



# MEDICAL STAFF BYLAWS

Adopted: June 24, 1991

Amended:

November 25, 1997  
February 24, 1998  
*September 22, 1998*  
September 26, 2000  
*September 25, 2001*  
February 25, 2003  
September 23, 2003  
September 28, 2004  
October 25, 2005  
October 24, 2006  
October 3, 2007  
September 16, 2008  
December 2, 2009  
June 7, 2010  
December 7, 2010  
March 8, 2011  
December 16, 2013  
December 10, 2014  
March 4, 2015  
June 9, 2015  
September 12, 2016  
November 1, 2016  
December 6, 2017  
August, 2018

# TABLE OF CONTENTS

PREAMBLE .....	- 3 -
DEFINITIONS.....	- 3 -
ARTICLE I      NAME.....	- 5 -
ARTICLE II      PURPOSE.....	- 5 -
ARTICLE III      MEMBERSHIP.....	- 5 -
3.1      NATURE OF MEDICAL STAFF MEMBERSHIP .....	- 5 -
3.2      QUALIFICATIONS .....	- 6 -
3.3      CONDITIONS AND DURATION OF APPOINTMENT .....	- 7 -
3.4      COORDINATION WITH THE MEDICAL SCHOOL .....	- 9 -
3.5      MEDICAL STAFF COMMUNICATION .....	- 9 -
3.6      TERMINATION OF MEDICAL STAFF APPOINTMENT .....	- 9 -
ARTICLE IV      THE MEDICAL STAFF.....	- 10 -
4.1      COMPOSITION OF THE MEDICAL STAFF .....	- 10 -
4.2      THE EMERITUS STAFF .....	- 11 -
4.3      THE ACTIVE STAFF .....	- 11 -
4.4      THE ASSOCIATE STAFF.....	- 11 -
4.5      THE ADJUNCT STAFF.....	- 12 -
ARTICLE V      ALLIED HEALTH PROFESSIONALS.....	- 12 -
5.1      QUALIFICATIONS .....	- 12 -
5.2      INDEPENDENT HEALTHCARE PROFESSIONALS.....	- 12 -
5.3      DEPENDENT ALLIED HEALTH PROFESSIONALS .....	- 13 -
5.4      RESTRICTION, SUSPENSION, OR TERMINATION OF PRACTICE PRIVILEGES.....	- 14 -
ARTICLE VI      APPOINTMENT AND REAPPOINTMENT .....	- 15 -
6.1      GENERAL PROCEDURE .....	- 15 -
6.2      APPLICANT'S OBLIGATION .....	- 15 -
6.3      APPOINTMENT TO THE MEDICAL STAFF .....	- 15 -
6.4      REAPPOINTMENT TO THE MEDICAL STAFF.....	- 20 -
6.5      LEAVE OF ABSENCE .....	- 23 -
6.6      TEMPORARY PRIVILEGES .....	- 24 -
6.7      EMERGENCY PRIVILEGES/DISASTER PRIVILEGES.....	- 26 -
6.8      EXPEDITED PROCESS .....	- 27 -
6.9      TERMINATION OF AN ADMINISTRATIVE POSITION .....	- 28 -
ARTICLE VII      CORRECTIVE ACTION .....	- 28 -

7.1	CORRECTIVE ACTION .....	- 28 -
7.2	RESTRICTION OF PRIVILEGES, SUSPENSION AND DISMISSAL ..	- 30 -
ARTICLE VIII	FAIR HEARING PLAN .....	- 32 -
8.1	PREAMBLE .....	- 32 -
8.2	SPECIAL DEFINITIONS .....	- 33 -
8.3	PRACTITIONER’S RIGHT TO HEARING AND TO APPELLATE REVIEW; HOSPITAL/MEDICAL STAFF OBLIGATIONS .....	- 34 -
8.4	REQUEST FOR HEARING .....	- 35 -
8.5	COMPOSITION OF HEARING COMMITTEE .....	- 36 -
8.6	PREHEARING PROCEDURE .....	- 37 -
8.7	CONDUCT OF HEARING .....	- 39 -
8.8	APPELLATE REVIEW .....	- 42 -
8.9	FINAL DECISIONS BY BOARD .....	- 42 -
ARTICLE IX	ORGANIZATION OF THE MEDICAL STAFF .....	- 43 -
9.1	ORGANIZATION .....	- 43 -
9.2	DEPARTMENTS .....	- 43 -
9.3	DIVISIONS .....	- 45 -
9.4	MEETINGS OF DEPARTMENTS AND DIVISIONS .....	- 46 -
9.5	OFFICERS OF THE MEDICAL STAFF .....	- 47 -
9.6	MEETINGS OF THE MEDICAL STAFF .....	- 48 -
ARTICLE X	COMMITTEES .....	- 49 -
10.1	COMMITTEE STRUCTURE .....	- 49 -
10.2	CHILDREN’S MEDICAL EXECUTIVE COMMITTEE .....	- 49 -
10.3	STANDING SUBCOMMITTEES .....	- 52 -
10.4	PEER REVIEW COMMITTEES .....	- 53 -
ARTICLE XI	CONFIDENTIALITY AND RELEASE FROM LIABILITY .....	- 54 -
11.1	SPECIAL DEFINITIONS .....	- 54 -
11.2	AUTHORIZATIONS AND CONDITIONS .....	- 55 -
11.3	CONFIDENTIALITY OF INFORMATION .....	- 56 -
11.4	RELEASE FROM LIABILITY .....	- 56 -
11.5	SEVERABILITY .....	- 57 -
ARTICLE XII	RULES AND REGULATIONS .....	- 57 -
ARTICLE XIII	AMENDMENTS .....	- 57 -
13.1	BYLAWS .....	- 57 -
13.2	RULES AND REGULATIONS .....	- 58 -
13.3	EXHIBITS .....	- 58 -
ARTICLE XIV	ADOPTION .....	- 58 -

## **PREAMBLE**

WHEREAS, St. Louis Children's Hospital ("Hospital") is a Missouri nonprofit public benefit corporation; and

WHEREAS, the Hospital is a full service teaching facility dedicated to providing pediatric patient care, education and research; and

WHEREAS, it is recognized that the Medical Staff is responsible for the assurance of quality medical care in the Hospital subject to the ultimate authority of the Hospital's Board of Trustees, and that the best interests of the patient and the community are promoted by cooperative efforts of the Medical Staff, the Hospital Administration, and the Board;

THEREFORE, the practitioners in the Hospital hereby organize themselves into a Medical Staff in conformance with these Bylaws, Rules and Regulations.

## **DEFINITIONS**

**Board** - the Hospital Board of Trustees or designees of that Board specifically authorized to carry out the duties of the Board as set forth in these Bylaws ("Board Committee").

**Chief Medical Officer** – the Medical Staff member appointed by the Hospital President, with input from CMEC leadership, and ultimately approved by the Board, to provide executive leadership in facilitating Medical Staff interactions with Hospital Administration and the Board to improve patient, clinical and service outcomes. The Chief Medical Officer serves as an ex officio member of the Hospital's Board of Trustees.

**Associate Chief Medical Officer** – A Medical Staff member, appointed by the Hospital President, with input from CMEC leadership, and ultimately approved by the Board, who provides physician leadership to the clinical quality and patient safety initiatives of the Hospital. The Associate Chief Medical Officer assumes responsibilities of the Chief Medical Officer as needed.

**Clinical Privileges** – the permission granted to medical staff members or advanced practitioners to provide patient care and includes access to and use of Hospital resources necessary to effectively exercise those Clinical Privileges.

**CMEC** - the Children's Medical Executive Committee as duly elected herein as set forth in Section 10.2.

**Department** - those bodies of the Medical Staff as defined in 9.2

**Department Chief** - the Medical Staff member duly appointed by the Board to serve as head of a Hospital Department as set forth in Section 9.2.1 or a person designated by the Department Chief to undertake responsibility of the Department Chief under these Bylaws in the absence of such Chief. Such person is occasionally referred to herein as the Hospital Department Chief. The title of the practitioner appointed to lead such Department will be the Pediatrician-in-Chief for the Department of Pediatrics, Neurosurgeon-in-Chief for the Department of Neurosurgery, etc.

**Division** - those subdivisions of a Hospital Department as approved under these Bylaws in Section 9.3.

**Division Director** - the Medical Staff member duly appointed by the Board to serve as Director of a Hospital Division as set forth in Section 9.3.1.

**Ex-officio Member** - individual entitled to attend a meeting without vote.

**FPPE (Focused Professional Practice Evaluation)** – a time-limited period during which the organization evaluates and determines a practitioner’s professional performance of privileges.

**Hospital** - The St. Louis Children’s Hospital and any health facilities licensed to this corporation.

**Hospital Bylaws** - the corporate Bylaws of the Hospital.

**Hospital President** - the individual appointed by the Board to act on its behalf as President and Chief Executive Officer in the overall management of the Hospital or that person designated by the President to undertake a responsibility of the President under these Bylaws.

**Hospital Service Chief** – the Medical Staff member appointed by the Hospital to serve as the Hospital Service Chief of a particular Hospital critical care or special unit (including the Neonatal Intensive Care Unit, the Pediatric Intensive Care Unit, the Cardiothoracic Intensive Care Unit and the Emergency Unit – “Hospital Specialty Service Unit”).

**Medical School** - the Washington University School of Medicine.

**Medical Staff** - medical and osteopathic physicians (licensed pursuant to RSMo. Section 334.031), dentists (licensed pursuant to RSMo. Section 332.081) and psychologists (licensed pursuant to RSMo. Section 337.020) who are credentialed under these Bylaws to provide medical care in the Hospital.

**Notification** – to notify in writing, by fax, certified mail, email or hand delivery.

**OPPE (Ongoing Professional Practice Evaluation)** – a monitoring process to allow any potential problems with a practitioner’s performance or trends that impact quality of care and patient safety to be identified and resolved.

**Practitioner** - a member of the Medical Staff, an Independent Allied Health Professional, or a Dependent Allied Health Professional with clinical or practice privileges at the Hospital.

**Recommendation** – a written recommendation of an individual or a committee. An entry in committee minutes may be sufficient to constitute a Recommendation. Any Adverse Recommendation or Adverse Determination as defined in Section 8.2 of these Bylaws must be accompanied by written supporting reasons.

**Staff President** - the President of the Medical Staff as duly elected herein.

**Special Notice** - a notice sent certified mail, return receipt requested or personal delivery.

## **ARTICLE I**

### **NAME**

The name of this organization shall be “The St. Louis Children’s Hospital Medical Staff” (Medical Staff).

## **ARTICLE II**

### **PURPOSE**

The purpose of this organization shall be:

1. To constitute a professional collegial body, providing for its members mutual education, consultation, and professional support, with the goal that patient care at the Hospital is consistently maintained at the level of quality which is optimally achievable, given the state of the healing arts and the available resources;
2. To ensure the development and maintenance of the highest possible standards of medical education;
3. To initiate, maintain and enforce rules and regulations for professional conduct of the Medical Staff;
4. To provide a means for resolution of the problems of a medical administrative nature; and
5. To encourage medical research.

## **ARTICLE III**

### **MEMBERSHIP**

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

Membership on the Medical Staff is a privilege that shall be extended by the Board, after considering Medical Staff recommendations, only to professionally competent physicians, dentists, and psychologists who continuously meet the qualifications, standards, and requirements set forth in these Bylaws.

No practitioner shall be entitled to membership on the Medical Staff, or to the exercise of particular Clinical Privileges in the Hospital, merely by virtue of the fact that he/she is duly licensed to practice medicine, dentistry or psychology in this state or in any other state, is a member of any professional organization, or in the past or presently has privileges at any other institution affiliated with the Washington University Medical Center or BJC Health Care.

Admission to the Medical Staff depends on qualifications and will, in part, be based upon the relationship between Hospital patient needs and the availability of current Medical Staff members to fulfill those needs.

No aspect of Medical Staff membership or particular Clinical Privileges shall be denied on the basis of age, sex, race, religion, color, disability, sexual orientation, or national origin, or on the basis of any other criterion unrelated to the delivery of quality patient care in the Hospital, to professional qualifications, to the Hospital's purposes, needs, and capabilities, or the community need.

### 3.2 QUALIFICATIONS

Every prospective member and member of the Medical Staff must, at the time of appointment and continuously thereafter, demonstrate to the satisfaction of the Medical Staff and the Board or their delegates the following qualifications:

- 3.2.1 A currently valid license issued by the State of Missouri to practice medicine, dentistry, or psychology. For those practitioners who prescribe drugs, currently valid DEA & BNDD certificates neither of which is restricted nor limited in any material way.
- 3.2.2 Adequate experience, education and training; current professional competence; good judgment; and adequate health status so as to demonstrate to the satisfaction of the Medical Staff and the Board that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive competent medical care.
- 3.2.3 Appointment to the Faculty of the Medical School.
- 3.2.4 Acknowledgement of freedom from or adequate control of any significant physical or behavioral impairment that interferes with or presents a substantial probability of interfering with the qualifications required for Medical Staff membership and ability to perform the requested privileges, such that patient care is likely to be adversely affected. At any time the CMEC or the Board has reason to question the physical and/or mental health status of a practitioner, the practitioner shall be required to submit to an evaluation of physical and/or mental health status. Such evaluations shall be performed by a physician or physicians mutually acceptable to the chairperson of the CMEC and practitioner. The CMEC or the Board may also require documentation of immunization status of a practitioner.
- 3.2.5 Maintenance of professional liability insurance or an institutional indemnity agreement covering all professional activities in amounts approved by the Board and consistent with Missouri law in accordance to medical staff policy entitled Professional Liability Insurance (**Exhibit 1**). Such insurance shall remain current as a condition of membership.
- 3.2.6 Specialty board certification or qualified to sit for the certifying examination and actively pursuing board certification as the latter is determined by the appropriate specialty board. Certification must be achieved within the time frame mandated by the American Board of Medical Specialists (ABMS), American Osteopathic

Association (AOA), or American Dental Association (ADA) or within eight (8) years after completion of residency training for those specialties where time frames are not mandated. [This requirement shall only apply to practitioners who apply for an initial appointment to the Medical Staff after January 1, 1998.] Board certified practitioners must maintain board certification as a continuing condition of Medical Staff membership. In the event that an eligible Practitioner wishes to apply for privileges in a sub-specialty where board certification is not available, the Department Chief shall have discretion to consider other competencies in determining whether to recommend privileges pertaining to that sub-specialty. For internationally trained physicians not eligible for specialty board certification, agreement from the appropriate Hospital Department Chief to recommend waiver of this membership requirement must be provided.

- 3.2.7 An ability and an agreement: (i) to work cooperatively with and effectively communicate with other practitioners, nurses, staff, and administration in a non-disruptive manner so as not to affect patient care adversely and (ii) to abide by the principles of Medical Ethics of the American Medical or Osteopathic Association or by the Code of Ethics of the American Dental Association or the American Psychological Association Ethical Principles of Psychologists and Code of Conduct, whichever is applicable, and all Hospital and Medical Staff Bylaws, Rules and Regulations and Policies.
- 3.2.8 The preceding qualifications shall not be deemed exclusive if other qualifications and conditions are also relevant in the consideration of an applicant. For additional qualifications for Adjunct staff members see Section 4.6 Adjunct Staff. Other qualifications and conditions that may be considered at the discretion of the Board, include, but are not limited to, benefits to the Hospital and the community which it serves, Hospital census or anticipated census in a given specialty, or the degree of recognized expertise of the applying practitioner in a particular specialty.

