



Fairfax Medical Campus

Medical Staff Bylaws, Rules and Regulations

2023

Revised October 31, 2023

INOVA FAIRFAX MEDICAL CAMPUS

Medical Staff Bylaws

PREAMBLE

Recognizing that the Medical Staff is responsible for the quality and appropriateness of medical care, medical education and medical research in the Hospital, and collaboration and participation in the strategic operational and programmatic planning and policy development of the Hospital, especially as related to the delivery and quality of clinical services, and must accept and assume this responsibility subject to the ultimate authority of the Board, and recognizing that the best interests of the patient are protected by concerted effort, the Physicians, Dentists and Podiatrists practicing in Inova Fairfax Medical Campus hereby formulate the Bylaws hereinafter stated to facilitate the discharge of their responsibilities.

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MEDICAL STAFF RULES AND REGULATIONS		

2023 Bylaws for Inova Fairfax Hospital**ARTICLE 1
DEFINITIONS**

- 1.1 Administrator – means the individual appointed by the Board to act on its behalf in the overall management of the Hospital, or his/her designee.
- 1.2 Advanced Practice Provider – means an individual, other than an M.D., D.O., D.D.S., D.M.D., D.P.M., or Clinical Psychologist/Neuropsychologist, whose patient care activities require that his/her authority to perform specified patient care services be processed through the usual Medical Staff channels.
- 1.3 Board – means the governing body of the Hospital, with authority to oversee and approve, within any existing Inova policies and procedures, all matters related to quality assurance, patient safety and satisfaction for all service lines, and medical staff credentialing and relations at the Hospital.
- 1.4 Chief Medical Officer – means a physician appointed by the Administrator and employed by the Hospital who performs assigned administrative duties and who, when so authorized by the Administrator, serves as his substitute in roles prescribed by these Bylaws and in subordinate documents.
- 1.5 Clinical Privileges – means authorization by the Board to provide specific patient care and treatment services, within well-defined limits, based on an individual's license, education, training, experience, competence, and judgment, in the Hospital or in another Inova Hospital.
- 1.6 Clinical Psychologist/Neuropsychologist – means an individual who has received a doctoral degree (PhD or PsyD) in psychology, is licensed by the Virginia Board of Psychology, and whose patient care activities require that his/her authority to perform specified patient care services be processed through the usual Medical Staff channels.
- 1.7 Credentials Committee – means the Credentials Committee of the Medical Staff of the Hospital.
- 1.8 Dentist – means an individual who has received a doctor of dental surgery degree or a doctor of dental medicine degree, and who is licensed by the Virginia Board of Dentistry to practice dentistry.
- 1.9 Ex Officio – means service as a member of a body by virtue of an office or position held, with no reference to specific voting power.
- 1.10 Medical Executive Committee – means the Medical Executive Committee of the Medical Staff of the Hospital.
- 1.11 Fellow – means an individual pursuing subspecialty training complementing the individual's residency program. This individual may either hold a training license issued by the Virginia Board of Medicine pursuant to Section 54.1-2937 of the Code of Virginia or an unrestricted License by the Virginia Board of Medicine.
- 1.12 Hospital – means Inova Fairfax Medical Campus.

- 1.13 House Physician – means a licensed Physician employed or contracted by the Hospital to perform designated patient care duties. House Physicians may be employed on a full or part-time basis.
- 1.14 Inova Hospital(s) – means any other Hospital owned by Inova Health System or any successor corporation.
- 1.15 Intern – means an individual holding a temporary license as an Intern issued by the Virginia Board of Medicine pursuant to Section 54.1-2937 of the Code of Virginia.
- 1.16 Medical Staff Member – means the Physicians, Dentists, and Podiatrists who have been granted membership in a Medical Staff Category set forth in Article 5.
- 1.17 Medical Student – means an individual enrolled in an undergraduate medical education program approved by the Virginia Board of Medicine.
- 1.18 Oral Surgeon – means a Dentist who has successfully completed a post-graduate program in Oral Surgery accredited by a nationally recognized accrediting body approved by the United States Department of Education and is licensed by the Virginia Board of Dentistry to practice dentistry.
- 1.19 Physician – means an individual who has received a doctor of medicine or doctor of osteopathy degree and is licensed by the Virginia Board of Medicine to practice medicine or osteopathy.
- 1.20 Podiatrist – means an individual who has received a doctor of podiatric medicine degree and is licensed by the Virginia Board of Podiatry to practice podiatry.
- 1.21 Practitioner – means, unless otherwise specified, a member of the Medical Staff, a holder of Clinical Privileges, or an applicant for Medical Staff membership or Clinical Privileges.
- 1.22 Quorum – means, unless otherwise specified in these Bylaws,
- 1.22.1 For meetings of the Medical Staff, a Department or Section: thirty-three and one-third percent (33 1/3%) of the members of the Medical Staff or a Department or Section who are duly eligible to vote at a meeting of the Medical Staff or a Department or Section and who are present in person at such meeting or who have submitted mail/electronic ballots; and
- 1.22.2 For the Annual Meeting and any Special meeting of the Medical Staff: twenty percent (20%) of the members of the Medical Staff or a department who are duly eligible to vote at a meeting and who are present in person at such meeting or who have submitted mail/electronic ballots within thirty (30) days prior to the meeting.
- 1.23 Resident – means an individual who has completed medical school and who is actively enrolled in post-graduate training. This individual may either hold a training license as a Resident issued by the Virginia Board of Medicine pursuant to Section 54.1-2937 of the Code of Virginia or an unrestricted License by the Virginia Board of Medicine.
- 1.24 Inova Affiliated Entities – means the Inova Health System Foundation, Inova Health Care Services, all Inova Hospitals, and all other entities or joint ventures owned or manages by any of the foregoing.

- 1.25 Inova Health System – means the Inova Health System Foundation and its affiliated entities
- 1.26 Service Lines – means the specific domains of integrated healthcare activity organized by specialty, clinical diagnosis and/or services designated and developed by Inova Health System and led by an administrative-nurse-physician triad leadership team.
- 1.27 Service Line Physician Leader – means the physician leader of the Service Line triad.

ARTICLE 2 NAME

The name of this organization shall be “The Medical Staff of Inova Fairfax Medical Campus.”

ARTICLE 3 PURPOSES

The purposes of the Medical Staff include the following:

- 3.1 Strive to assure the provision of quality patient care at the Hospital through the monitoring and evaluation of the quality and appropriateness of patient care at the Hospital;
- 3.2 Identify important problems in patient care and opportunities to improve patient care;
- 3.3 Provide staff mechanism for appraisal of individuals who apply for appointment to the Medical and/or Clinical Privileges; monitor and evaluate the clinical performance of individuals with Clinical Privileges; and initiate and pursue corrective action with respect to individuals with Clinical Privileges when warranted;
- 3.4 Provide and maintain professional and educational standards; provide educational opportunities, and promote programs in health care research;
- 3.5 Provide a means whereby significant matters of concern to the Medical Staff may be discussed among the Medical Staff, the Administrator, and the Board;
- 3.6 Participate in the Hospital's policy making and planning processes; and
- 3.7 Collaborate and participate in decisions relating to financial, administrative, and operational matters of the Hospital especially as they relate to Hospital services, skill mix of the nursing and ancillary staff, and financial and budgetary matters.

ARTICLE 4 MEMBERSHIP

- 4.1 Membership. Membership on the Medical Staff of the Hospital is a privilege which shall be extended only to those Physicians, Dentists and Podiatrists who are duly licensed in the Commonwealth of Virginia, who are competent in their respective fields, and who continuously meet the qualifications, standards, and requirements set forth in these Bylaws. Membership shall not be denied on the basis of age, race, creed, color, sex, or national origin.
- 4.2 Basic Qualifications. Membership on the Medical Staff shall be accorded only to those Physicians, Dentists, and Podiatrists who:

- 4.2.1 Are duly licensed in the Commonwealth of Virginia (except for members of the Honorary and Active/Retired staff);
- 4.2.2 Document their background, qualifications, professional competence, education, training, experience, demonstrated clinical ability, judgment, ethics, character, and physical and mental health status with sufficient adequacy to satisfactorily demonstrate to the Medical Executive Committee and the Board that any patient treated by them will receive care of the appropriate level of quality and efficiency;
- 4.2.3 Are licensed to prescribe or dispense controlled substances by the Federal Drug Enforcement Agency (DEA) and the Virginia State Board of Pharmacy (CSR), if applicable;
- 4.2.4 Have been determined to satisfactorily meet the criteria and qualifications for the requested Clinical Privileges, as recommended by the appropriate Department Chair and the Medical Executive Committee and adopted by the Board;
- 4.2.5 Are determined, on the basis of satisfactorily documented references, to adhere strictly to the ethics of their respective professions, to work cooperatively with others, and to be willing to participate in the discharge of Medical Staff responsibilities;
- 4.2.6 Are able to provide timely and appropriate coverage for patients at the Hospital;
- 4.2.7 Are determined to have the ability to properly discharge their obligations for the continuous care of patients admitted to the Hospital by them;
- 4.2.8 Provide satisfactory evidence of professional liability insurance in not less than the minimum amounts recommended by the Medical Executive Committee and approved by the Board (except for members of the Honorary and Active/Retired staff);
- 4.2.9 Have not been involuntarily terminated from the Medical Staff of any Inova Hospital, or had clinical privileges suspended at any Inova Hospital, or resigned from any Inova Hospital while under investigation in order to avoid an investigation or disciplinary action, or following an adverse recommendation by a Department Chair, Credentials Committee, or Medical Executive Committee;
- 4.2.10 Are not currently suspended at, or have not been involuntarily terminated by or had clinical privileges suspended by any other hospital, and have not resigned while under investigation, in order to avoid an investigation or disciplinary action, or following an adverse recommendation by a department chair, credentials committee, or Medical Executive Committee of another hospital; and
- 4.2.11 Have not been excluded from or sanctioned by the Medicare or Medicaid programs or any other governmental program and are not on the OIG list of excluded providers.

- 4.3 Other Criteria. The following criteria will also be considered in determining whether or not to grant Medical Staff membership and Clinical Privileges:
- 4.3.1 The ability of the Hospital to provide adequate facilities and supportive services for the applicant and the applicant's patients.
 - 4.3.2 Patient care needs for additional staff members with the applicant's skill and training.
- 4.4 Qualifications Not Automatic. No individual shall be entitled to membership on the Medical Staff, or to enjoyment of particular privileges, merely by virtue of the fact that the individual is licensed to practice any of the healing arts, or that the individual is a member of some professional organization, or that the individual has in the past, or presently has, Clinical Privileges at another health care facility.
- 4.5 Ethics and Ethical Relationships. Practitioners granted Clinical Privileges pursuant to these Bylaws shall conduct themselves in the highest ethical tradition. In accepting Clinical Privileges, Practitioners specifically agree to abide by the codes of ethics of their respective professional associations. Violation of such professional ethics shall be grounds for denial of Clinical Privileges, or for revocation of such privileges.
- 4.6 Board Certification. All Practitioners who apply for membership on the Medical Staff shall be either (i) board certified by a national specialty board which is approved by the American Board of Medical Specialties, the Royal College of Physicians and Surgeons of Canada, the American Board of Oral and Maxillofacial Surgery, the American Board of Foot and Ankle Surgery, the American Osteopathic Association, or an equivalent specialty board approved by the Hospital's Board of Trustees after considering the recommendations of the Medical Executive Committee and the Administrator, or (ii) currently eligible to become board certified and obtain board certification within the time frame required by the applicable specialty board.
- 4.6.1 Once board certified, it shall be the obligation of the Practitioner to maintain board certification in the specialty or subspecialty most closely aligned to his/her clinical privileges. If a Practitioner fails to maintain board certification, the Practitioner will have two years from the date the certification lapsed to take and successfully pass the board examination. If the Practitioner fails to pass in this time period, his/her Clinical Privileges will automatically be withdrawn and the Practitioner must submit a new application after board certification is achieved.
 - 4.6.2 Members of the medical staff who were granted Medical Staff membership but not board certified as of January 1, 2006 and members of the Honorary and Active/Retired staff shall be exempt from becoming board certified. However, this exemption shall not apply to any medical staff member admitted after January 1, 2006 or who subsequently becomes board certified at any time date.
 - 4.6.3 In extraordinary circumstances, the Board may waive the board certification requirement or extend the time within which the Practitioner is required to become board certified, after considering the recommendations of the appropriate Section, Department, Credentials Committee, and/or the Medical Executive Committee.

4.7 Basic Responsibilities. Each member of the Medical Staff shall:

- 4.7.1 Provide for continuous care for patients at the appropriate level of quality and efficiency recognized by the Medical Staff;
- 4.7.2 Abide by the Medical Staff Bylaws, Medical Staff Rules and Regulations, Department Rules and Regulations, and other Hospital policies, procedures, and standards as may be applicable;
- 4.7.3 Satisfactorily discharge such Medical Staff, department, section, committee, and Hospital functions for which the Practitioner is responsible by virtue of his/her membership or Clinical Privileges;
- 4.7.4 Prepare and complete in a timely manner the required records for all patients admitted or attended by the member in any way in the Hospital;
- 4.7.5 Abide by the ethical principles of his/her profession;
- 4.7.6 Participate in the licensure, accreditation, and quality assurance activities of the Hospital;
- 4.7.7 Maintain in force professional liability insurance in not less than the minimum amounts recommended by the Medical Executive Committee and approved by the Board; notify the Medical Executive Committee in writing immediately upon the cancellation of the member's professional liability insurance; provide a new or updated certificate of insurance prior to the expiration, renewal, or any change in professional liability insurance and no less than annually; maintain extended reporting ("tail") coverage for all periods of time not covered by a current policy of insurance; and notify the Medical Executive Committee immediately in writing of any settlements or final judgments involving professional liability actions;
- 4.7.8 Notify the Medical Executive Committee in writing immediately upon the institution of any formal proceeding which, if determined adversely to the Practitioner, would result in a revocation, suspension or limitation of the Practitioner's license to practice, the Practitioner's license to prescribe or dispense controlled substances, the Practitioner's Clinical Privileges at any other hospital, or the imposition of sanctions of any kind imposed by any health care facility, professional review organization or licensing agency; and notify the Medical Executive Committee in writing of the outcome of such proceeding within ten (10) days of the final decision, including the voluntary relinquishment of any license, registration, or Clinical Privileges;
- 4.7.9 Report settled malpractice claims and final judgments within 30 days through the Medical Staff Office to be reviewed by the department Chairman and the Administrator;
- 4.7.10 Ensure a complete medical history and physical examination of each patient is completed by a provider credentialed to perform history and physical examinations, no more than 30 days before or 24 hours after admission or registration (but before any surgery or procedure requiring anesthesia), in accordance with the Medical Staff Rules and Regulations, Policies and Procedures and any relevant provision of the Medical Staff

Bylaws. If the history and physical examination was completed within 30 days before admission, an updated medical record entry documenting an examination for any changes in the patient's condition must be completed within 24 hours after registration or admission (but before any surgery or procedure requiring anesthesia services). An assessment may be done (in lieu of a complete history and physical exam) in low-risk outpatient procedures in accordance with any relevant provisions of the Medical Staff Bylaws, Rules and Regulations and/or Policies and Procedures. The assessment of the patient will be completed and documented after registration, but prior to surgery or a procedure requiring anesthesia services, when the patient is receiving specific outpatient surgical or procedural services.

- 4.7.11 Participate in educational activities as deemed necessary or appropriate by the Medical Executive Committee;
- 4.7.12 Work cooperatively with other Medical Staff Members, Advanced Practice Providers, health care providers, Hospital management, and employees to maintain a Hospital environment appropriate for quality patient care and consistent with the values and operating principles of the Hospital; and
- 4.7.13 Report to the Administrator any physical or mental condition which could in any way impair the Practitioner's ability to treat patients.
- 4.7.14 Criminal Indictment or Conviction. A Medical Staff member who has been indicted, convicted of, or pleads guilty or no contest or its equivalent to a felony or a misdemeanor (except traffic violations for which the only penalty was a fine of \$500.00 or less) in any jurisdiction shall immediately notify the Medical Staff President. Upon receipt of such information from the Medical Staff member or any other source, the Medical Staff President will then notify the Executive Committee in writing during an executive session within ten (10) days of such event and no later than the next meeting of the Executive Committee. The Medical Staff member may be subject to administrative suspension as determined by the Administrator or Medical Staff President. Such suspension would be an administrative action and become effective immediately upon imposition. Such suspension would remain in effect until the matter is resolved by subsequent action of the Governing Body or through corrective action, if necessary.

4.8 Employed and Contract Physicians/Dentists/Podiatrists.

- 4.8.1 In Administrative Capacity Only. A Physician, Dentist, or Podiatrist employed by the Hospital in a purely administrative capacity with no clinical duties or Clinical Privileges shall be subject to the Hospital's personnel policies and to the terms of his/her contract or other conditions of employment. The individual shall not be required to be a member of the Medical Staff.
- 4.8.2 With Clinical Privileges. A Physician, Dentist, or Podiatrist employed by or under contract with the Hospital in a clinical and/or medico-administrative capacity must be a member of the Medical Staff appointed in accordance with Article 7 and granted Clinical Privileges in accordance with Article 8 of these Bylaws. Such membership and Clinical Privileges shall not be

contingent upon the individual's contract or continued employment unless specifically provided in the individual's contract with the Hospital or in the terms of the individual's employment. If the contract with the Hospital or the terms of employment do so specifically provide, then the membership and Clinical Privileges of such individuals shall be contingent on the terms of the individual's contract with the Hospital or the terms of the individual's employment.

- 4.8.2.1 A Physician, Dentist, or Podiatrist (the "Associated Physician" for purposes of this Section 4.8.2.1) who is employed by, or in any way otherwise associated with any professional corporation or partnership under contract, or another Physician, Dentist or Podiatrist under contract, to provide services at the Hospital (the "Contract Provider" for purposes of this Section 4.8.2.1), must be a member of the Medical Staff appointed in accordance with Article 7 of these Bylaws and granted Clinical Privileges in accordance with Article 8 of these Bylaws. The membership and Clinical Privileges of each Associated Physician shall automatically terminate upon severance of his/ her employment by or association with the Contract Provider.

- 4.9 Terms of Appointment. Initial appointments and reappointments to the Medical Staff shall be made by the Board after considering the recommendations of the Medical Executive Committee. All initial appointments to the Medical Staff are subject to Section 4.10 of these Bylaws. All reappointments shall be for a period not to exceed three (3) years. Appointment or reappointments for a period of less than three (3) years shall not be considered an adverse/disciplinary action and therefore shall not entitle a practitioner to a hearing or other rights set forth in Article 11 of these Bylaws. An appointment or reappointment for a period less than three (3) years also shall not be reportable to the Virginia Department of Health Professions or to the National Practitioner Data Bank.

- 4.9.1 If the Section Chief/Department Chairperson, Credentials Committee, or Medical Executive Committee recommends a reappointment term of less than three (3) years, the Section Chief/Department Chairperson, Credentials Committee, or Medical Executive Committee shall set forth the reason(s) for such recommendation in writing. The practitioner shall be notified in writing of the reason(s) for such recommendation by the President of the Medical Staff or designee. The practitioner may be given the opportunity to meet with the Medical Executive Committee to discuss the decision.

- 4.10 Initial Appointments. All initial appointments to the Medical Staff shall be for a period of twelve (12) months, and, if necessary, may be extended for an additional period, which shall terminate no later than three (3) years from the date of the initial appointment. New members of the Medical Staff shall not be entitled to vote.

- 4.10.1 During initial appointment, individuals shall be assigned to a department and the Department Chair shall exercise appropriate supervision and review as part of the routine focused professional practice evaluation (R-FPPE) as established by medical staff policies and procedures. If the individual under review is a Department Chair, the individual shall be supervised and reviewed by the President or his/her Designee.

4.10.2 At the conclusion of the R-FPPE, the Department Chair or Medical Executive Committee shall furnish to the Credentials Committee a report indicating whether the individual has:

4.10.2.1 Satisfactorily demonstrated his/her ability to exercise the Clinical Privileges granted to the individual,

4.10.2.2 Satisfactorily discharged all of his/her responsibilities in accordance with these Bylaws, and

4.10.2.3 Not exceeded or abused the prerogatives of the staff category to which assigned.

The Credentials Committee shall review the report together with the individual's original application file and make a recommendation to the Medical Executive Committee regarding reappointment to the Medical Staff. The Medical Executive Committee shall make its recommendations to the Board. The Board may grant reappointment to the Medical Staff, deny reappointment to the Medical Staff, or extend the appointment for an additional period not to exceed three (3) years from the date of the initial appointment.

4.10.3 If, at the end of the initial appointment period, or extension thereof, an individual is denied reappointment to the Medical Staff by the Board, the individual's Clinical Privileges shall be terminated and he/she shall be entitled to the rights accorded by Article 11.

4.11 Medical Staff Year. The Medical Staff year commences on the first day of January and ends on the thirty-first day of December of each year.

4.12 Annual Dues. Annual dues for each calendar year in an amount to be established by the Medical Executive Committee shall be paid by each Medical Staff Member.

4.12.1 Annual dues for the ensuing Medical Staff Year shall be paid in accordance with the due date established by the Medical Executive Committee.

4.12.1.1 A statement requesting payment shall be mailed to Medical Staff Members not less than sixty (60) days prior to the due date.

4.12.1.2 A Medical Staff Member whose annual dues remain unpaid as of the due date established by the Medical Executive Committee shall be subject to automatic termination of Medical Staff Membership and Clinical Privileges in accordance with Section 9.6.2.3 of these Bylaws.

4.12.2 Applicants for Medical Staff membership shall submit their annual dues with their application. The total amount of dues submitted shall be refunded if the application for Medical Staff membership is denied or withdrawn.

4.13 Leave of Absence.

- 4.13.1 Voluntary Leave of Absence. A Member of the Medical Staff who is in good standing may request a leave of absence for a defined period of time in accordance with Medical Staff Policy. Because Medical Staff membership is maintained and Clinical Privileges are voluntarily suspended when a Physician has been granted a leave of absence, the period of leave cannot exceed the Practitioner's current appointment period. Once granted a leave of absence, members of the Medical Staff shall be exempt from certain membership requirements defined in the Medical Staff Policy. Upon return from a leave of absence, the Medical Staff member shall be required to provide a summary of activities while on leave.
- 4.13.2 Medical Leave.
- 4.13.2.1 Any Practitioner at any time may be placed on medical leave at his or her own request. Upon the Practitioner's request for reinstatement of membership or Clinical Privileges, the Practitioner shall provide any information reasonably requested to enable the Hospital to evaluate whether the condition affects the Practitioner's ability to exercise the Clinical Privileges that have been granted.
- 4.13.2.2 In addition, whenever the President of the Medical Staff believes that a Practitioner could be suffering from a physical or mental condition which impairs the ability of the Practitioner to treat patients, the President of the Medical Staff, may require that the Practitioner submit to a physical or mental examination to determine whether the Practitioner is suffering from any condition that would interfere with his or her treatment of patients.
- 4.14 Resignation. A resignation by a Member of the Medical Staff shall be presented to the Credentials Committee, Medical Executive Committee and Board. The resignation is effective immediately on the date of the presentation of a letter of resignation to the Medical Staff Office and approved by the Medical Staff President, provided all medical staff obligations have been met by the resigning member. Resignation shall constitute relinquishment of both Medical Staff membership and clinical privileges, but shall be considered a voluntary action by the practitioner.
- 4.15 Waiver of Requirements. The Board may, after considering the recommendations of the Medical Executive Committee and any appropriate Department chairs, waive any of the requirements for Medical Staff membership and clinical privileges established pursuant to these Bylaws or the rules and regulations of any Department. The refusal of the Board to waive any requirement shall not entitle any practitioner to a hearing or any other rights of review.

