at least 30 hours of relevant continuing education every two years.

## 4.3 THE COURTESY MEDICAL STAFF

### 4.3-1 QUALIFICATIONS

The Courtesy Staff shall consist of physicians, dentists and podiatrists, each of whom:

- a. Meets the basic qualifications set forth in Section 2 of Article III of these Bylaws.
- b. Is located close enough (office and residence) to the Site of Care to provide continuous care to his/her patients.
- c. Is employed on less than a quarter-time basis and admits no more than 50 patients to the hospital per year if accorded admitting privileges.
- d. Is a member of the active staff (or equivalent) of another hospital and actively participates in performance improvement activities similar to those required of the Active Staff of this institution.

### 4.3-2 PREROGATIVES

The prerogatives of a Courtesy Staff member shall be to:

- a. Admit patients to the hospital within the limitations provided in Section 4.3-1c. and under the same conditions as specified in Section 4.2-2d. for Active Staff members.
- b. Exercise such clinical privileges as are granted to him/her pursuant to these Bylaws.
- c. Attend meetings of the Staff and the department of which he/she is a member and any Staff or hospital education programs. Unless otherwise expressly limited, vote on all matters presented at such meetings as specified in section 4.2-2b. of this Article IV for active members of the Staff.

### 4.3-3 RESPONSIBILITIES

Each member of the Courtesy Staff shall:

- a. Discharge the basic responsibilities specified in Section 3 of Article III of these Bylaws.
- b. Retain responsibility within his/her area of professional competence for the care and supervision of each patient for whom he/she is providing services, or arrange a suitable alternative for such care and supervision.
- c. Participate in continuing education relative to his/her clinical assignment and privileges. M.D. and D.O. physicians shall document attendance in at least 50 hours of relevant continuing education every two years. Dentists and podiatrists shall document attendance in at least 30 hours of relevant continuing education every two years.

## 4.4 HOUSE STAFF

Programs in graduate medical/dental education for physicians and dentists may be established according to VA regulations.

- a. All such programs shall be approved by an appropriate, nationally recognized accrediting body and, except in unusual circumstances, shall be integrated with a program sponsored by an affiliated university. Physicians/dentists enrolled in these programs shall be appointed as house officers according to VA regulations. They shall be assigned to an appropriate clinical department and shall function under the direct supervision of the chief and designated members of the Medical Staff of that department. House officers may participate in the process of admission and discharge of patients of the Medical Staff, write orders and make entries in the

clinical record. Their prerogatives, by discipline and training level, are listed in a Position Description Manual that is herein incorporated into this Article IV by reference.

- b. Appointment as a house officer does not confer membership on the Medical Staff of this Health Care System or any prerogative of independent practice and, therefore, house officers are not accorded the rights and prerogatives contained in these Bylaws. House officers function exclusively within the specific clinical privileges granted to their direct supervisors as described in these Bylaws. House officers may be appointed to various committees and shall have full voting rights unless otherwise expressly limited.

## **ARTICLE V. ASSOCIATED AND ALLIED HEALTH PERSONNEL**

### **5.1 CATEGORIES**

- a. Associated Health Personnel: Individuals who hold a doctoral degree in Audiology, Psychology, or Speech Pathology, and who meet the qualifications as described in Section 2 of this Article V, may practice independently as specified in subparagraph a. of Section 4 of this Article V. Such practice does not confer membership on the Medical Staff nor may they admit patients to the hospital.
- b. Allied Health Personnel: Individuals who hold credentials as described in Section 2 of this Article V but who do not meet the definition of Associated Health Personnel, may function only under the direction and supervision of a member of the Medical Staff, or, in the case of special care units, under policy approved by the Medical Staff. They are not members of the Medical Staff.

### **5.2 QUALIFICATIONS**

Only Associated and Allied Health Personnel holding a license, certificate or other legal credential as required by the Department of Veterans Affairs shall be eligible to provide services in the Health Care System. Such individuals must present adequate documentation of their experience, training, demonstrated ability, current competence, and physical and mental health sufficient to demonstrate that any patient treated by them will receive care of a quality and appropriateness generally recognized as acceptable. They must also demonstrate on the basis of documented references that they adhere strictly to the ethics of their respective professions and work cooperatively with others.

### **5.3 PROCEDURE FOR SPECIFICATION OF SERVICES**

- a. Associated Health Personnel must be extended clinical privileges before practicing at this Health Care System. An application for same shall be submitted and processed, including verification of credentials, in the same manner as for members of the Medical Staff, as described in these Bylaws and the Rules and Regulations of the Medical Staff. The request for clinical privileges shall be in a format as prescribed by the Executive Committee of the Medical Staff. All Associated Health Personnel shall be assigned to a clinical department appropriate to their professional training and shall be under the direct supervision of the chief of that department or his designee. Clinical privileges granted shall be subject to review and renewal biennially as for the Medical Staff. Associated Health Personnel shall serve a probationary period as defined by Department of Veterans Affairs regulations.
- b. Allied Health Personnel shall have their duties described in a scope of practice/position description/position functional statement approved by the Medical Staff, or described in a special care unit policy. These duties may vary by Site of Care assignment.