### 3.3 CONDITIONS AND DURATION OF APPOINTMENT

Initial appointments and reappointments to the Medical Staff shall be effective when approved by the Board upon Recommendation of the CMEC. Members of the Medical Staff shall be reappointed every two (2) years with terms staggered as determined by the CMEC and the Board. Appointment to the Medical Staff shall confer on the appointee only such Clinical Privileges as have been granted by the Board, acting upon the Recommendations of the CMEC.

Acceptance of Medical Staff membership or reappointment shall constitute the Practitioner's agreement that he/she, with respect to his/her practice within the Hospital, will:

- a) provide patients with care at the generally recognized professional level of quality;
- b) abide by the Medical Staff Bylaws and Rules and Regulations, Hospital and Medical Staff policies and procedures and governmental statutes and regulations relating to health care;



- c) discharge such Medical Staff, Committee and Hospital functions for which the Practitioner is responsible by appointment, election, or otherwise;
- d) prepare and complete in timely and legible manner the required records for all patients to whom the Practitioner provides care in the Hospital;
- e) abide by the generally recognized ethical principles of the profession;
- f) notify the Hospital President or the Chairperson of the Children's Medical Executive Committee, and his or her Department Chief within three (3) days of: (a) any adverse action taken by any health care facility, state licensure board, drug enforcement agency or Missouri Pharmacy Board; or (b) commencement of an investigation by the Department of Health and Human Services or other federal or state regulatory agency;
- g) participate in continuing education programs appropriate for the Practitioner's profession;
- h) provide information requested by the CMEC regarding the Practitioner's ability to continuously meet the qualifications, standards and requirements of these Bylaws or actions taken against Practitioner by another hospital relating to patient care; and
- i) immediately inform the CMEC, his or her Department Chief and the Hospital President of any disciplinary actions taken by a hospital or health care institution to limit, restrict, deny, suspend or revoke the Practitioner's Medical Staff membership or Clinical Privileges.

Establishment and maintenance of appointment to the Faculty of the Medical School shall be a condition precedent to membership on the Medical Staff. When a member of the Medical Staff ceases to be a member of the Faculty of the Medical School, his/her appointment to the Medical Staff of the Hospital shall terminate simultaneously with termination of that faculty status and without action of the Board or the CMEC. A Medical Staff member whose appointment is terminated pursuant to this section shall not be entitled to any hearing and appeal procedures including, without limitations, those set forth in Article VIII of these Bylaws.

While the Hospital is committed to its academic affiliation with the Medical School and thereby requires a Faculty appointment for Medical Staff membership, the Hospital President may convene a Review Committee to evaluate the impact of the denial or termination of Medical Staff membership/privileges due to the denial or loss of a Faculty appointment upon the ability of the Hospital to meet its service commitments to the community through direct medical care or due to financial constraints. The Review Committee shall be comprised of six (6) members; the Dean of the Medical School, the Hospital President, and four (4) other members jointly appointed by the Dean of the Medical School and the Hospital President. This Review Committee shall study the rationale for the proposed termination of Faculty appointment as well as the impact of the denial or termination of Medical Staff appointment upon the Hospital and issue its report to the Dean of the Medical School and the Hospital President. The Dean of the Medical School and the Hospital President will then confer with the involved Washington

University Department Chairperson and the Chairperson of the Board regarding the Review Committee report. The Medical School retains its independent right to make final determination on Faculty appointments and reappointments. The Hospital President shall inform the Board of the final decision by the Medical School and of the Review Committee's report.

### 3.4 COORDINATION WITH THE MEDICAL SCHOOL

Because of its academic affiliation with the Washington University School of Medicine the Hospital, through its Department Chiefs, shall consult with and obtain the approval of the appropriate Washington University Department Head and Washington University Division Directors on all matters relating to credentialing, academic responsibilities, and professional activities. This would include, but not be limited to, (a) review and recommendations on initial appointments under Section 6.3; (b) review and recommendations on reappointments under Sections 6.4 (c) review and approval of leaves of absence under Section 6.5; (d) review, approval of, or termination of temporary privileges under Section 6.6; (e) recommendations for corrective action under Section 7.1 (f) recommendations on summary suspension under Section 7.2.3; (g) provisions of patient coverage under Section 7.2.4; formation of and dissolution of Divisions under Section 9.3; and (h) appointment of, removal of and filling vacancies of the Division Directors under Section 9.3.1. The Washington University Department Head shall consult with, as appropriate, the Washington University Division Chiefs on such matters.

### 3.5 MEDICAL STAFF COMMUNICATION

In order to ensure a reliable and timely method of communicating with members of the medical staff all members will be required to:

- 3.5.1 Provide an e-mail address at the time of application or reappointment to which all official documents and communications will be sent. Each member of the Medical Staff must also inform Hospital administration and the Medical Staff office if the contact e-mail address changes within fifteen (15) days.
- 3.5.2 Provide a telephone number at the time of application or reappointment that may be used for official communication among Hospital administration and Medical Staff members. This telephone number must be a reliable, delegated number for reaching the Physician and should not be a department or switchboard number. A reliable answering service, pager, mobile phone or academic office number may be used. Documentation from the Hospital administration of successful e-mail transmission to the Practitioner's address will be considered proof of communication with any member of the Medical Staff (other than specific exceptions noted in the Bylaws, i.e., notice of termination of privileges).

### 3.6 TERMINATION OF MEDICAL STAFF APPOINTMENT

Appointments and reappointments to the Medical Staff may be terminated prior to the expiration of the period of appointment or reappointment only by one of the following means:

- 3.6.1 Voluntary resignation by a member of the Medical Staff, submitted in writing to

the Office of Medical Staff Services; or

3.6.2 Automatic administrative action evidenced by the failure of the member of the Medical Staff to continuously meet the qualifications, standards and requirements set forth in the Bylaws, including by way of example and not limitation: failure to maintain a faculty appointment required; failure to obtain or maintain licensure, board certification status, or medical malpractice insurance required for the staff category; involuntary exclusion from participation in Medicare, Medicaid, or other federally funded health care programs; Drug Enforcement Administration certificate revocation, suspension, stay, restriction, or probation; or conviction of a felony. Termination of appointment by automatic administrative action is final and the individual shall not be entitled to the Hearing & Appellate Review Procedures of Article VIII (see also Article 7.2.1); or

3.6.3 Corrective action in accordance with Article VII.

## **ARTICLE IV**

### **THE MEDICAL STAFF**

#### **4.1 COMPOSITION OF THE MEDICAL STAFF**

The Medical Staff shall be composed of: The Emeritus Staff, the Active Staff, the Associate Staff, and the Adjunct Staff.

Medical Staff members will be made up of two groups of practitioners: a) the full-time staff who are full-time, salaried employees of the Medical School; and b) all other members who shall be, for the purposes of these Bylaws, considered as private staff (practitioners with appointments to the clinical or part-time faculty at the Medical School).

All Medical Staff members shall be appointed to a specific Department, and shall be responsible to their respective Washington University Department Head, Washington University Division Chief, and Hospital Department Chief for their participation in the educational, research, patient care activities, and outpatient programs of the Hospital. The failure to perform these activities may constitute grounds for dismissal, non-renewal of appointment or corrective action.

Fellows, Referring Physicians, and House Staff shall be reviewed and retained pursuant to a separate protocol adopted by the CMEC, Hospital, and the Board and shall not be entitled to the procedural rights set forth in Articles VII and VIII. House Staff are not eligible for membership on the Medical Staff unless they meet the qualifications as an Adjunct Staff Member and receive written permission from the appropriate Washington University Department Head and Hospital Department Chief, and the Hospital President. In such event they shall be credentialed in accordance with the Staff category they seek to join. Independent and Dependent Allied Health Professionals (including but not limited to advanced practice nurses, physician assistants, optometrists, and certified registered nurse anesthetists) are governed by Article V and shall not be entitled to the procedural rights set forth in Article VIII.

## 4.2 THE EMERITUS STAFF

The Emeritus Staff shall include practitioners who have retired from the Medical Staff. The Emeritus Staff shall not be eligible to admit patients to the Hospital, to hold office, or serve as consultants for Hospital patients. They may, but are not required to attend Medical Staff Meetings and serve on committees without vote. They are not required to pay membership dues. Emeritus staff members are not required to maintain licensure or liability insurance.

## 4.3 THE ACTIVE STAFF

4.3.1 The Active Staff shall consist of Practitioners who, in addition to meeting the full professional qualifications established by the Hospital, are active in the teaching, research, administrative and patient care programs of the Hospital.

4.3.2 Active Staff members who request and are granted Clinical Privileges must demonstrate direct and active support for and participation in the mission of St. Louis Children's Hospital as follows: Responsible for the admission and management of hospitalized patients; teach and supervise trainees and/or medical students either in inpatient hospital areas or community-based offices; serve on Medical Staff committees in accordance with the Medical Staff Bylaws; participate in hospital/medical school sponsored clinical research or performance improvement activities; attend business meetings and social functions of the Medical Staff; participate in educational programs of the Hospital; receive all publications, notifications and communications of the Hospital; and vote and pay membership dues. They are subject to the extensive credentialing processes required by regulatory agencies including FPPE and OPPE.

## 4.4 THE ASSOCIATE STAFF

Associate Staff members who do not require Clinical Privileges (membership only) shall participate in the mission of St. Louis Children's Hospital as follows: teach and supervise trainees and/or medical students in community-based offices; serve on Medical Staff committees in accordance with the Medical Staff Bylaws; participate in hospital/medical school sponsored clinical research or performance improvement activities; attend business meetings and social functions of the Medical Staff; participate in educational programs of the Hospital; receive all publications, notifications and communications of the Hospital. They are eligible to vote and shall pay membership dues. They may refer but not admit patients to the Hospital.

#### 4.5 THE ADJUNCT STAFF

The Adjunct Staff shall consist of Practitioners who are currently participating in an Accreditation Council for Graduate Medical Education (ACGME) accredited or non-ACGME accredited pediatric subspecialty fellowship program at St. Louis Children's Hospital. Requirements include, in addition to those in Section 3.2 of these Bylaws, completion of the clinical competencies as identified by the program director, and recommendations by the director of the fellowship program and the respective Hospital Department Chief. Adjunct staff applicants may apply for Medical Staff membership after completion of three months of pediatric fellowship training at St. Louis Children's Hospital. Adjunct membership will be effective after six months of pediatric fellowship training.

Adjunct Staff members shall be eligible to admit patients to the Hospital, to continue to serve on committees as fellows, to attend Medical Staff meetings, but cannot vote nor hold office. Adjunct members' Clinical Privileges shall be limited to those Residents and Fellows, when eligible, may practice within the scope of core privileges that reflect their last completed level of training for which by education, training and current experience the member is qualified to perform. They shall not include Clinical Privileges unique to the pediatric subspecialty in which they are currently receiving training at the Hospital. All Clinical Privileges shall be approved by the Credentials Subcommittee, CMEC and Board.

Appointments to the Adjunct Staff shall be for no more than the term of the fellowship and shall not be renewable. Adjunct Staff members are entitled to due process afforded them by their respective Medical School department as fellows. They are not required to pay membership dues.

### **ARTICLE V**

#### **ALLIED HEALTH PROFESSIONALS**

##### 5.1 QUALIFICATIONS

An Independent or Dependent Allied Health Professional who applies for practice privileges must be a member of the faculty or an employee of the School of Medicine, an employee of the Hospital, or a party to a contract with the Hospital. An Allied Health Professional is not a member of the Medical Staff but must fulfill all other applicable requirements specified in these Bylaws and all Medical Staff and Hospital rules, regulations, policies, and procedures.

##### 5.2 INDEPENDENT HEALTHCARE PROFESSIONALS

5.2.1 The term "Independent Allied Health Professional" includes: clinical pharmacists; optometrists; holders of doctoral degrees affiliated with the Department of Pathology and Laboratory Medicine, or other departments; and others as designated by the Board.

5.2.2 An Independent Allied Health Professional must meet those specific qualifications and may request only those specific practice privileges appropriate to his/her

category, as specified by the applicable policies and procedures of the Credentials Subcommittee and these Bylaws.

- 5.2.3 An application for practice privileges will be processed in accordance with the procedures specified in Article VI for initial application to the Medical Staff. After an initial appointment of one year, an Independent Allied Health Professional must apply for renewal of practice privileges every two years.
- 5.2.4 An Independent Allied Health Professional may not admit patients to or discharge patients from the Hospital. An Independent Allied Health Professional may, within the scope of his/her professional licensure or certification, his/her practice privileges, and the rules, regulations, policies and procedures of the Medical Staff and the Hospital:
  - a) provide specified patient care services;
  - b) exercise independent judgment in his/her areas of competence and participate directly in the management of patients, provided that a member of the Active Staff within the appropriate department or specialty has overall responsibility for the care provided to each patient;
  - c) enter reports and progress notes into the medical record and write certain treatment orders for specific patients;
  - d) serve on committees of the Medical Staff and Attend Medical Staff or department meetings, if invited; and
  - e) exercise other prerogatives, as specified by the Board.

### 5.3 DEPENDENT ALLIED HEALTH PROFESSIONALS

- 5.3.1 The term "Dependent Allied Health Professional" includes: certified registered nurse anesthetists; clinical pharmacist practitioners; nurse practitioners; physician assistants; and others as designated by the Board.
- 5.3.2 A Dependent Allied Health Professional must meet those specific qualifications and may request only those specific practice privileges within the scope of the licensing or certification requirements applicable to his/her profession, and as further specified by the policies and procedures of the Credentials Subcommittee and these Bylaws. A Dependent Allied Health Professional must have a collaborative practice agreement or supervising physician agreement with one or more of the Active Staff who will supervise and assume responsibility for his/her patient care activities.
- 5.3.3 An application for practice privileges will be processed in accordance with the procedures specified in the Article VI for initial application to the Medical Staff. After an initial appointment for one year, a Dependent Allied Health Professional must apply for renewal of practice privileges every two years.

5.3.4 A Dependent Allied Health Professional may not independently admit patients to or discharge patients from the Hospital. A Dependent Allied Health Professional may, within the scope of his/her professional licensure or certification, his/her practice privileges, and the rules, regulations, policies and procedures of the Medical Staff and the Hospital:

- a) provide specified patient care services in collaboration with or under the supervision of his/her sponsoring Active Staff member or members;
- b) enter reports and progress notes into the medical record and write certain treatment orders for specific patients;
- c) serve on committees of the Medical Staff and attend Medical Staff or department meetings, if invited; and
- d) exercise other prerogatives, as specified by the Board.

#### 5.4 RESTRICTION, SUSPENSION, OR TERMINATION OF PRACTICE PRIVILEGES

5.4.1 Allied Health Professionals are not members of the active Medical Staff and accordingly shall have no recourse to the procedural rights specified in Articles VII and VIII.

5.4.2 An Allied Health Professional shall immediately report to Medical Staff Services any significant change in information previously provided as part of prior applications for appointment or reappointment. This includes, but is not limited to: changes in professional licensure/certification, DEA, malpractice coverage, as well as involvement in any malpractice activity or disciplinary action by any licensing or certification board or healthcare facility or any criminal investigation the Allied Health Professional is involved in.

5.4.3 In the event that an Allied Health Professional's certification or licensure is adversely affected in any manner, his/her practice privileges shall be immediately and automatically restricted, suspended, or terminated accordingly.

5.4.4 In the event that an Allied Health Professional's professional liability insurance is terminated for any reason, his/her practice privileges shall be immediately and automatically terminated.

5.4.5 The practice privileges of a Dependent Allied Health Professional shall be automatically suspended or terminated if the Clinical Privileges of all his/her sponsoring or collaborative Active Medical Staff members are suspended or terminated for any reason.