ARTICLE 5

CATEGORIES OF THE MEDICAL STAFF

- 5.1 The Medical Staff. The Medical Staff shall consist of the Active, Courtesy, Affiliated Physician, Honorary, Active/Retired, Visiting Faculty, and Telemedicine Staffs.
- 5.2 The Active Staff.

- 5.2.1 The Active Staff shall consist of Physicians, Dentists and Podiatrists who, in accordance with the nature of their respective practices, utilize the Hospital for care of their patients or for the practice of their specialty, who satisfactorily assume all the responsibilities of Active Staff membership.
 - 5.2.2 The Active Staff shall transact all business of the Medical Staff, shall be responsible for conducting and contributing to the educational programs of the Hospital, and shall accept assignments in the care of Service Patients. Members of the Active Staff shall have the right to vote on all matters properly coming before the Medical Staff pursuant to these Bylaws and to hold office on the Medical Staff. Except as provided below, members of the Active Staff shall serve on Medical Staff committees, and perform such other assignments deemed necessary by the Medical Executive Committee, and shall be required to attend Medical Staff meetings as provided in Article 15 and department and committee meetings as provided in Article 16 of these Bylaws. Members of the Active Staff shall be entitled to admit patients to the Hospital.
 - 5.2.3 Individuals appointed to the Active Staff are not eligible to vote at committee or other meetings or hold office during their initial year of appointment, unless an exception is recommended by the Executive Committee and approved by the Board. An applicant for Medical Staff membership and Clinical Privileges who is appointed Department Chair or Section Chief may be appointed to the Active Staff.
- 5.3 The Courtesy Staff.
- 5.3.1 The Courtesy Staff shall consist of those Physicians, Dentists and Podiatrists who are qualified for Medical Staff membership but who only occasionally admit patients to the Hospital. As members of the Courtesy Staff they shall be privileged to admit and/or attend twelve (12) patients per year at the Hospital. If it is desired to admit more than this number of patients, the Practitioner shall apply for Active Staff membership. They shall not be required to attend Medical Staff or department meetings and shall not be required to serve on Medical Staff or department committees. Members of the Courtesy Staff shall not have the right to vote and shall not hold office on the Medical Staff.
 - 5.3.2 At times of full Hospital occupancy or shortage of Hospital beds or other facilities, as determined by the Administrator, the elective admitting privileges of Courtesy Staff members shall be subordinate to those of the Active Staff members.
- 5.4 The Affiliated Physician Staff.
- 5.4.1 The Affiliated Physician Staff shall consist of those Physicians who restrict their clinical activities to an office-based practice and desire to maintain a close connection to the Hospital and wish to remain or become a member of the Medical Staff, without clinical privileges, for educational purposes, collegiality, or to comply with a requirement for panel membership in an indemnity, PPO, or HMO insurer.
 - 5.4.2 The Affiliated Physician Staff shall meet the basic qualifications for Medical Staff membership set forth in these Bylaws, excluding Sections 4.2.4, 4.2.6, and 4.2.7.
 - 5.4.3 The Affiliated Physician Staff shall meet the Board certification requirements in Section 4.6 but shall not be subject to maintain Board certification under Section 4.6.1
 - 5.4.4 Members of the Affiliated Physician Staff shall not be granted clinical privileges and

shall not admit or attend to patients in the Hospital.

- 5.4.5 Members of the Affiliated Physician Staff shall
 - 5.4.5.1 not have the right to vote on all matters properly coming before the Medical Staff pursuant to these Bylaws;
 - 5.4.5.2 not be able to hold office on the Medical Staff;
 - 5.4.5.3 serve on Medical Staff committees and have the right to vote on such committee, and perform such other assignments deemed necessary by the Medical Executive Committee; and
 - 5.4.5.4 be required to attend Medical Staff meetings as provided in these Bylaws.
- 5.5 The Honorary Staff.
 - 5.5.1 The Honorary Staff shall consist of Physicians, Dentists and Podiatrists the Medical Staff wishes to recognize for their outstanding reputations, their noteworthy contributions to the health and medical sciences, or their previous long-standing meritorious service to the Hospital. These may be Physicians, Dentists and Podiatrists retired from active practice and Hospital service, or of outstanding reputation not necessarily resident in the community.
 - 5.5.2 The Honorary Staff shall meet the basic qualifications for Medical Staff membership, excluding the board certification and professional liability insurance requirements.
 - 5.5.3 Appointment to the Honorary Staff shall not include privileges to admit or attend patients, unless specifically granted by the Board upon Medical Staff recommendation.
 - 5.5.4 Members of the Honorary Staff shall
 - 5.5.4.1 not have the right to vote;
 - 5.5.4.2 not be able to hold office on the Medical Staff;
 - 5.5.4.3 be permitted to serve on Medical Staff committees as non-voting members; and
 - 5.5.4.4 not be required to attend Medical Staff meetings.
- 5.6 The Active/Retired Staff.
 - 5.6.1 The Active/Retired Staff shall consist of Physicians, Dentists and Podiatrists who have retired from active practice and Hospital service, but who wish to maintain access to Hospital facilities and services such as the medical library and continuing medical education programs. Physicians, Dentists and Podiatrists in good standing, with a minimum of 10 years active Hospital practice, are eligible for membership in this category, upon the recommendation of the Department Chair.
 - 5.6.2 Appointment to the Active/Retired Staff shall not include privileges to admit or attend patients.
 - 5.6.3 Members of the Active/Retired staff shall not be required to attend Medical Staff or department meetings or to serve on Medical Staff or department committees, and shall not have the right to vote or hold office on the Medical Staff.
 - 5.6.4 Members of the Active/Retired staff wishing to be reinstated to Active status will be required to demonstrate current clinical competence.
- 5.7 The Visiting Faculty Staff

- 5.7.1 The Visiting Faculty Staff shall consist of Physicians, Dentists, and Podiatrists whose primary responsibilities and interests are to participate in the educational and research programs of the Medical Staff.
- 5.7.2 Appointment to the Visiting Faculty Staff shall not include privileges to admit or attend patients.
- 5.7.3 Members of the Visiting Faculty Staff shall not be required to attend Medical Staff or department meetings or to serve on Medical Staff or department committees, and shall not have the right to vote or to hold office on the Medical Staff.
- 5.7.4 Members of the Visiting Faculty Staff shall remain in this category as long as their primary responsibilities remain unchanged.

5.8 The Telemedicine Staff

- 5.8.1 Telemedicine is defined as the medical diagnosis, management, evaluation, treatment, or monitoring of injuries and diseases through the use of communication technology. After considering the recommendations of the appropriate department chair, the Credentials Committee, and the Medical Executive Committee, the Board will approve what clinical services may be provided through telemedicine.
- 5.8.2 The Telemedicine Staff shall consist of Physicians, Podiatrists, and Dentists who, in accordance with the nature of their respective practices, treat patients in the Hospital only via the use of telemedicine, as defined in 5.8.1.
- 5.8.3 Appointment to the Telemedicine Staff shall not include privileges to admit or attend patients.
- 5.8.4 Members of the Telemedicine Staff shall not be required to attend Medical Staff or department meetings or to serve on Medical Staff or department committees, and shall not have the right to vote or to hold office on the Medical Staff.
- 5.8.5 Members of the Telemedicine Staff shall be privileged and credentialed using the same process as that for membership on the Active Staff, provided, however, if permitted by law, regulations and any applicable accreditation standards the Hospital may obtain and rely on information and documentation related to the Physician's, Podiatrist's, or Dentist's qualifications and competence provided by the site or organization where the Physician, Podiatrist, or Dentist is located if that site meets all requirements of the Centers for Medicare & Medicaid Services and appropriate accreditation agencies and is accredited by The Joint Commission or another accreditation organization approved by Centers for Medicare & Medicaid Services to grant deemed status. The Hospital may verify directly through original sources such information as the Hospital deems appropriate.
- 5.8.6 Members of the Telemedicine Staff must be properly licensed, certified, and/or permitted to practice in the Commonwealth of Virginia.

ARTICLE 6
OTHER CATEGORIES OF CREDENTIALLED PROFESSIONALS

6.1 Advanced Practice Providers

- 6.1.1 The Board shall, after considering any recommendations by the Medical Executive Committee, determine what types of Advanced Practice Providers should be permitted to provide health care services in the Hospital in order to meet the health care needs of the community.
- 6.1.2 Advanced Practice Providers may be accorded Clinical Privileges within the scope of their licenses or certification in accordance with the law. Medical Staff Rules and Regulations and applicable policies and procedures. Advanced Practice Providers shall not be members of the Medical Staff or hold elected office. The granting of Clinical Privileges to Advanced Practice Providers shall also be subject to R-FPPE process in Section 4.10. Advanced Practice Providers may be appointed by the Medical Staff President to serve on Medical Staff committees as set forth in these Bylaws and as approved by the Medical Executive Committee. Advanced Practice Providers will not have the right to vote on such committees to which they are appointed unless otherwise specified by the Medical Executive Committee.
- 6.1.3 Advanced Practice Providers shall be required to meet all of the applicable Basic Qualifications set forth in Section 4.2 and Responsibilities set forth in Section 4.7 of these Bylaws.
- 6.1.4 The Clinical Privileges of an Advanced Practice Provider shall be revoked automatically, and the Advanced Practice Provider shall not be entitled to the hearing and appeal procedures set forth in Article 11 of these Bylaws, upon:
 - 6.1.4.1 Suspension, restriction, revocation, or voluntary termination of the certification and/or license of the Advanced Practice Provider; and
 - 6.1.4.2 Limitation, restriction, cancellation, or material modification of the Advanced Practice Provider's professional liability insurance.
- 6.1.5 The clinical privileges of an Advanced Practice Provider shall be suspended automatically, and the Advanced Practice Provider shall not be entitled to the hearing and appeal procedures set forth in Article 11 of these Bylaws, upon:
 - 6.1.5.1 If applicable, suspension, revocation or voluntary termination of the Medical Staff membership or Clinical Privileges of the Advanced Practice Provider's supervising or collaborating Practitioner, if a successor supervising or collaborating Practitioner is not identified;
 - 6.1.5.2 If applicable, termination of the contract between the Hospital and the Advanced Practice Provider's employer for the provision of professional services, unless such employer continues to provide professional services to the Hospital after termination of the contract; and
 - 6.1.5.3 If applicable, termination of the employment contract between the Advanced Practice Provider and the Advanced Practice Provider's employer.

The Advanced Practice Provider shall have sixty (60) days within which to identify a successor supervising or collaborating Practitioner who is a member of the Medical Staff and to provide a copy of the written affiliation, supervision, collaboration, and/or employment agreement. If the Advanced Practice Provider does not identify a successor supervising or collaborating Practitioner and provide a copy of the written affiliation, supervision, collaboration, and/or employment agreement within that period, the clinical privileges of the Advanced Practice Provider shall be terminated automatically and the Advanced Practice Provider shall not be entitled to the hearing and appeal procedures set forth in Article 11 of these Bylaws.

6.1.6 The Clinical Privileges of an Advanced Practice Provider also may be revoked, reduced, or suspended if the performance, activities, or professional conduct of the Advanced Practice Provider is or is reasonably likely to be detrimental to patients' safety or quality patient care, unethical, below the standards of the Medical Staff, or disruptive to the operations of the Hospital.

6.1.6.1 An Advanced Practice Provider who is not an employee of the Hospital whose Clinical Privileges are revoked, reduced, or suspended pursuant to Section 6.1.5 shall be entitled to a hearing pursuant to the procedures set forth in Article 11.

6.1.6.2 An Advanced Practice Provider who is an employee of the Hospital shall be subject to the personnel policies and procedures of the Hospital, and shall not be entitled to a hearing pursuant to the procedures set forth in Article 11.

6.1.7 Advanced Practice Providers who practice telemedicine as defined in Section 5.8.1 of the Medical Staff Bylaws shall be credentialed and privileged in the same manner as Members of the Telemedicine Staff.

6.2 House Physicians

6.2.1 This category refers to both (1) Physicians employed by the Hospital who do not become members of the Medical Staff, as such, (hereafter "Hospital House Physicians"); and (2) Physicians employed by members of the Medical Staff or a Member's Corporation who do not become members of the Medical Staff (hereafter, "Private House Physicians"). House Physicians may be granted permission to perform designated patient care duties and responsibilities assigned in accordance with their qualifications and individually granted Clinical Privileges.

6.2.1.1 Clinical Privileges shall be granted in accordance with Article 7. A House Physician shall exercise only those Clinical Privileges that are specifically and expressly granted by the Board.

6.2.1.2 The acts performed by the House Physician shall be at the direction of and under the supervision and control of the Chair of the clinical department to which the individual has been assigned and, in the case of Private House Physicians, the Private House Physician's Supervising Physician.

- 6.2.1.3 House Physicians shall hold either a temporary or permanent license to practice medicine in the Commonwealth of Virginia.
- 6.2.1.4 The Clinical Privileges of a House Physician shall be revoked automatically, and the House Physician shall not be entitled to the hearing and appeal procedures set forth in Article 11 of these Bylaws, upon:
- a. Termination of employment;
 - b. Suspension, restriction, revocation or voluntary termination of licensure;
 - c. Suspension, revocation, cancellation, material modification or other loss of professional liability insurance coverage, as required in Section 6.2.1.6.c of these Bylaws; and
 - d. Suspension, revocation, restriction or voluntary termination of the Clinical Privileges or professional license of the House Physician's Supervising Physician.
- 6.2.1.5 The Clinical Privileges of a House Physician also may be revoked, reduced, or suspended if the performance, activities, or professional conduct of the House Physician is or is reasonably likely to be detrimental to patients' safety or quality patient care, unethical, below the standards of the Medical Staff, or disruptive to the operations of the Hospital. A House Physician whose Clinical Privileges are revoked, reduced, or suspended pursuant to this Section 6.2.1.5 shall be entitled to a hearing pursuant to the procedures set forth in Article 11.
- 6.2.1.6 Special Provisions Applicable to Private House Physicians. The following provisions shall apply to Private House Physicians:
- a. Persons applying for Clinical Privileges as Private House Physicians shall submit an application and delineation of Clinical Privileges forms in the format provided by, and approved by, the Hospital. Private House Physicians shall be required to meet such qualification requirements as may be recommended by the Medical Executive Committee, and approved by the Board.
 - b. Clinical Privileges granted to Private House Physicians shall not include admission or discharge of patients, nor shall they include performing surgical procedures as the primary surgeon. Private House Physicians shall exercise all Clinical Privileges under the supervision and control of their Supervising Physician(s). Such Supervising Physician shall, at all times, be and remain responsible for the actions of the Private House Physician, and shall, at all times, be and remain primarily responsible for the management of patient care.

- c. Persons applying for Clinical Privileges as Private House Physicians must satisfactorily demonstrate that they are covered by professional liability insurance in the same amounts applicable to persons applying for Medical Staff membership, and must maintain such coverage at all times during which they are granted Clinical Privileges.

6.3 Medical and Surgical Trainees

6.3.1 Residents and Fellows.

- 6.3.1.1 Residents and Fellows holding temporary (or permanent) licenses to practice medicine from the Commonwealth of Virginia and who meet the requirements of Section 54.1-2937 of the Virginia Code and such other qualifications as may be recommended by the Medical Executive Committee approved by the Board may be permitted to provide patient care services at the Hospital as part of a residency or fellowship training program approved by the Hospital.
- 6.3.1.2 Residents and Fellows shall complete an information form which details their background, education, training, experience, and licensure, if applicable prior to their employment by the Hospital or assignment to the Hospital.
- 6.3.1.3 Residents and Fellows may be assigned such duties and responsibilities as are prescribed in the Medical Staff Rules and Regulations and applicable policies and procedures; however, such duties and responsibilities shall not exceed the extent and scope of duties and professional services which may be rendered by Residents and Fellows under regulations promulgated by the Virginia State Board of Medicine. Termination of employment of a Resident or Fellow or termination of his/her assignment to the Hospital shall automatically terminate his/her duties and responsibilities at the Hospital and he/she shall not be entitled to provide patient care services.
- 6.3.1.4 Residents and Fellows shall be responsible and accountable at all times to a Physician member of the Medical Staff and shall be under the supervision and direction of a Physician member of the Medical Staff. The Physician shall have ultimate responsibility for care of the patient.
- 6.3.1.5 Residents and Fellows shall comply with the Medical Staff Bylaws, Medical Staff Rules and Regulations, and institutional policies governing graduate education and such other policies and procedures of the Hospital as may be applicable.
- 6.3.1.6 Residents and Fellows shall not be members of the Medical Staff and shall not be entitled to the rights accorded in Article 11.

6.3.2 Medical Students.

- 6.3.2.1 Medical Students who meet the requirements of Section 54.1-2960 of the Virginia Code and such other qualifications as may be recommended by the Medical Executive Committee and approved by the Board may be permitted by the Hospital to prepare medical history information and perform physical examinations.
- 6.3.2.2 Medical students shall be responsible and accountable at all times to a Physician member of the Medical Staff and shall be under the supervision and direction of a Physician member of the Medical Staff. The Physician shall ensure that a Physician shall do a history and physical examination on each hospitalized patient and shall be responsible for care of the patient.

6.4 Clinical Psychologists/Neuropsychologists

- 6.4.1 The Board shall, after considering any recommendations by the Executive Committee, determine what types of Clinical Psychologists/Neuropsychologists should be permitted to provide health care services in the Hospital in order to meet the health care needs of the community.
- 6.4.2 Clinical Psychologists/Neuropsychologists may be accorded Clinical Privileges within the scope of their licenses or certification in accordance with Medical Staff Rules and Regulations and applicable policies and procedures. The granting of Clinical Privileges to Clinical Psychologists/Neuropsychologists shall also be subject to the R-FPPE process in Section 4.10.
- 6.4.3 Clinical Psychologists/Neuropsychologists shall not be members of the Medical Staff or hold elected office. Clinical Psychologists/Neuropsychologists may be appointed by the Medical Staff President to serve on Medical Staff committees as set forth in these Bylaws and as approved by the Medical Executive Committee. Clinical Psychologists/Neuropsychologists will have the right to vote on such committees to which they are appointed unless otherwise specified by the Medical Executive Committee.
- 6.4.4 Clinical Psychologists/Neuropsychologists shall be required to meet all of the applicable Basic Qualifications set forth in Section 4.2 and Responsibilities set forth in Section 4.7 of these Bylaws.
- 6.4.5 The Clinical Privileges of a Clinical Psychologist/ Neuropsychologist shall be revoked automatically, and the Clinical Psychologist/Neuropsychologist shall not be entitled to the hearing and appeal procedures set forth in Article 11 of these Bylaws upon:
 - 6.4.5.1 Suspension, restriction, revocation, or voluntary termination of the certification and/or license of the Clinical Psychologist/Neuropsychologist; and
 - 6.4.5.2 Limitation, restriction, cancellation, or material modification of the Clinical Psychologist/Neuropsychologist's professional liability insurance.

- 6.4.6 The Clinical Privileges of a Clinical Psychologist/ Neuropsychologist shall be suspended automatically, and the Clinical Psychologist/Neuropsychologist shall not be entitled to the hearing and appeal procedures set forth in Article 11 of these Bylaws, upon:
- 6.4.6.1 If applicable, termination of the contract between the Hospital and the Clinical Psychologist/Neuropsychologist or the Clinical Psychologist/Neuropsychologist's employer for the provision of professional services.
- 6.4.7 The Clinical Privileges of a Clinical Psychologist/ Neuropsychologist also may be revoked, reduced, or suspended if the performance, activities, or professional conduct of the Clinical Psychologist/Neuropsychologist is or is reasonably likely to be detrimental to patients' safety or quality patient care, unethical, below the standards of the Medical Staff, or disruptive to the operations of the Hospital.
- 6.4.7.1. A Clinical Psychologist/Neuropsychologist who is not an employee of the Hospital whose Clinical Privileges are revoked, reduced, or suspended pursuant to Section 6.x.x shall be entitled to a hearing pursuant to the procedures set forth in Article 11.
- 6.4.7.2. A Clinical Psychologist/Neuropsychologist who is an employee of the Hospital shall be subject to the personnel policies and procedures of the Hospital, and shall not be entitled to a hearing pursuant to the procedures set forth in Article 11.
- 6.4.8 Clinical Psychologists/Neuropsychologists who practice telemedicine as defined in Section 5.8.1 of the Medical Staff Bylaws shall be credentialed and privileged in the same manner as Members of the Telemedicine Staff.

ARTICLE 7

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

7.1 Procedures.

- 7.1.1 Applications. All applications for appointment and reappointment of Medical Staff Membership and/or Clinical Privileges shall be submitted on such a form as is prescribed by the Hospital, shall be signed by the applicant and shall be accompanied by such information, documentation and fees as the Hospital requires.
- 7.1.1.1 Applications shall include at least the following information:
- a. complete and detailed statements as to the applicant's professional qualifications; a description of the applicant's background including but not limited to his/her education, training, experience, current licensure, professional competence, demonstrated clinical ability, and judgment;
 - b. a statement that no health problems exist that could affect the practitioner's ability to perform the privileges requested;

- c. a description of the applicant's past and current practice and the applicant's past and present hospital affiliations and privileges;
- d. whether the applicant's membership and/or Clinical Privileges have ever been revoked, suspended, reduced, or not renewed at any other hospital or health care institution;
- e. whether the applicant has resigned Medical Staff membership or relinquished any Clinical Privileges at any other hospital or health care institution, or allowed such membership or privileges to expire;
- f. whether the applicant's application for membership and/or Clinical Privileges at any other hospital or health care institution has been denied;
- g. whether the applicant's membership in local, state or national professional societies, or license to practice any profession in any jurisdiction has ever been suspended, limited, terminated, restricted, or voluntarily relinquished;
- h. whether the applicant has been subject to sanctions of any kind imposed by any health care facility, professional review organization, or licensing authority; or whether there has been any proceeding instituted therefore;
- i. whether the applicant's registration to prescribe or dispense controlled substances has been suspended, revoked, denied or voluntarily relinquished; and whether there are any currently pending challenges to membership, Clinical Privileges, license, or registration;
- j. a statement showing evidence of the applicant's professional liability insurance coverage;
- k. information on malpractice claims experience, including but not limited to settlements or final judgments, during the past five (5) years, and including a consent to the release of information by his/her present and past malpractice insurance carrier(s);
- l. names and addresses of references, who have recently worked with the applicant and directly observed the applicant's professional performance over a reasonable period of time and who can provide reliable information and give a definitive opinion as to the applicant's professional competence, ethics, and character, including ability to work cooperatively with others; and
- m. any other information as may be requested including copies of patient records.

7.1.1.2 Submission of false information or omission of pertinent information shall constitute a fraudulent application for which, upon discovery, membership on the Medical Staff or Clinical Privileges may be denied or revoked by the Board after considering the recommendation of the Medical Executive Committee.

7.1.1.3 An application shall be deemed complete when all requested information has been received and verified and the Medical Executive Committee has determined that sufficient information and documentation have been received for evaluation of the applicant's qualifications. The burden of producing all information necessary for the evaluation of the applicant's qualifications shall be upon the applicant. If the applicant fails to submit any requested information or verification within sixty (60) calendar days after being requested to do so, the application shall be deemed to be incomplete and withdrawn, and the application returned to the applicant, unless the time to obtain the information is extended by the person or committee requesting the information.