## 5.4 PREROGATIVES

The prerogatives of Associated and Allied Health Personnel shall be to:

- a. Provide patient-care services under the direction and supervision of or in association with a physician member of the Medical Staff. Independent practice by qualified Associated Health Personnel is limited to patients who are also under the care of a physician member of the Medical Staff.
- b. Write orders to the extent established by Medical Staff regulations or XCOM policy, but not beyond the scope of their license and VA regulations.
- c. Serve on Staff, Department and Health Care System committees.
- d. Attend meetings of the department to which assigned and Health Care System education programs.
- e. Exercise other prerogatives as shall be promulgated through Health Care System policy, which are appropriate to the extent of the education, training and experience of the Associated and/or Allied Health Personnel.

## 5.5 RESPONSIBILITIES

Each Associated and Allied Health Personnel shall:

- a. Meet the same basic responsibilities required for Medical Staff members as contained in Section 3 of Article III of these Bylaws, including participation in organization-wide performance improvement activities and governance by the Bylaws, Rules and Regulations, and policies of the Medical Staff and Department.
- b. Maintain appropriate responsibility within his/her area of professional competence and, if applicable, scope of clinical privileges for the care and supervision of each patient in the Health Care System for whom he/she is providing services. Except for audiologists, speech pathologists, psychologists, and optometrists, arrangement for alternate coverage may be made only through the supervising physician who has ultimate responsibility for the patient's medical care.
- c. Participate as appropriate in the performance improvement activities required of the Staff, and in discharging such other Staff functions as may be required.
- d. Associated Health Personnel appointed under authority of 38 United States Code, Section 4104, shall be governed by Department of Veterans Affairs Regulations and these Bylaws and the Rules and Regulations of the Medical Staff. All other Associated and Allied Health Personnel shall be governed by Article V of these Bylaws as well as by Department of Veterans Affairs Regulations.
- e. Associated Health Personnel shall agree to comply with all applicable Medical Staff Bylaws, Rules and Regulations at the time of application for clinical privileges.

## **ARTICLE VI. OFFICERS**

### 6.1 OFFICERS OF THE MEDICAL STAFF

The administrative organization of the Medical Staff shall follow Department of Veterans Affairs regulations. The Chief of Staff shall be a member and be the only officer and shall perform duties outlined in Section 2 of this Article VI for the Medical Staff. Selection, appointment and removal shall be in accordance with Federal statute and VA regulations currently extant and contained in the United States Code and appropriate VA Manuals, Directives, and Policies. Nomination or initiation of removal

action shall originate with the Director after consultation with or petition by medical Department Chiefs and/or a significant number of active Medical Staff members. Final authority resides at the Network or headquarters level.

## 6.2 DUTIES OF OFFICERS

The Chief of Staff shall serve as the chief administrative officer of the Medical Staff according to Department of Veterans Affairs regulations to:

- a. Act in coordination and cooperation with the Director in all matters of mutual concern within the Health Care System.
- b. Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff.
- c. Serve as chairman of the Executive Committee of the Medical Staff.
- d. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations in collaboration with the chiefs of the clinical departments and shall implement sanctions and other corrective action when authorized.
- e. Appoint committee members to all standing, special and multidisciplinary Medical Staff committees except the Executive Committee of the Medical Staff.
- f. Represent the views, policies, needs and grievances of the Medical Staff to the Director.
- g. Receive and interpret the policies of the Director to the Medical Staff, and report to the Director on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care.
- h. In cooperation with chiefs of clinical departments and other organizational elements, develop, implement, supervise and evaluate programs in performance improvement, credentialing, continuing education, and utilization review.
- i. Participate in the selection and appointment of chiefs of clinical departments.

## ARTICLE VII. CLINICAL DEPARTMENTS AND SECTIONS

### 7.1 ORGANIZATION OF CLINICAL DEPARTMENTS AND SECTIONS

- a. The Medical Staff shall be departmentalized. Each department shall be organized as a separate but integral component of the Medical Staff and shall have a chief who shall be responsible for the overall supervision of the clinical work within the department according to Department of Veterans Affairs regulations.
- b. Clinical departments established at this Health Care System are those authorized by the Department of Veterans Affairs and shall include at least: Medicine, Surgery, Mental Health and Behavioral Science, Radiology, and Pathology and Laboratory Medicine Departments.
- c. Large departments, or those that incorporate multiple specialties/subspecialties each with an independent examining board authorized by the American Board of Medical Specialties, may be further comprised of subordinate divisions that are formally designated as Sections. Each section shall be organized as a specialty subdivision within each department, shall be directly responsible to the department within which it functions, and may have a section chief designated according to Department of Veterans Affairs regulations, who may exercise such authority as delegated to him/her by the Department Chief.

## 7.2 QUALIFICATIONS, SELECTION AND TENURE OF DEPARTMENT CHIEFS

- a. Selection, appointment and removal of Department Chiefs shall be in accordance with Federal statute and VA Regulations currently extant and contained in the United States Code and relevant VA Manuals, Directives and Policies.
- b. Chiefs of clinical departments shall be certified by a relevant specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, or the Council on Post-Secondary Accreditation. If not certified, the individual must have training equivalent to that required for admission to an appropriate certifying examination, meet any special licensing requirement(s), and satisfy other criteria which may be set by the Executive Committee of the Medical Staff or VA regulations from time to time.