5.4.6 The President or Chief Medical Officer may restrict, suspend, or terminate any or all of the practice privileges of an Allied Health Professional without recourse to the procedural rights specified in Articles VII and VIII:

- a) An Independent Allied Health Professional whose practice privileges are restricted, suspended, or terminated will be notified of the action and the

reasons for such action, and may request that such action be reviewed by the CMEC. At any such review meeting, the individual may be present and may participate in the review. The individual will be entitled to a written report at the conclusion of the review, but will not be entitled to any further internal review or appeal.

- b) A Dependent Allied Health Professional whose practice privileges are restricted, suspended, or terminated will be notified of the action and the reasons for such action, and may request that such action be reviewed by the CMEC. At any such review meeting, the individual and his/her sponsoring or collaborative Active Staff member or members may be present and may participate in the review. The individual will be entitled to a written report at the conclusion of the review, but will not be entitled to any further internal review or appeal.

## **ARTICLE VI**

### **APPOINTMENT AND REAPPOINTMENT**

#### **6.1 GENERAL PROCEDURE**

The Medical Staff, through the CMEC, Credentials Subcommittee, and designated hospital Department Chiefs and with the assistance of Hospital Administration, shall investigate and consider each application for appointment or reappointment to the Medical Staff, each request for additional Clinical Privileges and each request for modification of Medical Staff membership status and shall adopt and transmit recommendations to the Board or a designated Board Committee.

#### **6.2 APPLICANT'S OBLIGATION**

The applicant shall, at the time of appointment and continuously thereafter, have the burden of producing information for an adequate evaluation of their qualifications for Clinical Privileges and the medical staff membership category requested and resolve any doubts about such qualifications.

#### **6.3 APPOINTMENT TO THE MEDICAL STAFF**

##### **6.3.1 APPLICATION FORM**

Each Practitioner eligible to apply for membership on the Medical Staff and/or Clinical Privileges shall complete an application form approved by the CMEC and provided by the Hospital or the Hospital's credentials verification agent, with all provisions completed and signed by the nominee. An application processing fee, in the amount approved by the CMEC, will be assessed at the time the application is completed, signed and returned. The form may include, and the Hospital may collect all information deemed by the Hospital to be pertinent to evaluating a Medical Staff appointment, including, but not limited to, information concerning:



- a) The applicant's qualifications, including but not limited to, professional training and experience, current licensure, past Hospital Medical Staff appointments and affiliations, current DEA registration, Missouri Controlled Substance Registration, and continuing medical education information related to the Clinical Privileges to be exercised by the applicant.
- b) References from two (2) persons with the same professional license as the Practitioner who have had recent experience in observing and working with the Practitioner and who can provide adequate references pertaining to the Practitioner's professional competence and ethical character, and one (1) reference from the Department Chief in which the Practitioner most recently held privileges or the director of the clinical training program from which the practitioner graduated.
- c) Membership category and Clinical Privileges desired.
- d) Final judgments and/or settlements in any professional liability action against the Practitioner in any jurisdiction.
- e) Past or pending professional disciplinary action, licensure limitation, malpractice suits, information on any felony charges or related matters within the past ten (10) years.
- f) Previously successful or currently pending challenges to any licensure or registration or voluntary or involuntary relinquishment of such licensure or registration.
- g) Physical and mental health status as related to Clinical Privileges requested.
- h) Professional liability insurance coverage.
- i) References from other hospital medical staffs and medical care facilities including information on voluntary or involuntary resignations or dismissals from other hospital medical staffs of other health care facilities, or reduction, modification/limitation, suspension or revocation of Clinical Privileges at such facilities.
- j) Information on participation or membership in medical societies or health care facilities, or disciplinary actions or resignations from such organizations.

The application form or accompanying documents will include a statement that the Practitioner agrees to be bound by the terms of the Medical Staff Bylaws and Rules and Regulations in all matters relating to Medical Staff membership and Clinical Privileges.

### 6.3.2 APPOINTMENT CRITERIA

In addition to the criteria set forth in Sections 3.1 and 3.2, each initial

appointment shall be based upon the ability of the Hospital to provide adequate facilities and supportive service for the Practitioner and his/her patients, each Practitioner's current licensure, physical and mental health status, professional competence and clinical judgment in the treatment of patients, judgment and clinical/technical skills as indicated by the results of peer recommendations, and clinical and procedural activity from previous institutions per FPPE policy, the existence of pending professional liability actions or judgments rendered, and appropriate professional and ethical behavior. The Practitioner shall submit any reasonable evidence of current physical and/or mental health status that may be requested. Privilege determinations may also be based on information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a member exercises Clinical Privileges. Practitioners for appointments shall also provide evidence of professional liability coverage as required by Section 3.2.5.

### 6.3.3 EFFECT OF COMPLETING APPLICATION FORM

By completing the application form, the Practitioner:

- a) Signifies a willingness to appear for interviews regarding appointment.
- b) Authorizes consultation with others who have been associated with the practitioner who may have information bearing on the Practitioner's competence, qualifications and performance, and authorizes such individuals and organizations to provide such information.
- c) Consents to inspection of records and documents that may be material to the Practitioner's qualifications and ability to carry out requested Clinical Privileges, including providing specific authorizations for background checks for all initial appointments after **[INSERT DATE]**. **SLCH may rely on background checks provided by WUSM to the extent available.**
- d) Consents to provide such other information as may be requested by Hospital, its Medical Staff or any committee thereof, or by Hospital's credentials verification agent at any time during the application process. If additional information is requested, the application shall be deemed incomplete and further processing will be stayed pending receipt of the requested information.
- e) Agrees to the release set forth in Article XI of these Bylaws.
- f) Agrees to be bound by the terms of these Medical Staff Bylaws, Rules and Regulations, and Hospital and Medical Staff policies in all matters relating to Medical Staff membership and clinical privileges.
- g) Pledges to provide continuous care for his/her patients.
- h) Pledges to accept committee assignments, consultation assignments, and participate in education and research

#### 6.3.4 VERIFICATION OF INFORMATION

The applicant shall return the completed application form to the Hospital or the Hospital's credentials verification agent within thirty (30) calendar days following receipt of application. The Hospital, or its credentials verification agent, shall verify the information in the application by primary sources or, when appropriate, designated equivalent sources. An application shall not be considered complete unless and until all information due on the application and any other information requested pursuant to 6.3.3(d) above has been completed and verified.

If an applicant fails to submit all applicable information within this timeframe, or within thirty (30) days of a request for additional information, no further processing will take place and the application will be deemed withdrawn. An applicant whose application is deemed withdrawn shall not be entitled to the Fair Hearing Plan outlined in Article VIII.

When it is determined that the information is accurate and the form is complete, it will be forwarded to the appropriate Department Chief and, if applicable, the Hospital Specialty Chief for consideration in accordance with Section 6.3.5, below.

#### 6.3.5 ADMINISTRATIVE REVIEW

Within fifteen (15) calendar days of receiving the completed form and recommendations set forth above, the Hospital Department Chief and the Hospital Specialty Service Chief shall forward to the Credentials Subcommittee and the Hospital President or his/her designee:

- a) The complete verified application information and supporting attachments.
- b) A statement and signature that he/she has reviewed the Practitioner's qualifications, references, current competence, delineation of privilege form, mental capacity and health status.
- c) A Recommendation that the Practitioner be granted or denied Medical Staff membership. A Recommendation for Medical Staff appointment shall include membership category, Clinical Privileges to be granted, and any special conditions to be attached to the appointment.

#### 6.3.6 CREDENTIALS SUBCOMMITTEE

(a) Expedited Process: If the Expedited Process in Section 6.8 is used, the Recommendation shall be made by three (3) voting members of the Credentials Subcommittee on behalf of the Credentials Subcommittee and, if favorable, forwarded to the CMEC Chairperson pursuant to 6.3.7(a). If unfavorable, the application shall be removed from the Expedited Process and referred for consideration by the full Credentials Subcommittee at its next regularly scheduled meeting.

(b) Regular Process: At its next regularly scheduled meeting or by special meeting or ballot (including, as appropriate, ballots transmitted electronically), following

receipt of a completed application, the Credentials Subcommittee shall consider the application and any other relevant information. The Credentials Subcommittee shall either defer the request for further investigation and consideration or make a Recommendation to the CMEC. The Recommendation to grant Medical Staff appointment shall specify membership category, department affiliation, Clinical Privileges to be granted and any special conditions to be attached to the appointment. A Recommendation to deny Medical Staff appointment shall specify the reasons for the Adverse Recommendation.

#### 6.3.7 CHILDREN'S MEDICAL EXECUTIVE COMMITTEE

(a) Expedited Process: If the Expedited Process in Section 6.8 is used, the Recommendation shall be made by the CMEC Chairperson on behalf of the CMEC and, if favorable, forwarded to the Board (or if applicable, a Board Committee). If the CMEC Chairperson's Recommendation is not favorable, the application shall be deferred for consideration by the full CMEC at its next regularly scheduled meeting.

(b) Regular Process: At its next regularly scheduled meeting or by special meeting or ballot (including, as appropriate, ballots transmitted electronically), following receipt of a Recommendation from the Credentials Subcommittee, the CMEC shall consider the Recommendation and any other relevant information. The CMEC shall either defer the request for further consideration or make a Recommendation to the Board or the Board Committee. A Recommendation to grant Medical Staff appointment shall specify membership category, department affiliation, Clinical Privileges to be granted and any special conditions to be attached to the appointment. An action to defer shall be handled in accordance with Section 6.3.8(a) and a Recommendation to deny Medical Staff appointment or Clinical Privileges shall be handled in accordance with Section 6.3.8(c).

#### 6.3.8 EFFECT OF CHILDREN'S MEDICAL EXECUTIVE COMMITTEE ACTION

- a) Deferral. When the CMEC recommends deferral of the request for further consideration, the CMEC shall submit within sixty (60) days a subsequent Recommendation for denial or appointment of Medical Staff membership. If within sixty (60) calendar days neither a subsequent Recommendation nor a written statement indicating a reasonable date upon which a Recommendation shall issue is forthcoming, the CMEC shall be deemed to have recommended a denial of Medical Staff membership and admitting and Clinical Privileges. Upon conclusion of the sixty (60) day period, the CMEC Chairperson shall document such denial and forward it to the Board.
- b) Favorable Recommendations. When the Recommendations of the CMEC are favorable to the Practitioner, the CMEC Chairperson shall forward the Recommendation to the Board.
- c) Adverse Recommendation. When the Recommendation of the CMEC is to deny the Practitioner Medical Staff membership or admitting or Clinical Privileges sought by the Practitioner, or both, the CMEC Chairperson shall notify the Practitioner of such Recommendation by Special Notice. The

Special Notice shall include: the reasons for the Recommendation, the Practitioner's hearing rights, and the manner by which and time within which the Practitioner must request a hearing. The Recommendation to deny membership and/or privileges shall not be forwarded to the Board until after the Practitioner has exercised or waived his/her procedural rights as provided by Article VIII.

#### 6.3.9 BOARD ACTION

After the CMEC makes its Recommendation and the Practitioner has exercised or waived any of his/her procedural rights under Article VIII, the CMEC Chairperson shall forward the final Recommendation to the Board. The Board shall act on the application at its next regularly scheduled meeting or by special meeting or ballot (including, as appropriate, ballots transmitted electronically), following receipt of the CMEC Recommendation. In the event the Board action is contrary to the Recommendation of the CMEC and adverse to the Practitioner, then the Practitioner shall be entitled to the procedural rights provided in Article VIII of these Bylaws. The Hospital President shall provide written notice of such action to the Practitioner by Special Notice similar to that referenced in Section 6.3.8(c).

#### 6.3.10 NOTICE OF APPOINTMENT

Upon appointment to the Medical Staff, the Hospital President shall notify the applicant in writing. The notice shall specify the Practitioner's membership category, department affiliation, Clinical Privileges to be granted and any special conditions to be attached to the appointment.

#### 6.3.11 FOCUSED PROFESSIONAL PRACTICE EVALUATION

Per Medical Staff policy entitled Focused Professional Practice Evaluation (**Exhibit 6**) all new medical staff members shall undergo focused evaluation to confirm the current competency of Practitioner's performance.

### 6.4 REAPPOINTMENT TO THE MEDICAL STAFF

#### 6.4.1 REAPPOINTMENT INFORMATION FORM

At least ninety (90) calendar days prior to the expiration date of the current staff appointment, the Hospital President shall mail to each Medical Staff member due for reappointment the appropriate reappointment information forms approved by the CMEC which are to be completed by the Medical Staff member and returned to the Hospital President within thirty (30) days from mailing. The form may include and the Hospital may collect all information deemed pertinent to evaluating the qualifications of a Medical Staff member including, but not limited to, those items described in Sections 3.1, 3.2, 6.3.1, and 6.4.2.

#### 6.4.2 REAPPOINTMENT CRITERIA

In addition to the criteria set forth in Sections 3.1 and 3.2, each Recommendation concerning reappointment and admitting and Clinical Privileges shall be based upon the ability of the Hospital to provide adequate facilities and supportive services for the Practitioner and his/her patients, each Practitioner's current licensure, physical and mental health status, professional competence and clinical judgment in the treatment of patients, judgments and clinical/technical skills as indicated by the results of ongoing professional practice evaluation in accordance with OPPE or FPPE medical staff policy, the existence of pending professional liability actions or judgments rendered since the Practitioner's last reappointment or appointment, the Practitioner's participation in Medical Staff affairs, compliance with the Hospital Bylaws and the Medical Staff Bylaws, Rules and Regulations and policies, utilization of the Hospital's facilities, and appropriate professional and ethical behavior as determined by the CMEC toward patients, the Hospital, Administration, other practitioners, other personnel and the public. The Practitioner shall submit any reasonable evidence of current physical and mental health status that may be requested. Peer references may be required at reappointment if sufficient Practitioner-specific quality data is not available from the Hospital's routine review functions. Privilege determinations may also be based on information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a Practitioner exercises Clinical Privileges.

#### 6.4.3 EFFECT OF COMPLETING REAPPOINTMENT FORM

By completing the reappointment form, the Medical Staff member agrees to the terms set forth in Section 6.3.3.

#### 6.4.4 VERIFICATION OF INFORMATION

The Hospital or the Hospital's credentials verification agent shall verify the information on the reappointment form. When it is determined that the information is accurate and the form is complete, it will forward to the appropriate Department Chief and, if applicable, the Hospital Specialty Service Chief for consideration in accordance with Section 6.4.5.

#### 6.4.5 ADMINISTRATIVE REVIEW

The appropriate Washington University Department Head and Washington University Division Chief shall review the reappointment form and information and, after review and approval by both the Hospital Department Chief, and the Hospital Specialty Service Chief, shall within fifteen (15) calendar days following receipt of the completed application make their Recommendation to the Credentials Subcommittee concerning the reappointment or non-reappointment of Medical Staff members, including specification of Clinical Privileges to be granted, the Recommendation period, not to exceed two (2) years, and category of Medical Staff membership.

#### 6.4.6 CREDENTIALS SUBCOMMITTEE

The Credentials Subcommittee shall review the reappointment information and the Recommendations required by Section 6.4.1 at its next regularly scheduled meeting or by special meeting or ballot (including, as appropriate, ballots transmitted electronically), and make a Recommendation to the CMEC. The Credentials Subcommittee may defer ruling pending receipt of further information.

#### 6.4.7 CHILDREN'S MEDICAL EXECUTIVE COMMITTEE

The CMEC shall consider the request for reappointment and supporting information at its next regularly scheduled meeting or by special meeting or ballot (including, as appropriate, ballots transmitted electronically) and make Recommendations to the Board in the same fashion as if acting upon an initial nomination under Section 6.3.7.