7.1.2 Grounds for Not Providing Application Form. No application shall be provided to an individual, nor shall an application be accepted from a proposed applicant, if:

7.1.2.1 The Hospital does not have the ability to provide adequate facilities or services for the applicant or the patients to be treated by the proposed applicant;

7.1.2.2 The requested membership, assignment, or all requested privileges would be inconsistent with the Hospital's mission and ethical standards or plan of development, including the mix of patient care services to be provided;

7.1.2.3 The Hospital has contracted on an exclusive basis with an individual or group to provide the clinical services sought by the applicant and the applicant is not affiliated with the contracted individual or group;

7.1.2.4 The Practitioner does not meet the requirements of section 4.2 (basic qualifications), section 4.6 (board certification); or section 4.7.7. (malpractice insurance);

7.1.2.5 The Practitioner is not a type of Advanced Practice Provider approved by the Board to provide patient care services in the Hospital; or

7.1.2.6 The Practitioner has provided materially false or misleading information on any pre-application questionnaire or in connection with the pre-application review process.

No prospective applicant shall be entitled to a hearing if the Hospital refused to provide an application pursuant to this Section 7.1.2.

- 7.1.3 Consent and Release by Applicant. By submitting an application, the applicant:
- 7.1.3.1 agrees to appear and be examined in regard to his/her application;
 - 7.1.3.2 authorizes the Hospital to consult with individuals and organizations who may have information bearing on the applicant's qualifications;
 - 7.1.3.3 consents to the release of and the Hospital's inspection of all records and documents bearing on the applicant's qualifications;
 - 7.1.3.4 releases from liability all individuals and organizations who, at the Hospital's request, provide information relating to the applicant's qualifications;
 - 7.1.3.5 agrees that the Hospital may provide and receive from other Inova Hospitals and Inova Affiliated Entities or physician groups with which the Practitioner may be associated information and documentation, maintained in any format (verbal, written, or electronic) related to (i) quality and safety, including but not limited to the Practitioner's clinical performance, outcomes, conduct, competence, health or ability to practice safely, patient care practices, or professionalism, (ii) professional qualifications, experience, all credentialing and privileging information, or any review, investigation or action taken concerning clinical or professional activities or conduct, or (iii) compliance with applicable law, Medical Staff Bylaws, Rules and Regulations and policies. This information and documentation may be shared at any time, including but not limited to, any initial evaluation of a Practitioner's qualifications, any periodic reassessment of those qualifications, or when there is an inquiry or issue raised about the Practitioner by the Medical Staff. The sharing of such information and documentation will be set forth in applicable Medical Staff policy.
 - 7.1.3.6 releases from liability the Hospital and its representatives who have any responsibility for giving, obtaining or evaluating the applicant's Clinical Privileges or appointment.
- 7.1.4 Agreement by Applicant. The application form shall include a statement that the applicant has read these Bylaws, and the Rules and Regulations of the Medical Staff and that the applicant agrees to be bound by the terms thereof and of any amendments thereto relating to consideration of his/her application whether or not the applicant is granted Medical Staff membership or Clinical Privileges.
- 7.1.5 Action by Administrator. Upon receipt of the application, and the processing fee if applicable, at the direction of the Administrator, representatives of the Medical Staff Office shall verify the information about the applicant's licensure, specific training, experience, and current competence provided by the applicant with information from the primary sources, whenever feasible, and other relevant information and

documentation pertinent to the application. Representatives of the Medical Staff Office shall request information concerning the applicant from the National Data Bank established by the United States Department of Health and Human Services, and promptly notify the applicant of any gaps in or any problems in obtaining the information required. When collection and verification is accomplished, the Medical Staff Office shall transmit the application and all supporting materials to the Department Chair.

7.1.6 Action by Department Chair. The Chair, Vice Chair, or Section Chief of each department/section in which the applicant seeks privileges shall review the application and its supporting documentation, interview the applicant, and submit to the Credentials Committee a written report of his/her findings which shall be made a part of the application file. The interview shall follow a protocol that involves, at minimum: a detailed oral description by the applicant of his/her formal training and experience to date; specific review of each Clinical Privilege being requested and the application evidence supportive thereof; and analysis of clinical situations by the applicant with his/her discussion of how he/she would approach diagnosing and/or resolving the problem presented. The Chair or Section Chief may choose to waive the interview requirement for an applicant submitting a reappointment application or a request for a change in Clinical Privileges. The applicant shall provide any additional information requested by the Chair or Section Chief.

7.1.7 Action by Credentials Committee.

7.1.7.1 The Credentials Committee shall examine and investigate the qualifications, professional competence, ethics and character of the applicant by review of the application, and by making such further investigation as it may deem necessary which shall be made expeditiously. The Credentials Committee may conduct an interview with the applicant or designate one or more of its members to do so. The applicant shall provide any additional information requested by the Credentials Committee.

7.1.7.2 The Credentials Committee shall forward its determinations and recommendations regarding the applicant's appointment or reappointment to the Medical Staff or granting of Clinical Privileges to the Medical Executive Committee. Such determinations and recommendations shall be in writing and shall include a summary of the information reviewed and the grounds upon which its decisions are based.

7.1.8 Action by Medical Executive Committee.

7.1.8.1 At its next regular meeting after receipt of the completed application and the recommendations of the Credentials Committee, the Medical Executive Committee shall recommend to the Board, as appropriate, that the applicant be appointed or reappointed to a specified category of the Medical Staff or rejected for membership on the Medical Staff, that the Clinical Privileges requested be granted, granted with modifications or denied, or that the application be deferred for not more than sixty (60) days

for further consideration. Such recommendations shall include a summary of the information reviewed and the grounds upon which its decisions are based. The application may be returned to the Credentials Committee with direction that specified additional information be obtained promptly. After receipt of the specified additional information, the Medical Executive Committee shall act on the application at its next regular meeting.

- 7.1.8.2 If the recommendation of the Medical Executive Committee is in favor of appointment or reappointment and/or in favor of granting the Clinical Privileges requested, it shall be forwarded with the completed application file to the Board. All favorable recommendations must specifically delineate the Clinical Privileges recommended to be granted, which may be qualified by probationary or supervisory conditions relating thereto.
- 7.1.8.3 The Administrator shall have the authority to grant interim privileges to an applicant for Medical Staff membership or clinical privileges following the recommendation of the Medical Executive Committee and pending the approval of the Board.
- 7.1.8.4 If the recommendation of the Medical Executive Committee is adverse to the applicant, the Administrator shall promptly notify the applicant of such adverse recommendation and any right to a hearing under Article 11 by certified mail, return receipt requested. Applicants not entitled to a hearing under Article 11 shall have their complete application file, including the recommendation of the Medical Executive Committee, forwarded to the Board.

7.1.9 Action by Board.

- 7.1.9.1 The Board may establish a committee consisting of at least two (2) members of the Board, to act on its behalf either in person or electronically to approve the credentials and privileges of practitioners between regular meetings of the Board to the extent that they are seeking and qualify for either expedited credentialing or temporary privileges. Any actions taken by this committee will be reported to, and confirmed by, the Board at its next regular meeting. This sub-committee of the Board may, at its discretion, refer applications to the full Board for review and/or action.
- 7.1.9.2 For approval of all other credentials and privileges of practitioners not specified in Section 7.1.10.1, if the recommendation of the Medical Executive Committee is favorable to the applicant, the Board shall act on the application at its next regular meeting after it receives the complete application file.
- 7.1.9.3 If after reviewing the complete application file, and all recommendations, the Board does not concur with the recommendation of the Medical Executive Committee, before the Board renders its final decision, the matter shall be reviewed by a committee composed of six (6) members, three of whom shall be appointed by the President of the Medical Staff and three of whom

shall be appointed by the Chair of the Board and the recommendation of this committee shall be considered by the Board in making its final decision.

- 7.1.9.4 If the recommendation of the Medical Executive Committee or the action of the Board under Section 7.1.9.1 is adverse to the applicant, the Board shall take final action on the application after all of the applicant's rights under Article 11 have been exhausted or waived.
- 7.1.9.5 The Board may refer an application back to the Medical Executive Committee for reconsideration. Each such referral shall be in writing and shall state the reason therefore and shall set a time limit within which a reconsidered recommendation shall be made and the Board shall then act not later than its next regular meeting after it receives the reconsidered recommendation.
- 7.1.9.6 A final decision by the Board shall state whether appointment to the Medical Staff has been approved or denied or whether Clinical Privileges have been approved or denied. All favorable decisions shall include a delineation of the Clinical Privileges to be granted. All adverse decisions shall state the reasons for denial.
- 7.1.9.7 Written notice of the Board's final decision shall be given to the Administrator, the Chair of the Medical Executive Committee, and to the Department Chair concerned. The Administrator shall promptly notify the applicant of the Board's final decision by certified mail, return receipt requested.
- 7.1.9.8 A final decision by the Board which adversely affects the Clinical Privileges of a Practitioner shall be reported to the Virginia State Board of Medicine, the Virginia State Board of Dentistry, the Virginia State Board of Podiatry, or the Virginia State Board of Nursing, in accordance with statutory requirements.
- 7.1.10 Reapplication after Adverse Recommendation by the Medical Executive Committee or Decision by Board.
 - 7.1.10.1 An applicant who has withdrawn an application or who has resigned his/her Clinical Privileges or Medical Staff membership after receiving notification of an adverse recommendation by the Medical Executive Committee, or who has received a final adverse decision regarding appointment, Clinical Privileges, or Medical Staff membership from the Board shall not be eligible to reapply to the Medical Staff or for Clinical Privileges unless the Board expressly provides otherwise. A reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Executive Committee or the Board may require in demonstration that the basis for the earlier adverse recommendation or action no longer exists.

7.1.11 Requests for Modification of Appointment or Clinical Privileges.

- 7.1.11.1 A member of the Medical Staff may, either in connection with reappointment or at any other time, request modification of his/her staff category, department/section assignment, or Clinical Privileges by submitting such request in writing to the Administrator.
- 7.1.11.2 Such written request for modification shall be processed in substantially the same manner as provided in this Article 7 and shall be subject to the R-FPPE requirement in Section 4.10.

7.2 Reappointment Application.

- 7.2.1 The Hospital shall, at least 120 days prior to expiration date of the present staff appointment of each Medical Staff member, provide such staff member with a reappointment application form. The applicant for reappointment shall, at least 90 days prior to such expiration date, send a completed reappointment application form to the Administrator. Failure, without good cause, to timely return the completed form shall result in automatic termination of Medical Staff membership and Clinical Privileges at the expiration of the Practitioner's current appointment or clinical privilege period.

7.3 Expedited Credentialing.

- 7.3.1 Only those applications that meet identified criteria will be eligible for expedited credentialing. An expedited review and approval process may be used for initial appointment and reappointment provided the application for membership/privileges does not include any areas of potential concern, including but not limited to the following:
 - 7.3.1.1 The application is deemed incomplete;
 - 7.3.1.2 The final recommendation of the Medical Executive Committee is adverse or with limitation;
 - 7.3.1.3 The applicant is found to have experienced an involuntary termination of medical staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization or has current challenge or a previously successful challenge to licensure or registration;
 - 7.3.1.4 Applicant is, or has been, under investigation by a state medical board or has prior disciplinary actions or legal sanctions;
 - 7.3.1.5 Applicant has had an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgement against the applicant;
 - 7.3.1.6 Material discrepancy is found between information received from the applicant and references or verified information;

- 7.3.1.7 Applicant has an adverse NPDB report related to behavioral issues;
 - 7.3.1.8 Applicant has been removed from a managed care panel for reasons of professional conduct or quality;
 - 7.3.1.9 Applicant has potentially relevant physical, mental and/or emotional health problems; or
 - 7.3.1.10 Other reasons as determined by a medical staff leader or other representative of the hospital which raise questions about the qualifications, competency, professionalism or appropriateness of the applicant for membership or privileges.
- 7.3.2 Applicants for expedited credentialing whose files are free from areas of potential concern may be granted medical staff membership and/or privileges after review and action by: the Chairperson of the Department or Chief of the Section, the Chairperson of the Credentials Committee, the Chairperson of the Medical Executive Committee, and the Board credentialing sub-committee. Any actions taken by this group will be reported to, and confirmed by, the Board at its next regular meeting.

ARTICLE 8

CLINICAL PRIVILEGES

8.1 Delineation of Clinical Privileges.

- 8.1.1 Every applicant for Medical Staff appointment, reappointment and/or Clinical Privileges must request specific Clinical Privileges. Evaluation of such requests shall be based upon the applicant's background, education, training, experience, licensure, professional competence, demonstrated ability, judgment, references, specific recommendation of the applicable department to the Credential Committee, and other relevant information. The burden of establishing the applicant's qualifications and of providing adequate information to enable evaluation shall be upon the individual who requests Clinical Privileges. No individual shall be entitled to Clinical Privileges merely by virtue of the fact that the individual is licensed to practice any of the healing arts, or that the individual is a member of some professional organization, or that the individual has in the past, or presently has, Clinical Privileges at the Hospital or any other health care facility. The ability of the Hospital to provide adequate facilities and supportive services for the applicant and patients of the applicant, and the Hospital's patient care needs for additional Practitioners with the applicant's skill and training, shall be considered in determining whether to grant Clinical Privileges.
- 8.1.2 Periodic redetermination of Clinical Privileges and the enlargement or curtailment of same shall be based upon the observation of care provided, review of the records of patients treated in the Hospital or at other health care facilities, review of the records of the Medical Staff and the Hospital which document the evaluation of the Practitioner's participation in the delivery of quality medical care, reports of Medical Staff and Hospital committees whose functions are to review, evaluate or monitor the quality of all patient care, consideration of the Practitioner's mental and physical

status, and consideration of any other information regarding the Practitioner which would have a bearing on providing quality care to patients.

- 8.1.3 Clinical Privileges shall be granted for a period of no longer than twenty-four (24) months. Renewal of Clinical Privileges shall be considered in accordance with this Article 8.
- 8.1.4 A Practitioner shall exercise only those Clinical Privileges that are specifically and expressly granted to the Practitioner by the Board. Specific Clinical Privileges shall be based on education, training, experience, current licensure, professional competence, demonstrated ability and judgment.
- 8.1.5 Permission to participate on the Emergency Room On-Call Roster shall not be considered a right of Medical Staff membership. Denial of permission to participate on the Emergency Room On-Call Roster shall not entitle the individual requesting permission to the rights accorded in Article 11.
- 8.1.6 All Practitioners having Clinical Privileges in other departments and/or sections shall have privileges in the Emergency Department consistent with the privileges extended in their clinical services.

8.2 Special Situations.

- 8.2.1 Oral Surgeons' and Dentists' Clinical Privileges. Privileges granted to Dentists and Oral Surgeons shall be limited to the examination, diagnosis, treatment, and care of conditions of the teeth, gingivae and contiguous structures.
 - 8.2.1.1 Oral Surgeons. The scope and extent of surgical procedures that each Oral Surgeon may perform must be specifically defined in the same manner as other surgical privileges. Surgical procedures performed by Oral Surgeons shall be under the overall supervision of the Chair of the Department of Surgery. Oral Surgeons who are members of the Medical Staff and who have Clinical Privileges shall be entitled to admit patients to the Hospital. Oral Surgeons who admit patients may perform the medical history and physical examination if they have been granted appropriate Clinical Privileges. In complicated cases, a Physician member of the Medical Staff shall be designated by the admitting Oral Surgeon in the patient chart at the time of admission. The designated Physician shall be responsible for the general medical condition of the patient and the patient's medical care, including the medical history and physical examination. Dental care and the dental history and dental physical examination shall be the responsibility of the Oral Surgeon. When there is a designated Physician participating in the care of the complicated patient, the patient may be discharged only on the written orders of the designated Physician and the Oral Surgeon. The Oral Surgeon may discharge the patient in uncomplicated cases in which there is not a designated Physician participating in the care. Each Practitioner is responsible for the proper completion of their portion of the patient's medical record.

- 8.2.1.2 Dentists. Dentists who are members of the Medical Staff shall be entitled to admit patients to the Hospital. A Physician member of the Medical Staff shall be designated by admitting Dentists in the patient chart at the time of admission. The designated Physician shall be responsible for the general medical condition of the patient and the patient's medical care, including the medical history and physical examination. Patients of a Dentist shall be discharged only on the written orders of the Dentist and the designated Physician, and each is responsible for the proper completion of his/her respective portion of the patient's medical record.
- 8.2.2 Podiatrists' Clinical Privileges. Podiatrists who are members of the Medical Staff shall be entitled to admit patients to the Hospital. Podiatrists who admit patients to the hospital may perform the medical history and physical examination if they have been granted appropriate Clinical Privileges. In complicated cases, a Physician member of the Medical staff shall be designated by the admitting Podiatrist in the patient chart at the time of admission. The designated Physician shall be responsible for the general medical condition of the patient and the patient's general medical care, including the medical history and physical examination. Podiatric care and the podiatric history and physical examination shall be the responsibility of the Podiatrist. When there is a designated Physician participating in the care of the complicated patient, the patient may be discharged only with the concurrence of the designated Physician and Podiatrist. The Podiatrist may discharge the patient in uncomplicated cases in which there is not a designated Physician participating in the care. Each Practitioner is responsible for the proper completion of their portion of the patient's medical record.
- 8.2.3 Temporary Privileges. The Administrator, upon the recommendation of the Chair of the Department or Chief of the Section concerned, shall have the authority to grant temporary Clinical Privileges to a Physician, Dentist, Podiatrist, Oral Surgeon or Advanced Practice Provider, who does not currently have Clinical Privileges at the Hospital. The Practitioner may request on the prescribed form Clinical Privileges to participate in the care of a single, currently hospitalized patient. The recommendation of the Department Chair or Section Chief must affirmatively state that he/she is satisfied as to the competence and ethical standing of the Practitioner, that the Practitioner is duly licensed in the Commonwealth of Virginia, and that the person has satisfied the requirement of Section 4.7.7 regarding professional liability insurance. In exercising such privileges, the Practitioner shall act under the supervision of the Chair of the Department or Chief of the Section to which the individual is assigned. Temporary privileges may be terminated at any time by the Administrator upon recommendation of the Chair of the Department or Chief of the Section concerned and the person shall not be entitled to the rights accorded in Article 11. Temporary privileges shall be granted for a period not to exceed 30 days. Temporary privileges shall not be granted to applicants in the appointment process.
- 8.2.4 Privileges to Fulfill an Important Patient Care, Treatment, and Service Need. The Administrator or designee, upon the unanimous recommendation of the President of the Medical Staff, Chief Medical

Officer, Chair of the Credentials Committee, Chair of the Department and Section Chief (if applicable) concerned, shall have the authority to grant temporary Clinical Privileges to a Physician, Dentist, Podiatrist, Oral Surgeon or Advanced Practice Provider who does not currently have Clinical Privileges at the Hospital to fulfill an important patient care, treatment, and/or service need at the Hospital.

The Practitioner shall complete an application and submit it to the Administrator in writing on prescribed forms in accordance with the application process outlined in Section 7.1.1.1 of the Bylaws. At a minimum, the following credentialing criteria must be verified before privileges under this Section 8.2.4 can be granted: duly licensed in the Commonwealth of Virginia; professional liability insurance in accordance with Section 4.7.7; AMA profile or other verification of education and training; National Practitioner Data Bank report; board certification or eligibility status; three peer references; and interview with the appropriate Department Chair. The recommendation of the Department Chair must affirmatively state that he/she is satisfied as to the competence and ethical standing of the Practitioner.

In exercising privileges granted under this Section 8.2.4, the Practitioner acts under the supervision of the Chair of the Department or Chief of the Section to which the individual is assigned. Such privileges may be terminated at any time by the Administrator upon recommendation of the Chair of the Department or Chief of the Section concerned, and the person shall not be entitled to the rights accorded in Article 11.

Privileges under this Section 8.2.4 shall be granted for a period not to exceed 120 days. Further, such privileges may be granted to applicants in the appointment process and may only be granted when the Administrator and the above-mentioned Medical Staff representatives have determined that the applicant will help to fulfill an important patient care, treatment and/or service need at the Hospital. If the applicant for privileges under this Section 8.2.4 is also applying for Medical Staff membership and Clinical Privileges, the application for such membership and privileges will continue to be processed under Article 7.

This process is categorically not intended to be a mechanism for accelerating the granting of privileges through the usual credentialing process in the absence of an important patient care, treatment and/or service need at the Hospital. Additionally, the granting of privileges under this Section 8.2.4 shall not obligate the Hospital to grant membership and privileges under any other section of the Bylaws.

- 8.2.5 Locum Tenens Privileges. Upon application on prescribed written form to the Administrator, a Physician, Dentist or Podiatrist serving as a locum tenens for a member of the Medical Staff may be granted Clinical Privileges to attend currently hospitalized patients of the member without applying for membership on the Medical Staff for a period not to exceed one hundred and twenty (120) days. A Physician, Dentist or Podiatrist requesting privileges to serve as a locum tenens must make full disclosure of the credentials information required. This information must be submitted at least thirty (30) days prior to assuming responsibilities as a locum tenens. Providing all the credentials of the Physician, Dentist or Podiatrist are

approved by the Chair of the department concerned, the Medical Executive Committee and the Administrator, the Administrator shall notify the Practitioner, in writing, that the locum tenens is granted. The Practitioner shall sign a statement acknowledging that he/she has read and agrees to abide by the Medical Staff Bylaws, Rules and Regulations and to adhere to any reporting requirements and practice restrictions placed on the privileges. Practitioners granted locum tenens privileges shall not be permitted to participate in the Emergency Department On-Call Roster.

- 8.2.6 Emergency Privileges. In case of an emergency, any Practitioner, to the degree permitted by his/her license, and regardless of privileges, department or Medical Staff status, or lack thereof, shall be permitted to do everything in his/her power to save the life of, or to prevent serious permanent harm to, a patient, including the calling of such consultation as may be available. When an emergency no longer exists, to continue to treat the patient, the Practitioner must request the necessary Clinical Privileges. In the event such request is denied or the Practitioner does not desire to request the Clinical Privileges, the patient shall be assigned to an appropriately privileged member of the Medical Staff. For the purpose of this Section, an “emergency” is defined as a condition in which the patient is in immediate danger of serious permanent harm, or in which the patient’s life is in immediate danger, and in which any delay in administering treatment would add to such danger.

8.2.7 Disaster Privileges in the Event of an Emergency Occurrence or Disaster.

- 8.2.7.1 For the purpose of this section an “emergency occurrence or disaster” is defined as any officially declared emergency, whether local, state or national, in which the Hospital emergency management plan has been activated, and serious or permanent harm would result to patients or the lives of patients would be in immediate danger with any delay in administering treatment.
- 8.2.7.2 In circumstances of an emergency occurrence or disaster in which the emergency management plan has been activated, the Administrator or President of the Medical Staff or their designee(s) may grant disaster privileges to a practitioner who is not a member of the medical staff. Emergency privileges are intended for the duration of the emergency only. Those with authority so designated have the right to deny emergency privileges and immediately terminate emergency privileges without notice.
- 8.2.7.3 Identification of volunteer physicians and/or health care practitioners for the granting of disaster privileges must include the following documents: A valid government issued photo identification issued by a state or federal agency (for example, driver’s license or passport) AND one of the following:
- a. A current picture ID from a hospital that clearly identifies professional designation;
 - b. A current license to practice;
 - c. Primary source verification of a license to practice;
 - d. Identification indicating that the individual is a member of a recognized state or federal organization or group

- specifically organized to provide services in emergency occurrences and/or disasters;
 - e. Identification indicating that the individual has been granted authority to render patient care, treatment or services in emergency occurrences and/or disasters by a federal state or municipal government entity; or
 - f. Identification by at least one current hospital or medical staff member who possess personal knowledge regarding the individual's ability to act as a licensed independent practitioner during a disaster.
- 8.2.7.4 Barring severe circumstances making this action impossible, primary source verification of the documentation presented under Section 8.2.7.3 must be accomplished within seventy-two (72) hours from the time a volunteer requests disaster privileges. Should severe circumstances from the disaster exist, such verification must still be performed as soon as possible, with documentation in the meantime of the reasons why it could not be accomplished, as well as with documentation of the demonstrated ability of the volunteer to provide adequate care, treatment and services.
- 8.2.7.5 The disaster-privileged practitioner will be identified with a standard hospital ID badge to be worn at all times when in the hospital.
- 8.2.7.6 The disaster-privileged practitioner shall be assigned to an appropriate department/section of the medical staff, and supervisory authority granted to the respective Department Chair, Section Chief or other appropriate designated physician.
- 8.2.7.7 The President of the Medical Staff or designee will determine within seventy-two (72) hours of initially granting the disaster privileges to an individual whether to continue them, based on information obtained regarding the professional practice of the volunteer as well as any new background information obtained since the initial granting of disaster privileges. Once the immediate emergency or disaster situation is under control, the process of verifying the credentials of any volunteer is a high priority and is accomplished using the procedure identical to that of granting temporary privileges.