## 7.3 RESPONSIBILITIES OF DEPARTMENT LEADERS

### 7.3-1 Department Chiefs

The duties of Department Chiefs, within the framework of Department of Veterans Affairs Regulations, shall be to:

- a. Be responsible and accountable for all clinical and administrative activities within the department, including the development and application of policies and procedures necessary for the efficient and effective provision of services.
- b. Be a member of the Executive Committee of the Medical Staff, giving guidance on the overall policies and functions of the Medical Staff and making specific recommendations and/or reports regarding his/her own department.
- c. Maintain continuing oversight of the professional performance of all individuals with clinical privileges in his/her department, assuring that they function within the scope of privileges granted, and report as prescribed to the Executive Committee of the Medical Staff.
- d. Actively promote the participation of the department in the organization-wide assessment and improvement of the quality of care and services provided.
- e. Be responsible for enforcement of the Health Care System policies and of the Medical Staff Bylaws, Rules and Regulations within his/her department.
- f. Be responsible for the coordination and integration of relevant services within the department, between departments and the organization as a whole.
- g. Develop and transmit to the Executive Committee of the Medical Staff for approval, his/her recommendations regarding privileges to be established in his/her department and the criteria to qualify therefore.
- h. Transmit to the Executive Committee of the Medical Staff his/her department's recommendations concerning the appointment, staff classifications, and the delineation of clinical privileges, both initial and renewal, for all individuals in his/her department. Determine if findings from intensive assessment of transfusion reactions, adverse drug reactions, and major discrepancies between pre and postoperative diagnosis require peer review and/or use in reappraisal.
- i. Develop as appropriate and maintain relevant programs of quality control and continuous assessment and improvement of the quality of care and services provided.
- j. Recommend to appropriate Health Care System authority, the off-site source(s) for provision of needed patient care services when not available in the department or the Health Care System.

- k. Establish, in collaboration with the Medical Staff and Health Care System administration, the type, scope and quantity of services necessary to meet the needs of the patients served and the organization.
- l. Be responsible for the orientation, education and research programs in his/her department.
- m. Promote the integration of the department into all of the primary functions of the Health Care System.
- n. Develop and recommend to the appropriate authority the resource requirements of the department, including: the number of qualified and competent individuals to provide services, the budgetary, space, and equipment needs, and other resources which may be required from time to time.
- o. Perform such duties commensurate with his/her position as reasonably requested by appropriate authority. Evaluate the qualifications and competence of department personnel who provide patient services, but are not licensed independent practitioners.

#### 7.3-2 Section Chiefs.

The duties of Section Chiefs, within the framework of VA Regulations, shall be to:

- a. Be a member of the Active Staff and a member of the section which he/she is to head; be qualified by training, experience, interest and demonstrated current ability in the clinical area covered by the section; be certified by a relevant American Specialty Board or meet equivalency requirement specified by the Medical Staff; and be willing and able to discharge the administrative responsibilities of his/her office. The chief of the department shall select the Section Chief and his/her term of office shall be continuous within the framework of Department of Veterans Affairs regulations.
- b. Account to his/her Department Chief for the effective operation of his/her section and for his/her section's discharge of all tasks delegated to it.
- c. Collaborate with his/her Department Chief in the organization-wide program to assess and improve the quality of care and services provided.
- d. Exercise general supervision over all clinical work performed within his/her section and of the qualifications and competence of individuals within the section who are not licensed independent practitioners but who provide patient care or services.
- e. Submit reports and recommendations to the Department Chief regarding the clinical privileges to be exercised within the section by members of or applicants to the Medical Staff and the qualifications required therefore, and the specified services to be provided by Associated Health Personnel.
- f. Act as presiding officer at all section meetings.
- g. Submit reports to the Department Chief on the activities of the section as required.
- h. Perform such other duties commensurate with his/her office as may from time to time be reasonably requested of him/her by the Department Chief or other appropriate authority, including those responsibilities listed in the Bylaws and Rules and Regulations of the Medical Staff.

## 7.4 FUNCTIONS OF DEPARTMENTS AND SECTIONS

The primary responsibility delegated to each department is to provide high quality care and services to both inpatients and outpatients in a timely and compassionate fashion. To carry out this responsibility, each department shall:

- a. Actively involve its members in the organization-wide assessment and improvement of all important Health Care System functions. Conduct peer review of practitioner performance, as may be required from time to time.
- b. Meet as necessary for the purpose of receiving, reviewing, and considering the findings of: the organization-wide performance improvement program, including, as appropriate, drug use evaluation, medical record review, pharmacy and therapeutic agents function, blood use evaluation, risk management, infection control, safety management, invasive procedure review, utilization management and other relevant activities.
- c. Intensively assess all transfusion reactions, all adverse drug reactions, and all major discrepancies between pre- and post-invasive procedure diagnosis. When findings are relevant to an individual practitioner, make recommendations to the Department Chief for peer review and use in reappraisal.
- d. Recommend criteria for clinical privileges that may be granted and the performance of specified services within the department, and submit the recommendations required regarding the specific privileges each staff member or applicant may exercise and the services each Associated Health Personnel may provide.
- e. Conduct or participate in, and make recommendations regarding the need for continuing education programs pertinent to changes in the state-of-the-art and to findings of quality of care evaluation activities.
- f. Monitor, on a continuing and concurrent basis, adherence to: (1) staff and Health Care System policies and procedures; (2) requirements for alternate coverage and for consultations; (3) sound principles of clinical practice; (4) fire and other regulations designed to promote patient safety.
- g. Coordinate the patient care provided by the department's members with other elements of the organization and periodically review and make recommendations regarding the type and scope of patient care services required by the department and the Health Care System.
- h. Submit written reports to the Executive Committee of the Medical Staff on at least an annual basis concerning the activities, needs, and performance of the department, and periodically on such other matters as may be requested from time to time by the Executive Committee of the Medical Staff.
- i. Establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to the department.