#### 6.4.8 EFFECT OF CHILDREN'S MEDICAL EXECUTIVE COMMITTEE RECOMMENDATIONS REGARDING REAPPOINTMENT

- a) Deferral: When the CMEC recommends deferral of the request for further consideration, the CMEC shall submit within sixty (60) days a subsequent Recommendation for denial of reappointment or reappointment to the Medical Staff. If within sixty (60) calendar days neither a subsequent Recommendation nor a written statement indicating a reasonable date upon which a Recommendation shall issue is forthcoming, the CMEC shall be deemed to have recommended a denial of Medical Staff membership and admitting and Clinical Privileges. Upon conclusion of the sixty (60) day period, the CMEC Chairperson shall document such denial and forward it to the Board.
- b) Favorable Recommendation: When the Recommendation of the CMEC is favorable to the Practitioner, the CMEC Chairperson shall forward it, together with supporting materials, to the Board or the Board Committee.
- c) Unfavorable Recommendation: When the Recommendation of the CMEC is to deny reappointment or Clinical Privileges, the CMEC Chairperson shall so notify the Practitioner by Special Notice. The Special Notice shall include: the reasons for the Recommendation, the Practitioner's hearing rights; and the manner by which and time within which the Practitioner must request a hearing. An Adverse Recommendation shall not be forwarded to the Board until after the Practitioner has exercised or waived his/her rights as provided in Article VIII of these Bylaws.

#### 6.4.9 BOARD ACTION

After the CMEC makes its Recommendation and the Practitioner has exercised or waived any of his/her procedural rights under Article VIII, the CMEC Chairperson shall forward the final Recommendation to the Board. The Board shall act on the reappointment at its next regularly scheduled meeting or by special meeting or ballot (including, as appropriate, ballots transmitted electronically), following receipt of such Recommendation. In the event the Board action is contrary to the recommendations of the CMEC and adverse to the Practitioner, then the Practitioner shall be entitled to the procedural rights provided in Article VIII of these Bylaws. The Hospital President shall provide written notice of such action to the Practitioner by Special Notice similar to that referenced in 6.4.8(c).

#### 6.4.10 FAILURE TO FILE REAPPOINTMENT INFORMATION FORM

Failure without good cause to file a completed reappointment information packet or to cooperate during the reappointment process in the manner required by Section 6.4.1 shall result in the expiration of a Practitioner's Medical Staff appointment and admitting and Clinical Privileges at the end of the current staff appointment. The Medical Staff Office shall notify the Practitioner, by Special Notice, of the date the Practitioner's current staff appointment will end. The Practitioner's failure to provide necessary reappointment information within the specified time frame will be deemed a voluntary resignation from the Medical Staff. Such a voluntary resignation shall not entitle the Practitioner to a hearing or appeal as set forth in Article VIII. If a Practitioner fails to be reappointed within the specified time frame, he/she will be required to reapply for membership and Clinical Privileges. All applicable application processing fees will apply.

#### 6.4.11 EFFECT OF ADVERSE DECISION

Neither an applicant requesting appointment nor a Practitioner applying for reappointment who has received a final adverse decision regarding appointment, reappointment or specific Clinical Privileges shall be eligible to reapply unless such reapplication is supported by documentation that the basis for the earlier adverse decision no longer exists.

#### 6.4.12 ONGOING PROFESSIONAL PRACTICE EVALUATION

Per Medical Staff policy entitled Ongoing Professional Practice Evaluation (**Exhibit 5**) data will be reviewed at regular intervals between reappointments.

#### 6.5 LEAVE OF ABSENCE

Medical Staff members must submit a written request for a leave of absence to the Washington University Department Head, Washington University Division Chief and the Hospital Department Chief (if different) which shall include the reason for requesting the leave. After review by the Hospital Department Chief, the request and a Recommendation by the Hospital Department Chief endorsing or opposing the request will be sent to the CMEC for action. The CMEC and the Hospital President may grant a leave of absence for a period not to exceed two (2) years if the Medical Staff member's basic staff



responsibilities, including medical records, are satisfied. Upon request by the Medical Staff member, the leave of absence may be extended for successive of (1) year periods by the CMEC. During the leave of absence, the Practitioner shall not have admitting or Clinical Privileges and shall not have nor exercise any rights of Medical Staff membership. Membership requirements are not effective while on leave of absence.

6.5.1 Leaves shall be considered for renewal at the Practitioner's standard time of reappointment.

6.5.2 At least ninety (90) days prior to the termination of the leave of absence, the Medical Staff member may request reinstatement of privileges by submitting a reappointment information form to the Hospital President along with a written summary of relevant activities during the leave. Thereafter, the procedures of Section 6.3 shall control the reinstatement procedures.

6.5.3 Failure, without good cause, to make a timely request for reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of membership, privileges and prerogatives. A Practitioner, whose membership is automatically terminated, shall not be entitled to the procedural rights provided in Article VIII of these Bylaws.

## 6.6 TEMPORARY PRIVILEGES

Temporary privileges may be granted by the Hospital President for a period of one hundred twenty (120) days upon the written Recommendation of the Washington University Department Head, Washington University Division Chief, Hospital Department Chief, and Hospital Service Chief (if applicable) or their respective designees and approval by the Board Committee, in the circumstances described in Section 6.6.1. They may be granted only to appropriately licensed and insured Practitioners in accordance to the Medical Staff policy entitled Temporary Privileges (**Exhibit 2**). The exercise of temporary privileges shall be under the direct supervision of the applicable Hospital Department Chief and the Hospital Specialty Chief (if applicable). All persons requesting or receiving temporary privileges shall be bound by the Bylaws and Rules and Regulations of the Medical Staff.

### 6.6.1 GENERAL CONDITIONS

#### a) Application pending:

On the Recommendation of the Hospital Department Chief, temporary privileges may be granted to Practitioners who have applied and meet the qualifications for Medical Staff membership but whose appointment is awaiting review and Recommendation by the CMEC and approval by the Board Committee. The application for appointment must be fully processed by the Hospital to be considered for temporary privileges. Additionally the applicant must meet the criteria for expedited credentialing consideration as noted in Section 6.8.

#### b) Important Patient Care Need:

Temporary privileges may be granted on a case by case basis when important patient care need exist that mandates an immediate authorization to practice, for a limited period of time. For the purposes of granting temporary privileges an important patient care need is defined as including the following:

1. General Conditions Important Patient Care Need, Locum tenens: On the Recommendation of the Hospital Department Chief and the Hospital Specialty Service Chief if the Hospital Service is impacted, temporary privileges may be granted to a Practitioner providing coverage or serving as a locum tenens for a current member of the Medical Staff in which his/her patients will be placed at risk of not receiving adequate patient care if the temporary privileges are not granted. Such person may attend only patients of the Medical Staff member for whom he/she is providing coverage for a period not to exceed thirty (30) days, unless the Washington University Department Head, Washington University Division Chief, Hospital Department Chief and the Hospital Critical Care Service Chief (if applicable) recommends a longer period for good cause not to exceed one hundred twenty (120) days. Required documentation of current competency, qualifications, licensure and liability coverage must be provided prior to issuing temporary privileges.
2. Care of Specific Patient(s): Temporary privileges to treat a specific patient(s) or perform a clinical procedure are generally recognized as important patient care need, i.e., circumstance in which a patient(s) will experience care that does not adequately meet their clinical needs if the temporary privileges under consideration are not granted (i.e. a patient scheduled for urgent surgery would not undergo that surgery in a timely manner) or circumstance in which the Hospital will be placed at risk of not adequately meeting the needs of patients who seek care from the Hospital if the temporary privileges under consideration are not granted. Temporary privileges may be granted to a Practitioner who is not an applicant to the Medical Staff. Required documentation of current competency, qualifications, licensure and liability coverage must be provided prior to issuing temporary privileges.

#### 6.6.2 TERMINATION

Temporary privileges shall immediately and automatically terminate upon denial of Medical Staff membership, upon discharge of the specific patients for whom the privileges were granted or at the end of the designated period. Temporary privileges may be terminated at any time by the Hospital President upon Recommendation of the Washington University Department Head, Washington University Division Chief, and the Hospital Department Chief. A person shall not be entitled to the procedural rights set forth in Article VIII when temporary privileges are denied, terminated or suspended.

## 6.7 EMERGENCY PRIVILEGES/DISASTER PRIVILEGES

### 6.7.1 EMERGENCY

In the case of an emergency, any member of the Medical Staff with Clinical Privileges, to the degree permitted by his/her license and regardless of clinical service or staff status, shall be permitted to do everything reasonably possible to save the life of a patient or save a patient from serious harm. Once the emergency has passed or assistance has been made available, the Practitioner shall defer to the patient's attending physician.

### 6.7.2 DISASTER PRIVILEGES

Disaster privileges may be granted in accordance with medical staff policy entitled Credentialing Practitioners in the Event of a Disaster (**Exhibit 3**). Any Practitioner may voluntarily provide patient care in a disaster situation regardless of whether he/she has privileges or membership at the Hospital so long as he/she is granted temporary privileges before providing patient care. A disaster may be defined as an emergency declared external to the hospital (whether local, state or national), or an internal emergency and declared as such under the Hospital's Emergency Management Plan. When a disaster has been declared, the Hospital President or designee may grant disaster privileges.

- a) Procedure for Granting Disaster Privileges - If the Hospital's Emergency Management Plan has been activated, the Hospital's President or designee may, on a case by case basis consistent with medical licensing and other relevant state statutes, grant emergency privileges to provide patient care to selected Practitioners, provided **at least one** of the following requirements has been met by the Practitioner:
  1. presentation of a current Hospital photo identification card;
  2. presentation of a current medical license with photo identification card issued by state, federal or regulatory agency;
  3. presentation of a photo identification card that certifies the Practitioner is a Licensed Independent Practitioner and indicating that the individual is a member of a Disaster Medical Assistance Team;
  4. presentation of an identification that certifies the Practitioner is an Licensed Independent Practitioner who has been granted authority by a federal, state or municipal entity to administer patient care in emergencies; and
  5. presentation by a current Hospital or Medical Staff member who can vouch for the Practitioner's identity and clinical competence.
- b) Supervision - Each Practitioner granted emergency privileges will be required to practice under the supervision of a designated member of the Medical Staff whose privileges at a minimum include the emergency privileges granted to the Practitioner.

- c) Verification - As soon as feasible while a Practitioner is practicing under emergency privileges, the hospital will verify the Practitioner's current license and current competency in the same manner as for individuals granted temporary privileges.
- d) Expiration of Disaster Privileges - Once the immediate situation has passed and such determination has been made consistent with the Hospital's Emergency Management Plan, the Practitioner's emergency privileges will terminate immediately.
- e) Termination of Disaster Privileges – Any individual in the Hospital's Emergency Management Plan with the Authority to grant disaster privileges shall also have the authority to terminate disaster privileges. Such authority may be exercised at the sole discretion of the Hospital and will not give rise to the right to a fair hearing or an appeal under Article VIII. All granted disaster privileges expire when the disaster has been officially declared terminated by the individual authorized to do so under the Hospital's Emergency Management Plan.

## 6.8 EXPEDITED PROCESS

A Board Committee shall have authority to render initial appointment, reappointment, and renewal or modification of Clinical Privileges for applicants eligible for this Expedited Process as defined in Section 6.8.1. The Board Committee may meet as needed.

### 6.8.1 ELIGIBLE APPLICANTS

Each applicant who is eligible for appointment or reappointment in accordance with Article III, Section 3.2 hereof and whom the appropriate Department Chief and Hospital Specialty Service Chief intends to nominate for appointment or reappointment is eligible for the expedited process unless if at the time of appointment, or if since the time of reappointment, any of the following has occurred:

- (a) the applicant submits an incomplete application;
- (b) the Medical Executive Committee makes a final Recommendation that is adverse or with limitation;
- (c) there is a current challenge or a previously successful challenge to licensure or registration;
- (d) the applicant has received an involuntary termination of medical staff membership at another organization;
- (e) the applicant has received involuntary limitation, reduction, denial, or loss of Clinical Privileges; or

(f) the Credentials Subcommittee determines that there has been either an unusual pattern of, or an excessive number of professional liability actions resulting in a final judgment adverse to the applicant.

#### **6.8.2 PROCESS**

Following receipt of a favorable Recommendation from the Department Chief, Credentials Subcommittee, and CMEC Chairperson, as described in Sections 6.3.5 – 6.3.7, a Board Committee reviews and evaluates the qualifications and competence of the Practitioner applying for appointment, reappointment, or renewal or modification of Clinical Privileges and renders its decision. The Department Chief, three (3) members of the Credentials Subcommittee, and the CMEC Chair and the Board Committee shall have the ability to review and vote electronically or via teleconference on all applications eligible for the Expedited Process. A positive decision by the Board Committee results in the status or privileges requested. The Board Committee shall meet as necessary in the months the Board does not meet. The Board is informed of all positive Board Committee decisions at its next regularly scheduled meeting. If the Board Committee's decision is adverse to the applicant, the matter is referred back to the CMEC for further evaluation and Recommendation, which subsequent Recommendation will be considered by the full Board.

#### **6.9 TERMINATION OF AN ADMINISTRATIVE POSITION**

The effect of termination of a Medical Staff member from an administrative position on the member's Medical Staff status and privileges is solely a matter of contract. In the absence of a contract, the administrative termination shall not automatically terminate Medical Staff membership or privileges.

#### **6.10 RETIREMENT**

A member of the Medical Staff who retires from active practice may voluntarily retire from the Active Staff of the Hospital at any age. A retired member of the Active Staff may be appointed a member of the Emeritus Staff.

#### **6.11 PRACTITIONER HEALTH**

In an effort to identify and manage matters of individual Medical Staff Practitioner health, the Medical Staff shall address all Medical Staff health issues in accordance with the Medical Staff policy entitled Practitioner Health (Exhibit 4).

### **ARTICLE VII**

#### **CORRECTIVE ACTION**

#### **7.1 CORRECTIVE ACTION**

##### **7.1.1 REQUESTS FOR CORRECTIVE ACTION**

- a) Investigation of the performance or professional conduct of a Medical Staff member, either within or outside the Hospital, may be requested in writing by any two of the following persons: the Hospital Department Chief (after consultation with the Washington University Department Head and Washington University Division Chief); the Medical Staff President; the Chairman of the Board; or the Hospital President, whenever the Practitioner's conduct is considered to be lower than the standards of the Medical Staff, is disruptive to the operations of the Hospital or is reasonably likely to be detrimental to patient safety or delivery of quality patient care. Such requests shall be supported by reference to the specific performance or conduct which constitutes the grounds for the request and delivered to the Hospital President and CMEC Chairperson.
- b) The request shall be informally investigated by a three person ad hoc committee consisting of the CMEC Chairperson (unless the complaint is lodged against that individual, in which case the President Elect of the Medical Staff shall serve) and the two persons signing the request. Within fourteen (14) calendar days, this ad hoc committee shall reject the request for corrective action due to insufficient grounds or determine that a formal investigation is indicated. If a formal investigation is indicated, it shall be conducted by the CMEC or the CMEC may assign the responsibility to an ad hoc committee. At the time a formal investigation is started, the Practitioner shall be notified in writing that a request for corrective action has been received and that an investigation is being conducted. Notification shall also include the performance or professional conduct questioned. The Practitioner shall be given an opportunity to provide information relative to the investigation in a manner and upon such terms as is deemed appropriate by the CMEC or committee. The investigating body may, but is not obligated to, conduct interviews with the persons involved, however, such investigation shall not constitute a "hearing" as that term is used in Article VIII, nor shall the procedural rules with respect to hearings or appeals apply.
- c) Within thirty (30) days after the start of the formal investigation, the investigating ad hoc committee, if one is formed, shall report the findings to the CMEC.