ARTICLE 9

CORRECTIVE ACTION

Recognizing that while each of the Inova Hospitals maintains an independent Medical Staff responsible through duly appointed committees for reviewing, evaluating, and making recommendations regarding the quality or adequacy of professional services rendered at each Inova Hospital, the actions of each Medical Staff are subject to the ultimate authority of the governing body Inova Health System Foundation, the Board, the Physicians, Dentists, and Podiatrists practicing at the Hospital have determined that the interests of the patients and the interests of Practitioners in a fair, efficient resolution of professional review actions are best served

by a coordinated, consistent, and streamlined process among the Inova Hospitals for addressing professional review actions as set forth in Articles 9, 10, and 11 of the Bylaws.

- 9.1 Request for Corrective Action. Whenever the performance, activities or professional conduct of any Medical Staff member or individual granted Clinical Privileges (hereinafter "Practitioner") is or is reasonably likely to be detrimental to patient's safety or quality patient care, unethical, below the standards of the Medical Staff, or to be disruptive to the operations of the Hospital or the Medical Staff, or in violation of these Bylaws, the Medical Staff Rules and Regulations, Department Rules and Regulations, or any policies of the Hospital, corrective action against such Practitioner may be requested by any Officer of the Medical Staff, by the Chair of any department, by the Chief of any section, by the Chair of any standing committee of the Medical Staff, by any member of the Active Staff, by the Administrator or by a designee acting in the Administrator's absence, or by any member of the Board. Corrective action shall include but not be limited to requiring consultation, supervision or additional training, probation, suspension or expulsion from the Medical Staff, and reduction, suspension or revocation of Clinical Privileges. All requests for corrective action shall be in writing, shall be made to the Medical Executive Committee, shall state the specific action requested, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request.

Initiation of corrective action does not preclude imposition of summary suspension pursuant to Article 10 of these Bylaws, nor does it require summary suspension.

9.2 Investigation.

- 9.2.1 Upon receipt of a request for corrective action, the Medical Executive Committee shall forward such request for investigation to the Chair of the Department wherein the Practitioner has Clinical Privileges. In the event of extenuating circumstances (e.g., request for corrective action involves a Department Chair), the request shall be forwarded to a member of the Active Staff selected by the Medical Executive Committee. Investigation shall begin immediately upon receipt of the request by the Department Chair or such Active Staff member. The Chair of the Medical Executive Committee also may appoint, or the Department Chair or Active Staff member appointed by the Medical Executive Committee may request that the Chair of the Medical Executive Committee appoint an ad hoc committee to conduct the investigation. The Chair of the Medical Executive Committee shall appoint the Chair of the ad hoc committee. The Practitioner who is the subject of the inquiry shall be notified if an ad hoc committee is appointed.
- 9.2.2 Within thirty (30) days after receipt of the request for corrective action from the Medical Executive Committee, the Department Chair or selected Active Staff member or ad hoc committee, if appointed, shall make a written report of his/her investigation to the Medical Executive Committee, and shall include a recommendation as to any corrective action to be taken. Prior to the making of such report, the Practitioner against whom corrective action has been requested shall have an opportunity for an interview with the person conducting the investigation or the ad hoc committee. At such interview the Practitioner shall be informed of the general nature of the matters being investigated concerning the Practitioner's conduct, and shall be invited to discuss, explain or refute the matters under investigation. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to

hearings shall apply thereto. The Practitioner and the person conducting the investigation or the ad hoc committee may be represented by counsel, but counsel shall not be permitted to call or cross-examine witnesses. A record of such interview, if held, shall be made by the person conducting the investigation or a member of the ad hoc committee and included with his/her report to the Medical Executive Committee.

9.3 Action by Medical Executive Committee.

- 9.3.1 As soon as practicable, but no more than thirty (30) days, following the receipt of the report made by the Department Chair, selected Active Staff member, or ad hoc committee, the Medical Executive Committee shall take action upon the request. If the corrective action originally requested or the corrective action recommended by the person or ad hoc committee conducting the investigation involves a reduction, suspension, or revocation of Clinical Privileges, or a suspension or expulsion from the Medical Staff, the affected Practitioner shall be permitted to make an appearance at a meeting of the Medical Executive Committee prior to its taking action on such request or recommendation. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided by the Bylaws with respect to hearings shall apply thereto. The Practitioner and the Medical Executive Committee may be represented by counsel at this meeting, but counsel shall not be permitted to call and cross-examine witnesses. A record of such appearance shall be made by the Medical Executive Committee.
- 9.3.2 The Medical Executive Committee may take such action as it deems appropriate, including but not limited to: issuing a warning, a letter of admonition, or a letter of reprimand; imposing terms of probation; requiring supervision, consultation or additional training; recommending reduction, suspension or revocation of Clinical Privileges and in the case of suspension, the duration of such suspension; recommending that an already imposed summary suspension of Clinical Privileges be terminated, modified or sustained; or recommending that Medical Staff membership be suspended or revoked.
- 9.3.3 Administrator shall notify the affected Practitioner, in writing, of the action of the Medical Executive Committee. The Chair of the Medical Executive Committee shall notify the Medical Executive Committee of each Inova Hospital at which the Practitioner has Clinical Privileges of the action of the Hospital's Medical Executive Committee by delivering written notice of the recommendation to the Chairs of such Medical Executive Committees. Actions by the Medical Executive Committee, other than those specified in Section 9.3.4, shall not be subject to the provisions of Article 11.
- 9.3.4 Any recommendation by the Medical Executive Committee for reduction, suspension or revocation of Clinical Privileges, or for suspension or expulsion from the Medical Staff shall entitle an affected Practitioner to the procedural rights provided in Article 11. A practitioner shall not be entitled to a hearing for those matters identified in Section 11.1.1.
- 9.3.5 The Chair of the Medical Executive Committee shall promptly notify the Administrator in writing of all requests for corrective action received by the

Medical Executive Committee and shall continue to keep the Administrator fully informed of all action taken in connection therewith.

- 9.4 Procedure after Action of Medical Executive Committee. All actions by the Medical Executive Committee, other than those specified in Section 9.3.4 as entitling an affected Practitioner to the provisions of Article 11, shall be final and shall be effective at the Hospital immediately. Recommended corrective action by the Medical Executive Committee specified in Section 9.3.4 as entitling an affected Practitioner to the provisions of Article 11 shall entitle the Practitioner to the procedures set forth in Article 11 of these Bylaws. Any action by the Medical Executive Committee shall be reported to the Board.

- 9.4.1 The Board may, on its own initiative, take such further action as it deems necessary. If such further action is more adverse than what the Medical Executive Committee and Practitioner already agreed to, the Practitioner shall be entitled to a hearing as set forth in Article 11.

- 9.5 Imposition of Corrective Action Based Upon Action Ratified by the Board. If an adverse recommendation regarding a practitioner's clinical privileges or medical staff membership is made in accordance with the corrective action procedures set forth in the medical staff bylaws of any other Inova Hospital and is thereafter approved by a final decision of the Board of that Inova Hospital, then such decision shall be recognized and made effective at this Hospital.

- 9.6 Automatic Suspension or Revocation.

- 9.6.1 Automatic Suspension.

- 9.6.1.1 Failure to Complete Medical Records. The Hospital may adopt rules, regulations, policies, and procedures relating to the completion of medical records. If any practitioner fails to complete medical records in accordance with the policies and procedures adopted by the Hospital, the Clinical Privileges of the Practitioner may be suspended pursuant to the policy. All policies and procedures relating to the completion of medical records shall be subject to review by the Medical Executive Committee. A Practitioner so suspended shall continue to meet any obligation to the Emergency Department On-Call Roster, despite medical record suspension. A limited exemption from the suspension shall apply, permitting Practitioners to remain on the daily On-Call Roster in accordance with then-existing procedures, in order to provide adequate On-Call coverage for the Emergency Department. The suspension shall remain in effect in other respects.

- 9.6.1.2 Professional Liability Insurance. A suspension in the form of withdrawal of all Clinical Privileges, or permission to perform specified functions, shall be imposed automatically upon a Practitioner upon cancellation, restriction, or material adverse modification of the Practitioner's professional liability insurance coverage, or failure to provide satisfactory evidence of professional liability insurance, and shall remain in effect until the Practitioner obtains and provides satisfactory evidence of such professional liability coverage as required by these Bylaws. If

such professional liability coverage is not obtained within six (6) months from the date of suspension, the Practitioner's Clinical Privileges, or permission to perform specified functions, may be revoked. The Board, upon the recommendation of the Medical Executive Committee, may grant a limited exemption from suspension to a Practitioner or group of Practitioners whose insurance carrier has withdrawn from the state market without adequate notice. In such circumstances, the Board would establish a time frame in which Practitioners would reasonably be expected to obtain coverage. After the established deadline, suspension procedures as described above would be imposed.

9.6.1.3 Expiration of License. A suspension in the form of withdrawal of all Clinical Privileges shall be imposed automatically upon a Practitioner upon expiration of his/her Virginia License. If such license is not renewed within one hundred twenty (120) days from the date of expiration, the Practitioner's Clinical Privileges or permission to perform specified functions shall be automatically revoked.

9.6.1.4 Expiration of License. A suspension in the form of withdrawal of all Clinical Privileges shall be imposed automatically upon a Practitioner upon expiration of his/her Virginia License. If such license is not renewed within one hundred twenty (120) days from the date of expiration, the Practitioner's Clinical Privileges or permission to perform specified functions shall be automatically revoked.

9.6.1.5 Failure to Satisfy Certain Administrative Requirements. The Hospital may adopt rules, regulations, policies, and procedures relating to certain administrative requirements, such as timely completion of medical records, immunization requirements and mandatory safety or electronic health record training. If any practitioner fails to fulfill the requirements of such administrative policies and procedures adopted by the Hospital, the Clinical Privileges of the practitioner may be administratively suspended pursuant to the policy, subject to the review and approval by the Medical Staff President or their designee. All policies and procedures subjecting practitioners to such administrative suspension shall be subject to approval by the Executive Committee. Administrative suspension will result in loss of access, including but not limited to the electronic health record, PACS and identification badge function. If practitioner fails to fulfill the requirements of the administrative policy or procedure for which they were suspended within six (6) months, the practitioner's Clinical Privileges may be revoked.

9.6.2 Automatic Revocation.

9.6.2.1 Revocation or Suspension of License. Action by the Virginia State Board of Medicine, the Virginia State Board of Dentistry, the Virginia State Board of Podiatry, or the Virginia State Board of Nursing revoking or suspending a Practitioner's license shall

automatically terminate membership on the Medical Staff and shall automatically revoke all of the Practitioner's Clinical Privileges.

9.6.2.2 Controlled Substances License. Action by the Drug Enforcement Agency revoking, suspending or limiting a Practitioner's license to prescribe or dispense controlled substances shall automatically terminate membership on the Medical Staff and shall automatically revoke all of the Practitioner's Clinical Privileges.

9.6.2.3 Medical Staff Dues. Failure to pay Medical Staff dues by the date established by the Medical Executive Committee shall automatically terminate membership on the Medical Staff and shall automatically revoke all of the Practitioner's Clinical Privileges.

9.6.3 Automatic suspensions or revocations as provided in Section 9.6 shall not be subject to the provision set forth in Article 11.

9.7 Effect of Resignation. If at any time after initiation of an action or procedure involving corrective action as provided in Article 9, summary suspension as provided in Article 10, an action or procedure based on an adverse recommendation for reappointment or renewal of Clinical Privileges under Article 7, or an action or procedure as provided in Article 11, a Practitioner submits a written resignation of his/her Medical Staff membership or Clinical Privileges, or requests that upon expiration of the Practitioner's term of appointment or Clinical Privileges, the Practitioner not be reappointed or his/her Clinical Privileges not be renewed, such resignation or request shall be made a part of the Practitioner's file with respect to the matter involved. Such resignation or request shall not terminate any action or procedure as set forth in Article 9, Article 10, or Article 11. Such resignation or request shall be reported to the Virginia State Board of Medicine, the Virginia State Board of Dentistry, the Virginia State Board of Podiatry, or the Virginia State Board of Nursing, in accordance with statutory requirements.

ARTICLE 10

SUMMARY SUSPENSION

10.1 Imposition of Summary Suspension. The President of the Medical Staff, the Chair of a Department, the Chief of a Section, the Medical Executive Committee, and the Administrator shall each have the right, upon a determination that action must be taken immediately to protect the life, health, or safety of any individual or to reduce the substantial likelihood of imminent injury or damage to the health or safety of any patient, prospective patient, employee or other person, to summarily suspend the Clinical Privileges or any portion thereof of a Practitioner, and such summary suspension shall become effective immediately upon imposition. The individual who initiated the suspension shall promptly notify the Administrator of such actions. The Administrator shall then send the suspended Practitioner, by hand delivery and certified mail, return receipt requested, written confirmation of the suspension. Summary suspension may also be imposed pursuant to Section 10.1.4 of these Bylaws.

10.1.1 Suspension Pending Investigation. The same individuals shall also have the authority to summarily suspend a Practitioner's Clinical Privileges for a period of no longer than fourteen (14) days in order to investigate and determine whether or not there is a need to suspend, restrict, or revoke a

Practitioner's Clinical Privileges. At the end of such fourteen (14) day investigation period, the suspension of privileges shall be terminated, unless summary suspension is imposed pursuant to Section 10.1. If such summary suspension is not imposed, corrective action may be initiated pursuant to Section 9.1 of these Bylaws.

- 10.1.2 Review by President of the Medical Staff. If summary suspension is imposed by anyone other than the President of the Medical Staff, the individual imposing the summary suspension shall immediately notify the President of the Medical Staff of the suspension. Within twenty-four (24) hours, the President of the Medical Staff shall consult with the individual who imposed the summary suspension and shall review the decision to impose summary suspension to determine whether the decision to impose summary suspension was arbitrary and capricious. The President of the Medical Staff may either ratify the decision to impose summary suspension or, with the consent of the individual who imposed the summary suspension, may lift the suspension. In the event of a disagreement between the President of the Medical Staff and the individual who imposed the summary suspension, the suspension shall remain in effect until reviewed by the Medical Executive Committee, pursuant to Section 10.2 of these Bylaws. If the President of the Medical Staff and the individual who imposed the summary suspension agree to lift the suspension, the suspension shall be lifted immediately, but the matter giving rise to the suspension shall be referred to the Medical Executive Committee for review. The President of the Medical Staff shall promptly notify the Administrator of his/her decision. The Administrator shall then send the suspended Practitioner, by hand delivery and certified mail, return receipt requested, written notice of the decision of the President of the Medical Staff. Any action required of the President of the Medical Staff under this Section 10.1.2 may be taken by his/her designee if the President of the Medical Staff is unavailable.
- 10.1.3 Assignment of Patients. Immediately upon the imposition of a summary suspension, the President of the Medical Staff or the responsible Department Chair or Section Chief shall have authority to provide for alternative medical coverage for the patients of the suspended Practitioner remaining in the Hospital at the time of such suspension. The wishes of the patient shall be considered in the selection of such alternative Practitioner. Such summary suspension shall be reported to the Virginia State Board of Medicine, Virginia State Board of Dentistry, the Virginia State Board of Podiatry, or the Virginia Board of Nursing, in accordance with statutory requirements.
- 10.1.4 Suspension at Other Inova Hospitals. If the summary suspension imposed pursuant to Section 10.1 is not lifted by the President of the Medical Staff, with the consent of the individual who imposed the suspension, pursuant to Section 10.1.2, the summary suspension shall be effective at all Inova Hospitals at which the Practitioner has Clinical Privileges upon consultation with the Presidents of the Medical Staff of such other Inova Hospitals, or their respective designees, and receipt of notice of such suspension as provided in this Section. The President of the Medical Staff shall within twenty-four (24) hours of his/her consultation with the individual who imposed the suspension, consult with the President of the Medical Staff of each Inova Hospital at which the Practitioner has Clinical Privileges, or

his/her designee, and furnish written notice of the summary suspension to each of the Medical Executive Committees of the Medical Staffs of such Inova Hospitals. Such notice shall be sent such Medical Executive Committees through their respective Chair(s), or their designees. Similarly, if a Practitioner's Clinical Privileges at any other Inova Hospital are suspended summarily pursuant to the Medical Staff Bylaws of such other Inova Hospital, then the Clinical Privileges of such Practitioner shall be summarily suspended at the Hospital effective upon consultation with the President of the Medical Staff, or his/her designee, and receipt of written notice of the action taken at such other Inova Hospital, notwithstanding the fact that such suspension was not initiated at the Hospital pursuant to Section 10.1 of these Bylaws. In such event, the summary suspension shall remain in effect until lifted pursuant to the Bylaws of the Inova Hospital that initiated such suspension.

10.2 Medical Executive Committee Review of Suspension. If the summary suspension imposed pursuant to Section 10.1 is not lifted by the President of the Medical Staff, with the consent of the individual who imposed the suspension, pursuant to Section 10.1.2, the Medical Executive Committee of the Hospital shall meet to review and consider the summary suspension, unless the summary suspension was initially imposed by the Medical Executive Committee. Such meeting shall be conducted within five (5) business days of the date upon which the President of the Medical Staff reviewed the suspension.

10.2.1 In the interest of scheduling a meeting within this time frame, and for purposes of a meeting pursuant to this Section 10.2, a Quorum of the Medical Executive Committee shall consist of eight (8) voting members of the committee and, in the event a Quorum cannot otherwise be convened, members may participate by telephone. The Medical Executive Committee shall use its best efforts to ensure that members participating by telephone are provided with copies of any documents or records presented at the meeting.

10.2.2 Upon request, the Practitioner may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose. In no event, shall such meeting of the Medical Executive Committee, with or without the Practitioner, constitute a hearing within the meaning of Article 10 or Article 11, nor shall any procedural rules apply. The Practitioner and the Medical Executive Committee may be represented by counsel at this meeting, but counsel shall not be permitted to call and cross-examine witnesses.

10.2.3 The Medical Executive Committee may modify the terms of the summary suspension or may recommend that it be continued indefinitely or for a specified period of time or terminated. The Medical Executive Committee may also recommend revocation of the Practitioner's Clinical Privileges. In such event, the suspension shall remain in effect pending any hearing and appellate review, but the revocation shall not be effective until and unless the Board approves the revocation of the Practitioner's Clinical Privileges. The Medical Executive Committee shall immediately notify the Administrator and the Medical Executive Committees of each of the Inova Hospitals at which the Practitioner has Clinical Privileges of its action. If the Medical Executive Committee immediately terminates the suspension, the

suspension shall be immediately terminated at all Inova Hospitals at which the Practitioner has Clinical Privileges.

- 10.2.4 The Administrator or his/her designee shall then send the suspended Practitioner, by hand delivery and certified mail, return receipt requested, written notice of the decision of the Medical Executive Committee. If the Medical Executive Committee does not immediately terminate the suspension, such notice shall: (a) state the decision and the grounds upon which it is based; (b) advise the Practitioner of his/her right to a hearing as provided by these Bylaws, including a summary of rights provided at such a hearing as set forth in Sections 11.4 and 11.5; (c) specify that the Practitioner shall have thirty (30) days following the receipt of the notice within which to file with the Administrator a written request for a hearing or an appellate review; (d) state that failure to request a hearing or an appellate review within the said thirty (30) day period shall constitute a waiver of the Practitioner's right to same; (e) state that if the Practitioner requests a hearing, the Practitioner will be notified of the date, time, and place for the hearing and the composition of the ad hoc hearing committee appointed to conduct such hearing; (f) state that the Practitioner may request that the hearing be held within fourteen (14) days of receipt by the Administrator of Practitioner's request for a hearing; and (g) advise the Practitioner of applicable legal requirements for reporting suspensions of Clinical Privileges to the Virginia State Board of Medicine, Virginia State Board of Dentistry, the Virginia State Board of Podiatry, or the Virginia Board of Nursing, in accordance with statutory requirements, and/or the National Practitioner Data Bank.
- 10.2.5 If the Medical Executive Committee does not terminate the summary suspension immediately, the Practitioner shall be entitled to a hearing and appellate review pursuant to Sections 10.3 and 10.4 of these Bylaws. The terms of the summary suspension, as initially recommended by the Medical Executive Committee, shall remain in effect pending any hearing and appellate review pursuant to Section 10.3 and 10.4 of these Bylaws. Any corrective action preceding that has already been initiated under the Bylaws and that has not been concluded shall be stayed during the summary suspension proceedings.
- 10.2.6 If one or more of the reasons for the summary suspension includes issues that had been raised in such corrective action proceeding, the notice of summary suspension may include those issues. Those issues shall be resolved through the summary suspension proceedings.
- 10.2.7 With regard to matters raised in the corrective action proceeding that do not form a basis for the summary suspension, the Medical Executive Committee may reinstate the corrective action proceeding at the completion of any appellate review of the summary suspension.

10.3 Hearing Procedures.

- 10.3.1 When the Medical Executive Committee does not immediately lift the summary suspension imposed against a Practitioner pursuant to Article 10 of these Bylaws, the Practitioner shall be entitled to a hearing conducted by an ad hoc hearing committee appointed pursuant to Section 11.4 of the

Bylaws. If the recommendation of the hearing committee following such hearing is still adverse to the affected Practitioner, the Practitioner shall then be entitled to an appellate review as provided in Section 10.4 before the Board makes a final decision on the matter.

- 10.3.2 Within three (3) business days after receipt of a request for hearing from a Practitioner entitled to the same, the Medical Executive Committee shall schedule and arrange for such a hearing and shall, through the Administrator, notify the Practitioner of the time, place, and date so scheduled, by hand delivery and certified mail, return receipt requested. The Practitioner shall have the right to request that the hearing be held within fourteen (14) days of receipt of his/her request for a hearing by the Administrator. If the Practitioner does not make such request or unless otherwise agreed to by the parties, the date of the hearing shall not be less than thirty (30) days from the date of the notice of hearing.
- 10.3.3 The notice will identify the members of the hearing committee and a list of the witnesses, if any, expected to testify on behalf of the Hospital(s). This shall not preclude the Hospital(s) from identifying additional witnesses at the hearing, or from offering other witnesses at the hearing, providing advance notice is provided to the Practitioner consistent with Section 11.5.8.1.
- 10.3.4 The hearing committee shall be appointed in accordance with Section 11.4 of these Bylaws.
- 10.3.5 The procedures for the hearing before the hearing committee shall be governed by Section 11.5 of these Bylaws.
- 10.3.6 Within five (5) business days after a final adjournment of the hearing, the hearing committee shall make a written report and recommendation and shall forward the same together with the hearing record and all other documentation to the Chair(s) of the Medical Executive Committees of the Inova Hospitals at which the Practitioner has Clinical Privileges. If a verbatim transcript of the hearing is made and is not available within such five day period, the transcript may be forwarded to the Chair(s) of the Medical Executive Committees of the Inova Hospitals at which the Practitioner has Clinical Privileges as soon as reasonably possible, after submission of the hearing committee's report and recommendation. The hearing committee may modify the terms of the summary suspension or may recommend that it be continued indefinitely or for a specified period of time or terminated. The hearing committee may also recommend revocation of the Practitioner's Clinical Privileges at any or all Inova Hospitals at which the Practitioner has Clinical Privileges. In such event, the suspension shall remain in effect pending any appellate review, but the revocation shall not be effective until and unless the Board approves the revocation of the Practitioner's Clinical Privileges. The Hospital shall promptly provide a copy of the written recommendation of the hearing committee, including a statement of the basis for the recommendation, to the Practitioner.