## ARTICLE VIII. COMMITTEES AND FUNCTIONS

### 8.1 DESIGNATION AND SUBSTITUTION

There shall be an Executive Committee of the Medical Staff (XCOM) and such other standing and special committees of the Staff responsible to the XCOM as may from time to time be necessary and desirable to perform the Staff functions listed in these Bylaws. The XCOM may, by resolution and upon approval by the Director, establish Staff committees to perform one or more of the required Staff functions. Those functions requiring participation of, rather than direct oversight by, the Staff may be

discharged by Medical Staff representation on such Health Care System committees as are established to perform such functions.

Whenever these Bylaws or Rules and Regulations of the Medical Staff require that a function be performed by, or that a report or recommendation be submitted to a named Medical Staff committee, but no such committee shall exist, the Executive Committee of the Medical Staff shall perform such function or receive such report or recommendation or shall assign the functions of such committee to a new or existing committee of the Staff or to the Staff as a whole.

## 8.2 MEETINGS

A Staff committee established to perform one or more of the Staff functions required by these Bylaws shall meet as often as is necessary to discharge its assigned duties, but no less often than quarterly.

## 8.3 IDENTIFICATION OF MEDICAL STAFF COMMITTEES

The Medical Staff Committees are:

- Executive Committee of the Medical Staff
- Professional Standards Board
- Continuing Education
- Radioisotope and Radiation Safety Committee
- Research and Development Committee

## 8.4 COMMITTEES OF THE STAFF

### 8.4-1 COMPOSITION AND APPOINTMENT

A Staff committee established to perform one or more of the Staff functions required by these Bylaws shall be composed of members of the Active staff and may include, where appropriate, Courtesy staff, Associated and Allied Health Personnel, House Officers, and representation from Health Care System administration and other Health Care System services as required by the function to be discharged. Unless otherwise specifically provided, the Medical Staff members and the administrative staff members shall be appointed by the Director, as shall be the chairman and secretary.

### 8.4-2 TERM AND PRIOR REMOVAL

Unless otherwise specifically provided, a Medical Staff committee member (other than one serving ex officio) shall continue as such until the end of his/her normal period of Staff appointment and until his/her successor is appointed, unless he/she shall sooner resign or be removed from the committee. A Medical Staff committee member (other than one serving ex officio) may be removed by a majority vote of the XCOM. An administrative staff committee member shall serve for a term equivalent to that of a Medical Staff committee member and until his/her successor is appointed, unless he/she shall sooner resign or be removed from the committee. An administrative staff committee member may be removed by action of the Director.

### 8.4-3 VACANCIES

Unless otherwise specifically provided, vacancies on any Staff committee shall be filled in the same manner in which original appointment to such committee is made.

## 8.5 COMMITTEE FUNCTIONS

Provision shall be made in these Bylaws or the Rules and Regulations of the Medical Staff or by resolution of the XCOM approved by the Director, either through assignment to the department, to staff committees, to staff officers or officials or to interdisciplinary Health Care System committees, for the effective performance of the Staff functions as specified required by these Bylaws or the Rules and

Regulations of the Medical Staff, and of such other staff functions as the Executive Committee of the Medical Staff or the Director shall reasonably require:

- a. Conduct, coordinate and review or participate in patient care evaluation activities, including assessment of the performance of all individuals with clinical privileges, and the measurement and improvement of surgical and invasive procedures, blood usage, drug usage, and analysis of patient deaths. Perform peer review as required.
- b. Conduct, coordinate and review, oversee, or participate in the conduct of utilization review activities. Participate in risk management activities related to patient care and safety.
- c. Conduct, coordinate and review credentials investigations and recommendations regarding Staff membership and grants of clinical privileges and/or specified professional services.
- d. Participate in the assessment and improvement of care provided and in the development of clinical policy for: special care areas, such as intensive care or dialysis units; patient care support services, such as respiratory therapy, physical medicine and anesthesia; and emergency, outpatient, home care, and other ambulatory care services.
- e. Provide continuing education opportunities responsive to performance improvement activities, new state-of-the-art developments and other perceived needs, and supervise the Health Care System's professional library services.
- f. Participate in the review of the completeness, timeliness and clinical pertinence of patient medical and related records.
- g. Participate in the development and surveillance over drug utilization evaluation policies and practices and of the pharmacy and therapeutic agents function.
- h. Prevent, investigate and control Health Care System-acquired infections and participate in the evaluation and improvement of the Health Care System's infection control program.
- i. Plan for response to fire and other disasters, for the Health Care System growth and development, and for the provision of services required to meet the needs of the beneficiaries.
- j. Supervise and train medical and dental students and graduate trainees.
- k. Direct Staff organizational activities, including Staff Bylaws review and revision, Staff officer and committee nominations, liaison with the Director, and review and maintenance of Health Care System accreditation.
- l. Coordinate the care provided by the Staff with the care provided by the nursing service and others who are not licensed independent practitioners and with the activities of other Health Care system patient care and administrative services.