#### 7.1.2 CHILDREN'S MEDICAL EXECUTIVE COMMITTEE

Within fifteen (15) calendar days of receiving the report and recommendation of the investigating ad hoc committee, or within forty-five (45) days after the start of its own formal investigation, the CMEC shall act on the matter. Action may include:

- a) Determining that no corrective action be taken, if there was not credible evidence for the complaint and removing any adverse information from the Practitioner's file.
- b) Deferring action for a reasonable time where circumstances warrant.

- c) Issuing a letter of admonition, censure, reprimand or warning. In the event such letters are issued, the affected Practitioner may make a written response which shall be placed in the Practitioner's file.
- d) Recommending the imposition of terms of probation or special limitation upon continued Medical Staff membership or exercise of Clinical Privileges.
- e) Recommending reduction, modification, suspension or revocation of Clinical Privileges.
- f) Recommending reductions of membership status or limitation of any prerogatives directly related to the Practitioner's delivery of patient care.
- g) Recommending suspension, revocation or probation of Medical Staff membership.
- h) Taking any other actions deemed appropriate under circumstances; i.e., recommending additional supervision, education or consultation.

When the Recommendation of the CMEC is adverse to the Practitioner, the CMEC shall notify the Practitioner of such recommendation by Special Notice. The Special Notice shall include: the reason(s) for the Recommendation, the Practitioner's hearing rights, and the manner by which and time within the Practitioner must request a hearing. The Adverse Recommendation shall not be forwarded to the Board until after the Practitioner has exercised or waived his/her procedural right as provided in Article VIII. A favorable Recommendation shall be sent directly to the Hospital President and the Board.

### 7.1.3 BOARD

The Board shall take action on the Recommendation at its next regularly scheduled meeting following receipt of the final CMEC Recommendation. The Practitioner shall be notified in writing of the final decision of the Board. In the event the Board Action is contrary to the Recommendations of the CMEC and adverse to the Practitioner, then the Practitioner shall be entitled to the procedural rights provided in Article VIII of these Bylaws. The Hospital President shall provide written notice of such action to the Practitioner by Special Notice similar to that referenced in Section 7.1.2.

## 7.2 RESTRICTION OF PRIVILEGES, SUSPENSION AND DISMISSAL

### 7.2.1 AUTOMATIC TERMINATION

A Practitioner's Medical Staff membership and admitting and Clinical Privileges shall immediately and automatically terminate due to the failure of a Practitioner to maintain current Missouri license or action by any State Board revoking a Practitioner's license; suspension or revocation of a Practitioner's federal or state registration to dispense or prescribe drugs; or a Practitioner's failure to maintain professional liability insurance in amounts and of a type acceptable to the Board

and as required by Missouri law. Such termination shall be final and the review procedures of these Bylaws, including without limitation those set forth in Article VIII, shall not apply. Notification of termination of Clinical Privileges and membership shall be by Special Notice as soon as possible by the Hospital President with a statement of reasons for the termination.

If a Practitioner's Medical Staff membership and privileges are terminated for failure to renew his/her license, professional liability insurance or federal or state registration to dispense drugs, and the Practitioner submits evidence of the same (or, in the case of a DEA and BNDD, reason why no longer necessary) to the CMEC within sixty (60) calendar days of the imposition of the termination, the CMEC may, at its sole discretion, reinstate the membership and privileges of the Practitioner. All other Practitioners who seek reinstatement must reapply for appointment as if seeking initial appointment under Section 6.2.

#### 7.2.2 AUTOMATIC SUSPENSION

Action by any State Board or equivalent body suspending a Practitioner's license or placing the Practitioner on probation shall immediately and automatically suspend the Practitioner's admitting and Clinical Privileges until further action by the CMEC and the Board, and the Practitioner shall not be entitled to the procedural rights under Article VIII. Notification of suspension of Clinical Privileges shall be by Special Notice by the Hospital President with a statement of reasons for the suspension.

#### 7.2.3 SUMMARY RESTRICTION OR SUSPENSION

Notwithstanding any other bylaw provision, any two or more of the following persons: the Washington University Department Head (after consultation with the appropriate Washington University Division Chief and the Hospital Department Chief); the Medical Staff President; the Hospital President; or the Chairman of the Board may summarily suspend all or a portion of the admitting or Clinical Privileges of any Practitioner when in their opinion, the Practitioner's conduct presents an immediate threat to the welfare, health or safety to self, patients, visitors, employees or the Hospital. Such actions shall be immediately reported to the appropriate Washington University Department Head and Washington University Division Chief, the Dean of the Medical School, the CMEC Chairperson, the Hospital President and the appropriate Hospital Department Chief.

Unless circumstances warrant immediate action, prior to imposing the suspension or restriction, the Hospital President must be notified by the persons imposing the restriction or suspension, and such action shall become effective immediately upon verbal notice to the Practitioner to be followed by a Special Notice. The Practitioner shall not, at that time, be entitled to the procedural rights set forth in Article VIII.

Within fourteen (14) calendar days after suspension, the Hospital President (after consultation with the Washington University Department Head or his/her designee) shall make a Recommendation to the CMEC to continue, modify, or terminate the suspension. The CMEC shall immediately act upon the matter and may (i) lift the suspension, (ii) recommend further corrective action which may include the



issuance of a request for compliance, letter of probation or requirement for consultation; (iii) recommend reduction, suspension or termination of admitting and/or Clinical Privileges at the Hospital; or (iv) recommend that a Practitioner's Medical Staff membership and admitting and Clinical Privileges be suspended or terminated.

When the suspension of a Practitioner's admitting or Clinical Privileges is continued or further corrective action is recommended, the CMEC Chairperson shall notify the Practitioner by Special Notice, with a statement of reasons for the continue suspension and/or additional corrective action. The Practitioner shall then be entitled to procedural rights afforded by Article VIII.

After the Practitioner has exercised or waived all of his/her rights under Article VIII, the CMEC shall forward its Recommendation to the Board. The Board shall take action on the Recommendation at its next regularly scheduled monthly meeting following receipt of the final CMEC Recommendation. The Practitioner shall be notified in writing of the final decision of the Board. In the event the Board action is contrary to the Recommendations of the CMEC and adverse to the Practitioner, then the Practitioner shall be entitled to the procedural rights provided in Article VIII of these Bylaws. The Hospital President shall provide written notice of such action to the Practitioner by Special Notice.

#### **7.2.4 PATIENT COVERAGE**

Immediately upon termination, restriction or suspension as set forth in Section 7.2, the appropriate Washington University Department Head (after consultation with the appropriate Washington University Division Chief and the Hospital Department Chief) shall have authority to provide for alternative medical coverage for patients of the suspended Practitioner. The patients' wishes shall be considered in the selection of such alternative Practitioner.

### **ARTICLE VIII**

#### **FAIR HEARING PLAN**

##### **8.1 PREAMBLE**

The Medical Staff of St. Louis Children's Hospital, in conjunction with the Board of Trustees and any sections, departments, and committees thereof, in order to conduct professional peer review activity, hereby constitute themselves as peer review and professional review committees as defined in the Health Care Quality Improvements Act of 1986, 42 U.S.C.A. §11151 (1986); the Missouri Peer Review Statute, Mo. Rev. Stat. § 537.035 (as amended). Such committees hereby claim all privileges and immunities afforded to them by these federal and state statutes. The purpose of this Fair Hearing Plan is to provide a mechanism through which a fair hearing and appeal may occur for all Medical Staff Members as defined in these Bylaws.

The Hearing Committee proceeding under this Article is a forum for the resolution of issues involving professional conduct and competence on an intra-professional basis. The

Hearing is not a formal legal or adversarial proceeding, and rules of law governing the questioning of witness or the presentation of evidence shall not apply.

These hearing procedures are in compliance with the Health Care Quality Improvement Act (HCQIA), and as such, any action taken pursuant to this Article shall be in the furtherance of quality health care, only after a reasonable effort has been made to obtain the facts of the matter, after adequate notice and hearing procedures are afforded to any practitioner involved, and only in the reasonable belief that the action was warranted by the facts known after a reasonable effort has been made to obtain the facts.

Moreover, the Hearing encompasses elements of both the investigatory process under the authority of the Hearing Committee (which process shall supplement and not supplant or nullify in any way investigative procedures set forth in the Medical Staff Bylaws) and due process protections applicable to the affected Practitioner under HCQIA and state and federal law.

## 8.2 SPECIAL DEFINITIONS

For purposes of this Article the following definitions will govern:

8.2.1 Adverse Determination is a determination made by the Board on its own initiative without the benefit of a prior Recommendation by the CMEC (taken only after the CMEC has the opportunity to adequately address the concern in accordance with the processes set forth in the Medical Staff Bylaws) or a determination made by the Board contrary to a favorable recommendation by the MEC, under circumstances where no prior right to a hearing existed, that could result in any of the following:

- a) denial of initial Medical Staff appointment;
- b) denial of Medical Staff reappointment;
- c) revocation of Medical Staff appointment;
- d) denial of requested initial Clinical Privileges;
- e) denial of requested increased Clinical Privileges;
- f) reduction or restriction in clinical or admitting privileges;
- g) imposition of a mandatory consultation requirement;
- h) suspension of Clinical Privileges for a term of thirty (30) days or more;
- i) suspension or termination of Medical Staff membership;
- j) reduction in Medical Staff category;
- k) termination of Clinical Privileges; or
- l) denial of advancement or appointment to a Medical Staff category.

8.2.2 Adverse Recommendation is a Recommendation of the CMEC or any action imposed summarily or automatically that could result if any of the following:

- a) denial of initial Medical Staff appointment;
- b) denial of Medical Staff reappointment;
- c) revocation of Medical Staff appointment;
- d) denial of requested initial Clinical Privileges;
- e) denial of requested increased Clinical Privileges;
- f) reduction or restriction in clinical or admitting privileges;
- g) imposition of a mandatory consultation requirement;

- h) suspension of Clinical Privileges for a term of thirty (30) days or more;
- i) suspension or termination of Medical Staff membership;
- j) reduction in Medical Staff category;
- k) termination of Clinical Privileges; or
- l) denial of advancement or appointment to a Medical Staff category.

### 8.2.3 ACTIONS NOT ADVERSE

Actions that do not entitle a Practitioner to a hearing or to appellate review include the denial termination or reduction of temporary privileges; oral or written reprimands and warnings; probation; or any retrospective or prospective medical record review or other action not specified as adverse above.

8.2.4 Parties include both the Practitioner who requested the hearing and the body whose Adverse Determination or Recommendation provides the basis for the hearing.

8.2.5 President shall mean the president of the Hospital.

8.2.6 Hearing Committee is the committee appointed pursuant to Section 8.5.1 and Section 8.5.2 of this Article to conduct a fair hearing requested by the Practitioner.

8.2.7 Special Notice means notice by Personal Delivery or Certified or Registered Mail, Return Receipt Requested.

## 8.3 PRACTITIONER'S RIGHT TO HEARING AND TO APPELLATE REVIEW; HOSPITAL/MEDICAL STAFF OBLIGATIONS

### 8.3.1 APPLICABILITY OF THIS ARTICLE

Whenever an Adverse Determination or Adverse Recommendation occurs pursuant to Section 8.2.1 and Section 8.2.2 of this Article, the affected Practitioner shall have the right to a Fair Hearing and to Appellate Review under the rules and procedures set forth in this Article.

### 8.3.2 WAIVER OF HEARING AND APPELLATE REVIEW

A failure by the Practitioner to properly request a Hearing or a failure, without good cause, to appear at any Hearing shall constitute an irrevocable waiver of that Hearing and the Appellate Review to which the Practitioner would have been entitled. When the Practitioner waives a Hearing and Appellate Review, the unchallenged Adverse Recommendation of the MEC shall become and remain immediately effective pending a final Board decision. When the Practitioner waives a hearing and appellate review of an Adverse Determination by the Board, that determination shall be final.

### 8.3.3 LIMITATION

In no event shall a Practitioner be entitled to more than one Hearing and one automatic Appellate Review with respect to an Adverse Determination or Adverse Recommendation.

#### 8.3.4 RESOLUTION BY CONSENT

At any time the Practitioner may elect to enter into a consent agreement upon terms and conditions acceptable to the Medical Staff President and the Hospital President. Such consent agreement may provide for the waiver or termination of the Hearing and procedural rights, and shall specify the rights and obligations of the Practitioner under the consent agreement and upon any termination thereof.

#### 8.3.5 DESIGNATION OF ALTERNATIVES

If the Practitioner who requests a Hearing holds a position of responsibility specified in the Medical Staff Bylaws, then the Medical Staff President shall designate an alternate to assume those responsibilities.

#### 8.3.6 REPORT OF CORRECTIVE ACTION

If required by state or federal law, the Hospital President shall report the final action imposed pursuant to this Article, whether by consent agreement or otherwise, to the appropriate authorities.

#### 8.3.7 COMPUTATION OF TIME

If the deadline for required action falls on a Saturday, Sunday or legal holiday, then the deadline shall automatically extend to the next business day.

### 8.4 REQUEST FOR HEARING

#### 8.4.1 NOTICE OF ADVERSE DETERMINATION OR ADVERSE RECOMMENDATION

The Hospital President shall promptly by Special Notice, notify the affected Practitioner of the Adverse Determination or Adverse Recommendation, the reasons therefore including all reasons based on the quality of medical care or any other basis, including economic factors, and shall include the following information:

- a) explanation of Practitioner's right to a Fair Hearing and to Appellate Review pursuant to this Article;
- b) the manner by which and time within which the affected Practitioner must request a Hearing;
- c) notification that failure to properly request a Hearing or failure, without good cause, to appear at any requested hearing shall constitute an irrevocable waiver of that Hearing and of appellate review;
- d) a copy of this Fair Hearing Plan and Medical Staff Bylaws provisions concerning corrective action and hearing rights.

#### 8.4.2 REQUEST FOR HEARING

In order to exercise his or her hearing rights under this Article, the affected Practitioner must request a Hearing within 30 days of receipt of Notice of the Adverse Determination or Adverse Recommendation. Such request must be in writing and will become effective upon personal delivery to the Hospital President or when sent by certified mail to the Hospital President, properly addressed and postage pre-paid. If the affected Practitioner is to be accompanied by an attorney at the hearing, the written request for a hearing must so state.

### 8.5 COMPOSITION OF HEARING COMMITTEE

#### 8.5.1 BOARD'S ADVERSE DETERMINATION

When the Board's Adverse Determination prompts the Practitioner's request for the Hearing, the Chairperson of the Board, after consulting with the Medical Staff President and the President, shall appoint the Hearing Committee, which shall consist of no less than three (3) and no more than five (5) members, which shall include at least two (2) Medical Staff members. No Committee member shall have previously directly participated in the consideration of the Adverse Determination, and no Committee member shall be in direct economic competition with the Practitioner who has requested the Hearing. The Chairperson of the Board shall appoint one Committee member to serve as Chairperson. In the alternative, the Chairperson of the Board may appoint an individual acceptable to the Medical Staff President as Hearing Officer to perform the duties as described in Section 8.7.2. Such Hearing Officer may or may not be an attorney at law, but must have experience in conducting meetings or hearings.