10.4 Appeal to Board.

- 10.4.1 Within thirty (30) days after receipt of notice by a Practitioner of an adverse recommendation of the Medical Executive Committee, made after a hearing conducted by a hearing committee appointed pursuant to Section 11.4 of the Bylaws, the Practitioner may, by written notice to the Board, delivered to the Administrator, by certified mail, return receipt requested, request an appellate review be held only on the record on which the adverse recommendation or decision is based, as supported by the Practitioner's written statement provided for below, or the notice also may request that oral argument be heard as part of the appellate review.
- 10.4.2 Such appellate review shall be conducted by the local Facility-Based Quality Board ("Quality Board") or, in the alternative, by any other committee designated by the Board for this purpose, including the Board sitting as a committee of the whole.
- 10.4.3 If such appellate review is not requested within such thirty (30) day period, the Practitioner shall be deemed to have waived his/her right to such appellate review and the Board shall make a final decision on the matter.
- 10.4.4 Within thirty (30) days after receipt of such notice of request of appellate review, the Quality Board or designated committee shall select a timely date for such review, including oral argument if such has been requested, and shall, by written notice sent by certified mail, return receipt requested, through the Administrator, notify the Practitioner of the date selected or in the case of oral argument, of the time, place and date selected.
- 10.4.5 The procedures for appellate review shall be governed in accordance with Section 11.6 of these Bylaws.

10.5 Final Decision by Board.

- 10.5.1 The Quality Board or the designated committee shall make a report to the Board setting forth the action recommended and the grounds for the recommendation.
- 10.5.2 Within thirty (30) days after receiving the report and recommendation of the Quality Board or the designated committee, or within thirty (30) days of receipt of the recommendation of the hearing committee if the Practitioner does not request appellate review, the Board shall make its decision in the matter and such decision shall be made immediately effective and final and shall not be subject to further hearing or appellate review. The Board may affirm, modify or reject the recommendation of the Medical Executive Committee, or of the hearing committee appointed by it, or in its discretion, refer the matter back to the Medical Executive Committee or to the said hearing committee for further review and recommendation within twenty (20) days. Such referral may include a request that the Medical Executive Committee or the said hearing committee arrange for a further hearing to resolve specified disputed issues.
- 10.5.3 The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Article have been completed or waived. All action required of the Board may be taken by the Medical Executive Committee of the Board.

- 10.5.4 The Board shall send notice thereof to the Medical Executive Committee(s) of the Inova Hospitals at which the Practitioner has Clinical Privileges and, through the Administrator, to the Medical Staff member, by certified mail, return receipt requested, which shall include a statement of the basis for the final decision.
- 10.5.5 A final decision by the Board which adversely affects the Clinical Privileges of a Medical Staff member shall be reported to the Virginia State Board of Medicine, the Virginia State Board of Dentistry, the Virginia Board of Podiatry, or the Virginia Board of Nursing in accordance with statutory requirements, and to the National Practitioner Data Bank if required.

ARTICLE 11
HEARING AND APPELLATE REVIEW PROCEDURE

11.1 Right to Hearing and Appellate Review.

- 11.1.1 When a Practitioner is given a notice of a recommendation of the Medical Executive Committee that, if ratified by decision of the Board, will adversely affect the Practitioner's appointment to or status as a member of the Medical Staff or which will result in a reduction, suspension or revocation of the Practitioner's Clinical Privileges, the Practitioner shall be entitled to a hearing conducted by an ad hoc hearing committee appointed pursuant to Section 11.4 of the Bylaws. If the recommendation of the Medical Executive Committee following such hearing is still adverse to the affected Practitioner, the Practitioner shall then be entitled to an appellate review as provided in this Article 11 before the Board makes a final decision on the matter. Notwithstanding the foregoing, a practitioner shall not be entitled to a hearing for the following actions:
- 11.1.1.1 Change in staff category or denial of a request for change in staff category;
 - 11.1.1.2 Denial of requested, department, section, or other clinical unit affiliation;
 - 11.1.1.3 Minor reduction or limitation in existing clinical privileges;
 - 11.1.1.4 The granting of substantially all, but not all, clinical privileges requested;
 - 11.1.1.5 Denial of appointment, reappointment or clinical privileges due to failure to admit or treat a sufficient number of patients in the Hospital;
 - 11.1.1.6 Placement on medical leave or refusal to terminate medical leave;
 - 11.1.1.7 Letters of warning, reprimand, censure or admonition;
 - 11.1.1.8 Imposition of monitoring, proctoring, supervision, consultation or review requirements, with no restriction on the ability to exercise privileges;

- 11.1.1.9 Requiring provision of information or documents, such as office records, or notice of events or actions;
 - 11.1.1.10 Imposition of educational or training requirements;
 - 11.1.1.11 Placement on probationary or other conditional status;
 - 11.1.1.12 Refusal to place a practitioner on, or removal from, an on-call or interpretation roster, or requirement to serve on any such roster;
 - 11.1.1.13 Appointment or reappointment for less than three years;
 - 11.1.1.14 Extension of the initial appointment period;
 - 11.1.1.15 Continuation of the R-FPPE process;
 - 11.1.1.16 Failure to process a request for a privilege when the applicant/practitioner does not meet the qualifications for Medical Staff membership or clinical privileges;
 - 11.1.1.17 Initiation of any review or investigation including any Focused Professional Practice Evaluation or external review;
 - 11.1.1.18 Imposition of a precautionary suspension during an investigation that does not exceed 14 calendar days;
 - 11.1.1.19 Determination that an application is incomplete;
 - 11.1.1.20 Expiration of membership and privileges as a result of failure to submit an application for reappointment within the allowable time period;
 - 11.1.1.21 Removal from or limitation of emergency department call obligations;
 - 11.1.1.22 Any requirement to complete a health and/or psychiatric/psychological assessment required under these bylaws; or
 - 11.1.1.23 The refusal of the Board of Directors to grant a request for a waiver under Section 4.13.4.
- 11.1.2 When a Practitioner is given notice of a decision by the Board that will adversely affect the member's appointment to or status as a member of the Medical Staff or which will result in a reduction, suspension or revocation of the Practitioner's Clinical Privileges, and such decision is not based on a prior adverse recommendation by the Medical Executive Committee with respect to which the Practitioner was entitled to a hearing and appellate review, the Practitioner shall be entitled to a hearing by a committee appointed by the Board, and to an appellate review as provided in this Article 11 before the Board makes a final decision on the matter.

- 11.1.3 All hearings and appellate review, except for those relating to summary suspension, shall be in accordance with the procedure set forth in Article 11. The provisions outlined herein shall apply only to those proceedings arising from circumstances delineated in Sections 11.1.1 and 11.1.2.

11.2 Request for Hearing; Effect of Failure to Request.

- 11.2.1 The Administrator or his/her designee shall direct prompt written notice of an adverse recommendation or decision to any affected Practitioner who is entitled to a hearing or to an appellate review, by regular mail, hand delivery or email with sufficient confirmation of delivery as deemed appropriate by the Medical Executive Committee. Such notice shall: (a) state the adverse recommendation or decision and the grounds upon which it is based; (b) advise the Practitioner of his/her right to a hearing or an appellate review as provided by these Bylaws, including a summary of rights provided at such a hearing as set forth in Sections 11.4 and 11.5; (c) specify that the Practitioner shall have thirty (30) days following the receipt of the notice within which to file with the Administrator a written request for a hearing or an appellate review; (d) state that failure to request a hearing or an appellate review within the said thirty (30) day period shall constitute a waiver of the Practitioner's right to same; and (e) state that if the Practitioner requests a hearing or an appellate review, the member will be notified of the date, time and place for the hearing or appellate review.
- 11.2.2 The failure of a Practitioner to request a hearing to which he/she is entitled by these Bylaws within the time and in the manner herein provided shall be deemed a waiver of the Practitioner's right to such hearing and to any appellate review to which the Practitioner might otherwise have been entitled on the matter.
- 11.2.3 When the hearing or appellate review waived relates to an adverse recommendation of the Medical Executive Committee or of a hearing committee appointed by the Board, the same shall thereupon become effective and remain effective against the Practitioner pending the Board's final decision on the matter. When the hearing or appellate review waived relates to an adverse decision by the Board, the same shall thereupon become effective and remain effective against the Practitioner in the same manner as a final decision of the Board. In either of such events, the Administrator shall promptly notify the affected Practitioner of the member's status by certified mail, return receipt requested.

11.3 Notice of Hearing.

- 11.3.1 Within thirty (30) days after receipt of a request for hearing from a Practitioner entitled to the same, the Medical Executive Committee or the Board, whichever is appropriate, shall schedule and arrange for such a hearing and shall, through the Administrator, notify the Practitioner of the time, place and date so scheduled, by certified mail, return receipt requested. Unless agreed to by the parties, the date of the hearing shall not be less than thirty (30) days from the date of the notice of hearing.

- 11.3.2 The notice will identify a list of the witnesses, if any, expected to testify on behalf of the Hospital. This shall not preclude the Hospital from identifying additional witnesses at the hearing, or from offering other witnesses at the hearing, providing advance notice is provided to the Practitioner consistent with Section 11.5.8.1.

11.4 Composition of Hearing Committee.

11.4.1 Appointment of Hearing Committee.

- 11.4.1.1 When a hearing relates to an adverse recommendation of the Medical Executive Committee involving an application for appointment or reappointment to the Medical Staff, or when the Practitioner does not have Clinical Privileges at any other Inova Hospital, such hearing shall be conducted by an ad hoc hearing committee appointed by the Chair of the Medical Executive Committee and consisting of at least three (3) members of the Active Staff when the adverse recommendation was made pursuant to Article 9 of these Bylaws and five (5) members of the Active Staff when the adverse recommendation was made pursuant to Article 10 of these Bylaws. Alternatively, in the case of an adverse recommendation made pursuant to Articles 9 or 10 of these Bylaws and upon written request of the Practitioner, such hearing may be conducted by an intramural ad hoc hearing committee consisting of an equal number of members of the Active Medical Staffs of each Inova Hospital, provided, however, that in no event shall the size of the hearing committee exceed twelve (12) members. The Chair of the Medical Executive Committee of each Inova Hospital shall appoint members of the Active Staff of his/her hospital to serve on the intramural ad hoc hearing committee.
- 11.4.1.2 When a hearing relates to an adverse recommendation of the Medical Executive Committee made pursuant to Article 9 of these Bylaws and the Practitioner has Clinical Privileges at another Inova Hospital, such hearing shall be conducted by an intramural ad hoc hearing committee consisting of at least six (6) but no more than twelve (12) members of the Active Medical Staffs of the Inova Hospitals at which the Practitioner has Clinical Privileges. The Chair of the Medical Executive Committee of each Inova Hospital at which the Practitioner has Clinical Privileges shall appoint up to three (3) members of the Active Staff of his/her hospital to serve on the intramural ad hoc hearing committee and each Hospital shall have equal representation on the intramural ad hoc hearing committee. The Chair of the Medical Executive Committee of each Inova Hospital shall appoint members of the Active Staff of his/her hospital to serve on the intramural ad hoc hearing committee.
- 11.4.2 When a hearing relates to an adverse decision of the Board that is contrary to the recommendation of the Medical Executive Committee, the Board shall appoint a hearing committee composed of not less than three (3) nor

more than five (5) members of the Board to conduct such hearing, with one member designated as Chair.

11.4.3 The individuals appointed to any hearing committee under Sections 11.4.1 or 11.4.2 shall not be in direct economic competition with the Practitioner involved.

11.4.4 Hearing Officer. The President of the Medical Staff and the Administrator shall select a hearing officer to preside at the hearing. The hearing officer shall be an attorney or other individual familiar with procedures relating to peer review hearings.

11.4.4.1 The hearing officer shall rule on all procedural matters at the hearing, advise the members of the hearing panel concerning legal and procedural issues, rule on any objects of testimony or evidence that is offered at the hearing, decide whether evidence has sufficient relevance and reliability to be submitted to the hearing panel for consideration, rule on requests for postponements or extensions of time, and shall generally be responsible for regulating the proceedings.

11.4.4.2 The hearing officer shall have the authority to resolve all issues regarding scheduling of hearings, and shall have the authority to recess and reconvene the hearing, to impose time limits for examination and cross-examination of witnesses, and to limit the number of witnesses to be called by the Medical Staff or practitioner.

11.4.4.3 The hearing officer shall be available to the members of the hearing panel after the conclusion of the hearing to advise them on any procedural matters and to assist the panel with the preparation of their report and recommendations, but shall not vote on any recommendations.

11.4.4.4 The practitioner shall be notified of the name of the prospective hearing officer and if the practitioner has any objection to any hearing officer, the practitioner shall, within ten (10) calendar days after notification, state the objection in writing and the reasons for the objection. The President of the Medical Staff and the CMO shall, after considering such objections, decide in their sole discretion whether to replace any hearing officer objected to.

11.4.4.5 The hearing officer shall conduct a pre-hearing conference unless the parties all agree to waive the pre-hearing conference. At the pre-hearing conference the hearing officer may:

- a. require that all documentary evidence and exhibits be exchanged and shall resolve any objections to proposed documentary evidence and exhibits;
- b. ensure that the names of all proposed witnesses have been provided and that report or summaries of opinions of any experts have been provided;

- c. establish the amount of time that shall be allotted to each side for the examination and cross-examination of witnesses, unless agreed upon by the parties; and/or
- d. address any other issues relating to the conduct of the hearing.

11.5 Conduct of Hearings.

- 11.5.1 There shall be at least a majority of the members of the hearing committee present during the entire hearing proceedings, and only those present during the proceedings may vote.
- 11.5.2 An accurate record of the hearing must be kept. The means for preserving the record shall be established by the hearing committee, and may be accomplished by use of a court reporter, electronic recording unit, detailed transcription, or by the taking of adequate minutes. Copies of the record of the hearing may be obtained by the Practitioner after paying reasonable charges associated with the preparation of such documents.
- 11.5.3 No hearing shall be conducted without the personal presence of the affected Practitioner for whom the hearing has been scheduled unless the Practitioner waives such appearance or fails without good cause to appear for the hearing after appropriate notice. A Practitioner who fails without good cause to appear at such hearing shall be deemed to have forfeited his/her rights in the same manner as provided in Section 11.2.2 and to have voluntarily accepted the adverse recommendation or decision involved, and the same shall thereupon become effective and remain effective as provided in Section 11.2.3.
- 11.5.4 Requests by the Practitioner for postponement of the hearing shall be granted only for good cause shown and in the sole discretion of the Chair of the hearing committee.
- 11.5.5 The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of any serious affairs shall be considered, regardless of the existence of any common law or statutory rule which might make improper the admission of such evidence in a court of law. The Practitioner for whom the hearing is being held shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of procedure or of fact and such memoranda shall become part of the hearing record.
- 11.5.6 Official notice may be taken by the hearing committee, either before or after submission of the matter for decision, of any generally-accepted technical or scientific matter relating to the issues under consideration at the hearing and of any facts which may be judicially noticed by the courts of Virginia. The committee also shall be entitled to consider any pertinent material on file in the Hospital, and all other information which can be considered in connection with applications for appointment or reappointment to the Medical Staff and for Clinical Privileges pursuant to these Bylaws.

- 11.5.7 The Medical Executive Committee, when its action is the subject of the hearing, shall appoint a member of the Active Staff to represent it at any hearing before a hearing committee to present the facts in support of its adverse recommendation. The Board, when its action is the subject of the hearing, shall appoint one of its members to represent it at any hearing before a hearing committee to present the facts in support of its adverse decision. It shall be the obligation of such representative to present appropriate evidence in support of the adverse recommendation or decision, but the affected Practitioner shall thereafter be responsible for supporting his/her challenge to the adverse recommendation or decision by presenting appropriate evidence. The burden shall be upon the Practitioner to show that the adverse recommendation is without factual basis or that it is either arbitrary, unreasonable or capricious.
- 11.5.8 The Practitioner shall have the following rights at the hearing: to present witnesses, to introduce written evidence, to cross-examine any witnesses on any matter relevant to the issue of the hearing, to challenge any witness, to rebut any evidence and to have representation by legal counsel or another person of the Practitioner's choice. If the Practitioner does not testify on his/her own behalf, he/she may be called and questioned by the hearing committee.
- 11.5.8.1. At least fifteen (15) business days prior to the hearing, the practitioner involved shall be sent by certified and regular mail:
- a. a statement setting forth the reasons for the proposed action;
 - b. identifying any witnesses expected to testify before the panel in support of the recommendation under consideration; and
 - c. identifying all medical records or documents expected to be submitted to the panel for consideration.
- 11.5.8.2 If any expert witness is to be called as a witness in support of the recommendations of the Medical Staff at the hearing, the practitioner shall be told the identity of the experts to be called, provided a copy of the expert's curriculum vitae, provided copies of any reports from the experts, or provided a written description of the substance of the expert's testimony if there are no written reports, and provided copies of all documents or materials provided to the expert for review. No witness may be called on behalf of the Medical Staff, no testimony or opinions may be elicited from any expert, nor any documents submitted for consideration by the panel, which have not been disclosed in accordance with this section unless the hearing officer determines that any failure to disclose was unavoidable.
- 11.5.8.3 At least seven (7) business days prior to the hearing the practitioner shall provide to the Medical Staff the following:
- a. a list of any witnesses the practitioner will call to testify;

- b. a summary of the subject matter of the witnesses' testimony and a copy of all documents the practitioner intends to introduce at the hearing;
- c. if the practitioner intends to call any expert witnesses at the hearing, the member shall identify the experts to be called, provide copies of any reports from the experts, provide a copy of the witnesses' curriculum vitae, and provide in writing a description of the substance of the experts' testimony. No witness may be called on behalf of the practitioner, nor any documents submitted for consideration by the panel, which are not disclosed in accordance with this section unless the hearing officer determines that any failure to disclose was unavoidable; and
- d. a statement setting forth the reasons why the practitioner contends that the adverse recommendation is unreasonable, inappropriate or lacks any factual basis.

- 11.5.8.4 The failure of the practitioner requesting a hearing to comply with the requirements related to the disclosure or exchange of information set forth in this Fair Hearing Plan, or ordered by the hearing officer, shall be deemed to be a withdrawal of the request for a hearing, the waiver of the right to a hearing, and agreement to and acceptance of the action recommended or proposed which is the subject of the hearing.
- 11.5.9 The hearing committee may order that oral evidence be taken on oath or affirmation administered by a Notary Public.
- 11.5.10 The Hospital/Medical Executive Committee and the Board shall be entitled to representation by legal counsel at any hearing under these Bylaws. The hearing committee shall also be entitled to representation by legal counsel.
- 11.5.11 An intramural ad hoc hearing committee appointed pursuant to Section 11.4 of these Bylaws shall consider evidence relating to and shall make a recommendation regarding the imposition of corrective action or summary suspension at both the Hospital and at any other Inova Hospital at which the Practitioner has Clinical Privileges.
- 11.5.12 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 Practitioner and the Hospital/Medical Executive Committee shall have the right to submit a written statement at the conclusion of the presentation of oral and documentary evidence. Upon receipt of such written statements, the hearing shall be closed. The hearing committee may thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the Practitioner for whom the hearing was convened.
- 11.5.13 Within thirty (30) days after a final adjournment of the hearing, the hearing committee shall make a written report and recommendation and shall

forward the same together with the hearing record and all other documentation to the Medical Executive Committees of the Inova Hospitals at which the Practitioner has Clinical Privileges or the Board, whichever appointed it. The report may recommend confirmation, modification, or rejection of the original adverse recommendation of the Medical Executive Committee or decision of the Board. In the case of an intramural ad hoc hearing committee appointed pursuant to Section 11.4 of these Bylaws, the report may also recommend imposition of any adverse recommendation at one or more of the Inova Hospitals at which the Practitioner has Clinical Privileges. The Hospital shall promptly provide a copy of the written recommendation of the hearing committee, including a statement of the basis for the recommendation, to the Practitioner.

11.6 Appeal to Board.

- 11.6.1 Within thirty (30) days after receipt of notice by a Practitioner of an adverse recommendation of the Medical Executive Committee, made after a hearing conducted by the Medical Executive Committee or a hearing committee appointed pursuant to Section 11.4 of these Bylaws, or of an adverse recommendation of a hearing committee appointed by the Board, made after a hearing before such committee, the Practitioner may, by written notice to the Board, delivered to the Administrator, by certified mail, return receipt requested, request an appellate review be held only on the record on which the adverse recommendation or decision is based, as supported by the Practitioner's written statement provided for below, or the notice also may request that oral argument be heard as part of the appellate review.
- 11.6.2 Such appellate review shall be conducted by the local Facility-Based Quality Board ("Quality Board") or, in the alternative, by any committee designated by the Board for this purpose, including the Board sitting as a committee of the whole.
- 11.6.3 If such appellate review is not requested within such thirty (30) day period, the Practitioner shall be deemed to have waived his/her right to such appellate review and the Board shall make a final decision on the matter.
- 11.6.4 Within thirty (30) days after receipt of such notice of request of appellate review, the Quality Board or designated committee shall select a timely date for such review, including oral argument if such has been requested, and shall, by written notice sent by certified mail, return receipt requested, through the Administrator, notify the Practitioner of the date selected or in the case of oral argument, of the time, place and date selected.
- 11.6.5 The appellate review shall be conducted in accordance with the following procedures:
 - 11.6.5.1 Both the Practitioner and the Hospital and/or Medical Executive Committee are entitled to representation at the appellate review by legal counsel. The Quality Board or designated committee may also be represented by legal counsel.
 - 11.6.5.2 The Practitioner shall have access to the hearing committee report, the hearing record (and transcription, if any), and to all

other material information reviewed by the hearing committee that was considered in making the adverse recommendation or decision against him/her. The Practitioner shall be required to submit a written statement setting forth those findings, conclusions and factual and procedural matters with which the Practitioner disagrees, and his/her reasons for such disagreement. The written statement shall address any matters raised at any step in the procedure to which the appeal is related, and legal counsel may assist in its preparation. Such written statement shall be submitted to the Quality Board or designated committee through the Administrator by certified mail, return receipt requested, at least ten (10) calendar days prior to the scheduled date for the appellate review. A responsive statement may be submitted by the Medical Executive Committee within five (5) calendar days after receipt of the statement from the practitioner. The failure of the practitioner to identify any actions, findings, conclusions or factual or procedural matters with which the practitioner objects or disagrees shall be deemed to be a waiver of any such objection and consent to the actions being taken and procedures being followed. The practitioner shall not be permitted to subsequently raise any issue not identified in the statement from the Practitioner.