#### 8.6 EXECUTIVE COMMITTEE OF THE MEDICAL STAFF

- a. Composition: The Executive Committee of the Medical Staff (XCOM) shall be a standing committee and shall, in addition to the Director or designee, consist of the Chief of Staff, the Associate Chiefs of Staff, the chief of each Staff-directed clinical department, including pathology and radiology, and at least one member-at-large from each Site of Care selected by the Staff based at that site. All members shall have voice and vote. All members of the Active Medical Staff shall be eligible for at-large membership. The majority shall be licensed physicians who are active members of the Staff who practice in the Health Care System.

- b. Duties: The duties of the Executive Committee shall be:
- (1) To represent and to act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws.
  - (2) To coordinate the activities and general policies of the various departments.
  - (3) To receive and act upon reports of committees of the Staff, departments/services, and special function groups.
  - (4) To implement policies of the Medical Staff not otherwise the responsibility of the departments.
  - (5) To provide liaison and enhance communication between the Medical Staff and the Director.
  - (6) To make recommendations to the Director on matters of a medico-administrative nature, including
    - (a) Structure of the Medical Staff,
    - (b) Procedures employed in credential review and clinical privilege delineation, including review and approval of clinical privileges proposed by the departments and the criteria to qualify therefore,
    - (c) The credentials of all applicants and the delineation of clinical privileges and appointment to the Medical Staff, and
    - (d) The mechanisms and procedures for termination of membership and/or fair hearing and appeal processes consistent with applicable Federal Law and VA Regulations.
  - (7) To make recommendations in Health Care System management matters to the Director.
  - (8) To fulfill the Medical Staff's accountability to the Director for the medical care rendered to patients in the Health Care System, including the development, execution, assessment and revision of its performance improvement activities and full participation in this organization-wide function.
  - (9) To ensure that the Medical Staff is kept abreast of the accreditation program and informed of the accreditation status of the Health Care System.
  - (10) To provide for the preparation of all meeting programs, either directly or through delegation to a program committee or other suitable agent.
  - (11) To review periodically all information available regarding the performance and clinical competence of individuals with clinical privileges and, as a result of such reviews, to make recommendations for renewal or changes in clinical privileges.
  - (12) To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the initiation of and/or participation in Medical Staff corrective or review measures when warranted; and
  - (13) To report at each general staff meeting.

- (14) Accreditation: It shall be responsible for acquisition and maintenance of JCAHO accreditation for which purpose it may form or participate in a subcommittee that includes key Health Care System personnel who are important in implementing the accreditation program. From time to time, it may require that the Joint Commission's survey forms be used as a review method to estimate the accreditation status of the Health Care System. It shall identify areas of suspected non-compliance with JCAHO Standards and shall make recommendations to the Director for appropriate action.
- (15) Disaster Planning: It shall participate in the development and maintenance of methods for the protection and care of Health Care System patients and others at the time of internal and external disaster according to Department of Veterans Affairs policies. Specifically, it shall collaborate in the development and review of a written plan to safeguard patients at the time of an internal disaster, particularly fire, and shall cooperate in the rehearsal of fire drills at least two (2) times a year; and accept and periodically review a written plan for the care, reception and evacuation of mass casualties, and shall assure that such plan is coordinated with the inpatient and outpatient services of the Health Care System, that it adequately reflects developments in the Health Care System community and the anticipated role of the Health Care system in the event of disasters in nearby communities. Key personnel shall rehearse the plans at least twice yearly.

## 8.7 PROFESSIONAL STANDARDS BOARD

- a. Composition: The Professional Standards Board shall be a standing committee and shall consist of a minimum of four (4) members, one of whom shall be designated as the chair, approved and appointed by the Director.
- b. Duties: The duties of the Professional Standards Board shall be:
  - (1) To evaluate, according to Department of Veteran Affairs (DVA) Regulations, the qualifications and credentials of all applicants for membership on the Medical Staff and/or requests for clinical privileges. This shall include, but not be limited to, information provided by the applicant and results of primary source verification of education, training, licensure, registration, including DEA, peer references, health status, current competence, performance and privileges at other institutions, and other determinants of qualification for employment by the VA, and in connection therewith, to obtain and consider the recommendation of the appropriate service(s).
  - (2) Based on credentials evaluation and other objective qualifications, recommend to the XCOM and the Director:
    - (a) Appointment to the Staff.
    - (b) Extension of specified clinical privileges.
    - (c) Grade and step of appointment for certain employees.
  - (3) Participate according to DVA Regulations in the periodic assessment of the performance of physicians.
  - (4) Participate, according to DVA Regulations, in disciplinary action against certain Staff members and make recommendations to the Director.

## 8.8 MIDDLELEVEL PROVIDERS PROFESSIONAL STANDARDS BOARD

- a. **Composition:** The Midlevel Providers Professional Standards Board shall consist of a minimum of six (6) permanent members, including two (2) physicians, two (2) physician assistants, and two (2) certified registered nurse anesthetists. This Board shall be chaired by a physician member of the Medical Staff.  
  