#### 8.5.2 ADVERSE RECOMMENDATION BY CMEC

When the CMEC's Adverse Recommendation prompts the request for the Hearing, the President shall, after consulting with the Medical Staff President, appoint a Fair Hearing Committee composed of no less than three (3) and no more than five (5) members of the Medical Staff or other licensed Missouri or Illinois physicians. No Committee member shall have previously directly participated in the consideration of the Adverse Determination, and no Committee member shall be in direct economic competition with the Practitioner who has requested the Hearing. The President shall appoint one Committee member to serve as Chairperson. In the alternative, the President may appoint an individual acceptable to the Medical Staff President as Hearing Officer to perform the duties described in Section 8.7.2. Such Hearing Officer may or may not be an attorney at law, but must have experience in conducting meetings or hearings.

#### 8.5.3 PRACTITIONER'S RIGHT TO CHALLENGE

No later than five (5) days following receipt of the Notice described in Section 8.6.2, the Practitioner shall have the right to object to any person appointed to serve on the Hearing Committee. The Practitioner shall have the burden of demonstrating to the President or the Chairperson of the Board, whichever is applicable, by a preponderance of evidence that the challenged individual is personally biased

against the Practitioner or is engaged in direct economic competition with the Practitioner's practice. Such proof shall include the testimony or affidavit of a credible third person or persons stating the same and specifying reasons for such statements. If the Practitioner meets this burden of proof, then the President or the Chairperson of the Board, whichever is applicable, shall appoint a new Hearing Committee member to replace the challenged member. The Practitioner's failure to challenge the composition of the Hearing Committee as provided in this subsection shall constitute a waiver of any future challenge to the composition of the Hearing Committee. The Practitioner is entitled to only one challenge as provided in this subsection.

#### 8.5.4 RESIGNATION

If a member of the Hearing Committee resigns or is otherwise unable to serve prior to the commencement of the Hearing, then appointment of a replacement shall occur in the manner provided for in Section 8.5.1 or Section 8.5.2, whichever is applicable. The President shall give the Practitioner Special Notice of the replacement, and the Practitioner shall have the right to challenge the replacement member in the manner described in Section 8.5.3, as long as the Practitioner has not already exercised such right.

8.5.4.1 If a Hearing Committee member resigns or is otherwise unable to serve after the commencement of the Hearing, then the Hearing shall proceed with its remaining members. A Hearing Committee member's resignation or inability to serve shall not delay the Hearing unless a majority of the Hearing Committee members resign or are otherwise unable to serve following the commencement of the Hearing, in which case appointment or replacement shall occur in the manner provided for in Section 8.5.1 or Section 8.5.2, whichever is applicable, and the Hearing shall reconvene as soon as reasonably practicable. Replacement Committee members must review the entire record of the Hearing prior to their appointment in order to participate in the voting process at the Hearing's conclusion.

#### 8.5.5 LEGAL ASSISTANCE

The Hearing Committee may receive assistance before, during and after the Hearing by an attorney appointed by the President.

### 8.6 PRE-HEARING PROCEDURE

#### 8.6.1 SCHEDULE OF HEARING

Upon receipt of a timely request for Hearing, the President shall deliver such request to the Medical Staff President or to the Board, depending on whose Adverse Determination or Adverse Recommendation prompted the request for Hearing. The Medical Staff President or the Board, whichever is applicable, shall promptly schedule and arrange for a Hearing. The date of the hearing must be no less than thirty (30) days and no more than sixty (60) days from the date of the President's receipt of the affected Practitioner's request for Hearing.

8.6.1.1 If the Adverse Determination or adverse action involves suspension of Clinical Privileges for more than thirty (30) days, then the affected Practitioner may request an expedited Hearing. In such case, if practicable the Medical Staff President or the Board, whichever is applicable, shall schedule the Hearing within thirty (30) calendar days from the President's receipt of the affected Practitioner's request for Hearing. In such case, the President shall notify the affected Practitioner immediately by Special Notice of the expedited Hearing date, and such Notice shall contain all information listed in Section 8.6.2.

## 8.6.2 NOTICE OF HEARING

Within fourteen (14) calendar days of receipt of the affected Practitioner's request for Hearing, the President shall notify the Practitioner by Special Notice of the following:

- a) place, date and time of the hearing;
- b) the names of the Hearing Committee members;
- c) a list of witnesses (if any) expected to testify at the Hearing on behalf of the MEC or the Board, whichever entity made the Adverse Determination or Adverse Recommendation;
- d) a concise statement of the acts or omissions constituting the basis for the Adverse Determination or Adverse Recommendation; and
- e) a list of charts reviewed or at issue.

Supplements to such witness list may occur up to seven (7) days prior to the Hearing and the President shall notify the affected Practitioner by Special Notice of any such changes.

## 8.6.3 PRACTITIONER'S WITNESS LIST

At least fourteen (14) days prior to the Hearing, the Practitioner shall provide the President with a list of witnesses, if any, scheduled to testify at the Hearing. If the Hearing is to occur on an expedited basis as provided in Section 8.6.1.1, then the President shall have the discretion to modify the fourteen day advance requirement as he or she deems appropriate.

## 8.6.4 ACCESS TO RELEVANT INFORMATION

The affected Practitioner may examine and, at his or her own expense, copy relevant documentary information such as patient charts, relevant committee meeting minutes, and other similar documents. The affected Practitioner shall not have access to confidential Hospital records not relevant to the subject of the Hearing. The President in consultation with the Medical Staff President shall determine which documentary information is relevant to the Hearing.

## 8.6.5 PRE-HEARING CONFERENCE

Prior to the commencement of the Hearing, the Chairperson of the Hearing Committee or his or her designee may conduct a Pre-Hearing Conference. At such

conference the affected Practitioner, his or her counsel or representative, if any, and a representative of the CMEC or the Board, whichever is applicable, shall attend to discuss stipulations of fact, amendment to the grounds for action or the issues at dispute, and changes in the witness lists. Additionally, those in attendance may discuss the procedure for the conduct of the Hearing and Resolution by Consent. The Hearing Committee may require the Practitioner and the CMEC or Board to submit an outline setting forth, so far as the parties reasonably know:

- a) issues to be raised at the Hearing;
- b) witnesses to call at the Hearing and the subject matter upon which such witnesses will testify;
- c) a description of written or documentary evidence the parties intend to introduce as evidence at the hearing;
- d) a short summary of matters the parties will demonstrate at the Hearing; and
- e) identification of representative as provided in Section 8.7.4.

#### 8.6.6 DISCOVERY AND WITNESSES

The Practitioner shall not have any right to discovery by way of a request to produce documents, written interrogatories, requests for admission, or depositions. Neither the Practitioner nor the CMEC or Board shall have the right to compel the other party to produce witnesses to testify at the Hearing, except as provided in Section 8.7.7. The parties may, by mutual agreement, obtain and submit the testimony of witnesses by deposition.

#### 8.6.7 EXHIBITS

The parties shall provide one another with copies of exhibits to offer into evidence at least five (5) days prior to the commencement of the Hearing except for good cause as determined by the Hearing Committee Chairperson.

### 8.7 CONDUCT OF HEARING

#### 8.7.1 QUORUM

A majority of the members of the Hearing Committee shall constitute a quorum. The vote of the majority of the members of the Hearing Committee shall constitute the Recommendation of the Hearing Committee. In order to participate in the deliberation and voting processes, each member of the Hearing Committee must be present for the proceedings, or if absent at any time during the Hearing must review the record of the Hearing for the period missed in order to participate in the deliberation and voting processes. Any Committee member who fails to abide by these requirements may be replaced pursuant to Section 8.5.4.1.

#### 8.7.2 ROLE OF HEARING OFFICER OR CHAIRPERSON

Either the Hearing Officer, if one is appointed pursuant to Section 8.5.1 or Section 8.5.2, or the Chairperson of the Committee shall preside over the hearing to determine the order of procedure, to assure that all participants have a reasonable opportunity to present oral and documentary evidence and to maintain decorum.



### 8.7.3 PERSONAL PRESENCE

The Practitioner who requested the Hearing must appear at the Hearing. A Practitioner who fails, without good cause, to appear at such Hearing shall waive his or her rights in the same manner and with the same consequences as provided in Section 8.3.2.

### 8.7.4 REPRESENTATION

The Practitioner who requested the Hearing may be accompanied by a member of the Medical Staff in good standing, by a member of the Practitioner's local medical society, or by an attorney provided at his own cost. The MEC or the Board, whichever is applicable, shall appoint any member of the Medical Staff, an attorney, or other appropriate person to represent it at the Hearing, in presenting the facts in support of its Adverse Determination or Adverse Recommendation. The role of legal counsel shall be limited to advising parties during the Hearing. Legal counsel may not make formal presentations, make objections, or question persons presenting information at the Hearing.

### 8.7.5 HEARING RECORD

A court reporter shall be present in order to keep an accurate record of the Hearing.

### 8.7.6 PROCEDURE AND EVIDENCE

All witnesses shall be under oath or affirmation and will be excluded when not presenting testimony, provided however, that the affected Practitioner and Board or CMEC representative shall not be excluded. The hearing shall not be conducted strictly according to rules of law governing the questioning of witnesses or the presentation of evidence so that parties may admit any relevant information. The CMEC or Board, whichever is applicable, will first present its position in support of the Adverse Determination or Adverse Recommendation. The Practitioner will then have the opportunity to present his or her position in opposition to the Adverse Determination or Adverse Recommendation. Prior to or during the Hearing, each party shall have the right to submit any written documentation, and such documentation shall become a part of the record. The Hearing committee may request one or both parties to prepare and submit to the Committee written statements of their position on the issues prior to, during, or after the Hearing. Prior to the Hearing, the Committee may request the parties, the Hospital and its medical staff produce for its review such relevant documentary evidence as the Committee determines. The Committee may independently review medical records or other documentary evidence produced by the parties or requested by the Committee. During the Hearing, the Committee members may question additional witnesses chosen by the Committee, subject to the parties' rights to also examine these witnesses, or question witnesses produced by the parties.

The Hearing Committee may establish additional rules of procedure in advance of the Hearing. The parties will be notified of the additional rules of procedure reasonably prior to the hearing.

#### 8.7.7 RIGHTS OF PARTIES

During the Hearing, both parties shall have the right to:

- a) call and examine witnesses;
- b) introduce exhibits;
- c) cross-examine any witness on any matter relevant to the issues; and
- d) rebut any evidence.

If the Practitioner does not testify on his or her own behalf, then the Practitioner shall respond under oath to questions posed by the Hearing Committee or by the representative of the Children's Medical Executive Committee or Board.

#### 8.7.8 BURDEN OF PROOF

The Practitioner who requested the Hearing shall have the burden of proving by a preponderance of the evidence that the Adverse Determination or Adverse Recommendation either lacks factual basis or is arbitrary and capricious.

#### 8.7.9 WRITTEN STATEMENT

Each participant may submit a written statement to the Hearing Committee prior to the close of the Hearing or deliberation in accordance with a schedule announced by the Chairperson or Hearing Officer.

#### 8.7.10 DELIBERATIONS

The Hearing Committee may, without Special Notice, recess the Hearing and reconvene the same for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. The Hearing shall close upon conclusion of the presentation of oral and written evidence. The Hearing Committee may request the participants to submit additional information, including a proposed decision and shall, at its convenience, conduct its deliberations in Executive Session outside the presence of the parties and the court reporter. The Hearing Committee may delay its deliberations until the transcript of the proceeding is available.

#### 8.7.11 REPORT

Within fourteen (14) calendar days after the conclusions of its deliberations, the Hearing Committee shall make a Report and Recommendations to confirm, modify or reject the original Adverse Determination or Adverse Recommendation. A minority report may accompany the Hearing Committee Report and Recommendations. The Hearing Committee may forward the same to the Medical Staff President, the CMEC, and the President. The Hearing Committee shall also forward the complete record of the Hearing to the President. The President shall

provide a copy of the Hearing Committee Report and Recommendations to the Practitioner by Special Notice.

#### 8.7.12 POST-HEARING PROCEDURES

The President shall forward the Hearing Committee Report and Recommendations, the Hearing record and all other materials to the Board for review pursuant to Section 8.8.1 of this Fair Hearing Plan.

### 8.8 APPELLATE REVIEW

#### 8.8.1 APPELLATE REVIEW PROCESS

Prior to making its final decision, the Board shall conduct an Appellate Review of every matter referred to a Hearing Committee. At the discretion of the Chairperson of the Board, either the Board as a whole or a committee appointed by the Chairperson, shall conduct the review within thirty (30) days of the next regularly scheduled Board meeting. If a committee is appointed by the Chairperson, it shall conduct the review and report to the full Board at its next regularly scheduled meeting. The Board, or its committee, shall review the Adverse Determination or Adverse Recommendation, the hearing record, any written statements, and all other documentation relevant to the matter.

#### 8.8.2 APPELLATE RIGHTS OF PRACTITIONER

The President shall promptly notify the Practitioner of the Appellate review date so that the Practitioner will have an opportunity to present his or her support of or objections to the Hearing Committee's Report and Recommendation in writing. The Practitioner must submit these materials to the Board at least seven (7) days prior to the Appellate review meeting. The Practitioner shall not have the opportunity to make an oral presentation unless the Board so requests, or to submit any additional information outside the Hearing Record unless it was not otherwise available prior to or during the Hearing. The Board, or its Committee, shall have the authority to ask for any additional information from either the Practitioner or the Medical Staff which it believes is necessary to its deliberations. Within a reasonable period of time, the Board of Directors shall make a final decision. Upon doing so, the Board shall promptly notify the Practitioner by Special Notice and the Children's Medical Executive Committee in writing of its decision and the reasons therefore.

### 8.9 FINAL DECISIONS BY BOARD

8.9.1 The decision of the Board shall be effective upon Special Notice to the Practitioner and final and not subject to further hearing or appellate review.

## 8.10 SUBSTANTIAL COMPLIANCE

8.10.1 The Hospital and Medical Staff will make good faith efforts to substantially comply with the procedures and timeliness set forth in this Article. Strict compliance is not required.

## **ARTICLE IX**

### **ORGANIZATION OF THE MEDICAL STAFF**

#### 9.1 ORGANIZATION

The Medical Staff shall be composed of the physicians, dentists and psychologists organized into Departments, each with a Department Chief. The Departments may be subdivided into Divisions each with a Division Director.

#### 9.2 DEPARTMENTS

There shall be eleven Departments at St. Louis Children's Hospital: Anesthesiology; Neurology; Neurosurgery; Ophthalmology; Orthopaedic Surgery; Otolaryngology; Pathology; Pediatrics; Psychiatry; Radiology; and Surgery. The primary responsibility delegated to each Department is to implement and conduct specific review and evaluation activities that contribute to the preservation and improvement of the quality and efficiency of patient care provided by departmental members. Information, records, reports, statements, notes, memoranda or other data compiled by Departments in carrying out peer review activities shall be an integral part of the peer review and quality control process. Such information, records, reports, statements, notes, memoranda or other data shall be privileged and confidential and shall not be released or disclosed except as may be required by law. Each Department shall have a Department Chief responsible for the Department and its clinically related activities.

##### 9.2.1 DEPARTMENT CHIEFS

- a) Each Department Chief shall be a member of the Active Medical Staff qualified by training, experience and demonstrated ability including certification by an appropriate specialty board or affirmatively established comparable competence through the credentialing process.
- b) Each Department Chief shall be appointed for a one (1) year term by the Board at its June meeting. The Hospital President will make the Recommendation to the Board after consultation with and obtaining the approval of the appropriate Washington University Department Head or the Executive Faculty, when the proposed Department Chief and the Department Head are the same individual. The Hospital President will review such appointments with the CMEC prior to making the Recommendation to the Board.