- 11.6.5.3 The Quality Board or designated committee shall act as an appellate body. It shall review the hearing committee report and the hearing record and shall consider the written statements submitted for the purpose of determining whether the adverse recommendation or decision against the affected Practitioner was justified and was not arbitrary or capricious, or whether there has been a substantial failure to comply with the bylaws during the course of the corrective action which has materially prejudiced the practitioner, and which the practitioner objected to on a timely basis. If oral argument is requested as part of the review procedure, the Practitioner shall be entitled to be present at such appellate review, and shall be permitted to speak against the adverse recommendation or decision, and shall answer questions put to him/her or her by any member of the appellate review body. The Medical Executive Committee or the hearing committee appointed by the Board shall also be represented by a member thereof who shall be permitted to speak in favor of the adverse recommendation and who shall answer questions put to him/her by any member of the appellate review body.
- 11.6.5.4 New or additional matters, facts or evidence not raised or introduced during the hearing or in the hearing committee report, nor otherwise reflected in the record, shall only be introduced at the appellate review under unusual circumstances, in order to prevent injustice. The Quality Board or designated committee shall in its sole discretion determine whether such new matters shall be accepted. The amount of time available for the practitioner's presentation may be limited by the chair of the Quality Board or designated committee or made subject to such conditions as the chair determines to be appropriate.

- 11.6.5.5 Within thirty (30) days after the conclusion of the appellate review the Quality Board or designated committee shall make a report to the Board setting forth the action recommended and the grounds for the recommendation.
- 11.6.6 The appellate review shall not be deemed to be concluded until all of the procedural steps provided in this Article have been completed or waived. All action required of the Board may be taken by the Medical Executive Committee of the Board.
- 11.7 Final Decision by Board. The Board shall make its decision in the matter within thirty (30) days after receiving the report and recommendation of the Quality Board or designated committee. Such decision shall be made immediately effective and final and shall not be subject to further hearing or appellate review. When acting on a recommendation made by the Medical Executive Committee, or on a recommendation of a hearing committee appointed by the Board pursuant to section 11.1.2., the Board may affirm, modify or reject the recommendation, or in its discretion, refer the matter back to the Medical Executive Committee or the hearing committee for further review and recommendation. Such referral may include a request that the Medical Executive Committee or the hearing committee arrange for a further hearing to resolve specified disputed issues. The Board shall send notice thereof to the Medical Executive Committee of each Inova Hospital at which the Practitioner has Clinical Privileges and, through the Administrator, to the Medical Staff member, by certified mail, return receipt requested, which notice shall include a statement of the basis for the final decision. A final decision by the Board which adversely affects the Clinical Privileges of a Medical Staff member shall be reported to the Virginia State Board of Medicine, Virginia State Board of Dentistry, the Virginia State Board of Podiatry, or the Virginia Board of Nursing, in accordance with statutory requirements.
- 11.8 Limit on Number of Hearings and Appeals. Notwithstanding any other provision of these Bylaws, no Practitioner shall be entitled as a right to more than one hearing and one appellate review on any matter which shall have been the subject of action by the Medical Executive Committee or by the Board or both.
- 11.9 Release by Medical Staff Member. By the acceptance of Medical Staff membership or Clinical Privileges, each Practitioner shall be deemed to have absolutely and unconditionally released from liability the Hospital and all individuals involved in any proceedings under Article 10 or Article 11 of these Bylaws as to any statements made or actions taken by such persons in connection with such proceedings. Such Practitioner also shall be deemed to have absolutely and unconditionally release from liability all other individuals and all organizations at the Hospital's or the Medical Executive Committee's request provide information relating to the matters in issue in such proceedings.

ARTICLE 12

OFFICERS

- 12.1 Officers of the Medical Staff. The Officers of the Medical Staff shall be:
- 12.1.1 President. The President shall serve as the chief administrative officer and principal elected official of the Medical Staff; shall call and preside at all meetings of the Medical Staff; shall be a member and Chair of the Medical Executive Committee; shall be a member Ex Officio of all committees; shall designate, for approval by the Medical Executive Committee, individuals to act as Chair for each committee of the Medical Staff, except the Medical

Executive Committee; shall be responsible for the enforcement of these Bylaws, and the Rules and Regulations of the Medical Staff; shall represent the Medical Staff at meetings of the Board and shall present the views, policies, needs and grievances of the Medical Staff to the Board; shall receive and interpret the policies of the Board to the Medical Staff; and shall report on and interpret to the Board the performance and maintenance of the Medical Staff's responsibility for providing quality medical care. The President, upon expiration of any term, unless reelected, shall serve as a member of the Medical Executive Committee as the Immediate Past President.

12.1.2 First Vice President. The First Vice President shall be a member of the Medical Executive Committee and shall perform such duties as are assigned by the President. In the absence of the President, the First Vice President shall assume all the President's duties and have all the President's authority. If there is a vacancy in the Presidency, the First Vice President shall automatically succeed to the Presidency and serve out the remaining term.

12.1.3 Second Vice President. The Second Vice President shall be a member of the Medical Executive Committee and shall perform such duties as are assigned by the President. The Second Vice President, in the absence of the First Vice President, shall assume all the First Vice President's duties and have all the First Vice President's authority.

12.1.4 Secretary-Treasurer. The Secretary-Treasurer shall be a member of the Medical Executive Committee; shall keep accurate and complete minutes of all Medical Staff and Medical Executive Committee meetings; shall attend to all correspondence; shall be accountable for all funds entrusted and make disbursements authorized by the Medical Executive Committee; and shall perform such other duties as ordinarily pertain to the office.

12.2 Immediate Past President.

12.2.1 The Immediate Past President shall serve in an advisory capacity on such committees as are assigned by the President and on those committees as specified in these Bylaws. He/She shall be a member of the Medical Executive Committee.

12.2.2 In the event of the death, disability, or unavailability of the Immediate Past President, the Medical Executive Committee shall appoint a member to serve in the place of the Immediate Past President on all committees of which he/she is an Ex Officio member.

12.3 Members at Large.

12.3.1 The Medical Staff shall elect representatives to the Medical Staff Medical Executive Committee. Members-at-Large are voting members of the Medical Executive Committee who, by virtue of their participation in the activities of the Hospital and the Medical Staff, are elected by the members of the Medical Staff to represent the views and the interests of the Medical Staff organization on this committee.

- 12.3.2 **Number of Members-at-Large.** In order to assure adequate representation of the membership on the Medical Executive Committee, one at-large member will be elected for every two hundred (200) members (or fraction thereof) of the Medical Staff entitled to vote. In the event of a tie for the final Member-at-Large position, the tied members shall also serve.
- 12.4 **Qualifications.** Officers must be members of the Active Staff at the time of nomination and election and must remain members thereof during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.
- 12.5 **Election.** Elections for Officers shall be conducted during the Annual Meeting of the Medical Staff in a manner provided for by the Medical Executive Committee. Election of Officers and Members-at-Large shall be by plurality vote of those members of the Medical Staff eligible to vote who are present at the meeting or who have voted by mail or electronic ballot within thirty (30) days prior to the meeting, provided a Quorum is achieved. Voting may not be by proxy.
- 12.5.1 Each member of the Active Staff is entitled to submit one (1) vote each for Officers and Members-at-Large. There shall be no requirement to vote for each position. Members can vote for as few positions as they wish or as many up to the maximum number of positions available. Multiple votes for a single candidate shall only be counted as one (1) for that candidate.
- 12.5.2 In the event of a tie for the final Member-at-Large position, the tied members shall serve the one (1) year term.
- 12.6 **Term of Office.** All Officers shall hold office for a two-year term commencing on the first day of the ensuing Medical Staff Year. Members-at-Large shall hold office for a one-year term commencing on the first day of the ensuing Medical Staff Year.
- 12.7 **Vacancies.** Vacancies in office during the Medical Staff year, except for the Presidency, shall be filled by the Medical Executive Committee. If there is a vacancy in the Presidency, the First Vice President shall serve the remaining term. The term of any Officer so selected shall coincide with the intended term of the member replaced by the new Officer. When deemed necessary, the President may appoint an Officer pro tempore pending action of the Medical Executive Committee.
- 12.8 **Removal.** Any Officer may be removed from office for cause after consultation with the Medical Executive Committee and upon an affirmative vote a majority of the Medical Staff Members eligible to vote and present at any annual meeting or special meeting called for such purpose. Removal of an Officer may not be voted on by mail or electronic ballot. Appropriate cause for removal of an Officer shall include, but shall not be limited to, failure to properly discharge the responsibilities of the positions as outlined in these Bylaws.
- 12.9 **Chief Medical Officer.** The Chief Medical Officer ensures that adequate quality monitoring and improvement programs are maintained to evaluate the quality and appropriateness of patient care by the hospital's physicians. The Chief Medical Officer serves as a medical staff advocate/liaison on issues involving physicians and/or patient care. As a member of numerous medical staff and management committees, the Chief Medical Officer provides input and recommendations to leadership regarding medical aspects of equipment requirements, programs, space, capital investments, and other needs in consultation with the department chairs or section chiefs.

ARTICLE 13
COMMITTEES

13.1 Medical Staff Committees.

- 13.1.1 The committees of the Medical Staff shall consist of the standing committees set forth in Section 13.2 and special committees established by the President of the Medical Staff with the approval of the Medical Executive Committee and the Administrator. Except as otherwise provided for in these Bylaws, committee composition as well as frequency of meetings and reports shall be outlined in specific policies and procedures prepared by the committee and approved by the Medical Executive Committee.
- 13.1.2 Members of each committee, except as otherwise provided for in the policies and procedures, shall be appointed yearly by the President of the Medical Staff and approved by the Medical Executive Committee. Members of each committee, except Ex Officio members shall be eligible to vote on any matter coming before such committees. The Chair of each committee shall appoint administrative representatives and support staff in consultation with the Administrator.
- 13.1.3 The Administrator and the President of the Medical Staff shall be Ex Officio members of all Medical Staff committees.
- 13.1.4 Chair. The Chair of each medical staff committee, except as otherwise provided for in the policies and procedures, shall be appointed yearly by the President of the Medical Staff and approved by the Medical Executive Committee.
- 13.1.5 Vacancies. Except as otherwise provided, vacancies on any medical staff committee shall be filled in the same manner in which the original appointment is made.

13.2 Standing Committees of the Medical Staff.

13.2.1 Medical Executive Committee.

- 13.2.1.1 The Medical Executive Committee shall act for the Medical Staff as a whole except in such matters as may be precluded by these Bylaws or as otherwise directed by the Medical Staff. The Medical Executive Committee shall perform the following functions:
- a. coordinate the activities of the Medical Staff;
 - b. develop, adopt and recommend to the Administrator and/or Board policies of the Medical Staff;
 - c. receive and act upon reports and recommendations from departments, committees and Officers of the Medical Staff;
 - d. implement the policies of the Medical Staff;

- e. consider and recommend action to the Administrator of a medico-administrative nature;
 - f. recommend to the Board all matters concerning appointments, reappointments, staff category, department and section assignments, Clinical Privileges and corrective action, organized medical staff structure;
 - g. make recommendations on Hospital management matters to the Board through the Administrator;
 - h. make recommendations to the Board regarding the organization of the quality assessment and improvement activities of the Medical Staff as well as the mechanism used to conduct, evaluate, and revise such activities;
 - i. enforce the Medical Staff Bylaws and Rules and Regulations;
 - j. ensure professionally ethical conduct on the part of all members of the Medical Staff;
 - k. review, evaluate, and make recommendations to the Board regarding the quality and adequacy of professional services rendered at the Hospital;
 - l. initiate such disciplinary measures as are indicated;
 - m. review the status and coordinate, as appropriate, the maintenance of the Hospital's accreditation programs; and
 - n. ensure that the Medical Staff is informed and kept current on the status of programs relating to the Hospital.
- 13.2.1.2 Further, the Medical Medical Executive Committee shall have an orderly and balanced plan through which the Hospital can attempt to meet the needs of the community for health services. It shall concern itself with the full range of diagnostic, therapeutic, preventative, educational and support programs which the Hospital might appropriately offer and recommend programs and priorities to meet health care needs.
- 13.2.1.3 The membership of the Medical Executive Committee shall be as follows:
- a. President of the Medical Staff Chair;
 - b. the elected Officers and Immediate Past President;
 - c. the elected Members-at-Large;
 - d. all Department Chairs;

- e. Chair of the Inova Children's Hospital Leadership Committee; and
- f. The Administrator.
- g. Ex-officio (non-voting) members of the Medical Executive Committee shall include the Chief Medical Officer. Guests will be invited at the discretion of the Chair of the Medical Executive Committee.
- h. An Advanced Practice Provider (if appointed by the Medical Staff President and approved by the Medical Executive Committee)

13.2.2 Credentials Committee. The Credentials Committee shall review and investigate the qualifications of all applicants for Medical Staff membership and/or for Clinical Privileges or modifications thereof and shall make recommendations for Medical Staff membership and Clinical Privileges in compliance with these Bylaws.

13.2.3 Bylaws Committee. It shall be the functions of this committee to annually review the Bylaws and Medical Staff Rules and Regulations and to propose to the Medical Executive Committee amendments to the Bylaws and Medical Staff Rules and Regulations as may be deemed necessary; to develop and propose amendments to the Bylaws and Medical Staff Rules and Regulations as requested by the Medical Executive Committee and/or Medical Staff.

13.3 Removal of Committee Members.

13.3.1 A member of a Committee shall automatically be removed from the Committee in the event his/her clinical privileges are terminated or suspended (other than a medical records suspension) at the Hospital.

13.3.2 Additional grounds for removal of a Medical Staff Committee member shall include, but are not limited to, (i) conduct which is detrimental to, or reflects adversely on, the Medical Staff or the Medical Campus, (ii) mental or physical impairment or incapacity, (iii) failure to perform the necessary functions as a member of a Medical Staff Committee, or (iv) any action or conduct which would form the basis for corrective action pursuant to Article 9, even if corrective action is not taken.

13.3.3 Removal of any member of a Medical Staff Committee may be initiated by the Medical Executive Committee or upon petition of twenty (20) percent of the voting members of the Medical Staff. If the member of a Medical Staff Committee to be removed is a member of the Medical Executive Committee, the member shall be recused from participation in any deliberations or vote by Medical Executive Committee relating to removing the member. If the member of a Medical Staff Committee is to be removed by a vote of the Medical Staff, removal shall be effective upon the affirmative vote of three fourths (3/4) of the members of the Medical Staff

present and voting. Written notice of any meeting at which removal of a member of a Medical Staff Committee is to be considered, shall be delivered by regular mail or electronically sent to all Medical Staff members entitled to vote at the meeting and the Administrator at least ten (10) calendar days before the meeting.

- 13.4 Quorum. For purposes of this Article 13, a quorum shall mean thirty-three and one-third (33 1/3) percent of the members of the relevant Medical Staff Committee or a department who are duly eligible to vote at a meeting of the Medical Staff or a department and who are present in person at such meeting or who have submitted mail/electronic ballots.
- 13.5 Special Medical Staff Committees. Special medical staff committees may be appointed at any time by the President of the Medical Staff and confirmed by the Medical Executive Committee to perform such duties as may be considered outside of the scope of the standing committees. Each such committee shall confine its functions to the purpose for which it is appointed, shall report to the Medical Executive Committee, and shall be dissolved upon completion of its assignment.
- 13.6 Joint Hospital-Medical Staff Committees. There shall be established such joint Hospital-Medical Staff Committees as the Medical Executive Committee and the Administrator shall agree upon to address such issues as quality improvement, resource utilization, peer review, continuing medical education, blood usage, invasive procedure review, infection control, utilization review, pharmacy and therapeutics, treatment of cancer and other administrative and clinical issues as may be required by the Joint Commission or otherwise.
- 13.6.1 Members of joint Hospital-Medical Staff Committee(s) shall be those Practitioners appointed by the President of the Medical Staff subject to the approval of the Administrator and those representatives or employees of the Hospital appointed by the Administrator.
- 13.6.2 The chair of each joint Hospital-Medical Staff Committee(s) shall be appointed from the membership of the Committee by the President of the Medical Staff with the approval of the Administrator.
- 13.6.3 The specific membership and duties of joint Hospital-Medical Staff Committees shall be established jointly by the Administrator and the President of the Medical Staff, subject to the approval of the Medical Executive Committee.
- 13.6.4 Joint Hospital-Medical Staff Committees shall meet as frequently as is necessary to discharge the duties of such committees and shall make reports and recommendations directly or indirectly to the Medical Executive Committee, the Hospital Administrator or others in such manner as the President of the Medical Staff and the Administrator shall direct.
- 13.7 Interdisciplinary Hospital Management Committees. Medical Staff functions and responsibilities relating to liaisons with the Board and Hospital administration may be discharged by the appointment of representatives of the Medical Staff to such Hospital management committees as may be established to perform designated functions. Appointments of such representatives to Hospital management committees shall be made by the President of the Medical Staff and concurred by the Medical Executive Committee,

unless otherwise provided in these Bylaws. One representative to each such committee shall be designated as the Chair of the Medical Staff delegation to that committee.

ARTICLE 14

DEPARTMENTAL ORGANIZATION

14.1 Departments and Sections. The Medical Staff shall be divided into departments and sections which shall be organized as divisions of the Medical Staff as a whole. A section shall be a subdivision of a department. Each department shall have a Chair and each section shall have a Chief. The same person may not serve as both Department Chair and Section Chief. The departments and sections may be as follows, but both departments and sections may be established or abolished from time to time by the Board upon recommendation from the Medical Executive Committee.

- A. Department of Anesthesiology
 - 14.1.1.1 Pediatric Anesthesiology Section
- B. Department of Emergency Medicine
- C. Department of Family Practice
- D. Department of Medicine
 - 1. Allergy Section
 - 2. Cardiovascular Disease Section
 - 3. Critical Care Medicine Section
 - 4. Dermatology Section
 - 5. Endocrinology Section
 - 6. Gastroenterology Section
 - 7. Gerontology Section
 - 8. Hematology/Oncology Section
 - 9. Hospital Medicine Section
 - 10. Infectious Disease Section
 - 11. Internal Medicine Section
 - 12. Nephrology Section
 - 13. Palliative Medicine Section
 - 14. Pulmonary Disease Section
 - 15. Rheumatology Section
- E. Department of Neurosciences
 - 1. Neurology Section
 - 2. Neurosurgery Section
- F. Department of Obstetrics and Gynecology
- G. Department of Orthopaedic Surgery
 - 1. Adult Reconstruction
 - 2. Hand Surgery
 - 3. Pediatrics
 - 4. Foot and Ankle Surgery/Podiatric Section
 - 5. Spine Section

- 6. Sports Medicine
- 7. Trauma Section
- H. Department of Pathology
- I. Department of Pediatrics
 - 1. Allergy & Immunology Section
 - 2. Cardiovascular Section
 - 3. Critical Care Section
 - 4. Endocrinology Section
 - 5. Emergency Medicine Section
 - 6. Gastroenterology Section
 - 7. General Pediatrics Section
 - 8. Genetics Section
 - 9. Hematology/Oncology Section
 - 10. Hospital Medicine Section
 - 11. Neonatology Section
 - 12. Neurology Section
 - 13. Nephrology Section
 - 14. Pulmonology Section
- J. Department of Psychiatry
- K. Department of Radiation Oncology
- L. Department of Radiology
 - 1. Adult Body Imaging
 - 2. Nuclear Medicine
 - 3. Pediatric Radiology
 - 4. Diagnostic Neuroradiology/Musculoskeletal Imaging (Adult and Pediatric)
 - 5. Interventional Neuroradiology
 - 6. Ultrasound
 - 7. Breast Imaging
 - 8. Vascular & Interventional Radiology
- M. Department of Rehabilitation
- N. Department of Surgery
 - 1. Breast Surgery Section
 - 2. Cardiac Surgery Section
 - 3. Colorectal Surgery Section
 - 4. General Surgery Section
 - 5. Hand Surgery Section
 - 6. Ophthalmology Section
 - 7. Oral and Maxillofacial Surgery Section
 - 8. Otolaryngology Section
 - 9. Pediatric Surgery Section
 - 10. Plastic Surgery Section
 - 11. Surgical Oncology Section
 - 12. Thoracic Surgery Section
 - 13. Transplant Section
 - 14. Trauma Surgery Section
 - 15. Urology Section
 - 16. Vascular Surgery Section

14.2 Assignment to Departments.

- 14.2.1 The Credentials Committee, after considering the recommendations of the Department Chairs and Section Chiefs concerned, shall recommend to the Medical Executive Committee the department and section assignments of all Practitioners. The Medical Executive Committee shall review such recommendations and submit its recommendations to the Board. The Board shall make such assignments after considering the recommendations of the Medical Executive Committee.
- 14.2.2 A Practitioner may be assigned to more than one department and/or section, provided that Practitioner meets all applicable requirements and criteria for Clinical Privileges and membership in each department and/or section, and agrees to fulfill and does in fact fulfill all the obligations and responsibilities of members in each department and/or section to which he/she seeks to be assigned, except as provided in Section 14.2.5.
- 14.2.3 Initial assignment to a department, and section if applicable, shall be granted only to Practitioners who then have met the minimum training requirements to be eligible for the examination of the applicable national specialty, except for administrative membership in a department, or section if applicable, as further provided in Section 14.2.5 of these Bylaws.
- 14.2.4 In any department and/or section in which a Practitioner has been granted Clinical Privileges, the Practitioner shall be subject to the Rules and Regulations of that department and/or section and to the authority of the Department Chair and Section Chief.
- 14.2.5 A Practitioner may be assigned administrative membership in a department, and section if applicable, and to such extent, the requirements of Section 14.2.3 of these Bylaws may be waived as appropriate. Administrative membership shall not include Clinical Privileges unless the Practitioner applies for and is granted such privileges under then-existing qualification requirements, pursuant to standard procedures. Administrative membership shall include such duties and responsibilities as may be recommended by the Medical Executive Committee and approved by the Board.

14.3 Department Chairs and Section Chiefs.

- 14.3.1 Appointment of Chairpersons. Department Chairs shall be appointed by the Board after considering the recommendations of any cognizant search committee, the vote and recommendation of the Active Staff of the department concerned, and the recommendation of the Medical Executive Committee. Section Chiefs shall be appointed by the Board after considering the recommendations of the Active members of the section, the Department Chairs and the Medical Executive Committee.
- 14.3.2 Nomination and Election Process for Section Chiefs. Departments that have formally designated sections (as noted in Section 14.1, above) shall promulgate provisions in their respective Departmental Rules and Regulations outlining the specific mechanisms for length of Section Chief

tenure, number of consecutive terms the Section Chief may serve, whether a vote of confidence shall be required at specified intervals during the Section Chief's tenure, and any additional responsibilities of the Section Chief not outlined in Section 14.3.7, below. Such rules shall be drafted or revised by a committee comprised of at least one member of each section (not currently serving as Section Chief) appointed for such purpose.

14.3.3 Qualifications. Department Chairs and Section Chiefs must be members of the Active Medical Staff and must have Clinical Privileges in their respective departments and sections. The Chair of each department is certified by an appropriate specialty board, or affirmatively establishes that he/she possesses comparable competence through the credentialing process. Notwithstanding the foregoing, the Hospital President, after approval of the Medical Executive Committee, may waive any of the foregoing requirements for qualifications for Department Chairs and Section Chiefs, including the requirement to be an Active Medical Staff member. The failure of the Hospital President and Medical Executive Committee to waive any qualification for Department Chair and Section Chief shall not entitle a practitioner to a right of review or hearing.

14.3.4 Tenure. Appointments of Department Chairs and Section Chiefs shall be for the Medical Staff year unless sooner terminated in accordance with Section 14.3.5, and until their successors are appointed. Each department shall conduct an annual vote to determine the level of confidence in the Department Chair. The results of this vote shall be communicated to the Medical Executive Committee and the Board.

Tenure of Section Chiefs shall be in accordance with Rules and Regulations of the respective departments as noted in Section 14.3.2, above.