Nurse practitioner midlevel providers shall be evaluated by a separate Nurse Professional Standards Board for initial appointment as well as at least biennially.
- b. **Duties:** (See Policy COS-036) The duties of the Midlevel Providers Professional Standards Board shall be:
  - (1) To evaluate the qualifications and credentials of all applicants for positions as Physician Assistant (PA) and Certified Registered Nurse Anesthetist (CRNA).
  - (2) To re-evaluate those qualifications and credentials at least biennially.
  - (3) To provide an informational report of the results of its actions to the Executive Committee of the Medical Staff.
- c. A separate Nurse Professional Standards Board shall evaluate the qualifications and credentials of all applicants for positions as Nurse Practitioner (NP).

## 8.9 CONTINUING EDUCATION FUNCTION – ASSOCIATE CHIEF OF STAFF/EDUCATION

The duties involved in organizing continuing education programs and supervising the Health Care System's professional library services are to:

- a. Develop and plan, or participate in, programs of continuing education that are designed to keep the Medical Staff informed of significant new developments and new skills in medicine and that are responsive to performance improvement findings.
- b. Evaluate, through the performance improvement function, the effectiveness of the educational programs developed and implemented.
- c. Analyze, on a continuing basis, the Health Care System's and Staff's needs for professional library services.
- d. Act upon continuing education recommendations from the XCOM, the departments, or other committees responsible for patient care and other performance improvement functions.
- e. Maintain a record of education activities and submit periodic reports to the XCOM concerning these activities, specifically including their relationship to the performance improvement function.
- f. Develop and employ objective, predetermined screening criteria for the identification of problems in blood and blood product usage.
- g. Develop educational activities, as necessary, to improve the ordering practices for blood and blood components.
- h. Maintain a record of all actions taken and submit periodic reports and recommendations to appropriate bodies in the Health Care System and to the Staff.

#### 8.10 RADIATION SAFETY FUNCTION – RADIOISOTOPE AND RADIATION SAFETY COMMITTEE

The duties involved in participating in interdisciplinary surveillance regarding radiation hazards and the use of radioactive nuclides in diagnosis, therapy, and research are to:

- a. Assist in the formulation of policies dealing with ionizing radiation and protection from its harmful effects.
- b. Fulfill the functions required by the Nuclear Regulatory Commission (NRC) regarding licensure to use radionuclides in human and non-human subjects, including procurement, storage, and disposal. Serve as a subcommittee of the Research and Development Committee to evaluate appropriate use and safety in the employment of radionuclides in Research.
- c. Evaluate exposure of staff and patients to ionizing radiation and reduce to the minimum possible any such exposure.
- d. Maintain a record of all activities relating to the radiation safety function and submit periodic reports and recommendations to the XCOM concerning all radiation policy and practices in the Health Care System.

#### 8.11 RESEARCH AND DEVELOPMENT COMMITTEE

The duties involved in developing and maintaining surveillance over the research program are to:

- a. Review all proposals for research studies and evaluate the scientific merit thereof.
- b. Assure that all research, which is proposed or conducted, meets standards which are generally accepted as scientifically valid.
- c. Assure that research that involves human subjects is reviewed in advance so those participants are protected.
- d. Seek and retain accreditation regarding the use of animals in research.
- e. Review preprints of publications for scientific validity so that the integrity of the Health Care System is maintained.
- f. Maintain a record of all activities relating to research and submit periodic reports and recommendations to the XCOM.

#### 8.12 BYLAWS REVIEW AND REVISION FUNCTION

- a. Prior to the annual meeting of the Staff, a review of the Bylaws and the rules, regulations, procedures, and forms promulgated in connection therewith may be conducted by the officers and/or special committee so designated.
- b. Recommendations shall be submitted to the XCOM and/or the Staff for changes in these documents, as from time to time may be necessary.
- c. Amendments may be proposed by the Director, the XCOM, the Staff directed services, the Chief of Staff, and committees of the Staff. However, only the officially constituted bodies as specified in the Bylaws and/or the Rules and Regulations of the medical staff may adopt or amend them.

## 8.13 PARTICIPATION ON INTERDISCIPLINARY HEALTH CARE SYSTEM COMMITTEES

Staff functions and responsibilities relating to liaison and communication with the Director, Health Care System accreditation, infection control, safety management, performance improvement, disaster planning, facility and services planning, financial management, and other Health Care System activities and responsibilities shall be discharged by the appointment of Medical Staff members to such Health Care System committees as are established to perform those functions. Appointment of Medical Staff members to any Health Care System committees shall be made and such committees shall operate in accordance with Department of Veterans Affairs regulations and the written policies of the Health Care System and of the Staff.

## ARTICLE IX. MEETINGS

### 9.1 GENERAL STAFF MEETINGS

#### 9.1-1 REGULAR MEETINGS

An annual meeting of the Medical Staff shall be held each year in the month of October. The Executive Committee of the Medical Staff may authorize the holding of additional general staff meetings by resolution. The resolution authorizing any such additional meeting shall require notice specifying the place, date and time for the meeting, and that the meeting can transact any business as may come before it. The proceedings will follow the parliamentary rules in the current edition of Robert's Rules of Order.