- c) A Department Chief may be removed at any time by the Board upon the Recommendation of the Hospital President who shall consult with and obtain the approval of the appropriate Washington University Department Head or Executive Faculty, when the Department Chief to be removed is the same as the Department Head, but such removal shall not otherwise affect his/her Medical Staff appointment except as otherwise provided in the Hospital Bylaws or the Medical Staff Bylaws, Rules and Regulations.
- d) In the event of a vacancy, an Acting Department Chief shall be appointed by the Board. The Hospital President will make the Recommendation to the Board after consultation with and obtaining the approval of the appropriate Washington University Department Head or the Executive Faculty when the proposed Department Chief and the Department Head are the same individual.

## 9.2.2 FUNCTIONS OF THE DEPARTMENT CHIEFS

The Departments Chiefs, with the endorsement and approval of the appropriate Washington University Head and Washington University Division Chief, shall:

- a) Meet at regular intervals with the Division Directors, where applicable, to obtain their advice and counsel in order to assure fair representation of each Division at the CMEC.
- b) Be accountable for all administrative activities within the Hospital Department including integration of the department into the primary functions of the organization; coordination and integration of interdepartmental and intra departmental services; and the development and implementation of policies and procedures that guide and support provision of services.
- c) Assure the implementation of a planned and systematic process for monitoring and evaluating the quality and appropriateness of care and treatment of patients served by the Department and the clinical performance of all individuals with privileges in the Hospital Department per OPPE and FPPE medical staff policies.
- d) Be responsible for enforcement of these Bylaws, Rules and Regulations, and policies within the Hospital Department.
- e) Be responsible for implementation within the Hospital Department of actions taken by the CMEC.
- f) Recommending to the Medical Staff the criteria for Clinical Privileges relevant to the care provided by the Hospital Department.
- g) Make Recommendations to the CMEC concerning Medical Staff appointment, reappointment, and delineation of Clinical Privileges for all practitioners in the Hospital Department and the determination of qualifications and competence of departmental personnel.

- h) Be responsible for the orientation and continuing educational and research programs in the Hospital Department.
- i) Participate in the program planning for the Hospital Department including assessing and recommending off-site sources for needed patient care services not provided by the department or the organization and recommendations for space and other resources needed by the department including sufficient number of qualified and competent persons to provide care.

### 9.3 DIVISIONS

A Department Chief, with the endorsement and approval of the Washington University Department Head, the Washington University Division Chief, the CMEC, the Hospital President and the Board, may organize a Department into two or more Divisions. Each such Division shall have a Division Director.

#### 9.3.1 DIVISION DIRECTORS

- a) Each Division Director shall be a member of the Active Medical Staff qualified by training, experience and demonstrated ability including certification by an appropriate specialty board or affirmatively established comparable competence through the credentialing process.
- b) Each Division Director shall be appointed for a one (1) year term by the Board upon recommendation of the Washington University Department Head and the Washington University Division Chief, the Hospital Department Chief, the CMEC and the Hospital President. The Recommendation for appointment of the Division Directors shall be taken to the CMEC and the Board in June of each year.
- c) A Division Director may be removed at any time upon Recommendation of the Washington University Department Head (after consultation with the Washington University Division Chief and the Hospital Department Chief) with the approval of the Hospital President, the CMEC and the Board. Such removal shall not otherwise affect his/her Medical Staff appointment except as provided in the Hospital Bylaws or the Medical Staff Bylaws, Rules and Regulations.
- d) In the event of a vacancy, an Acting Division Director may be appointed by the Washington University Department Head (after consultation with the Washington University Division Chief and the Hospital Department Chief with the approval of the Hospital President.

### 9.3.2 FUNCTIONS OF THE DIVISION DIRECTOR

The Division Director shall:

- a) Be accountable for all administrative activities within the Hospital Division.
- b) Assure the implementation of a planned and systematic process for monitoring and evaluating the quality and appropriateness of care and treatment of patients served by the Division and the performance of all individuals with Clinical Privileges in the Hospital Division.
- c) Be responsible for enforcement of these Bylaws, Rules and Regulations, and policies within the Hospital Division.
- d) Be responsible for the implementation within the Hospital Division of actions taken by the CMEC, the Washington University Department Head, the Washington University Division Chief, and the Hospital Department Chief.
- e) Make recommendations to the appropriate Washington University Department Head, Washington University Division Chief, and Hospital Department Chief, concerning Medical Staff appointment, reappointment and delineation of Clinical Privileges for all practitioners in the Hospital Division.
- f) Be responsible for the educational and research programs in the Hospital Division.
- g) Be responsible for the development of the criteria for Clinical Privileges in the Hospital Division and participate in OPPE and FPPE as required.
- h) Participate in the program planning for the Hospital Division.
- i) Prepare an annual written report to be delivered to the appropriate Washington University Department Head, Washington University Division Chief, Hospital Department Chief, and the Hospital President, discussing the strengths and weaknesses of the Hospital Division, their perception of its needs, and what is being done to remedy deficiencies and meet needs.

### 9.4 MEETINGS OF DEPARTMENTS AND DIVISIONS

- a) During each year, each Department and Division shall schedule, hold and keep records of as many conferences or meetings as may be required to maintain an adequate review of its work.
- b) Members of each Division or Department may meet separately, but such meetings shall not release members from their obligation to attend the general meetings of the Medical Staff.

## 9.5 OFFICERS OF THE MEDICAL STAFF

9.5.1 The elected officers of the Medical Staff shall be a President, President-Elect, and Secretary/Treasurer who shall each be elected in odd-numbered years for a two-year term by electronic vote as described in Section 9.6.1, and shall hold office until their successors are elected. The Staff President-Elect, previously chosen, shall assume the office of the Staff President at that time. The Staff President and the Staff President-Elect shall alternate between practitioners from the Full-time Staff and the Private Staff. The elected officers shall be drawn from the membership of the Active Staff and shall be qualified by their long term commitment to the Hospital, administrative abilities, and academic and clinical excellence. Annual stipends in the amount recommended by the Secretary/Treasurer and approved by the CMEC shall be paid to the CMEC Leadership (President, President-elect, Chair, Chair-elect).

The Assistant Secretary/Treasurer shall be appointed annually by the Board. The Assistant Secretary/Treasurer shall be the Hospital's Manager, Medical Staff Services, and shall serve as ex-officio member of the Medical Staff.

9.5.2 The Staff President shall call and preside at all meetings of the Medical Staff, and shall be a member ex-officio of the Bylaws, Credentials, Nominating, and Medical Staff Performance Subcommittees.

9.5.3 The Staff President-Elect, in the absence of the President, shall assume all his/her duties and have all his/her authority. He/she shall also perform such duties as may be assigned by the Staff President.

9.5.4 The Secretary/Treasurer shall be accountable for all funds entrusted to him/her. The books of the Medical Staff shall be audited annually by the Hospital's independent auditors. The Hospital shall offer such administrative assistance to the Medical Staff financial system as requested by the Staff President or Secretary/Treasurer.

9.5.5 The Secretary/Treasurer shall keep accurate and complete minutes of all meetings, call meetings on order of the Staff President, attend to all correspondence, and perform such other duties as normally pertain to his/her office.

9.5.6 The Assistant Secretary/Treasurer shall, in the absence of the Secretary/Treasurer, assume all his/her duties as outline above in Section 9.5.4 and Section 9.5.5.

9.5.7 The elected officers who are unwilling or unable to perform the duties as outlined may be removed at any time upon the Recommendation of the CMEC and upon two-thirds vote of the members present and voting at a Medical Staff meeting subject to ratification by the Board. The appointed officers may be removed upon the vote of the Board.



- 9.5.8 If any elected officer must relinquish the office prior to the expiration of the two-year term, the Medical Staff shall have a special election with nominations made by Medical Staff members. Any officer elected in the special election shall serve the remainder of the term, at which point, the regular election process resumes.

## 9.6 MEETINGS OF THE MEDICAL STAFF

- 9.6.1 The Medical Staff shall at least once per year send out via electronic communication a summary of news impacting the Medical Staff. Additionally, the Medical Staff may meet at any other time either in person or via electronic methods such as email communications, GotoMeetings or other secure meeting applications at the request of the President of the Medical Staff. The purpose of these meetings are to perform all general functions assigned to the Medical Staff, to discuss problems that face the medical community of the Hospital, including that which relates to the welfare of the Hospital, the Medical Staff, and the medical care and treatment of patients, to hear a report from the Chairperson of the CMEC regarding issues discussed and actions taken by that Committee and to comment on substantive issues in that report; and to raise issues to be discussed by the CMEC and its Subcommittees in the future. Twenty-five members of the Active Medical Staff either present in person or via an electronic method or phone shall constitute a quorum for any meeting. Any business of the Medical Staff may be treated by a majority of members in attendance and voting, except for amendment of the Bylaws and the election of Medical Staff Officers and representatives to the CMEC. Action of the Medical Staff to approve amendments to the Bylaws, and to elect Medical Staff Officers and representatives to the CMEC, shall be taken by electronic voting with a ballot sent to each Medical Staff members with voting rights at the email address provided by the Medical Staff member in his or her application for appointment or reappointment. For these two actions (approve amendments to the Bylaws and to elect Medical Staff Officers and representatives to the CMEC), notice of the proposed amendment(s) and the proposed officers shall be provided by email, regular mail, or another reliable, confidential method, at least seven (7) business days prior to the electronic voting. Two thirds of the voters responding must approve amendments or the election of officers.
- 9.6.2 To promote understanding between the Board and the Medical Staff, the Chairperson of the Board of Trustees, the Chair of the Patient Care Committee, and the Executive Officers of the Hospital shall be invited to attend all meetings of the Medical Staff, and shall be included on the annual summary referenced in Section 9.6.1. Any Medical Staff member who detects conflict between the organized Medical Staff and CMEC may request in writing to the CMEC Chairperson or Medical Staff President a meeting to discuss the issues. If the Medical Staff President and the CMEC Chairperson cannot satisfactorily resolve the issues raised, the Patient Care Committee of the Board shall be consulted.
- 9.6.3 Special meetings of the Medical Staff may be called at any time by the Staff President, Hospital President or any ten members of the Active Staff. At any Special Meeting, no business shall be transacted except that stated in the notice calling the meeting. Notices of a Special Meeting shall be emailed or mailed to all members

of the Medical Staff, so that the notice arrives at least seven calendar days before the date set for the meeting.

9.6.4 Members of the Medical Staff are encouraged to attend meetings of the Medical Staff.

9.6.5 The annual dues of the Active Medical Staff shall be set annually, in advance, by the CMEC and are due thirty days after receipt of invoice. Any proposed change in the amount of dues shall be proposed to all members of the Medical Staff via email or other similar method of communication, and then voted upon by members attending the next regular meeting of the CMEC. Failure to pay dues within sixty (60) days after mailing of the invoice shall disqualify such practitioner from all benefits of Medical Staff membership. Other sanctions including termination of Medical Staff membership may be imposed by the CMEC and such practitioner shall have no hearing or appellate rights under Article VIII.

## **ARTICLE X**

### **COMMITTEES**

#### **10.1 COMMITTEE STRUCTURE**

The CMEC and its Subcommittees shall perform the Medical Staff's responsibilities relating to the following subjects: appointment and reappointment to the Medical Staff, credentialing, delineation of privileges, corrective action, hearing and appellate review, peer review including, but not limited to, monitoring and evaluating the quality of patient care rendered by all Clinical Departments and their members, continuing education, developing and amending policies, Rules and Regulations for the Medical Staff, and performing such other functions as are required to ensure quality of care. Other committees or subcommittees of the Board of Trustees and/or the CMEC may perform quality-related functions, interacting with appropriate Subcommittees of the CMEC as needed to improve processes and outcomes for patient care. In Subcommittees requiring non-practitioner participation, the CMEC Chairperson or Staff President, in conjunction with the chairperson of the Subcommittee, may request non-practitioners to attend such meetings, subject to the approval of the Subcommittee. With respect to all Committees and Subcommittees, all deliberations and votes on peer review matters as defined by Missouri law shall be conducted and taken only by practitioner members of the Committee or Subcommittee and any others permitted by law to participate in such functions.

#### **10.2 CHILDREN'S MEDICAL EXECUTIVE COMMITTEE**

##### **10.2.1 COMPOSITION**

The voting members of the CMEC shall consist of the eleven Department Chiefs, the three Elected Officers of the Medical Staff, the Chief Medical Officer (who shall serve by reason of the position), ), the Associate Chief Medical Officer (who shall also serve by reason of the position) two at-large members elected by the Medical Staff from among the Washington University full time faculty who are members of the Hospital's Medical Staff (with input on nominations from the

Department Chiefs), and four (4) members from the Private Staff elected by the Medical Staff at the annual meeting. The voting members shall serve two (2) year terms or until their successors are elected, with the exception of the two at-large members who shall serve four (4) year staggered terms. Other voting member terms may be staggered as determined by the CMEC.

In addition, the CMEC will include the following non-voting members: The Hospital President, the CEO of the Washington University School of Medicine Faculty Practice Plan, the Pediatric Chief Residents, one member of the Allied Health Staff (appointed by the Hospital President) and Hospital administration representatives appointed by the Hospital President. In the event of duplication of members, then the CMEC may select additional members from the Active Staff to fill such duplicate positions. Terms may be staggered as determined by the CMEC. The membership of the CMEC is annually approved by the Board. Any CMEC member who is unwilling or unable to perform the duties of membership may be removed by the Board upon the Recommendation of any two of the CMEC Chairperson, the Medical Staff President or the Hospital President. If the member removed is a Department Chief, a replacement will be named by the President and approved by the Board. If the member removed is an elected member, the Nominating Subcommittee of the CMEC will meet to nominate a replacement which must be approved by a vote of the Medical Staff.

#### 10.2.2 CMEC LEADERSHIP

The leadership of the CMEC shall consist of a Chair and a Chair-Elect, nominated and elected from among the CMEC voting members, who shall each be elected in even-numbered years for a two-year term. Nominations shall be made by CMEC voting members. Voting shall be by secret ballot, with a majority needed for election. In the event of a tie, a run-off election between the top two vote recipients will be held by a second secret ballot at the same meeting. The Chair and Chair-Elect shall hold office until their successors are elected. The Chair-Elect, previously chosen, shall assume the office of the Chair at that time. The Chair or, in the Chair's absence, the Chair-Elect shall serve as presiding officer at all CMEC meetings. The Chair shall develop the CMEC agenda, in cooperation with the Medical Staff President, and shall provide oversight to the CMEC Subcommittees, except those designated to the Medical Staff President. If the Chair or Chair-Elect must relinquish the office prior to the expiration of the two-year term, the CMEC shall have a special election with nominations made by CMEC voting members. Any Chair or Chair-Elect elected in the special election shall serve the remainder of the two-year term, at which point, the regular election process resumes.

#### 10.2.3 OFFICERS OF THE MEDICAL STAFF

The Medical Staff shall elect Officers, including a President, President-Elect, and Secretary-Treasurer. The President, or in his/her absence, the President-Elect, shall be the presiding officer at all General Medical Staff meetings, shall participate in the development of the CMEC agenda, shall represent the Medical Staff to the Board of Trustees, and shall oversee the activities of the Credentials Subcommittee, the Bylaws Subcommittee, the Nominating Subcommittee, and the Medical Staff Performance Subcommittee. The Secretary/Treasurer shall be responsible for

oversight of documentation, correspondence, and Medical Staff funds as noted in Sections 9.5.4 and Section 9.5.5

#### 10.2.4 QUORUM

The presence of twelve (12) voting members of the CMEC shall constitute a quorum. Votes shall be by majority of the members present at the duly constituted meeting of the CMEC.