14.3.5 Removal. A Department Chair or Section Chief or the Chair of the Inova Fairfax Hospital for Children Leadership Committee may be removed from office for cause or upon termination of his/her contract by the Board, after consultation with the Medical Executive Committee. Removal of a Section Chief shall be defined in the above referenced Rules and Regulations. Appropriate cause for removal of a Department Chair or Section Chief or Chair of the Inova Fairfax Hospital for Children Leadership Committee shall include, but shall not be limited to, failure to properly discharge the responsibilities of the position as outlined in these Bylaws.

14.3.6 Duties of Department Chairs. Each Department Chair shall:

- 14.3.6.1 Be accountable to the Medical Executive Committee for all professional and administrative activities within the department;
- 14.3.6.2 Maintain constant surveillance of the professional performance of all Practitioners with Clinical Privileges in the department on all patients;
- 14.3.6.3 Be responsible for enforcement, within the department, of the Medical Staff Bylaws and Rules and Regulations, the Department Rules and Regulations, and any other applicable Hospital policies and procedures;

- 14.3.6.4 Be responsible for department implementation of actions taken by and policies of the Medical Executive Committee;
- 14.3.6.5 Recommend to the Credentials Committee criteria for Clinical Privileges in the department and recommend the staff category, appointment and delineation of Clinical Privileges for all Practitioners in his/her department;
- 14.3.6.6 Be responsible for the teaching, education and research programs in the department;
- 14.3.6.7 Designate to the Administrator a department member who shall act in behalf of the Department Chair when the Chair is unavailable;
- 14.3.6.8 Assure that the quality and appropriateness of patient care provided within the department are monitored and evaluated;
- 14.3.6.9 Participate in the administration of the department through cooperation with Patient Care Services, the Chief Nurse Executive or designee and Hospital Administration in matters affecting patient care;
- 14.3.6.10 Assist in the preparation of such reports pertaining to the department as may be required by the Medical Executive Committee or Board;
- 14.3.6.11 Recommend a sufficient number of qualified and competent persons to provide care and service;
- 14.3.6.12 Determine the qualifications and competence of department personnel who are not licensed independent Practitioners and who provide patient care services;
- 14.3.6.13 Recommend space and other resources needed by the department;
- 14.3.6.14 Be responsible for all administratively related activities of the department, unless otherwise provided for by the Hospital;
- 14.3.6.15 Integrate the department's services with the Hospital's primary functions;
- 14.3.6.16 Coordinate and integrate services within their department and with other departments;
- 14.3.6.17 Continuously assess and improve their department's performance; and
- 14.3.6.18 Assess and recommend to the relevant Hospital authority off-site sources for needed patient care services not provided by the department or organization.

14.3.7 Duties of Section Chief. Each Section Chief shall:

- 14.3.7.1 Be responsible to the Department Chair and shall advise and assist the Department Chair in the performance of the Chair's duties, especially as such duties pertain to the functioning of the section;
- 14.3.7.2 Be responsible for the enforcement of the policies and procedures of the section; be directly accountable to the Chair for the professional and administrative activities of the section;
- 14.3.7.3 Maintain constant surveillance of the professional performance of all Practitioners with Clinical Privileges in the section;
- 14.3.7.4 Transmit to the Department Chair for further transmittal to the Medical Executive Committee, recommendations concerning Clinical Privileges within the section;
- 14.3.7.5 Be responsible for the quality assurance, teaching and education programs for the section;
- 14.3.7.6 Designate to the Administrator, subject to approval by the Department Chair, a member of the section who shall act in his/her behalf when the Chief is unavailable; and
- 14.3.7.7 Recommend to the Department Chair criteria for Clinical Privileges in the department.

14.4 Functions of Departments and Sections. Each department and section shall:

- 14.4.1 Conduct on-going monitoring and evaluation of the quality and appropriateness of patient care within the department and section;
- 14.4.2 Establish guidelines for the granting of Clinical Privileges within the department and section and submit them to the Medical Executive Committee for approval;
- 14.4.3 Conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state-of-the-art and to findings of monitoring and evaluation activities; and
- 14.4.4 Formulate its own Rules and Regulations for the conduct of its affairs and the discharge of its responsibilities. Rules and Regulations for a Section shall be part of and subordinate to the Rules and Regulations of a Department.

ARTICLE 15
MEDICAL STAFF MEETINGS

15.1 Regular Meetings.

15.1.1 Annual Meeting.

15.1.1.1 The Annual Meeting of the Medical Staff which shall be deemed a regular meeting shall be held in November of each year.

15.1.1.2 The President of the Medical Staff shall present a report of the activities of the Medical Executive Committee, and Department Chairs and committee Chairs may submit reports. These reports shall become part of the minutes of the meetings.

15.1.1.3 Officers shall be elected to serve for the ensuing Medical Staff Year and until their successors are elected.

15.1.1.4 The agenda at the Annual Meeting generally shall be:

- a. Call to order;
- b. Approval of minutes of the last regular meeting and all intervening special meetings;
- c. Old Business;
- d. Report from the Medical Executive Committee;
- e. Reports from other committees;
- f. Communications;
- g. New business; and
- h. Adjournment.

15.1.1.5 No fixed agenda shall be required to be followed at any special meeting.

15.2 Regular Meetings. Additional general Medical Staff meetings may be called by the Medical Executive Committee.

15.3 Special Meetings. Special meetings of the Medical Staff may be called at any time by the President and shall be called at the written request of the Board, the Medical Executive Committee, or ten (10) percent of the Medical Staff Members eligible to vote. At any special meeting no business shall be transacted except that stated in the notice calling the meeting.

15.4 Notice of Meetings.

15.4.1 Regular and Annual Meeting. Notice stating the date, time and place of any Regular and the Annual Meeting shall be provided to each member of the Medical Staff and shall be posted in the Hospital not less than thirty (30) days prior to such meeting.

15.4.2 Special Meetings. Notice stating the date, time, place and business to be transacted for any special meeting shall be provided to each member of the Medical Staff not less than seven (7) days prior to such meeting, unless in

the case of exigency those calling the meeting shall determine that a shorter notice is necessary and practicable.

- 15.4.3 Notice Deemed Given. Notice may be provided by email or regular mail at the discretion of the Medical Executive Committee. Notice of a meeting shall be deemed to have been given when deposited in the United States mail addressed to each member at the member's address as it appears on the records of the Hospital with postage thereon prepaid. Only those individuals who are members of the Medical Staff at the time the notice is given shall receive notice of the meeting. If sent electronically, notice of the meeting shall be deemed to have been delivered when the notice is sent to the email address on file with the Medical Staff Office. It shall be the responsibility of the Medical Staff Member to ensure a current and accurate email address is on file with the Medical Staff Office.
- 15.4.4 Waiver of Notice. Notice of a meeting may be waived by written waiver, signed by a member before or after the meeting, or by a member's attendance at the meeting.
- 15.5 Quorum. A Quorum as defined in Section 1.21 must be met for any action to be taken at a Regular, Annual or Special Meeting.
- 15.6 Voting. Except as otherwise specifically provided, the affirmative vote of a majority of the Medical Staff Members eligible to vote at any Medical Staff meeting at which the Quorum requirement is met shall be the action of the group. There shall be no voting by proxy. The Medical Executive Committee may permit the use of mail or electronic ballots for the election of officers, the amendment of the Medical Staff Bylaws, or, unless otherwise prohibited, any other action which is required to be taken by the full Medical Staff. The manner in which mail or electronic ballots are used shall be at the discretion of the Medical Executive Committee.
- 15.7 Minutes. Minutes of each meeting of the Medical Staff shall be prepared by the Secretary-Treasurer and shall include a record of the attendance of members, of recommendations made, and of the votes taken for and against each proposal or matter properly before the meeting. Minutes shall be signed by the President and approved at the next regular meeting. A permanent file of such minutes shall be retained within the Hospital.
- 15.8 Attendance Requirements. Each member of the Medical Staff is encouraged to attend the meetings of the Medical Staff. Department and Sections may establish their own rules and regulations regarding attendance requirements for Department and Section meetings. Failure to meet the attendance requirements of a Department or Section shall be reported to the Medical Executive Committee and may be grounds for suspension of Medical Staff membership or Clinical Privileges.
- 15.9 Department Meetings.
 - 15.9.1 Regular Department Meetings. Members of each department shall meet as a department, except that if a department is divided into sections, the members of each section shall meet as needed by determination of the department or section at a time set by resolution of the department or section to review and evaluate the clinical work of the department or section with respect to the quality and appropriateness of the care and treatment provided to patients and to discuss any other matters concerning the

department or section. The agenda for the meeting and its general conduct shall be set by the Department Chair or Section Chief.

- 15.9.2 Special Meetings. Special meetings of departments and sections may be called by the Department Chair or Section Chief, respectively, and by written request of the President of the Medical Staff, or twenty-five (25) percent of the members of the department, committee or section. At any special meeting no business shall be transacted except that stated in the notice calling the meeting.
- 15.9.3 Notice of Meetings. Except for meetings held pursuant to Section 17.5, written or oral notice stating the date, time, place and purpose of any meeting shall be given to each member of the department, section or committee not less than two (2) days before the time of such meeting, by the person or persons calling the meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited in the United States mail addressed to each member at his/her address as it appears on the records of the Hospital with postage thereon prepaid. If sent electronically, notice of the meeting shall be deemed to have been delivered when the notice is sent to the email address on file with the Medical Staff Office. It shall be the responsibility of the Practitioner to ensure a current and accurate email address is on file with the Medical Staff Office. Notice of a meeting may be waived by written waiver, signed by a member before or after the meeting, or by a member's attendance at the meeting.
- 15.9.4 Voting. The affirmative vote of a majority of the members who are eligible to vote shall be the act of the department or section, provided the quorum requirement has been met. Any Department may choose to have any matter voted on by mail or electronic ballot. The manner in which mail or electronic ballots are used shall be at the discretion of the Department.
- 15.9.5 Minutes. Minutes of each meeting of a department or section shall be prepared by the secretary thereof and shall include a record of the attendance of members, of recommendations made, and of the votes for and against each proposal or matter properly before the meeting. The minutes shall be signed by the Chair and submitted to the department or section for approval at its next meeting. A permanent file of such minutes shall be retained within the Hospital.

ARTICLE 16

CONFIDENTIALITY, IMMUNITY AND RELEASES

- 16.1 Definitions. For the purpose of this Article, the following definitions shall apply:
- 16.1.1 "Information" means records of proceedings, minutes, records, reports, memorandums, statements, recommendations, letters, data, and other disclosures whether in written or oral form relating to any of the subject matter specified in Articles 7, 8, 9, 10, 11 and 13, including but not limited to information related to a practitioner's professional qualifications, clinical ability, judgment, training, background, experience, character, physical and

mental health, emotional stability, professional ethics or any other matter that might directly or indirectly affect patient care.

16.1.2 “Malice” means the purposeful dissemination of a known falsehood or of information with a reckless disregard for whether or not it is true or false.

16.1.3 “Practitioner” means a member of the Medical Staff, a holder of Clinical Privileges, or an applicant for Medical Staff membership or Clinical Privileges.

16.1.4 “Representative” means the Board, any member or committee thereof; the Administrator; the Medical Staff of this Hospital and any other Inova Health System Hospital, and any member, Officer, department or committee thereof; Service Line Physician Leader and any individual authorized (either explicitly or implicitly) by any of the foregoing or these Bylaws to perform information gathering, disseminating or communicating functions.

16.1.5 “Third Parties” means both individuals and organizations providing information to any Representative.

16.2 Authorizations and Conditions. By applying or reapplying for, or requesting or exercising Medical Staff status or Clinical Privileges, a Practitioner:

16.2.1 Authorizes Representatives and the Hospital to solicit, provide, receive, review, verify and act upon information bearing on the Practitioner's background, qualifications, professional competence, education, training, experience, clinical ability, judgment, ethics, character, physical and mental health, emotional stability, and any other matter relevant to the Practitioner's application, reapplication or exercise of Clinical Privileges;

16.2.2 Agrees to be bound by the provisions of this Article and to waive forever all legal and equitable claims and actions (whether known or unknown to the Practitioner) against the Hospital, any Representative or Third Party who acts in accordance with the provisions of this Article; and

16.2.3 Acknowledges that the provisions of this Article are express conditions to the Practitioner's application or reapplication for or acceptance of Medical Staff status and/or Clinical Privileges, or the Practitioner's exercise of Clinical Privileges at the Hospital.

16.3 Confidentiality of Information. Information with respect to any Practitioner submitted, collected or prepared by any Representative for the purpose of performing functions under these Bylaws, achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to medical research shall, to the extent permitted by law, be confidential and shall not be disseminated to anyone other than a Representative whose duties require receipt of such information, except as may be otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided by Third Parties. This information shall not become part of any particular patient's files. Breach of confidentiality by response to legal process apparently valid on its face or exercise of legal rights by or on behalf of or in respect of a patient shall not nullify or void any other provision of this Article.

16.4 Immunity from Liability.

- 16.4.1 For Action Taken. Neither the Hospital nor any Representative shall be liable for damages or other relief for any action taken or statement or recommendation made within the expressed or implied or reasonably inferable scope of its or his/her duties, if such acts are taken or made without malice after a reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the action, statement or recommendation is warranted by such facts as the same are believed to exist by the Hospital or such Representative or by reasonable inferences made from such facts as the same are believed to exist by the Hospital or such Representative. Regardless of the provisions of state law and without limiting other defenses (including a defense based on this Section 16.4), truth shall be an absolute defense in all circumstances.
- 16.4.2 For Providing Information. Neither the Hospital, any Representative nor any Third Party shall be liable for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to the Hospital or a Representative or to any other hospital, state or other licensing or similar agency or board, organization of health professionals or other health-related organization concerning a Practitioner who is or has been an applicant or reappointment applicant or member or holder of other staff status or who did or does exercise Clinical Privileges at the Hospital; provided that the Hospital, such Representative or Third Party acts without malice.

16.5 Activities and Information Covered.

- 16.5.1 Activities. The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations, letters of disclosures performed or made in all meetings held in connection with this or any other health-related institution's or organization's activities concerning, but not limited to:
- a. Applications for appointment, Medical Staff status or Clinical Privileges;
 - b. Periodic reappraisal for reappointment and renewal of Medical Staff status or Clinical Privileges;
 - c. Corrective action;
 - d. Hearings and appellate reviews;
 - e. Other Hospital, staff, department or committee activities relating to monitoring and evaluating quality patient care and appropriate professional conduct; or
 - f. Other staff functions provided by these Bylaws.
- 16.5.2 Information. The information referred to in this Article may relate to a Practitioner's background, qualifications, professional competence, education, training, experience, clinical ability, judgment, ethics, character,

physical and mental health, emotional stability, or any other matter that might directly or indirectly affect patient care.

- 16.6 Releases. Each Practitioner shall, at any time and from time to time upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of this Article, subject to the requirements and conditions of this Article, and shall sign written authorizations to other hospitals, state licensing boards or other health related organizations which have information described in Section 16.5.2 to release such information to the Hospital.
- 16.7 Cumulative Effect. Provisions in these Bylaws and in application forms relating to authorizations, confidentiality of information, and immunities from liability shall be in addition to other protections provided by law and not in limitation thereof.

ARTICLE 17

RULES, REGULATIONS AND POLICIES

- 17.1 Such rules, regulations and policies as may be necessary to implement more specifically the general principles found within these Bylaws may be adopted by the Medical Executive Committee subject to the approval of the Administrator and/or the Board.
- 17.2 Rules, regulations and policies of the Medical Staff and of departments shall be reviewed not less than once every three (3) years.
- 17.3 Any proposed rules, regulations or policies adopted by the Medical Executive Committee shall be distributed to all Practitioners for review and comment in accordance with such procedures as are approved by the Medical Executive Committee before the rule, regulation or policy is sent to the Administrator (or designee) and/or the Board for approval. Upon petition signed by ten (10) percent of the members of the Medical Staff entitled to vote, and delivered to the President of the Medical Staff within thirty (30) business days after notice of the proposed rule or regulation has been sent to all Practitioners, the proposed rule or regulation shall be submitted to the voting members of the Medical Staff for approval. If a majority of the voting members of the Medical Staff do not approve the proposed rule or regulation, the matter shall be referred back to the Medical Executive Committee for further consideration and appropriate action. If no petition seeking approval by the full Medical Staff is submitted within thirty (30) business days, the proposed rule or regulation shall become effective upon approval by the Administrator and/or the Board. Any policy approved by the Medical Executive Committee shall become effective upon approval by the Board. In the event the Medical Executive Committee and the Board approve a rule, regulation or policy that is opposed by at least ten (10) percent of the members of the Medical Staff eligible to vote, the matter may be submitted to conflict resolution in accordance with Section 17.5 at the request of either the opposing Medical Staff Members or the Medical Executive Committee.
- 17.4 Rules, Regulations and Policies Proposed by the Medical Staff. Rules, regulations and policies may also be proposed to the Board by the Medical Staff by majority vote of the members of the Medical Staff entitled to vote. Proposed rules, regulations and policies may be brought for a vote by a petition signed by twenty (20) percent of the members of the Medical Staff entitled to vote. Such petition shall include the precise language of the rule, regulation or policy to be considered for adoption. Any rule, regulation or policy proposed by a majority of the members of the Medical Staff entitled to vote shall be submitted directly to the Board for consideration. In addition, the proposed rule, regulation or policy shall also be forwarded to the Medical Executive Committee for review and an opportunity to provide

comments to the Board. All proposed Medical Staff rules, regulations and policies shall become effective only after approval by the Board.

17.5 Conflict Management.

- 17.5.1 In the event of a conflict between members of the Active Staff and the Medical Executive Committee regarding the adoption of any bylaw, rule, regulation or policy, or any amendment thereto, or with regard to any other matter, the matter may be submitted to the conflict resolution process set forth in this Section 17.5. To submit a matter to the conflict resolution process either a petition signed by twenty (20) percent of the members of the Medical Staff entitled to vote shall be presented to the President of the Medical Staff, or the Medical Executive Committee or any other Medical Staff Committee may request a matter be submitted to the conflict resolution process.
- 17.5.2 If the Medical Staff initiates the conflict resolution process, a Conflict Resolution Committee shall be formed consisting of up to five (5) representatives of the Active Staff designated by the Active Staff members submitting the petition and an equal number of representatives of the Medical Executive Committee appointed by the President of the Medical Staff. If a Medical Staff Committee initiates the conflict resolution process, it may invite those individuals from the Medical Staff it believes is in conflict to participate on the Conflict Resolution Committee. The Hospital Administrator and the Chief Medical Officer shall be ex-officio non-voting members of any Conflict Resolution Committee.
 - 17.5.2.1 The members of the Conflict Resolution Committee shall meet to discuss the disputed matter and work in good faith to resolve the differences between the parties.
 - 17.5.2.2 Any recommendation which is approved by a majority of the Medical Staff representatives and a majority of the Medical Executive Committee representatives that does not relate to the amendment of the Bylaws shall be submitted to the Board of Directors for consideration and subject to final approval by the Board. If agreement cannot be reached by a majority of the Medical Staff representatives and a majority of the Medical Executive Committee representatives, the members of the Conflict Resolution Committee shall individually or collectively report to the Board regarding the unresolved differences for consideration by the Board in making its final decisions regarding the matter in dispute, except if it relates to the amendment of the Bylaws. In the event the subject matter of the conflict resolution involves a proposed amendment to the Bylaws, the reports from the Conflict Resolution Committee and the Board's report shall be presented to the Medical Staff for consideration and a vote on the proposed Bylaw amendment.
- 17.5.3 In the event of a dispute between leaders or segments of the Medical Staff, the matter in dispute shall be reviewed by a Conflict Resolution Committee composed of an equal number of members representing opposing

viewpoints who are appointed by the Medical Staff President or the Medical Executive Committee.

- 17.5.4 If deemed appropriate by the President of the Medical Staff and the Administrator, an outside mediator or facilitator may be engaged to assist with the resolution of any disputed issue.

ARTICLE 18

AMENDMENTS

- 18.1 Review and Revision. These Bylaws shall be reviewed at least annually and shall be amended when necessary to reflect the Hospital's current practices with respect to Medical Staff organization and function and to comply with statutory, licensure, and accreditation requirements.

18.2 Amendment.

- 18.2.1 These Bylaws may be amended by the following combined actions:

18.2.1.1 Proposed amendments shall be referred by the Bylaws Committee which shall report at the next regular or duly called special meeting of the Medical Staff; and

18.2.1.2 The affirmative vote of two-thirds (66.66%) of the Medical Staff members who are eligible to vote and who are present at such meeting at which a Quorum thereof is present, or who have voted by mail/electronic ballot within thirty (30) days of the meeting, provided at least ten (10) days' written notice, accompanied by the proposed Bylaws or amendments, has been given; and

18.2.1.3 Approval of the proposed amendment by the Board.

18.2.2 Amendments may also be presented to the Board by the Medical Staff by a majority vote of the members of the Medical Staff entitled to vote. Proposed Bylaws amendments may also be brought before the Medical Staff by petition signed by twenty (20) percent of the members of the Medical Staff entitled to vote. Any such proposed Bylaw amendment approved by a majority of the members of the Medical Staff entitled to vote shall be submitted directly to the Board. In addition, any proposed Bylaw amendment originating from the Medical Staff shall be forwarded to the Medical Executive Committee for review and the opportunity to provide the Board with comments.

- 18.3 Urgent Amendment. Notwithstanding the requirements in Section 18.2, the Medical Executive Committee may provisionally adopt an urgent amendment of a substantive nature when it determines that an urgent necessity to comply with law or regulation exists. Such urgent amendment shall become effective immediately after approval by the Board. The Medical Staff shall be informed immediately after Board approval of the amendment and shall have thirty (30) days after receiving the information to petition the Medical Executive Committee to put the amendment to a full vote at a meeting of the Medical Staff. To be effective, such petition must be joined by at least ten (10) members of the Medical Staff.

- 18.4 Technical Amendment. Notwithstanding the requirements in Section 18.2, the Medical Executive Committee shall have the authority to adopt amendments to the Bylaws without approval of the full Medical Staff if such amendments are solely for technical modification or clarifications, reorganization or renumbering, or to correct grammatical, spelling, or punctuation errors; if such amendments do not change any substantive provision of the Bylaws; and if the Medical Executive Committee provides the full Medical Staff with information about the change. If members of the Medical Staff are opposed to the changes, they have fourteen (14) days after receiving the information to petition the Medical Executive Committee to put the amendments to a full vote of the Medical Staff. To be effective, such petition must be joined by at least ten (10) members of the Medical Staff. If no such petition is received by the Medical Executive Committee, such amendments shall be sent to the Board and shall be effective when approved by the Board.

ARTICLE 19
RESERVED AUTHORITY OF THE GOVERNING BOARD

- 19.1 None of the provisions of these Bylaws of the Medical Staff nor amendments or changes thereto shall in any way be construed to alter the authority or powers of the Board or any of its committees as prescribed in the law of the Commonwealth of Virginia, or the Bylaws of the Board.

ARTICLE 20
ADOPTION

- 20.1 These Bylaws shall be adopted at any regular or duly called special meeting of the Medical Staff and shall become effective when approved by the Board and shall replace any previous Bylaws. Any amendment shall be effective immediately upon approval and shall apply to all pending matters to the extent practical, unless the Board directs otherwise, regardless of whether any particular Medical Staff member received notice of the amendment.