#### 9.1-2 ORDER OF BUSINESS AND AGENDA

The Chief of Staff shall determine the order of business at a regular meeting. The agenda shall include at least:

- a. Reading and acceptance of the minutes of the last regular meeting and of all special meetings held since the last regular meeting.
- b. Administrative reports from the Director, Chief of Staff, departments and committees.
- c. Reports by responsible officers, committees and departments on the overall results of quality assessment and improvement activities, evaluation and monitoring activities of the Medical Staff and on the fulfillment of the other required staff functions.
- d. Recommendations for improving patient care within the Health Care System.
- e. New business.

#### 9.1-3 SPECIAL MEETINGS

Special meetings of the Medical Staff may be called at any time by either the Director, the Chief of Staff, the Executive Committee of the Medical Staff, or not less than one-fourth of the members of the active Staff, and shall be held at the time and place designated in the meeting notice. No business shall be transacted at any special meeting except that stated in the meeting notice.

### 9.2 COMMITTEE AND DEPARTMENT MEETINGS

#### 9.2-1 REGULAR MEETINGS

Committees and departments may, by resolution, provide the time for holding regular meetings and no notice other than such resolution shall then be required. The frequency of such meetings shall be as required by these Bylaws.

## 9.2-2 SPECIAL MEETINGS

A special meeting of any committee or department may be called by, or at the request of, the chairman thereof, the Director, the Chief of Staff, or by one-third of the group's current members. No business shall be transacted at any special meeting except that stated in the meeting notice.

## 9.3 NOTICE OF MEETINGS

Written notice stating the place, day and hour of any general staff meeting, of any special meeting, or of any regular committee or department meeting not held pursuant to resolution shall be delivered either personally or by mail, including electronic, to each person entitled to be present thereat not less than three (3) days before such meeting. Notice of department or committee meetings may be given orally. If mailed, the notice of the meeting shall be deemed delivered 72 hours after deposited, postage prepaid, in the United States or internal facility or electronically recorded mail addressed to each person entitled to such notice at the address as it appears on the records of the Health Care System. Personal attendance at a meeting shall constitute a waiver of notice of such meeting.

## 9.4 QUORUM

### 9.4-1 GENERAL STAFF MEETINGS

The presence of twenty-five (25) percent plus one of the voting members of the active Medical Staff at any regular or special meeting shall constitute a quorum for the transaction of all business.

### 9.4-2 DEPARTMENT AND COMMITTEE MEETINGS

Fifty (50) percent plus one of the voting members of a department or committee, but not less than two (2) members, shall constitute a quorum at any meeting of such department or committee.

## 9.5 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. Action may be taken without a meeting by a department or committee by a written notice setting forth the action so taken and signed by each member entitled to vote.

## 9.6 MINUTES

Minutes of all meetings shall be prepared by the secretary of the meeting and shall include a record of attendance and the vote taken on each matter. They shall contain the findings, conclusions, recommendations, actions, the issues considered, and follow-up as appropriate. Copies of such minutes shall be signed by the presiding officer, approved by the committee or department, forwarded to the Executive Committee of the Medical Staff or other designated body, and made available to the Staff. A permanent file of the minutes of each meeting shall be maintained.

## 9.7 ATTENDANCE REQUIREMENTS

### 9.7-1 REGULAR ATTENDANCE

Each member of a Staff category required to attend meetings under Article IV shall be required to attend:

- a. The annual Medical Staff meeting unless excused by the Chief of Staff.
- b. At least fifty (50) percent of all other general Medical Staff meetings duly convened pursuant to these Bylaws.

- c. At least seventy-five (75) percent of all meetings of each department and committee of which he/she is a member.

#### 9.7-2 ABSENCE FROM MEETINGS

Any member who is compelled to be absent from any Medical Staff, department or committee meeting shall promptly provide to the regular presiding officer thereof, the reason for such absence. Unless excused for good cause, failure to meet the attendance requirements may be grounds for corrective action.

#### 9.7-3 SPECIAL APPEARANCE

A practitioner whose clinical course of treatment is scheduled for discussion at a regular department or committee meeting may be so notified. Whenever apparent or suspected deviation from accepted clinical practice is involved, special notice shall be given at least ten (10) days prior to the meeting and shall include the time and place of the meeting, a statement of the issue involved, and that the practitioner's appearance is mandatory. Failure of a practitioner to appear at any meeting with respect to which he was given such special notice shall, unless excused by the Executive Committee of the Medical Staff upon a showing of good cause, result in an automatic suspension of all or such portion of the practitioner's clinical privileges as the XCOM may direct. Such suspension shall remain in effect until the matter is resolved by subsequent action of the XCOM or of the Director or through corrective action, if necessary.

### **ARTICLE X. CONFIDENTIALITY, IMMUNITY AND RELEASES**

#### 10.1 SPECIAL DEFINITIONS

For the purposes of this Article, the following definitions shall apply:

- a. INFORMATION means record of proceedings, minutes, notes, reports, memoranda, statements, recommendations, data and other disclosures, whether in written, oral, or electronic form, relating to any of the subject matter specified in Section 10.5-2.
- b. MALICE means the dissemination of a known falsehood or of information with a reckless disregard for whether or not it is true or false.
- c. PRACTITIONER means a Staff member or applicant or an Associated Health Personnel.
- d. REPRESENTATIVE means a board and any director or committee thereof; a chief executive officer or his designee; a Medical Staff organization and any member, officer, department or committee thereof; and any individual authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- e. THIRD PARTIES means both individuals and organizations providing information to any representative.