#### 10.2.5 DUTIES

The CMEC shall perform the following duties:

- a) Govern the actions of the Medical Staff.
- b) Communicate directly and regularly with the Board, providing advice in all matters relating to the Medical Staff, patient care, medical education and research programs.
- c) Oversee the activities of and receive and act on reports and Recommendations from the CMEC Subcommittees.
- d) Recommend mechanisms for termination of Medical Staff membership and mechanisms for fair hearing. Take appropriate corrective action against any Medical Staff member.
- e) Review actions taken by the Board.
- f) Review the recommendations and reports of The Joint Commission.
- g) Coordinate quality-related activities of the Medical Staff with appropriate councils, teams, and Subcommittees.
- h) Ensure professional ethical conduct and competent clinical performance on the part of the Medical Staff, including the initiation of and/or participation in Medical Staff corrective action or review measures when warranted.
- i) Review and develop long-range medical planning for the Hospital including recommendations regarding Hospital functions, informatics, facilities, finances, and staff activities. Participate in strategic planning regarding clinical program development, research, education and marketing.
- j) Recommend mechanisms used to review credentials and to delineate individual Clinical Privileges. Review performance and professional ethical conduct of Medical Staff members and make Recommendations for appointment and reappointment and changes in Clinical Privileges.
- k) Develop Rules and Regulations for the Medical Staff. All actions of the CMEC are subject to review and approval by the Board.

- l) Represent and act on behalf of the Medical Staff between meetings of the general medical staff. Provide coordination of efforts of Medical Staff, Hospital and Board.
- m) Assure quality of care provided by the Medical Staff in coordination with the Hospital. Quality is defined as measuring/monitoring outcomes and being cost effective, safe, family-centered, integrated and compliant.
- n) Facilitate communications with all clinical practice stakeholders.
- o) Promote recognition of and value for diversity in medical practice.
- p) Receive regular reports from the Patient Care Committee of the Board.
- q) Annually receive and act on reports from the Washington University/Barnes-Jewish Hospital/St. Louis Children's Hospital Graduate Medical Education Consortium.
- r) Review and approve CMEC subcommittee charters and periodically review and revise such subcommittee charters as necessary.
- s) At least one CMEC member shall serve on every CMEC subcommittee either in an ex-officio capacity (without voting right) or as a regular voting member. CMEC members shall assist the chairs of the subcommittees in conducting meetings and assuring that reports issued by the subcommittees are communicated to the CMEC in a timely fashion.
- t) Receive annual reports from the directors of the Children's Discovery Institute and the Children's Surgical Sciences Institute and make recommendations regarding operations.

#### 10.2.6 MEETINGS

The CMEC shall meet monthly, excluding July, August, and December, on dates chosen by the Chairperson in consultation with the Hospital President. The Committee may meet at such other times as are designated by the Chairperson, the Hospital President or any five members of the Committee.

### 10.3 STANDING SUBCOMMITTEES

Each of the standing Subcommittees listed in these Bylaws shall be governed by a subcommittee charter approved by the CMEC. The charter for each subcommittee shall describe the duties, composition and meeting frequency for each subcommittee. The CMEC shall annually, at the September meeting, appoint standing Subcommittee members and chairpersons. The CMEC Chairperson and Staff President, in consultation with the Hospital President, shall make recommendations to the CMEC on membership and chairpersons following a general call to all Medical Staff members. The Subcommittee chairpersons and members must be approved by a majority vote of the CMEC present at a duly constituted meeting of the CMEC. The Subcommittee chairperson and members may be removed by the Chairperson of the CMEC if at least ten (10) voting members of the

CMEC vote to approve the proposed removal of the Subcommittee chairperson or member. The Hospital President and/or his/her designees(s) shall be ex officio members of all Subcommittees without vote. Each Subcommittee shall make regular written reports of its activities to the CMEC and its actions are subject to approval of the CMEC. Each Subcommittee shall also report directly to the appropriate Department Chief and Division Director any relevant findings, conclusions or recommendations. Any policy decisions made by a Subcommittee must be approved by the CMEC and the Board, if necessary, before becoming effective. A majority of the voting members of a Subcommittee as defined by the Subcommittee's charter present at the meeting either in person or via a phone or other electronic method such as GotoMeeting shall constitute a quorum and voting shall be by majority of the voting members present either in person or via the methods described earlier in this sentence, subject to the provisions of Section 10.1. Membership shall reflect the diversity of all medical practice of the Medical Staff. Terms of membership shall be specified within the Subcommittee charter.

#### 10.3.1 TRAUMA SUBCOMMITTEE

#### 10.3.2 NOMINATING SUBCOMMITTEE

#### 10.3.3 THE BYLAWS SUBCOMMITTEE

#### 10.3.4 CREDENTIALS SUBCOMMITTEE

#### 10.3.5 PERIOPERATIVE SERVICES SUBCOMMITTEE

#### 10.3.6 INFECTION CONTROL SUBCOMMITTEE

#### 10.3.7 HEALTH INFORMATION MANAGEMENT SUBCOMMITTEE

#### 10.3.8 PHARMACEUTICAL, DIAGNOSTICS & THERAPEUTICS SUBCOMMITTEE

#### 10.3.9 MEDICAL ETHICS SUBCOMMITTEE

#### 10.3.10 QUALITY & PATIENT SAFETY COORDINATING SUBCOMMITTEE

#### 10.3.11 TRANSFUSION SUBCOMMITTEE

#### 10.3.12 PROCEDURAL SEDATION/PAIN MANAGEMENT SUBCOMMITTEE

#### 10.3.13 MEDICAL STAFF PERFORMANCE SUBCOMMITTEE

#### 10.3.14 MEDICAL INFORMATICS SUBCOMMITTEE

#### 10.3.15 HOSPITAL OPERATIONS SUBCOMMITTEE

### 10.4 PEER REVIEW COMMITTEES

The following medical staff committees which conduct peer review activities and are designated Peer Review Committees pursuant to Section 537.035 of the Missouri Revised

Statutes, as amended from time to time: CMEC, any and all Subcommittees of the CMEC; all meetings of Medical Staff departments and divisions, any subcommittee or task force of any foregoing committee, department or division, or any ad hoc committee designated as a Peer Review Committee by the CMEC or the Board of Trustees; any external ad hoc committee designated as Peer Review Committee by the CMEC or the Board of Trustees.

The foregoing committees, subcommittees, departments and divisions are authorized to conduct quality assurance investigations as necessary to carry out their duties and responsibilities under the Bylaws and may delegate or confer the authority to conduct a quality assurance investigation on behalf of the committee, department or division to a subcommittee, individual member of the committee, Medical Staff officer, or department chief, which subcommittee or individual shall be designees of these committees. Additionally, Medical Staff officers and department chairs are authorized by the above mentioned peer review committee, as designees of these committees, to initiate quality assurance investigations in order to report to a peer review committee(s) for completion of peer review. Every peer review committee has the responsibility to evaluate, maintain, or monitor the quality and/or utilization of health care services and shall act in good faith, without malice and in a manner reasonably related to the scope of its inquiry.

## **ARTICLE XI**

### **CONFIDENTIALITY AND RELEASE FROM LIABILITY**

#### **11.1 SPECIAL DEFINITIONS**

##### **11.1.1 INFORMATION**

“Information” means any information regarding a Practitioner’s practice, including but not limited to the record of all acts, communications, proceedings, interviews, evaluations, opinions, conclusions, findings, deliberations, records or proceedings, minutes, other records, reports, memoranda, statements, recommendations, data, and other disclosures, including otherwise privileged and confidential disclosures, whether in written, recorded, computerized or oral form relating to professional qualifications, credentials, clinical ability, experience, character, physical or mental health, professional ethics, professional staff status, ability to work cooperatively with others, civil or criminal proceedings or any other matter that might directly or indirectly affect patient care, qualifications for membership on the Medical Staff including appointments and reappointment or Practitioner’s status in any state or federal governmental payor program.

### 11.1.2 REPRESENTATIVE

The term “Representative” means St. Louis Children’s Hospital and its directors, members, officers, employees, and other administrators, or any of them; the Medical Staff; Medical Staff Committees and Subcommittees; each and every Practitioner with privileges and/or Medical Staff membership at the Hospital; any member, employee, designee, agent, committee, board or other entity of any of the foregoing; and any individual authorized by any of the foregoing to perform Information gathering or disseminating functions.

### 11.1.3 THIRD PARTIES

The term “Third Parties” means both individuals and organizations who possess, request, or disseminate Information, including but not limited to, a hospital or other health care institution and their respective members, directors, officers, and other administrators or any of them; a practitioner, or any other health care professional; a medical staff; an organization of practitioners or other health professionals; an educational institution or organization; a peer review organization; a state or local board of medical or professional quality assurance; a state licensing board; a managed care organization; a professional liability insurer; any member, employee, designee, agent, committee, board or other such entity of any of the foregoing; and any individual authorized by any of the foregoing to perform Information gathering or disseminating functions.

## 11.2 AUTHORIZATIONS AND CONDITIONS

By requesting privileges and/or Medical Staff membership and by exercising any privileges within the Hospital, each Practitioner:

- a) authorizes Representatives to solicit, provide, and act upon Information concerning the Practitioner;
- b) authorizes the Board; or its designee to provide Information concerning such Practitioner to any BJC HealthCare affiliated entities; including its medical groups and managed care organizations. For purposes of this Section 11.2(b), Board designees shall include the CMEC, or its designee, for purposes of transmitting relevant peer review information to peer review committees at BJC HealthCare-affiliated entities where the Practitioner is employed or a member of the professional staff;
- c) authorizes Representatives to provide Information concerning the Practitioner to Third Parties;
- d) authorizes Third Parties to provide Information concerning such Practitioner to Representatives;
- e) agrees to be bound by the provisions of this Article XI and to waive all legal claims against any and all Representatives and Third Parties or both who act in accordance with the provisions of this Article XI; and



- f) acknowledges that the provisions of this Article XI are express conditions to an application for and/or nomination for and/or acceptance of Medical Staff membership and the continuation of such membership or approval, to nomination for and/or acceptance of privileges, and to the exercise of any such privileges at the Hospital.

### 11.3 CONFIDENTIALITY OF INFORMATION

Information with respect to any Practitioner, submitted, collected or prepared by a Representative or Third Party for the purpose of reviewing credentials, utilization review, peer review, corrective action, achieving and maintaining quality patient care, reducing morbidity and mortality, contributing to clinical research or other related purposes of the Hospital shall be confidential, to the fullest extent permitted by law, shall not be disseminated to anyone other than a representative unless required by law or consented to by such Practitioner, and shall not be used in any way except as provided herein or except as otherwise required by law. This information shall become a part of the Medical Staff files and shall not become part of any particular patient's file or of the general Hospital records.

### 11.4 RELEASE FROM LIABILITY

Each Practitioner by applying for Medical Staff membership and/or Clinical Privileges at the Hospital, and/or exercising any Clinical Privileges at the Hospital, hereby releases, indemnifies and holds harmless Representatives and Third Parties, and any individual authorized by any of the foregoing to perform Information gathering or disseminating functions from any and all claims, demands or actions with respect to all acts, including without limitation, communications, reports, recommendations, or disclosures of Information performed pursuant to these Bylaws including, without limitation, acts performed in connection with:

- a) applications and Nominations for Medical Staff membership;
- b) applications for clinical and/or admitting privileges (as applicable);
- c) applications for renewal and reappointment of Medical Staff Membership, Clinical Privileges or admitting privileges, or revision of Clinical Privileges;
- d) corrective action;
- e) summary or automatic suspension or termination of Medical Staff membership and/or any Clinical Privileges;
- f) hearings and appeals;
- g) medical care evaluation and quality assessment studies;
- h) peer review committees and activities at Hospital, BJC HealthCare and/or any of its affiliated entities;
- i) other hospitals, BJC HealthCare or its affiliated entities, clinical Department, Division, Medical Staff, Committee or Subcommittee activities relating to quality

assurance, utilization review, risk management, patient care, and professional conduct; and

- j) matters concerning professional qualifications, credentials, clinical competence, character, physical and mental health status, ethics or behavior.

#### **11.5 SEVERABILITY**

If any section, part or portion of any section, defined term or part of any defined term is found by a court of competent jurisdiction to be invalid or unenforceable, such section, defined term or parts or portion of any section or defined term shall be severed and the remaining sections, parts or portions of a section or a defined term shall be reformed by such court to carry out the intention of the parties, provided, however, if such court is unable to unwilling to effect such reformation, the remainder of these Bylaws shall be construed and given effect as if such invalid or unenforceable section, defined term or part or portion of a section or defined term had not been included.

### **ARTICLE XII**

#### **RULES AND REGULATIONS**

The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Board. Such Rules and Regulations shall be attached to the Bylaws and shall be considered part of the Bylaws. In the event of a conflict between the Bylaws and the Rules and Regulations, the Bylaws shall control. Such Rules and Regulations shall relate to the proper conduct of the Medical Staff and shall set forth the expectations of level of practice that is required of each Practitioner in the Hospital. The Rules and Regulations shall be amended in accordance with Article XIII.

### **ARTICLE XIII**

#### **AMENDMENTS**

#### **13.1 BYLAWS**

These Bylaws may be amended by the Board of Trustees upon the recommendation of the Medical Staff or the CMEC and must be submitted to the Bylaws Subcommittee and vote of the Medical Staff. The proposed amendment shall be presented to the Medical Staff via email or regular mail at least seven (7) days prior to voting. Voting shall take place at either a regular or a special meeting of the Medical Staff by electronic or regular ballot.

The CMEC and Board may provisionally approve minor corrections and changes when such correction or change is necessary due to spelling, punctuation, grammar, and context or as specifically required by laws, state or federal regulation or Joint Commission standards. No prior notice of such change or vote of the Medical Staff is required. All changes approved by the CMEC shall be reported to each Department Chief for circulation to its members.

Amendments shall be effective when approved by the Board. Neither the Medical Staff nor the Board may unilaterally amend the Medical Staff Bylaws or Rules and Regulations.

### 13.2 RULES AND REGULATIONS

As with Bylaws, the CMEC and Board may provisionally approve minor corrections and changes when such correction or change is necessary due to spelling, punctuation, grammar, and context or as required by laws, state or federal regulation or Joint Commission standards. No prior notice of such change or vote of the Medical Staff is required. All changes approved by the CMEC shall be reported to each Department Chief for circulation to its members.

For any substantive changes to the Rules and Regulations, the CMEC may approve the changes, as long as the proposed changes have been communicated to the Medical Staff at least seven (7) days prior to the CMEC meeting either by email or some other similar method, where the changes are to be considered and the Medical Staff has had an opportunity to comment. The CMEC shall consider any comments when it votes on the proposed changes.

### 13.3 EXHIBITS

Unless otherwise stated in these Bylaws, the Exhibits referenced herein are for the information purposes only and may be revised, as necessary, to reflect current practices by the Hospital in conjunction with the CMEC.

## **ARTICLE XIV**

### **ADOPTION**

These Bylaws, together with the Rules and Regulations, shall be adopted at any regular or a special meeting of the Medical Staff, shall replace any previous Bylaws, Rules and Regulations, and shall become effective when approved by the Board. They shall, when adopted and approved, be equally binding on the Board and the Medical Staff.

Adopted by the Medical Staff: May 29, 1991;

Adopted by the Board of Trustees: June 24, 1991

Amendments adopted by Board of Trustees: 11/25/97, 9/22/98, 9/26/00, 02/25/03, 9/23/03, 9/28/04, 10/25/05, 10/24/06, 10/3/07, 09/16/08, 12/02/09, 6/7/10, 12/7/10, 3/8/11, 12/16/13, 12/10/2014, 3/4/2015, 6/9/2015, 11/1/2016, 12/06/2017