Adopted by the Medical Staff of Inova Fairfax Medical Campus:
October 11, 2023

Eyad Abu-Hamda, MD
President, IFMC Medical Staff

Approved by the Quality and Reliability Committee of the Inova Health System Foundation Board:
October 31, 2023

Anthony Nader
Chair, Quality and Reliability Committee of the Inova Health System Foundation Board



Fairfax Medical Campus

**Medical Staff
Rules and Regulations**

2023

Inova Fairfax Medical Campus
Medical Staff Rules and Regulations
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ARTICLE 1

GENERAL

- 1.1 The following statements are hereby accepted and recognized as general rules and regulations concerning the activities of the Medical Staff.
- 1.2 The general rules and regulations stated herein shall be supplemented with detailed rules and regulations for each Department and Section of the Medical Staff, Committees of the Medical Staff, and with Hospital policies and procedures.
 - 1.2.1 Each Department and Section shall formulate rules and regulations for the governance and efficient functioning of the Department or Section that shall at a minimum describe:
 - (a) The purpose and function of the Department or Section
 - (b) Criteria for membership in the Department or Section
 - (c) Responsibilities of individuals who are granted membership in the Department or Section.

ARTICLE 2

ADMISSION AND DISCHARGE OF PATIENTS

- 2.1 Admission – General
 - 2.1.1 All patients shall be admitted by a member of the Medical Staff in accordance with policies and procedures established by the Inova Health Care Services Board and Hospital Administration.
 - 2.1.2 A member of the Medical Staff shall be recorded on the patient's medical record as the attending Practitioner who shall be primarily responsible for the care and treatment of each patient in the Hospital, for the timely completion and accuracy of the medical record, and for necessary special instructions regarding the patient. Whenever these responsibilities are transferred to another member of the Medical Staff, a note indicating the transfer of such responsibility shall be entered on the patient's medical record. Except as provided in Section 7.1.2.1.1 and 7.1.2.2 of the Medical Staff Bylaws, if the Practitioner primarily responsible for the care and treatment of the patient is a dentist or podiatrist, a physician member of the Medical Staff shall be designated on the medical record as the Practitioner responsible for the general medical condition of the patient and for the patient's medical care.
 - 2.1.3 All patients admitted to the Hospital shall be attended by a member of the Medical Staff. Private patients shall be attended by their own private Practitioners. Private patients who have no attending Practitioner and service patients shall be assigned to a member of the Medical Staff on duty in the Department or Section to which the patient is admitted based on the patient's diagnosis and indicated treatment. The Chair of each Department shall provide a schedule for such assignment. Members of the Medical Staff may accept whatever third party payment that may be available for the attendance of service patients, but that payment shall be accepted as payment in full.
 - 2.1.4 Each member of the Medical Staff who is recorded on the patient's medical record as the Practitioner primarily responsible for the care and treatment of the patient shall

assure that timely, adequate professional care is provided to the patient for whom the Practitioner is responsible by being available, or having available an eligible alternate Practitioner with whom prior arrangements have been made. Such alternate Practitioner shall have at least equivalent clinical privileges at the Hospital. Failure of the Practitioner primarily responsible for the patient's care to meet the requirements stated herein may result in corrective action.

- 2.1.5 Each member of the Medical Staff who admits a patient to the Hospital shall be responsible for recording a provisional diagnosis on the patient's medical record.
- 2.1.6 Each member of the Medical Staff shall be responsible for stating to the designated Hospital representative, such information regarding patients referred by and/or admitted by the member as may be necessary to assure the protection of other patients and Hospital personnel from those who are a source of danger from any cause, or to assure the protection of the patient from self-harm.
- 2.1.7 Each member of the Medical Staff shall contact the Hospital admitting office prior to an elective admission to ascertain whether there is an appropriate bed available. Patients shall not be admitted to the Hospital if no bed is available.

2.2 Emergency Admissions

Each member of the Medical Staff who admits an emergency case shall be prepared to justify to the appropriate Department Chair or Section Chief that such admission was bona fide. The medical history and physical examination of the patient must clearly justify the patient being admitted on an emergency basis and these findings must be recorded on the patient's medical record as soon as possible after admission.

2.3 Priority of Admissions

Patients shall be admitted to the Hospital and assigned to a bed in accordance with the Hospital's policies and procedures. In the event of high hospital occupancy, patients will be admitted in the following order of priority:

1. Emergency Admission - there is an immediate threat to life or limb
2. Urgent Admission - admission can be delayed up to 48 hours without emergency consequences
3. Elective Admission - admission may be rescheduled without threat to life or limb.

The admitting Practitioner shall be responsible for determining the classification of admission. Willful or continued failure to appropriately classify patients may result in corrective action.

2.4 Patient Transfers

Patients shall be transferred to, from, or within the Hospital in accordance with the Hospital's patient transfer policies and procedures. Patients shall be transferred in order to place patients in appropriate clinical settings to facilitate the provision of appropriate medical care. The attending Practitioner shall notify appropriate Hospital personnel of the need for transferring a patient. Except in emergencies, no patient shall be transferred without prior consultation with and approval of the attending Practitioner.

2.5 Special Care Units

- 2.5.1 Admission to and discharge from Special Care Units shall be consistent with the policies and procedures for each unit as approved by the Executive Committee of the Medical Staff and the Hospital Administration.
 - 2.5.2 Progress notes for each patient in a special care unit shall be written at least daily at the time of observation and recorded on the patient's medical record.
 - 2.5.3 The Attending Physician is responsible for ensuring appropriate on-call coverage for his/her patients in special care units. Sub-specialty physicians caring for special care patients within their area of expertise must assure coverage in their absence by a physician in the same subspecialty. (Example: Neurosurgeon covered by a neurosurgeon, cardiologist covered by a cardiologist. etc.)
- 2.6 Suicidal Patients
- 2.6.1 Each member of the Medical Staff who admits or attends to a patient who is known or suspected to be suicidal shall:
 - (a) immediately inform Hospital personnel and the nursing staff of the precautions to be taken, and
 - (b) obtain a consultation by a member of the Department of Psychiatry within twenty-four (24) hours of admission or treatment of the patient, if the patient was not admitted or treated by a member of the Department of Psychiatry.
 - 2.6.2 Bed assignment of known or suspected suicidal patients shall be consistent with the necessity for admission.
- 2.7 Continued Hospitalization
- The attending Practitioner shall be required to document the need for continued hospitalization after a specific length of stay as identified by the utilization review procedures of the Hospital and approved by the Medical Executive Committee of the Medical Staff. Willful or continued failure to furnish such required documentation may result in corrective action.
- 2.8 Discharge - General
- 2.8.1 Patients shall be discharged by written or verbal order of the attending Practitioner. Except as provided in Section 8.2.1.1 of the Medical Staff Bylaws, patients attended by an oral surgeon, dentist, or podiatrist, shall be discharged on the order of both the Practitioner and the physician primarily responsible for the patient's medical care. The discharge order shall be recorded on the patient's medical record.
 - 2.8.2 The attending Practitioner shall discharge his/her patients in accordance with the discharge policies of the Hospital.
 - 2.8.3 In the event a patient leaves the Hospital against the advice of the attending Practitioner, or without proper discharge, a notation of the incident shall be made by the attending Practitioner on the patient's medical record.
- 2.9 Deceased Patients
- 2.9.1 General

2.9.1.1 Pronouncement of Death

- (a) A deceased patient shall be pronounced dead by a licensed Practitioner, and the date and time of death shall be recorded and attested to on the patient's medical record by the Practitioner who pronounces the patient dead.
- (b) In the event a deceased patient is pronounced dead based on the absence of spontaneous brain functions and spontaneous respiratory functions (i.e., brain death), a second physician, in addition to the attending physician, shall attest to such brain death in the patient's medical record. Either the attending physician or the second physician must be a neuro-specialist.

2.9.1.2 Medical Certification

- (a) The attending physician or designated Practitioner shall complete and sign the medical certification of the death certificate within twenty-four (24) hours after death of the patient except when inquiry or investigation by a medical examiner is required pursuant to the laws and regulations of the Commonwealth of Virginia.
- (b) In the event of fetal death, the medical certification portion of the fetal death report shall be completed and signed within twenty-four (24) hours after delivery or abortion by the physician in attendance at delivery or abortion except when inquiry or investigation by a medical examiner is required pursuant to the laws and regulations of the Commonwealth of Virginia.

2.9.1.3 Summation Statement

A summation statement shall be added to the deceased patient's medical record either as a final progress note or as a separate resume by the attending physician or designated Practitioner and shall include the reason for admission, the findings and course in the hospital, and the events leading to death.

2.9.1.4 Release of Body

The body of a deceased patient shall be released in accordance with the policies and procedures of the Hospital and the laws and regulations of the Commonwealth of Virginia.

2.9.2 Autopsies

- 2.9.2.1 Each member of the Medical Staff shall attempt to secure autopsies in all deaths in accordance with the Hospital policy, unless otherwise provided by the laws of the Commonwealth of Virginia.
- 2.9.2.2 An autopsy shall be performed only with the written consent of a legally authorized person. Any of the following persons, in order of priority stated, may authorize and consent to postmortem examination and autopsy on a

decedent's body if (i) no person in a higher class exists or is available at the time authorization and consent is given, (ii) there is no actual notice of contrary indications by the decedent, and (iii) there is no actual notice of opposition by a member of the same or a prior class. The order of priority is as follows:

- (a) Spouse
- (b) An adult son or daughter
- (c) Either parent
- (d) An adult brother or sister
- (e) A guardian of the decedent at time of death
- (f) Any other person authorized or under legal obligation to dispose of the body.

2.9.2.3 All autopsies shall be performed by a member of the Department of Pathology.

2.9.2.4 The provisional anatomic diagnoses shall be recorded on the deceased patient's medical record within seventy-two (72) hours of the autopsy. A complete protocol shall be made part of the patient's medical record within sixty (60) days.

2.9.3 Anatomical Gifts

The laws and regulations of the Commonwealth of Virginia shall apply in the retention or transfer of anatomical organs. The attending Practitioner, or his/her designee, shall obtain the necessary document(s) authorizing such donation.

ARTICLE 3

CONDUCT OF PATIENT CARE

3.1 Consent to Treatment

- 3.1.1 It shall be the responsibility of the attending Practitioner to obtain appropriate informed consent from each patient or the patient's legally authorized representative for any treatment or procedures. The attending Practitioner shall make such disclosures as the Practitioner deems necessary to obtain appropriate informed consent.
- 3.1.2 Except in emergency, where delay in treatment would adversely affect the patient's recovery and the patient's life or limb is in immediate jeopardy, appropriate informed consent shall be obtained prior to such treatment or procedures.
- 3.1.3 Appropriate informed consent shall be documented in the patient's medical record. In the event appropriate informed consent is not obtainable, the reason for lack of consent and the necessity for treatment shall be fully explained and recorded in the patient's medical record by the attending Practitioner.
- 3.1.4 Written informed consent for termination of human pregnancies, treatment of breast tumors, and sexual sterilization shall be obtained and documented in accordance with the laws of the Commonwealth of Virginia and Hospital policies.

- 3.1.5 Appropriate informed consent for the treatment of minors and individuals unable to give informed consent shall be obtained in accordance with the laws of the Commonwealth of Virginia and Hospital policies.
- 3.1.6 Appropriate informed consent for treatment with investigational drugs and devices or human research shall be in accordance with federal regulations, laws and regulations of the Commonwealth of Virginia and Hospital policies.
- 3.1.7 In the event a patient or a patient's legally authorized representative refuses to consent to treatment or procedure, such refusal shall be documented in the patient's medical record by the attending Practitioner.
- 3.1.8 All consents to treatment shall be consistent with the Patient Self Determination Act and the Virginia Health Care Decisions Act.

3.2 History, Physical Examination, Tests, and Procedures

- 3.2.1 A complete medical history and physical examination of each patient shall be completed within the first twenty-four (24) hours of admission or registration, and prior to surgery or a procedure requiring anesthesia services, and recorded in the patient's medical record. The report shall include all pertinent findings resulting from an assessment of all the systems of the body and reflect a comprehensive current physical examination in accordance with the Medical Staff Policy on History and Physical Requirements.
- 3.2.2 To the extent required by applicable law, regulation or policy, the Physician primarily responsible for the patient's medical care shall review, confirm and authenticate the medical history and physical examination in the patient's medical record, as soon as possible, if performed by a non-physician.
- 3.2.3 All patients must be seen by the attending Practitioner within twenty-four (24) hours. However, history and physical examinations may be received from an attending Physician's office if done no longer than thirty (30) days prior to hospital admission with an updated medical record entry completed and documented in the patient's medical record within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. Such records shall become a part of the patient's hospital record.
- 3.2.4 All requests for laboratory and radiological tests or procedures shall be ordered by the attending Practitioner or his/her designee. All orders for radiological tests or procedures shall state the reasons for the test or procedure.
- 3.2.5 Reports of all laboratory and radiological tests or procedures shall be completed promptly, and placed in the patient's medical record in a timely fashion.
- 3.2.6 The findings, conclusions, and assessments of risk are confirmed or endorsed by a qualified physician prior to major high-risk (as defined by the medical staff) diagnostic or therapeutic interventions.
- 3.2.7 All requests for tissue specimen examination shall include a diagnosis and shall be verified and signed by the surgeon.

3.3 Progress Notes

- 3.3.1 Progress notes for each patient shall be written at the time of observation and recorded on the patient's medical record.
- 3.3.2 Progress notes shall be written at appropriate intervals to give a pertinent chronological report of the patient's course in the hospital, to reflect any change in the patient's condition and to document the results of treatment with such specificity to permit continuity of care and transferability.
- 3.3.3 Whenever possible, each of the patient's clinical problems shall be clearly identified in the progress notes and correlated with specific orders as well as results of tests and treatment.

3.4 Orders

- 3.4.1 All diagnostic and therapeutic orders shall be in writing and documented in the patient's medical record by the Practitioner giving the order. Orders shall be given by those Practitioners granted Clinical Privileges by the Inova Health Care Services Board, licensed Resident Physicians in approved residency rotations, or by Medical Students in approved rotations. Nurse Practitioners and Physician Assistants may give orders to the extent permitted by applicable laws and regulations of Virginia, Hospital and Medical Staff policies, and consistent with such individual's approved clinical protocol or practice agreement and the scope of practice of his or her Supervising Physician. If the order is written by a Medical Student, the order cannot be acted upon until it is countersigned by a member of the Medical Staff or by a licensed Resident Physician in an approved training program. The signature of the Practitioner giving the order shall be accompanied by the Practitioner's hospital identification number.
- 3.4.2 Advanced practice providers with the specifically delineated privilege to write admit to inpatient status orders, may enter such orders for patients who are being admitted to the hospital under the service of their supervising or collaborating physician. Any such orders must be countersigned by a supervising or collaborating physician as soon as possible, and no later than 24 hours and prior to discharge.
- 3.4.3 A verbal order dictated to a duly authorized person shall be recorded on the patient's medical record and signed by such duly authorized person and the name of the Practitioner giving the order and that Practitioner's hospital identification number shall be clearly stated. All verbal orders shall be verified, signed and authenticated in accordance with hospital policies and regulatory requirements.
- 3.4.4 A verbal order shall be considered to be in writing if dictated by a Practitioner to a duly authorized person. Those duly authorized to receive a verbal order are:

Licensed Registered Nurse	Certified Occupational Therapist
Licensed Practical Nurse II	Certified Orthotist
Licensed Pharmacist	Certified Prosthetist
Licensed Physical Therapist	Certified Radiological Technologist
Licensed Physician Assistant	Certified Respiratory Therapist
Licensed Speech Pathologist	Certified Phlebotomist
- 3.4.5 All orders shall be written clearly, legibly, and completely. Orders which are illegible or improperly written will not be carried out until rewritten or understood by the duly authorized person. The use of the terms "renew", "continue" and "repeat" without further explanation is not acceptable.

- 3.4.6 All previous orders are rewritten in accordance with hospital policies.
- 3.4.7 Do Not Resuscitate (DNR) orders shall be in accordance with Hospital policies.
- 3.4.8 Orders for drugs and medications shall clearly state the administration times or the time interval between doses.

3.5 Surgical Care

- 3.5.1 Except in extreme emergency, surgery shall be performed only after preoperative diagnosis, medical history, physical examination, and indicated laboratory tests and radiological examinations have been completed and recorded in the patient's medical record. In an extreme emergency, the Practitioner shall make at least a comprehensive note in the medical record regarding the patient's condition prior to induction of anesthesia and the start of surgery.
- 3.5.2 An operative note shall be written in the medical record immediately after surgery. A complete operative report containing a description of the findings, the technical procedures used, the specimens removed, estimated blood loss, the postoperative diagnosis, and the name of the primary surgeon and any assistants, shall be dictated by the surgeon or his/her authorized designee, immediately after surgery, authenticated by the surgeon and filed in the patient's medical record as soon as possible after surgery.
- 3.5.3 Except where provided in specific hospital policies, all tissue removed, whether by aspiration, biopsy or surgery, shall be sent to the Department of Pathology for such examination as may be considered necessary to arrive at a tissue diagnosis. The attending Practitioner shall be responsible for providing on the appropriate request form such pertinent clinical information as may assist in a tissue diagnosis. Reports of pathological tissue examination shall be completed promptly, authenticated, dated, and promptly filed in the patient's medical record.
- 3.5.4 The anesthesiologist shall maintain a complete anesthesia record which shall include at least a pre-anesthesia evaluation, documentation of monitoring the patient during the anesthesia, the dosage of all drugs and agents used, the type and amount of all fluids administered, including blood and blood products, the techniques used, and a postoperative evaluation.
- 3.5.5 When surgical or anesthesia services are performed on an ambulatory basis, the patient shall be provided with written instructions for follow-up care.

3.6 Emergency Care

- 3.6.1 Any patient who presents at the Emergency Department for treatment for a medical condition shall receive an appropriate medical screening examination within the capability of the hospital's emergency department to determine whether or not an emergency medical condition, or active labor, exists. Such medical screening shall be performed by an Emergency Department physician unless prior arrangements have been made with the patient's private physician. The Emergency Department physician shall diligently attempt to notify the patient's private physician as appropriate.
- 3.6.2 Each Department of the Medical Staff shall provide a roster of on-call physicians who shall be available to the Emergency Department physicians for consultations, patients

requiring admission, and treatment of patients requiring follow-up care who have no regular physician.

- 3.6.3 An appropriate medical record shall be maintained for each patient who receives emergency care and such record shall be incorporated into the patient's permanent hospital record. Each patient's medical record shall be authenticated by the physician who is responsible for its clinical accuracy.

3.7 Drugs, Medications and Medical Devices

- 3.7.1 Except for drugs used in clinical investigations, all drugs and medications administered to patients shall be those listed in the latest addition of the Formulary of the Inova Fairfax Hospital/Inova Children's Hospital and shall be ordered by proprietary or generic name.
- 3.7.2 Drugs and medical devices used in clinical investigations shall be administered in accordance with standards, policies and procedures of the Institutional Review Committee, policies and procedures of the Hospital, and regulations of the United States Food and Drug Administration.
- 3.7.3 Drugs brought into the Hospital by patients shall be controlled in accordance with policies established by the Pharmacy and Therapeutics Committee as approved by the Executive Committee of the Medical Staff.
- 3.7.4 The Pharmacy and Therapeutics Committee shall develop policies and procedures regarding Automatic Stop Orders to control the use of dangerous and toxic drugs.

3.8 Consultations and Referrals

- 3.8.1 The attending Practitioner shall be primarily responsible for requesting consultation when indicated and for selecting a Practitioner who is well qualified to give an opinion within the area of his/her expertise to act as the consultant.
- 3.8.2 All consultations shall be requested and recorded on the appropriate consultation form of the Hospital and shall show evidence of a review of the patient's medical record by the consultant, pertinent examination findings, and the consultant's opinions and recommendations. The consultant shall authenticate the recorded information and the consultation form shall be filed in the patient's medical record. Except in emergency, consultations regarding operative procedures shall be recorded in the patient's medical record prior to the operation.
- 3.8.3 No consultant shall treat or perform a procedure on a patient unless he or she has been granted appropriate clinical privileges by the Inova Health Care Service Board.
- 3.8.4 Departments and Sections may develop requirements for consultations within the area of expertise concerned.
- 3.8.5 Protocols for medical practice in a Special Care Unit may include requirements for consultation as approved by the Executive Committee of the Medical Staff.
- 3.8.6 Consultations shall be required in accordance with the laws of the Commonwealth of Virginia.

- 3.8.7 Referral of a patient by a member of the Medical Staff shall be in accordance with Hospital policies and the laws of the Commonwealth of Virginia.

3.9 Infection Control

All Practitioners shall abide by Hospital policies regarding universal blood and body fluids precautions and all other policies regarding the surveillance, control and reporting of infections.

3.10 Disaster Planning

In the event of a major disaster, either internal or external, the plans developed by the Disaster Committee as approved by the Executive Committee of the Medical Staff and the Hospital Administration shall be in effect and all Practitioners shall comply with the requirements of such plans.

ARTICLE 4

MEDICAL RECORDS

- 4.1 The attending Practitioner shall be responsible for the preparation of a complete and legible medical record for each patient.
- 4.2 All medical records shall be completed within thirty (30) days following discharge of the patient.
- 4.3 All medical records are the property of the Hospital.
- 4.4 The medical record shall contain such information as required by the laws and regulations of the Commonwealth of Virginia and the Standards of the Joint Commission on Accreditation of Healthcare Organizations.
- 4.5 All Practitioners shall comply with the policies and procedures established by the Medical Records Committee as approved by the Executive Committee of the Medical Staff and Hospital Administration.

ARTICLE 5

INFORMATION SECURITY

- 5.1 The Medical Staff at Inova Fairfax Hospital/Inova Children's Hospital recognize that confidentiality of all patient information is an ethical obligation of health care providers. With the use of the new information systems, the magnitude and availability of this information will be much more widespread. Therefore, the potential for unauthorized disclosure is increased.
- 5.2 Violations of security of the information system by a physician or physician group (or by an employee of either) includes, but is not limited to:
- 5.2.1 Review of a chart of a patient with which he/she has no authorized involvement;
- 5.2.2 Unauthorized disclosure of patient medical record information;

- 5.2.3 Being found responsible for permitted access to a person not otherwise authorized to have gained access to the patient's medical record;
- 5.2.4 For purposes of this provision, "authorized" shall mean involved in the patient's care, on behalf of the Hospital or Hospital committee.
- 5.3 An alleged violation will first be presented to the Inova Health Systems Committee on Information Security and Confidentiality (IHSCISC) which will assess the severity of the violation and make a recommendation to the Executive Committee of the Medical Staff. The Executive Committee may take action based on the recommendation.
- 5.4 At the time the IHSCISC considers the alleged violation, or before an adverse action is recommended by the Executive Committee based on the recommendations of the IHSCISC, the physician will be afforded the opportunity to present information regarding the alleged violation.
- 5.5 Depending on the severity of the alleged violation of security, the IHSCISC may immediately and temporarily suspend access to the information system by physician, his/her medical associates and his/her employees pending review by the Executive Committee of the Medical Staff and may recommend, among other things:
 - 5.5.1 That the physician, his/her medical associates and his/her employees, be barred from access to the information system for a period of not less than 30 days;
 - 5.5.2 That the Physician, his/her medical associates and his/her employees, be permanently barred from access to the information system;
 - 5.5.3 That the Administrator, or other authorized members of the Inova Fairfax Hospital, Inova Children's Hospital, Inova Heart and Vascular Institute, and Inova Women's Hospital Medical Staff, initiate a request for corrective action regarding the clinical privileges of the Physician to the Executive Committee of Inova Fairfax Hospital/Inova Children's Hospital.

Adopted by the Medical Staff of Inova Fairfax Medical Campus:

Eyad Abu-Hamda, MD
 President, Medical Staff
 October 11, 2023

Adopted by the Quality and Reliability Committee of the Inova Health System Foundation Board:

Anthony Nader
 Chair, Quality and Reliability Committee of the Inova Health System Foundation Board
 October 31, 2023