#### 10.2 AUTHORIZATION AND CONDITIONS

By applying for, or exercising, clinical privileges or providing specified patient care services within this Health Care System, a practitioner:

- a. Authorizes representatives of the Health Care System and the Medical Staff to solicit, provide and act upon information bearing on his/her professional ability and qualifications.
- b. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative who acts in accordance with the provisions of this Article.

- c. Acknowledges that the provisions of this Article are express conditions to his/her application for, or acceptance of, Staff membership and the continuation of such membership, or to his/her exercise of clinical privileges or provision of specified patient services at this Health Care System.

### 10.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected or prepared by any representative of this or any other health care facility or organization or Medical Staff for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a representative nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by third parties. This information shall not become part of any particular patient's file or the general Health Care System records.

### 10.4 IMMUNITY FROM LIABILITY

#### 10.4-1 FOR ACTION TAKEN

No representative of the Health Care System or Medical Staff shall be liable to a practitioner for damages or other relief for any action taken or statement or recommendation made within the scope of this duty as a representative, if such representative acts in good faith and without malice after a reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the action, statement, or recommendation is warranted by such fact. Truth shall be an absolute defense in all circumstances.

#### 10.4-2 FOR PROVIDING INFORMATION

No representative of the Health Care System or Medical Staff and no third party shall be liable to a practitioner for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a representative of this Medical Center or Medical Staff or to any other health care facility or organization of health professionals concerning a practitioner or Associated Health Personnel who is or has been an applicant to or member of the Staff or who did or does exercise clinical privileges or provide specified services at this Health Care System, provided that such representative or third party acts in good faith and without malice.

### 10.5 ACTIVITIES AND INFORMATION COVERED

#### 10.5-1 ACTIVITIES

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:

- a. Applications for appointment, clinical privileges or specified service.
- b. Periodic reappraisals for clinical privileges or specified services.
- c. Corrective action.
- d. Hearings and appellate reviews.
- e. Patient care evaluations.
- f. Utilization reviews.

- g. Other hospital, department, committee or Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct.

#### 10.5-2 INFORMATION

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

#### 10.6 RELEASES

Each practitioner shall, upon request of the Health Care System, execute general and specific releases in accordance with the tenor and import of this Article, 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 this State or the United States of America. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

#### 10.7 CUMULATIVE EFFECT

Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information and immunities from liability shall be in addition to other protection provided by law and not in limitations thereof, and, in the event of conflict, the applicable law shall be controlling.

### **ARTICLE XI. GENERAL PROVISIONS**

#### 11.1 STAFF RULES AND REGULATIONS

Subject to approval by the Director, the Medical Staff or the Executive Committee of the Medical Staff, in the interval between Medical Staff meetings, shall adopt such rules and regulations as may be necessary to implement more specifically the general principles found in these Bylaws. These shall relate to the proper conduct of Medical Staff organizational activities as well as embody the level of practice that is to be required of each practitioner or Associated/Allied Health Care Personnel in the Health Care System. Such rules and regulations shall be a part of these Bylaws, except that they may be amended or repealed at any regular meeting of the Staff or the Executive Committee of the Medical Staff at which a quorum is present and without previous notice, or at any special meeting on notice, by a majority vote of those present and eligible to vote. Such changes shall become effective when approved by the Director.

#### 11.2 DEPARTMENT RULES AND REGULATIONS

Subject to the approval of the Executive Committee of the Medical Staff, each department may formulate its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these Bylaws, the general rules and regulations of the Medical Staff, or other policies of the Health Care System.

#### 11.3 CONSTRUCTION OF TERMS AND HEADINGS

Words used in these Bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these Bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these Bylaws.

#### 11.4 TRANSMITTAL OF REPORTS

Reports and other information, which these Bylaws require the Medical Staff to transmit to the Director, shall be deemed so transmitted when delivered, unless otherwise specified, to the Director.

## **ARTICLE XII. ADOPTION AND AMENDMENT OF BYLAWS**

### **12.1 MEDICAL STAFF RESPONSIBILITY**

The Medical Staff shall have the initial responsibility to formulate, adopt and recommend to the Director staff bylaws and amendments thereto which shall be effective when approved by the Director. Such responsibility shall be exercised in good faith and in a reasonable, timely and responsible manner, reflecting the interests of providing patient care of the generally recognized professional level of quality and efficiency and of maintaining a harmony of purpose and effort with the Director and with the community.

### **12.2 METHODOLOGY**

Medical Staff Bylaws may be adopted, amended, or repealed by the following combined action:

#### **12.2-1 MEDICAL STAFF**

The affirmative vote of a majority of the Staff members eligible to vote on this matter by written ballot or by action at a meeting (either annual or special) at which a quorum is present, provided at least ten (10) days written notice, accompanied by the proposed Bylaws and/or alterations, has been given of the intention to take such action, and

#### **12.2-2 DIRECTOR**

The affirmative decision of the Director.

#### **12.2-3 EXCLUSIVITY**

Neither the Medical Staff nor the Director may unilaterally amend these Bylaws.

**BYLAWS OF THE MEDICAL STAFF**

ADOPTED as amended by the Medical Staff on November 07, 2007.

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ROWEN K. ZETTERMAN, M.D.  
Chief of Staff

APPROVED by the Medical Center Director on November 07, 2007.

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AL WASHKO  
Director